Juvenile Justice Fact Sheet

BARRIERS TO MEETING THE MENTAL HEALTH NEEDS OF OFFENDERS IN THE JUVENILE JUSTICE SYSTEM

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Mental illness and substance abuse are significant risk factors for delinquency, and many youth in the juvenile justice system have mental health problems. Studies have consistently found very high prevalence rates of mental illness among detained and incarcerated juveniles, and juvenile offenders generally (see Cocozza, 1992; Policy Design Team, 1994). While estimates of the percentage of juvenile offenders who have mental health problems vary widely (e.g., between about 30-90%, depending upon what is included as a mental illness), most estimates are substantially higher than the roughly 20% prevalence rate found in the non-delinquent adolescent population. Indeed, many juvenile offenders have multiple mental health problems, and about 15-20% have a serious mental illness (Cocozza, 1992; Cocozza, 1997). High rates of substance abuse and learning disabilities also are found in this population. Early screening and intervention for mental health and substance problems can make an important contribution in preventing some juveniles from entering the juvenile justice system in the first place and in preventing recidivism or offense escalation among juvenile offenders. Unfortunately, however, the

mental health problems of juvenile offenders are often undiagnosed or untreated.

A statewide needs analysis was conducted to ascertain the systemic, legal, and service delivery barriers to meeting the mental health and rehabilitative needs of juvenile offenders in the Commonwealth of Virginia. This article summarizes the findings of the needs analysis and provides policy and programmatic recommendations based on the needs and problems identified. Although the study was Virginia specific, many of the barriers identified are common problems encountered in many states.

The needs analysis (conducted between September and December 1998) included semi-structured individual interviews with 32 juvenile justice and mental health professionals from around the Commonwealth, and a review of relevant state documents. The interviewees were selected to represent a cross-section of personnel in Virginia's juvenile justice and public mental health systems, on the state and local levels, and in urban as well as rural Virginia jurisdictions. Since the focus was mental health service delivery to juvenile offenders in the juvenile justice system, many of those interviewed were local juvenile justice (e.g., probation officers, court service unit directors, detention center superintendents) and mental health personnel (e.g., community service board directors and staff).

A summary of the key findings of the needs analysis, along with recommendations based on each set of findings, is presented below. The findings are distilled into ten (10) primary systems problems and needs, presented below.

Lack of a Guiding Philosophy for Serving Juvenile Offenders

Many juvenile justice personnel (particularly those working in juvenile correctional facilities) report feeling conflicted about their role in working with juvenile offenders: are they rehabilitating juvenile offenders, punishing them, securing their confinement, or some combination thereof? Some correctional center staff see their role as custodial while others also, to some extent, view themselves as role-model, mentor or counselor. Similarly, some juvenile court probation officers see their role as analogous to that of adult probation officers i.e., mainly monitoring probation terms, whereas others see their role as that of obtaining services for, and working with, troubled juveniles and their families.

At the heart of the issue is uncertainty about the extent to which the systems' goal is to punish or rehabilitate juveniles. While there has been some tension between the juvenile justice and mental health systems regarding which aspect of the juvenile's problem behaviors should take priority (i.e., is it primarily a mental health or delinquency problem?), many juvenile justice and mental health professionals are concerned about what they view as the increasingly punitive nature of the juvenile justice system and an insufficient emphasis on treatment and rehabilitation.

Recommendation

- Training and mentoring should be provided to juvenile justice personnel on how effectively to integrate their monitoring/custodial roles with any rehabilitative roles that may be appropriate.

Juvenile Justice System Used as a "Dumping Ground" for Juveniles with Mental Health Problems

The juvenile justice system is seen by some as a "dumping ground" for mentally ill, learning disabled, or behaviorally disordered juveniles. Many juvenile offenders have a history of involvement with the mental health system but migrate to the juvenile justice system because the mental health system has failed to serve their needs.

Many times the mental health system cannot access needed residential treatment, whereas the juvenile justice system cannot access needed community-based treatments, producing a revolving door of mentally ill juveniles migrating back and forth for services between the juvenile justice and mental health systems. Too often, agencies discontinue services or the services provided are unsuccessful. Perhaps the most significant obstacle to providing mental health services to juvenile offenders is the fact that adequate funding is not provided to the community mental health centers to serve these youth. A juvenile court petition may ultimately be seen as the only way to access needed mental health services: "Court intervention is seen as the only means to access mental health services for clients" (Virginia Commission on Youth , 1996, p. 2).

Many localities feel that it is an abuse of the juvenile justice system to have it serve as a "dumping ground" or general crisis intervention center for troubled juveniles and their families. On the other hand, a few Juvenile and Domestic Relations Court Services Units (CSUs) in some ways welcome the "dumping" viewing their role as that of obtaining needed mental health services for troubled juveniles. But these CSUs generally have substantial resources, many diversionary and alternative programs, ready access to mental health personnel, good working relationships with the mental health system, and inter-agency commitments to serve juvenile offenders.

In many localities, however, the juvenile justice system lacks sufficient resources to serve the needs of mentally ill juveniles. The juvenile court may be insufficiently attentive to mental health issues, with judges and court intake officers lacking knowledge in this area. At detention hearings and reviews, for example, a juvenile's mental health status may be a reason to continue detention, though typically few mental health services are provided in detention. juvenile detention and correctional centers are not well staffed to serve mentally-ill juveniles. A significant problem is the difficulty experienced by correctional and detention facilities in finding an inpatient facility willing and able to accept seriously mentally ill juveniles from these facilities. Frequently, no bed is available or the waiting time is substantial.

Juvenile justice personnel in most jurisdictions report that schools fail to provide adequate services for the behavioral and learning disabilities of juvenile offenders, and often shift responsibility for them to the juvenile justice or mental health systems. There is a feeling of a lack of accountability for outcomes and a lack of follow-through by schools, and that it is too easy for schools (as well as the mental health system) to discontinue services.

Ultimately, many of these juveniles are referred to the juvenile justice system in the hope that the justice system will be able to monitor the juvenile and provide needed services. More juveniles with mental health problems are being detained, in part, due to a lack of insurance for treatment services, producing a net-widening effect of juveniles who

come to detention. This may be producing a "criminalization of the mentally ill" among the juvenile population. Socioeconomic bias may also be operating; lower-SES juveniles may tend to get charged with an offense while higher-SES juveniles may receive treatment services in lieu of a juvenile court petition.

Recommendations

- Inter-agency responsibilities for serving mentally ill juvenile offenders need to be clearly defined.
- Funding sources should be re-examined to determine how to structure services and funding streams so that localities (particularly the community mental health centers) can adequately serve juvenile offender populations.
- Juvenile justice personnel need more training on the mental health needs of juvenile offenders and court services unit programs need to be developed to serve those needs, including the development of systematic intake procedures to screen for mental health needs.
- There is a need for more systematic detention hearings and screening measures that consider juveniles' mental health needs.
- Localities should consider establishing community assessment centers, to provide a centralized and integrated point for mental health screening and service referral for juvenile offenders and at-risk youth. Referrals to the community assessment center could be made by schools, parents, social service agencies, and juvenile justice agencies.
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Many Juvenile Offenders Have Learning Disabilities Undiagnosed or Untreated in the School System

A significant number of juvenile offenders have a learning disability (LD). However, these LD problems may not be properly diagnosed and/or treated in the school. (For example, some juvenile offenders are diagnosed by schools as having oppositional-defiant disorder though the true underlying problem may be attention-deficit or attention-deficit-hyperactivity disorder.)

A related problem is the relatively poor working relationship between schools and the juvenile justice/mental health systems, with juvenile justice and mental health personnel often feeling that schools are not receptive to their input or requests regarding diagnosis, treatment, and programming for this special population of juveniles. There is insufficient programming or treatment services for these learning-disabled juveniles in the schools (and also in the juvenile justice system), which may contribute to their entry or further penetration into the juvenile justice system.

Recommendations

- Statewide data are needed on the prevalence of various learning disabilities in the juvenile offender population generally and in various subpopulations. This would help guide the development of, and funding for, special educational programs for these juveniles.

- A study should be undertaken to examine the reasons for the poor working relationships between schools and the juvenile justice/mental health systems, with the goal of developing policy and practice recommendations for improving those relationships (and possibly also to make proposals for legislation), particularly regarding treatment and programming for learning disabled juveniles.
- There should be a review of existing juvenile justice system programming for learning disabled juvenile offenders and recommendations made for program enhancements.

Lack of Early Intervention on the Community Level, Leading to Escalation of Delinquent Behaviors

There are not enough community-based prevention and early intervention programs to intervene when a juvenile's aggressive or delinquent behavior, truancy, or substance abuse first appears. In particular, there is a lack of community services for status offenders and minor offenders. This lack of monitoring and early intervention often leads to escalation of delinquent and other problem behaviors. The Virginia Commission on Youth study (1998) of school truancy noted that "The lack of immediate interventions often causes the child's behavior to escalate ... [there] is the absence of a comprehensive system of interventions to respond consistently and effectively at the early stages of problem behavior... The Court's reluctance to impose sanctions on either the student or the parent was perceived to undercut the importance of school attendance and render the compulsory school attendance law unenforceable" (p. 2-3). The report recommended increasing the range of community interventions available prior to court referral, and also increasing the range of sanctions available to the juvenile court

Localities report significant numbers of minor offenders with learning disabilities or other special needs (including mental health problems), as well as many conduct-disordered children, who are undeserved and receive low priority in the mental health system. Without early intervention services, these children may penetrate further into the juvenile justice system (often because of violations of court orders). Some jurisdictions have established court-affiliated juvenile assessment centers aimed at assessing juveniles' needs and obtaining early intervention services.

Recommendations

- Localities should develop and implement a graduated sanctions system for juvenile offenders that includes a continuum of interventions, services, and sanctions.
- There should be a review of existing early intervention services in Virginia communities and recommendations made for program enhancements.
- Juvenile courts need adequate resources to monitor and obtain services for status offenders and CHINS ("children in need of services") juveniles.

Need for Greater Parental Involvement In, and Accountability For, Their Child 's Treatment and Rehabilitation

The need for greater parental involvement in the fives of court-involved juveniles emerged as a salient theme. Four problems were noted.

First, parental failure to monitor children's behavior is often a significant factor contributing to delinquency, with many parents lacking knowledge of effective parenting and discipline practices and the skills to implement such practices. In one locality, for example, courts are increasingly ordering parenting evaluations, and the detention center in this locality holds weekly parenting sessions for the parents of detained juveniles. Most of the parents have participated enthusiastically; with their child in detention, they are especially eager to avail themselves of opportunities to learn more effective discipline and parenting practices.

Second, lack of adequate parental supervision and follow-through on implementing treatment recommendations is a significant factor contributing to escalation of delinquent behavior, court referrals, and recidivism. A Virginia Commission on Youth study found that parents were "inconsistently and marginally involved in the resolution of problems" and recommended steps to increase parental responsibility for school attendance and involvement in recommended services (Virginia Commission on Youth, 1998).

Third, many parents of court-involved juveniles lack the knowledge and skills to be effective advocates for their children with the school, mental health, and juvenile justice systems. They do not know what resources are available, how to access those resources, and how best to advocate in their child's best interest

Fourth, while the juvenile may get labeled by the school, mental health, and juvenile justice systems as "the problem," often the juvenile's delinquent behaviors stem from highly dysfunctional family situations and/or parental neglect or abuse. Yet rarely are parents required to receive treatment and the family context is not addressed to the extent necessary for effective interventions. An ecological family-based intervention approach is needed to effect changes in the juvenile's home environment

Recommendations

- Parent education programs should be implemented and freely accessible to parents. These programs should teach parenting skills, effective discipline practices, advocacy, and pertinent mental health treatment issues to parents of detained, delinquent, or court-involved juveniles, as well as serving as a support group for these parents.
- Consideration should be given to more extensive court monitoring of parental compliance, more frequent use of court-ordered parental/family treatment and parent education, and greater involvement by probation officers in monitoring parental compliance.

Need for Treatment Services in Detention Centers and Community-based Treatment Services

The need to enhance the treatment services available in detention was identified as a salient problem.

First, there is a lack of pre-dispositional treatment programs in the juvenile detention centers. Mental health and other treatment services need to be provided to detention centers, and made more programmatically specific so that detention centers can provide specialized treatment services while the juvenile is in crisis or the "active" phase of their problems. This is a time when both the juvenile and his parents are the most likely to want to participate in treatment It was suggested that probation officers, community agencies, and therapists all work with the juvenile and his family while the juvenile is in detention. Even in cases where the juvenile's stay in detention is short, it still may provide a good platform from which to initiate developing a supportive and therapeutic network for juveniles and their families. (However, detention centers should not be used as community "dumping grounds" through which to obtain mental health treatment or emergency services for court-involved juveniles. Moreover, the American Bar Association Standards prohibit non-emergency interventions of an involuntary nature with pre-trial detainees).

Second, there is a need for more post-dispositional programs for juveniles retained in the local juvenile justice system, as well as for those returning to the community from state correctional facilities. Communities are concerned that except for sex offenders, juveniles return from the correctional centers with little or no treatment services in place and no transition services (e.g., halfway houses).

There also is a general lack of post-dispositional treatment services for juvenile offenders retained in the community. It was felt that court service units may not always provide adequate follow-up and that many programs do not continue services after the juvenile has completed the program. The importance of ongoing treatment services is demonstrated by research showing higher rates of recidivism without aftercare but lower recidivism rates in intensive aftercare programs.

Recommendations

- Pre-dispositional treatment services in detention should be expanded. Such services should include mental health and substance abuse services as well as parenting education and family services.
- More community-based, post-dispositional and transition services are needed for juveniles returning to communities from correctional centers.
- There is a need to develop a continuum of community-based treatment services.

Need for Improved Inter-agency Collaboration and Integrated, Comprehensive Service Delivery Systems

As one interviewee explained, "our clients have become interdisciplinary a lot faster than we have." Juvenile offenders are now presenting with multiple mental health problems and other needs best addressed through an integrated, comprehensive, multidisciplinary

approach to service delivery. More collaborative case management, planning, and training is needed across agencies. The central importance of integrated, comprehensive, multidisciplinary services for effectively treating and rehabilitating juvenile offenders means that even more must be done to enhance service delivery in this regard. (Recently, community mental health center staff have been placed in some detention centers, which report that this has been quite helpful in serving juveniles' mental health needs and in improving inter-agency service delivery.)

The degree to which service delivery is integrated varies enormously across the Commonwealth. A few jurisdictions have relatively well integrated service delivery systems. Much appears to depend on the relationship between the local community mental health center and CSU. Some have excellent working relationships, with the community mental health center affirmatively serving the juvenile offender population and working well with juvenile justice agencies. Others have poor working relationships. In general, state and local juvenile justice personnel perceive the community mental health centers "as the weakest link in the entire system" because of their failure to serve the juvenile offender population; much of this is due to a lack of funding. In addition, most localities report poor working relationships between schools and the juvenile justice/mental health systems.

Recommendations

- A study should be undertaken to determine how to improve inter-agency collaboration and integrated service delivery.
- In particular, funding and programs are needed to enhance collaboration between juvenile justice agencies and community mental health centers, and between juvenile justice agencies and schools. This should include inter-agency joint training programs, program planning and development, and joint policy and practice guidelines.

More Local Services Needed for Special Populations of Juvenile Offenders; Insufficient Advocacy for Court-involved Juveniles

Jurisdictions throughout the Commonwealth report seeing increased numbers of younger, more seriously mentally ill juveniles. But with notable exceptions, juvenile justice personnel report having insufficient training on the mental health needs of juvenile offenders and the effective treatments for meeting those needs. They also have insufficient knowledge about learning disabilities in this population. Particularly in rural jurisdictions, there is a lack of advocacy and services for special populations of offenders - e.g., sex offenders, seriously mentally ill offenders, female offenders, residential treatment for serious drug abusers. This is due, in part, to the small numbers of these offenders in rural localities along with the relative lack of resources in many rural jurisdictions.

Importantly, localities spend an inordinate amount of their time and resources on a very small number of court-involved juveniles having serious and chronic mental health problems. They wish more state and local residential options were available. The lack of available inpatient psychiatric care is a problem throughout the Commonwealth. The severe shortage of inpatient beds makes it extremely difficult to obtain inpatient psychiatric

placement for juvenile offenders who are seriously mentally ill.

Most localities also expressed a need for more outpatient as well as inpatient substance abuse treatment programs and for more community programs for sex offenders. In addition, specialized services are needed to address the unique needs (e.g., pregnancy, sexual abuse) of female offenders. At the same time, more African-American male therapists are needed, since many court-involved juvenile offenders are African-American males.

More effective advocacy is needed for juvenile offenders, including those committed to state juvenile correctional facilities. Juveniles frequently do not have anyone advocating for their access to treatment, and when such advocacy is provided by attorneys or others, it may be ineffective because the advocate lacks knowledge of available treatment alternatives and community resources. Typically, the juvenile's attorney is not involved in the treatment planning or advocacy process and the CASA ("court-appointed special advocate") programs seldom handle delinquency cases per se. Attorneys often lack knowledge of treatment options and the mental health needs of juvenile offenders, and the legal representation and advocacy provided may often be inadequate.

There is a need for community advocacy and public relations efforts to educate juvenile justice personnel, attorneys, and community. leaders about the effectiveness of locally available treatment options. Available treatments also must be effectively "marketed" to communities so incarceration is not seen as the only available option.

Recommendations

- Programs should be developed to educate juvenile court judges, court service unit personnel, and detention center personnel on the mental health needs of juvenile offenders.
- More community-based treatment programs for particular sub-populations of juvenile offenders are needed, especially for sex offenders and seriously mentally ill offenders.
- More state and local inpatient psychiatric services are needed for seriously mentally ill and serious. substance abusing offenders.
- More gender- and culturally-specific programs are needed. More minority service providers are needed.
- Advocacy programs are needed for juvenile offenders in detention, in the community, and in state correctional centers. Advocacy training is needed for attorneys and guardians ad-litem. Mechanisms should be developed to increase the pool of available advocates; one possibility is for the CASA program to expand its role to serve juvenile offenders.
- Community public relations efforts should be undertaken to educate community leaders about the availability and effectiveness of community treatment options.

Inadequate Funding to Localities to Serve Juvenile Offenders

Localities need steady, integrated funding streams to provide mental health and rehabilitative services to juvenile offenders. Inadequate funding limits localities' ability to

provide mental health services to many juvenile offenders. Because juvenile offenders typically do not fall within the state's "mandated" or priority classes (i.e., youth in foster care and seriously emotionally disturbed youth) and the associated funding provided, localities (particularly the community mental health centers) often are left with inadequate funding to serve juvenile offenders.

This significantly limits the services that juvenile justice personnel can obtain for juvenile offenders. In most localities, juvenile offenders get very low service priority in the mental health system. Many community mental health centers have limited service relationships with the local juvenile detention center, and community mental health centers have no mandate to serve juvenile offenders other than to provide emergency services and limited case management (typically, as little as 15 minutes/month).

Recommendations

- Funding sources should be re-examined to determine how to structure services and funding streams for juvenile offender populations.
- Relationships between the Commonwealth and localities should be examined to determine how best to enhance funding streams for localities so they receive adequate funding from the state, particularly funding for the community mental health centers to serve the juvenile offender population.

Inter-Agency Records-Sharing and Development of Integrated Data Systems are Impeded by Legal Confidentiality Concerns

Because of legal concerns about confidentiality of records, localities are significantly impeded in sharing records between agencies and in developing integrated data systems on juvenile offenders. The community mental health centers in particular are concerned about sharing mental health and substance abuse records. Detention centers often have difficulty obtaining substance abuse and mental health treatment records in a timely fashion. Substance abuse records are especially problematic because of the federal confidentiality law on substance abuse treatment records, yet these records are quite valuable to treatment providers since many juvenile offenders have substance abuse problems.

In general, there is a system-wide lack of policy and procedures to guide the sharing of records between agencies. The Virginia Commission on Youth (1998) noted that " [T]here are inconsistencies in the [Virginia] Code about who can receive what type of information. Confidentiality provisions are scattered throughout the Code, causing confusion among service providers" (p. 67).

Recommendations

- A study is needed to identify the legal confidentiality hurdles in records sharing at each point in the system, assess systems needs, make proposals for legislation and/or systems enhancements, and suggest the most useful content and organization of local integrated databases.

- Standard policy and practice guidelines should be developed to guide local agencies in records-sharing and in the development of integrated databases.

Conclusion

There are a number of barriers to meeting the mental health needs of juvenile offenders. The barriers exist not just in the juvenile justice system, but involve and affect a variety of agencies and individuals, including schools, mental health and social service agencies, community treatment providers, and parents and families. Similarly, a range of treatment, case management, and advocacy services are needed to address effectively the mental health needs of juvenile offenders, and inter-agency coordination is critical. These findings reflect the importance of an integrated, multisystemic-approach to serving the needs of youth in the juvenile justice system (see Illback, Cobb, & Joseph, 1997).

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