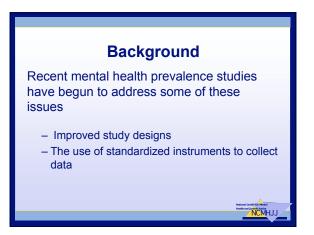


Objective Describe findings from a multi-state, multi-system study of mental health issues among youth in the juvenile justice system.









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



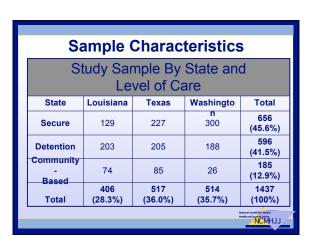
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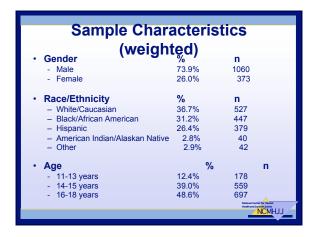
Research Design

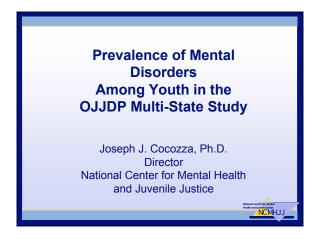
- Multi-state, Understudied Sites (Louisiana, Texas, Washington)
- · Continuum of Settings
 - Juvenile Correctional Facilities
 - Juvenile Detention Centers
 - Community-Based Programs
- Sample
 - Boys and Girls, age 11-18
 - Oversample girls, and certain ethnic minorities (Hispanic and American Indian/Alaskan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

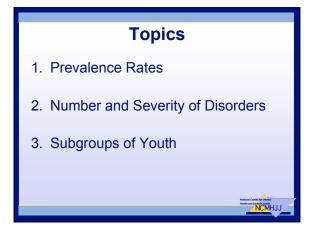


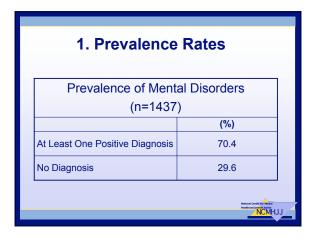
Research Design (cont.) Standardized Instruments MAYSI-2 screening administered to entire sample Voice DISC-IV assessment administered to sample of those above scoring cutoffs on MAYSI-2 Voice DISC-IV results used to estimate prevalence rates for full sample Data Collection Each site-Principal Investigator, 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)

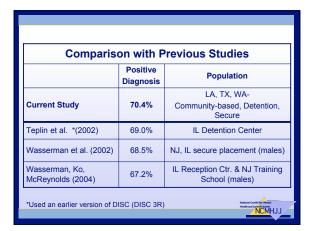


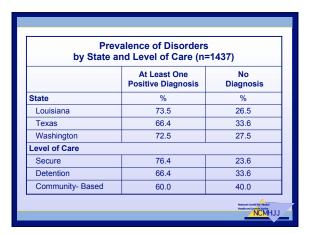




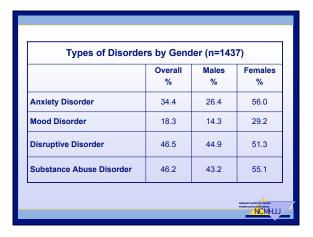












Results of Logistic Regression

- 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).

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		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%
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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 Jennie Shufelt, M.S. National Center for Mental Health And Juvenile Justice

Background

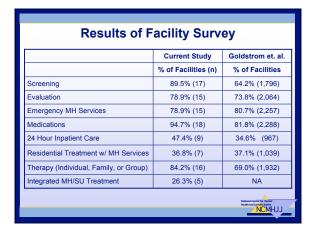
- A 1998 survey of mental health services available in juvenile justice facilities suggested that the majority of facilities provide an array of mental health services (Goldstrom, et. al., 2000);
- On the other hand, DOJ investigations and other reports document the inadequacy of mental health services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

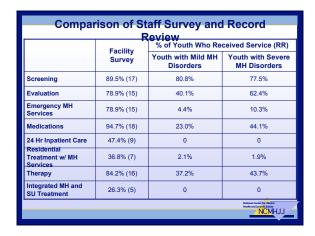
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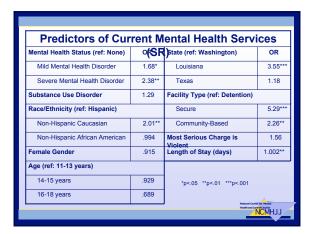
Study Design - Services

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





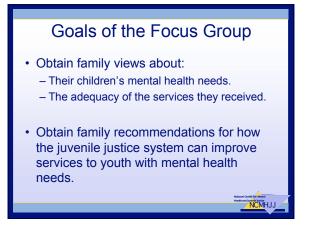




Summary Juvenile justice facilities report providing an array of mental health services; The proportion of offenders in need who receive these services is low; The juvenile justice system may not be utilizing its resources as efficiently as possible;

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

Trina W. Osher, M.A.
Coordinator of Policy & Research
Federation of Families for Children's
Mental Health



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.

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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?

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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.

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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.

