

# Juvenile Justice Fact Sheet Series: Mental Health/Substance Abuse

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Counsel

Girls

Crossover  
Youth

African-  
American  
Youth

Latino Youth

LGBTI  
Youth

Mental  
Health/Substance  
Abuse

Specialty  
Courts

School to  
Prison  
Pipeline

## Overview:

It has been well documented that youth who come into contact with the juvenile justice (jj) system have much higher rates of mental health diagnoses than the general population and high rates of co-occurring mental health and substance abuse disorders. However, determining causality is challenging given that most youth with mental health issues do not commit crimes, and many youth without a mental health diagnosis do.

## National Statistics:

Approximately 50-70% of jj-involved youth have a diagnosable behavioral health disorder compared to a rate of about 9-13% of the general population of youth. Up to 2/3 of youth with a mental health diagnosis have co-occurring substance use disorders. A recent study found that 62% of jj-involved youth met criteria for one mental health diagnosis (excluding conduct disorder), and 39% met criteria for more than one diagnosis. Besides conduct disorder, the most common disorders were substance abuse, anxiety, ADHD, PTSD, depression, and mania.

Unfortunately, disparities exist for youth of color in the jj system. Youth of color tend to be underserved in the mental health system compared to White youth, and African American youth with mental health issues are more likely to be referred to the jj system rather than treatment. Latino youth also tend to be underserved in the mental health system, attributed in part to language barriers and lack of neighborhood services. Children in the non-Hispanic multi-race group tend to have the highest rates of ADHD, depression and substance use disorders.

However, the most critical risk factor for youth in the jj system is substance abuse disorders. The Pathways study found that youth a mental health diagnosis had no greater risk of re-offending than youth without a diagnosis, unless the youth had a substance abuse disorder. Youth with substance abuse disorders had poorer outcomes with increased rates of re-arrest and self-reports of antisocial behavior, and less time spent in gainful activity.

## Research and Programming:

For youth with substance abuse issues, the Pathways study noted that youth who receive substance abuse interventions have significantly less substance abuse up to one year later, indicating that youth with substance abuse disorders should be identified and targeted strategically with effective services to prevent future offending.

Many youth with mental health issues have never had treatment prior to their contact with the juvenile justice. Therefore, youth should be diverted into the treatment system whenever possible, making routine, standardized screening for mental health and substance abuse needs is critical in the juvenile justice system. Fortunately both standardized screening and well validated treatments are now being integrated into the jj system.

Decades of research has shown positive outcomes for community-based interventions for youth with conduct and substance abuse issues. These interventions are particularly effective for youth who receive community-based treatment with a family component. Model community-based programs with a family therapy component include Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Multidimensional Treatment Foster Care (MTFC). MST has shown particularly positive outcomes for substance abusing youth when integrated into Juvenile Drug Courts.

Efforts are increasing to integrate both mental health and substance abuse treatment with emphasis on a home and community based approach, such as with Integrated Co-occurring Treatment (ICT) being piloted in Ohio and other states. Several additional promising practices include 1) using FFT and Multidimensional Family Therapy (MDFT-CS) in institutional settings, 2) wraparound services, and 3) Cognitive Behavioral Therapy (CBT), including with MET (Motivational Enhancement Therapy) for youth with substance abuse issues.

### Ohio Data:

The only statewide data on youth in the jj system with mental health or substance abuse challenges is at the correctional facility level. While the number of youth incarcerated in DYS facilities declines, many youth who remain incarcerated have multiple mental health and substance abuse issues. As of December 2014, 46% of the DYS population on the mental health caseload, meaning they have been assessed as having a mental health disorder and are receiving some level of care. Of those youth on the mental health caseload, 85% **also** have been assessed as having a substance abuse disorder, ranging from mild to severe. The data also reveals that a majority of youth had contact with the community behavioral health system prior to a DYS commitment.

### Ohio's Approach:

Ohio has several initiatives in place to prioritize community-based behavioral health services for youth in the juvenile justice system. Juvenile courts throughout the state have used RECLAIM and Targeted RECLAIM funds to support a wide range of diversion programs. Investments in effective and promising mental health and substance abuse initiatives have helped to achieve significant reductions in DYS placement rates over the last several years. These efforts are being built upon through a new Competitive RECLAIM grant program. In addition, DYS in collaboration with the Ohio Department of Mental Health and Addiction Services continues to fund Behavioral Health Juvenile Justice (BHJJ) grants in 12 of the state's largest counties. These grants require local behavioral health and juvenile justice systems to collaborate and develop and fund evidence based/promising practices that divert youth with serious behavioral health disorders from further involvement in the jj system. Results from longitudinal and rigorous evaluation clearly demonstrate positive outcomes.

### Conclusion:

Local provider agencies are increasingly partnering with juvenile courts to serve youth with complex mental health and substance abuse challenges by creating local systems of care that respond to this population. However, access to evidence-based/promising practices across the continuum of care is limited, particularly in mid-size and smaller counties. A 'regional' service delivery approach is being piloted under Competitive RECLAIM and other state initiatives. Ohio must continue to recognize the importance of having a full array of services, including prevention, early intervention, diversion and treatment that can meet youths' needs prior to jj system involvement. Additionally, a large percentages of 'deep end' youth are involved in multiple systems, requiring systems to be 'de-siloed' and built around integrated evidence-based and promising practices. Finally, long-term evaluations are needed to determine how Ohio's programs support youth as they transition into young adulthood, particularly with regard to independent living and work skills and housing.

### Resources:

Blueprints for Healthy Youth Development: Model Programs <http://www.blueprintsprograms.com/allprograms.php>

Crime Solutions, <https://www.crimesolutions.gov/>

Models for Change, <http://www.modelsforchange.net/index.html>

National Mental Health Association. (2004). *Mental health treatment for youth in the juvenile justice system: A compendium of promising practices*. Retrieved from [https://www.ntac.org/views/docs/jabg/mhcurriculum/mh\\_mht.pdf](https://www.ntac.org/views/docs/jabg/mhcurriculum/mh_mht.pdf)

Perou, R., Bisko, R., & Blumberg, S., et al (2013, May 17). *Mental health surveillance along racial lines*. <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm>

Schubert, C & Mulvey, E. (June 2014). *Behavioral health problems, treatment, and outcomes in serious youthful offenders*. U.S. Department of Justice, <http://www.ojdp.gov/publications/PubAbstract.asp?pubi=264515>

Spas, J., Ramsey, R., Paiva, A., & Stein, L. All might have won, but not all have the prize: Optimal treatment for substance abuse among adolescents with conduct problems. *Substance Abuse: Research and Treatment*. 2012 (6), 141-155, <http://www.la-press.com>

Washington State Institute for Public Policy. (Jan. 2013). Inventory of evidence-based, research-based, and promising practices. <http://www.wsipp.wa.gov/pub.asp?docid=E2SHB2536-2>

Behavioral Health/Juvenile Justice Projects, <http://mha.ohio.gov/Default.aspx?tabid=136>

**This fact sheet is one of a fact sheet series about Ohio's juvenile justice system by the Ohio Juvenile Justice Association.**

**If you have any questions, please visit OJJA's website or contact Erin Davies with the Juvenile Justice Coalition at [edavies@jjohio.org](mailto:edavies@jjohio.org) or 614-400-5548.**