



Blueprints for Change

Identification and Treatment of the Mental Health Needs
of Juvenile Justice-Involved Youth

Dr. Christine Doyle, Director
Office of Behavioral Health Services
Georgia Department of Juvenile Justice



Mental Health in Juvenile Justice

Why should we care about mental health needs in juvenile justice involved-youth?

- 50-82% of juvenile justice-involved youth qualify for a mental health diagnosis, compared to 9-13% of youth in the general population
- Adolescents in detention facilities are 10 times more likely to have a psychotic disorder than youth in the general population
- Bureau of Justice Statistics records indicate that 2/3rds of adult inmates aged 24 and under had a mental health diagnosis
- Up to 70% of juvenile justice-involved youth qualify for a substance use/abuse diagnosis



Risk Factors

- Many risk factors for the development of mental health issues also related to a youth's criminogenic risk, including:
 - Negative family environment, including parental substance abuse, and mental health issues
 - Poor attachment to parents/care givers/adults
 - Interpersonal trauma, including abuse, domestic violence, exposure to neighborhood and/or school violence, etc.
 - Substance use
 - Criminogenic peer group
- Exposure to multiple risk factors has a cumulative effect



Mental Health Impact on Behavior

Interpersonal trauma can cause a youth to:

- Have difficulty trusting others/forming relationships
- Engage in highly impulsive and high-risk behavior
- Have a poor understanding of and response to consequences, before and after an event
- Have a sense that they have no future
- Use/abuse substances



Mental Health Impact on Behavior

Attention Deficit Disorder can cause a youth to:

- Have difficulty in school, increasing the likelihood of dropping out
- Act more impulsively, with little forethought
- Have difficulty forming peer relationships
- Use substances at an earlier age



Mental Health Impact on Behavior

Impact of substance use

- Youth who use substances are between 2 times and 20 times more likely be to be arrested than non-using peers (*the difference is related to the substance abused*)
- Youth who use substances are more likely to drop out of school
- Substance abuse disrupts relationships with peers and family
- Youth who use substances are more likely to commit property crimes



Screening

A screening is:

- Universal
- Cost-effective
- Can be done by non-clinicians
- Used to decide whether referral for assessment is necessary



How Can Screenings be Used?

- Pre-adjudication, to help determine the need for diversion
- Post-adjudication, to help determine appropriate responses to the youth's behavior
- At probation, to help determine appropriate services



Screening Examples

- **Massachusetts Youth Screening Instrument 2 (MAYSI-2):** uses seven sub-scales - Alcohol & Drug Use , Angry – Irritable , Depressed – Anxious , Somatic Complaints, Suicide Ideation, Thought Disturbance (Boys Only), Traumatic Experiences (slightly different questions for boys and girls)
- **The Structured Trauma-Related Experiences and Symptoms Screener (STRESS):** screens for traumatic stress; has a version formatted for ease of use by court/probation staff as well as one for clinicians
- **Adolescent Substance Abuse Subtle Screening Inventory-A2 (SASSI-A2):** screens for substance abuse



Implementing Screening

As part of the Models for Change project, the National Center for Mental Health and Juvenile Justice (NCMHJJ) developed a guide for juvenile justice systems interested in implementing screening in their system. The guide, *Mental Health Screening Within Juvenile Justice: The Next Frontier*, is available for free on line at <http://www.modelsforchange.net/publications/301>.



Implementation Steps

The NCMHJJ guide suggests 10 steps to implementing screening:

- Review needs and options
- Review resources and demands
- Educate program/court staff
- Select the method and procedure
- Develop decision rules and response policies



Implementation Steps (cont.)

- Build response resources
- Develop information sharing policies
- Pilot and train
- Create a database
- Monitoring and maintenance



You have screened your kids.

Now what?

The next step may be assessment.



Assessment

- An Assessment is:
 - Targeted
 - Comprehensive
 - Diagnostic
 - Requires a trained mental health professional
 - Used to develop a plan of treatment
- Assessments use the results of screening to identify areas for further exploration with the youth.



Obtaining Assessments

Assessments are conducted by clinicians

- Some systems have in-house clinicians as part of the staff
- Some systems utilize referral to community partners
- Some systems contract with community providers



What to expect

An assessment should include, at minimum:

- Mental status exam
- Social history
- Educational history
- Treatment history
 - Historical diagnoses
 - Past treatment efforts, including whether they were outpatient or inpatient
 - History of and/or current psychotropic medication use
- Diagnostic impression/diagnosis
- Treatment recommendations



What to expect (cont.)

- Assessments done by psychologists will often include the results and interpretation of psychological testing.
- You may request that specific attention be given to an area during the assessment. Some examples of specialized assessment areas include trauma and substance abuse.



Using an assessment

- An assessment can identify previously unknown issues that are impacting the youth's behavior and situation.
- An assessment may help with early identification of emerging problems.
- An assessment should have useful recommendations for services that will help the youth.



Making assessments more useful

- Meet with the clinician(s) doing the assessment to clarify what is most helpful to you.
- If you have areas of special concern, such as trauma or substance abuse, make that clear to the clinician(s).
- Educate the clinician(s) on what service options you have available. A good clinician won't limit themselves to those options if something else would be better for the youth, but they can be mindful of what you have readily available.



Providing Treatment

Develop relationships with:

- A variety of providers. Not all providers will be able to meet the needs of all youth.
- Providers who offer evidence-base treatment practices.
- Providers who offer targeted evidence-based practices that are frequently needed by juvenile justice-involved youth (TF-CBT, SPARCS, Seven Challenges, etc.)



Providing Treatment (cont.)

- Develop data-sharing agreements to ease the flow of communication.
- Arrange to get regular updates from providers on youth progress, *but*
- Understand that providers can not share specific treatment details in the updates due to privacy laws.



QUESTIONS?



Contact Me

Dr. Christy Doyle
Director of Behavioral Health Services
Christinedoyle@djj.state.ga.us