

A Multi-State Study of Mental Health Prevalence and Services for Justice- Involved Youth

Findings and Implications

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Objective

Describe findings from a multi-state, multi-system study of mental health issues among youth in the juvenile justice system.



Presentation Overview

- Joseph J. Cocozza, Ph.D. – Moderator
- Kathleen Skowrya - Background, Research Design and Sample Characteristics
- Joseph J. Cocozza, Ph.D. - Prevalence of Mental Disorders
- Jennie L. Shufelt, M.S. - Past and Current Service Utilization
- Trina W. Osher, M.A. - The Family Perspective
- Karen Stern, Ph.D. - Discussant



The OJJDP Multi-State Study:

Background, Research Design and Sample Characteristics

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Background

A 1992 Comprehensive Review of the Research Literature Found Existing Mental Health Prevalence Studies To Be Flawed

- Inconsistent definitions of mental disorder;
- Use of non-random sample
- Small sample sizes; and
- Unstandardized and inconsistent measures



Background

Recent mental health prevalence studies have begun to address some of these issues

- Improved study designs
- The use of standardized instruments to collect data



Background

Remaining Issues-Prevalence Studies

- Studies focus only on one level of care within the juvenile justice system
- Studies typically restricted to one state/jurisdiction
- Regions of the country under-represented in studies
- Relatively small numbers of important subgroups of youth



Study Partners

Funding:

- Office of Juvenile Justice and Delinquency Prevention

Site Principle Investigators:

- Louisiana- Pamela McPherson, Child, Adolescent and Forensic Psychiatrist and Keith Cruise, Louisiana State University Health Sciences Center
- Texas- William Kelly, University of Texas at Austin
- Washington- Eric Trupin, University of Washington

Main Consultants:

- Federation of Families
- Thomas Grisso, University of Massachusetts Medical Center
- Terrence Thornberry, University of Colorado at Boulder
- Gail Wasserman, Center for the Promotion of Mental Health and Juvenile Justice
- Steve Banks, The Bristol Observatory



Research Design

Objectives of Study

- Assess overall prevalence rates of mental health symptoms and disorders:
 - Using standardized screening and assessment instruments
 - In states under-represented in previous studies
 - And from multiple levels of care within the juvenile justice system
 - While over sampling critical subgroups of youth
 - Through a carefully coordinated study



Research Design

- Multi-state, Understudied Sites (Louisiana, Texas, Washington)
- Continuum of Settings
 - Juvenile Correctional Facilities
 - Juvenile Detention Centers
 - Community-Based Programs
- Sample
 - Boys and Girls, age 11-18
 - Oversample girls, and certain ethnic minorities (Hispanic and American Indian/Alaskan Native)
- Data Collection Period
 - May 2003 through April 2004



Research Design (cont.)

- Standardized Instruments
 - MAYSI-2 screening administered to entire sample
 - Voice DISC-IV assessment administered to sample of those above scoring cutoffs on MAYSI-2
 - Voice DISC-IV results used to estimate prevalence rates for full sample
- Data Collection
 - Each site-Principal Investigator, senior research coordinator, data collectors
 - Standardized training and data collection oversight by NCMHJJ
- In addition to prevalence data, information was also collected on:
 - Past and current service utilization (through facility surveys, record review, and self report measures);
 - The Family Perspective (through a series of focus groups)



Sample Characteristics

Study Sample By State and Level of Care

State	Louisiana	Texas	Washington	Total
Secure	129	227	300	656 (45.6%)
Detention	203	205	188	596 (41.5%)
Community-Based	74	85	26	185 (12.9%)
Total	406 (28.3%)	517 (36.0%)	514 (35.7%)	1437 (100%)



Sample Characteristics (weighted)			
• Gender			
- Male	73.9%		1060
- Female	26.0%		373
• Race/Ethnicity			
- White/Caucasian	36.7%		527
- Black/African American	31.2%		447
- Hispanic	26.4%		379
- American Indian/Alaskan Native	2.8%		40
- Other	2.9%		42
• Age			
- 11-13 years	12.4%		178
- 14-15 years	39.0%		559
- 16-18 years	48.6%		697

Prevalence of Mental Disorders Among Youth in the OJJDP Multi-State Study

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Topics
1. Prevalence Rates
2. Number and Severity of Disorders
3. Subgroups of Youth

1. Prevalence Rates

Prevalence of Mental Disorders (n=1437)	
	(%)
At Least One Positive Diagnosis	70.4
No Diagnosis	29.6

National Center for Mental Health
Prevention and Promotion

NCMHJJ

Comparison with Previous Studies		
	Positive Diagnosis	Population
Current Study	70.4%	LA, TX, WA- Community-based, Detention, Secure
Teplin et al. *(2002)	69.0%	IL Detention Center
Wasserman et al. (2002)	68.5%	NJ, IL secure placement (males)
Wasserman, Ko, McReynolds (2004)	67.2%	IL Reception Ctr. & NJ Training School (males)

*Used an earlier version of DISC (DISC 3R)

Prevalence of Disorders by State and Level of Care (n=1437)		
	At Least One Positive Diagnosis	No Diagnosis
State	%	%
Louisiana	73.5	26.5
Texas	66.4	33.6
Washington	72.5	27.5
Level of Care		
Secure	76.4	23.6
Detention	66.4	33.6
Community- Based	60.0	40.0

Prevalence by Sample Characteristics (n=1437)		
	At Least One Positive Diagnosis	No Diagnosis
Gender	%	%
Male	66.8	33.2
Female	81.0	19.0
Race/Ethnicity		
White/Caucasian	74.1	25.9
Black/African American	70.2	29.8
Hispanic	63.9	36.1
Age		
11-13 years	60.3	39.7
14-15 years	69.1	30.9
16-18 years	74.3	25.7

Types of Disorders by Gender (n=1437)			
	Overall %	Males %	Females %
Anxiety Disorder	34.4	26.4	56.0
Mood Disorder	18.3	14.3	29.2
Disruptive Disorder	46.5	44.9	51.3
Substance Abuse Disorder	46.2	43.2	55.1

Results of Logistic Regression

- Using logistic regression to control for other factors*:
 - Females and older youth are at higher risk for a mental disorder;
 - Race/ethnicity differences were not significant;

* Variables included in the logistic regression analysis include gender, race/ethnicity, age, state, level of care

2. Number and Severity of Disorders Multiple Disorders

- More than half (55.2%) of youth met criteria for at least two diagnoses;
- 90.3% of youth with Conduct Disorder also met criteria for at least one other disorder;
- 37.5% of youth in the sample had both a mental health disorder and substance use disorder.

Severity of Disorders

- Lack of a standardized approach for defining severe disorders:
 - By diagnoses;
 - By functioning/impairment;
 - By service utilization;
- Examined a series of definitions for serious disorders;
- Best estimate – 27% of juvenile justice youth have serious mental disorders.

3. Subgroups of Youth

- Conducted Two-Step Cluster Analysis
- Limited to youth with at least one diagnosis;
- Cases were clustered by:
 - Mental health disorders;
 - Seriousness of past and current offenses;
 - Suicide ideation;
- Examined clusters in relation to other variables.

Results

- Four distinct clusters emerged:
 1. Substance Use (n=157);
 2. Disruptive Behavior (n=149);
 3. Mental Health/Non Disruptive (n=157);
 4. Severe Multi-Problem (n=75).



	Substance Use	Disruptive	MH / Non-Disruptive	Severe Multi-Problem
Anxiety Disorder	8.9%	25.0%	89.2%	93.4%
Mood Disorder	5.1%	14.1%	26.1%	93.4%
Disruptive Disorder	57.0%	100%	31.2%	92.0%
Substance Use Disorder	100%	54.7%	36.9%	77.3%
Gender	82% M	75% M	55% M	57% M
Suicide Attempt (4w)	0.6%	4.7%	2.5%	18.7%
Severe Mental Illness	15.3%	29.7%	42.7%	93.4%
Co-Occurring MH/SA	61.6%	54.7%	32.5%	77.3%
Person/Violent Offense	13.2%	22.1%	25.9%	18.7%
6+ Prior Arrests	45.5%	27.3%	20.2%	40.4%



Summary

- Regardless of setting, the majority of youth in the juvenile justice system meet criteria for a mental disorder;
- Prevalence rates vary by certain youth characteristics;
- About 25% of justice involved youth have disorders that are serious enough to require immediate and significant treatment;
- There appear to be distinct subgroups of these youth with different needs and issues.



Past and Current Service Utilization Among Youth in the OJJDP Multi-State Study

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Background

- A 1998 survey of mental health services available in juvenile justice facilities suggested that the majority of facilities provide an array of mental health services (Goldstrom, et. al., 2000);
- On the other hand, DOJ investigations and other reports document the inadequacy of mental health services within the juvenile justice system;



Study Design - Services

- Information on past and current service utilization collected through three mechanisms:
 - Staff Facility Survey;
 - Self-report Services Questionnaire for Youth;
 - Record review.



Results of Facility Survey

	Current Study	Goldstrom et. al.
	% of Facilities (n)	% of Facilities
Screening	89.5% (17)	64.2% (1,796)
Evaluation	78.9% (15)	73.8% (2,064)
Emergency MH Services	78.9% (15)	80.7% (2,257)
Medications	94.7% (18)	81.8% (2,288)
24 Hour Inpatient Care	47.4% (9)	34.6% (967)
Residential Treatment w/ MH Services	36.8% (7)	37.1% (1,039)
Therapy (Individual, Family, or Group)	84.2% (16)	69.0% (1,932)
Integrated MH/SU Treatment	26.3% (5)	NA



Comparison of Staff Survey and Record Review

	Facility Survey	% of Youth Who Received Service (RR)	
		Youth with Mild MH Disorders	Youth with Severe MH Disorders
Screening	89.5% (17)	80.8%	77.5%
Evaluation	78.9% (15)	40.1%	62.4%
Emergency MH Services	78.9% (15)	4.4%	10.3%
Medications	94.7% (18)	23.0%	44.1%
24 Hr Inpatient Care	47.4% (9)	0	0
Residential Treatment w/ MH Services	36.8% (7)	2.1%	1.9%
Therapy	84.2% (16)	37.2%	43.7%
Integrated MH and SU Treatment	26.3% (5)	0	0



Predictors of Current Mental Health Services

Mental Health Status (ref: None)	OR	State (ref: Washington)	OR
Mild Mental Health Disorder	1.68*	Louisiana	3.55***
Severe Mental Health Disorder	2.38**	Texas	1.18
Substance Use Disorder	1.29	Facility Type (ref: Detention)	
Race/Ethnicity (ref: Hispanic)		Secure	5.29***
Non-Hispanic Caucasian	2.01**	Community-Based	2.26**
Non-Hispanic African American	.994	Most Serious Charge is Violent	1.56
Female Gender	.915	Length of Stay (days)	1.002**
Age (ref: 11-13 years)			
14-15 years	.929		
16-18 years	.689		

*p<.05 **p<.01 ***p<.001



Summary

- Juvenile justice facilities report providing an array of mental health services;
- The proportion of offenders in need who receive these services is low;
- The juvenile justice system may not be utilizing its resources as efficiently as possible;



The Family Perspective: Results of the OJJDP Multi-State Study Family Focus Groups

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Goals of the Focus Group

- Obtain family views about:
 - Their children's mental health needs.
 - The adequacy of the services they received.
- Obtain family recommendations for how the juvenile justice system can improve services to youth with mental health needs.



Setting Up the Focus Groups

- FFCMH paid local chapters to:
 - Recruit participants.
 - Secure a location.
 - Arrange for transportation and child care as needed by participants.
 - Provide light refreshments.
 - Prepare participants by explaining how a focus group differed from a support group beforehand.



Participants

	Tacoma, WA	Dallas, TX	Lake Charles, LA
Number of participants	11 mothers and female kinship care givers	7 mothers and grandmothers	13 mothers and fathers
Number of their children in the system	13	7	10
Family background	Small city and suburban with varied socio-economic status	Mostly urban with varied socio-economic status	Extremely rural and mostly poor
Location	Family organization office	Juvenile justice center	City recreational center



Establishing Trust

- Local FFCMH chapters provided:
 - Background for the research team.
 - Introduced the research team to participants.
- Research team members:
 - Introduced the study and answered questions about how data would be used.
 - Managed recording equipment and took notes.
 - Collected consent forms and distributed \$50 payment to participants.
- The moderator:
 - Was a family member or support person.
 - Established ground rules for the discussion.
 - Explained how confidentiality would be protected.



Focus Group Questions

To get family views of the system we asked:

- What mental health services and substance abuse services did your child receive?
- Were services adequate, appropriate, or effective?
- What services helped your child the most?
- What happened when your child was discharged?



Focus Group Questions (2)

To get recommendations for system change we asked:

- What prevents youth from getting effective mental health services while they are in juvenile justice facilities or programs?
- What do you think could help improve the mental health services provided in juvenile justice facilities and programs?



Responses About Services

- Families generally reported that mental health and substance abuse services were inadequate, inappropriate, and ineffective!
- This was true both before and after they became involved with the juvenile justice system.
- The failure of the system to offer support to parents led to misunderstanding and made navigating the process almost impossible.



Services that Help Families

- Peer support and family-directed assistance with information, rights, and procedures.
- Addressing troubling behavior in a rehabilitative and therapeutic rather than a punitive manner.
- Collaborative (wraparound) planning - all agencies together with families tailor education, mental health, and other services to the child's and family's needs.
- Probation officers with a mental health background who provided caring, helpful advice.
- In-home and crisis intervention services and other direct services.



Responses About Barriers

- Lack of family involvement.
- Disconnect between the mental health and juvenile justices systems.
- Excessive referrals by the school system to the juvenile justice system.
- Lack of screening for mental health or substance abuse at entry to the juvenile justice system.



Responses About Barriers (2)

- Insufficient and poor quality mental health services in the community and in the juvenile justice system.
- Ineffective or inappropriate discharge planning and lack of transition services.
- Labeling the child as criminal has lifelong implications.
- Not being able to afford services.



What Families Recommend

- Increase family involvement at all stages of the juvenile justice process.
- See families as a resource to help providers and administrators.
 - Formally include families in the assessment process.
 - Involve families in discussions and decision making about their child.



What Families Recommend (2)

- Increase family supports such as:
 - Formal support groups;
 - Advocacy organizations; and
 - Informal peer-to-peer conversations.
- Provide accurate and understandable Information about legal rights and the juvenile justice system processes.
- Reduce the family's burden for service coordination – especially after discharge.



What Families Recommend (3)

- Facilitate good relationships between parents and probation officers.
- Reduce the school system's reliance on the juvenile justice system to assist in managing youth with behavioral issues.
- Recruit and retain qualified personnel to provide care and services – and retrain current staff.



What Families Recommend ⁽⁴⁾

- Screen youth for mental health and substance use problems as soon as they enter the system.
- Provide comprehensive mental health services – not just behavior management.
- Address trauma and sexual abuse histories of youth.

