

Mental Health



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.

In comparison, **20%**

of the general adolescent population has a mental health disorder.¹

27% of detained youth

have a severe mental disorder that needs immediate attention, leaving them particularly vulnerable to the adverse consequences of confinement.²



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



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Youth in the juvenile justice system often suffer from co-occurring disorders that were overlooked, misdiagnosed, or inadequately addressed. Youth with unmet mental health needs are at greater risk of juvenile court involvement.

Trauma

Up to **90%** of youth in the juvenile justice system report exposure to at least one traumatic event. Complex trauma is the exposure to multiple traumatic events. **Over two-thirds** of youth involved with juvenile justice have histories of complex trauma. Complex trauma impairs the cognitive functioning of youth, as survival tactics become prioritized over socially acceptable behavior.³ Exposure to multiple types of trauma triples the risk for Post-Traumatic Stress Disorder (PTSD).⁴

Approximately **30%** of justice-involved youth meet criteria for PTSD. 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, especially for female youth of color.⁵ The COVID-19 pandemic also poses risks for youth and PTSD. In one study, children were **4x more likely** to experience PTSD symptoms after isolation due to disease-related quarantine.⁶

Suicide and Self-Harming Behavior

Over 50% of detained youth report suicidal thoughts.



One-third of detained youth have a history of suicidal behavior.



Detained youth are **3x more likely** to commit suicide than their peers.⁷

Suicide is the second leading cause of death among youth ages 10-24, accounting for over 17% of deaths in this age group.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

Mental Health and COVID-19

Many of the negative mental health impacts of COVID-19 are still emerging. In one study of families who quarantined due to infectious disease exposure,

1/3 of parents reported seeking mental health support for their child as a result of isolation.⁶ The most common diagnoses for the children were:

- Acute stress disorder
- Adjustment disorder
- Grief

For youth who have already experienced other traumatic events, the effects of the pandemic are intensified. Studies have found that children are more likely to experience high rates of depression and anxiety during and after isolation as a result of COVID-19.¹⁰ While children respond to the stress of the pandemic differently based on their developmental stage, clinical measures should aim to provide early intervention and prevention to mitigate these adverse effects on young people.

Mental Health



Mood Disorders

Mood disorders, including depression, have high prevalence rates in youth in the juvenile justice system, with females at higher risk. One study found that nearly **50%** of youth involved in family court, juvenile court, and residential facilities met criteria for depressive disorder.¹¹

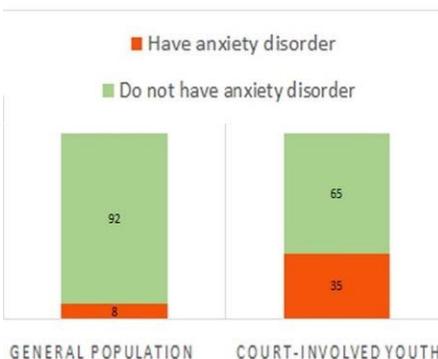
Youth with mood disorders are more likely to exhibit anger, irritability, and hostility, increasing the chance of engaging in physically aggressive altercations.¹² Youth with depression exhibit lower self-efficacy in regulating emotions and impulses, increasing the likelihood of delinquent behavior, suicidal behavior, and substance abuse.¹³

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.¹⁴

Anxiety Disorders

Anxiety disorders such as Obsessive-Compulsive Disorder, Panic Disorder, and Social Anxiety Disorder have become more of a concern in recent years; rates for youth involved with the juvenile-justice system are markedly greater than those observed in the general population.¹⁵ **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.¹⁶ 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.¹⁰

General Population vs. Court-Involved Youth



ADD/ADHD

(Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder)

ADD and ADHD are the most commonly diagnosed mental disorders among youth in the juvenile justice system. Youth in the juvenile justice system are **OVER 5x** more likely to meet criteria for ADHD diagnosis than 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.¹⁸

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