

MENTAL HEALTH



General Population vs.
Court-Involved Youth



● Have mental health disorder

● No mental health disorder

Up to **90%** of youth
in the juvenile justice
system report exposure to
a traumatic event

Detained youth are **3x**
more likely to
commit suicide than their
peers



Massachusetts Alliance of
Juvenile Court Clinics (MAJCC)
www.majcc.org

© 2019 **ACS** All Rights Reserved

Adolescent Consultation Services, Inc.
www.acskids.org

Of the 2 million children and youth that come into contact with the juvenile justice system each year, 65-70% meet the criteria for a mental health disorder, compared to 20% of the general adolescent population. Youth in the juvenile justice system often suffer from co-occurring disorders that were overlooked, misdiagnosed, or inadequately addressed.¹ Youth with unmet mental health needs are at greater risk of contact with the juvenile justice system. Furthermore, about 27% of detained youth have a severe mental disorder that needs immediate attention, leaving them particularly vulnerable to the adverse consequences of confinement.² 77% of clients referred to Middlesex County's Juvenile Court Clinic in 2015 had a history of being diagnosed with at least one mental disorder.³

Trauma

Up to 90% of youth in the juvenile justice system report exposure to a traumatic event, leaving them at very high risk for mental health disorders. Approximately 30% of justice-involved youth meet criteria for Post-Traumatic Stress Disorder (PTSD). Justice-involved youth also report high rates of co-occurring trauma, with the majority of these experiences taking place during the first 5 years of life. Exposure to multiple trauma types triples the risk for PTSD.⁴ Child maltreatment, violence, and traumatic loss put youth at higher risk for delinquent or criminal involvement, exhibiting or becoming a victim to violence later in life, mood disorders, substance abuse, and poor educational performance. Sexual trauma is another major risk factor for involvement in the juvenile justice system for female youth, especially female youth of color.⁵ Trauma impacts brain development in children, affecting regulation of emotion, memory, and behavior.⁶

Suicide and Self-Harming Behavior

Suicide is the third leading cause of death among youth ages 15-24.⁷ Over 50% of detained youth report suicidal thoughts, one-third have a history of suicidal behavior, and detained youth complete suicide at a rate 3 times greater than the general adolescent population.⁸ Studies also find that approximately 15% of justice-involved youth engage in self-injury such as cutting or disordered eating. Most justice-involved youth who self-harm or attempt suicide have a diagnosable mental disorder, substance use disorder, or suffer from childhood trauma.⁹

References

1. National Center for Mental Health and Juvenile Justice, & National Juvenile Justice Network. (2014, August). Juvenile Justice and Mental Health and Substance Abuse Disorders Fact Sheet. Retrieved from <http://www.act4jj.org/>
2. Barnert, E. S., Perry, R., & Morris, R. E. (2016, March). Juvenile Incarceration and Health. *Academic Pediatrics*, 16(2), 99-109. doi:10.1016/j.acap.2015.09.004
3. Adolescent Consultation Services 2015 Annual Data. Cambridge, MA.
4. Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network. *European Journal of Psychotraumatology*, 4.
5. Whitley, K., & Rozel, J. S. (2016). Mental Health Care of Detained Youth and Solitary Confinement and Restraint Within Juvenile Detention Facilities. *Child and adolescent psychiatric clinics of North America*, 25(1), 71-80.
6. Adams, E. J. (2010). Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense. Justice Policy Institute, Georgetown University School of Medicine, 1-15.
7. Hyde, P. S., J.D., & Del Vecchio, P., MSW. (2013, May). Community Conversations About Mental Health: Information Brief (United States, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services). Retrieved from <http://www.samhsa.gov/>
8. National Action Alliance for Suicide Prevention: Youth in Contact with the Juvenile Justice System Task Force. (2013). Suicidal ideation and behavior among youth in the juvenile justice system: A review of the literature. Washington, DC.
9. Scott, M., Underwood, M., & Lamis, D. A. (2015). Suicide and Related-Behavior Among Youth Involved in the Juvenile Justice System. *Child and Adolescent Social Work Journal*, 32(6), 517-527.

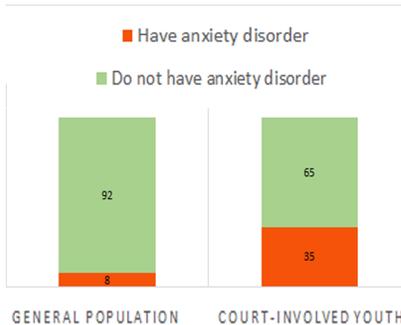
(Please see reverse side for more references)

MENTAL HEALTH



Youth with mood disorders are more likely to exhibit **anger, irritability, and hostility**

General Population vs. Court-Involved Youth



Youth with ADD or ADHD are **twice as likely** to commit a crime



Massachusetts Alliance of
Juvenile Court Clinics (MAJCC)
www.majcc.org

Mood Disorders

Mood disorders, including depression, have high prevalence rates in youth in the juvenile justice system, with females at higher risk. Some studies show depression rates to be as high as 50%.¹⁵ Youth with mood disorders are more likely to exhibit anger, irritability, and hostility, increasing the chance of engaging in physically aggressive altercations.¹⁰ Youth with depression exhibit lower self-efficacy in regulating emotions and impulses, increasing the likelihood of delinquent behavior, suicidal behavior, and substance abuse.¹¹ The low levels of social support networks among court-involved youth heighten their vulnerability to the negative impacts of stress, increasing the risk for mood disorders and justice system involvement.¹²

Anxiety Disorders

Anxiety disorders such as Obsessive-Compulsive Disorder, Panic Disorder, and Social Anxiety Disorder have become more of a concern in recent years, with rates markedly greater than those observed in the general population, notably at first contact with the juvenile justice system.¹³ Anxiety disorders affect about 35% of all youth in the juvenile justice system, and over half of female youth in the system, compared to about 8% of the general adolescent population. It is likely that interaction with the justice system itself leads to elevated rates of anxiety disorders. Moreover, research suggests that youth with anxiety disorders are more likely to engage in behaviors that mitigate their symptoms without consideration of repercussions.¹⁴ PTSD is a debilitating anxiety disorder that frequently leads to other psychiatric diagnoses and puts youth at risk for responding to perceived threats aggressively and impulsively.¹⁵

Attention Deficit Disorder /Attention Deficit Hyperactivity Disorder (ADD/ADHD)

ADD and ADHD are the most commonly diagnosed mental disorders among youth in the juvenile justice system. 30%-50% of court-involved youth meet criteria for ADD/ADHD, compared to about 3-5% of school-age youth in the general population.¹⁶ Untreated, these disorders are associated with academic underachievement, relational difficulties, increased rates of delinquency, and higher risk for other mental health disorders. Since youth are still in the process of brain development, the disorganization and poor impulse control that often characterize ADD and ADHD increase the chance that youth with these disorders will engage in risk-taking behavior. Studies have shown that youth with ADD/ADHD are twice as likely to commit a crime, and are at greater risk for offending at a younger age, as well as reoffending, compared to youth without these disorders.¹⁷

References

10. Kopak, A. M., & Proctor, S. L. (2016). Acute and Chronic Effects of Substance Use as Predictors of Criminal Offense Types Among Juvenile Offenders. *Journal of Juvenile Justice*, 5(1), 50.
11. Doran, N., Luczak, S. E., Bekman, N., Koutsenok, I., & Brown, S. A. (2012). Adolescent substance use and aggression a review. *Criminal Justice and Behavior*, 39(6), 748-769.
12. Chassin, L., Piquero, A. R., Losoya, S. H., Mansion, A. D., & Schubert, C. A. (2013). Joint consideration of distal and proximal predictors of premature mortality among serious juvenile offenders. *Journal of Adolescent Health*, 52(6), 689-696.
13. Lansford, J. E., Dodge, K. A., Fontaine, R. G., Bates, J. E., & Pettit, G. S. (2014). Peer rejection, affiliation with deviant peers, delinquency, and risky sexual behavior. *Journal of youth and adolescence*, 43(10), 1742-1751.
14. Winter, V. R., Brandon-Friedman, R. A., & Ely, G. E. (2016). Sexual health behaviors and outcomes among current and former foster youth: A review of the literature. *Children and Youth Services Review*, 64, 1-14.
15. Schuster, R. M., Mermelstein, R., & Wakschlag, L. (2013). Gender-specific relationships between depressive symptoms, marijuana use, parental communication and risky sexual behavior in adolescence. *Journal of youth and adolescence*, 42(8), 1194-1209.
16. *Food & Health: Why Your Heart Health Matters*. (2016). Retrieved July 29, 2016, from <http://www.timigustafson.com/2010/why-your-heart-health-matters/>. Heart Icon.
17. Harpin, V., & Young, S. (2012). The challenge of ADHD and youth offending. *Cutting Edge Psychiatry in Practice*, 1, 138-143.
18. Outline of Human Head. Digital image. *Mental Health First Aid Colorado*. Colorado Behavioral Healthcare Council, n.d.