



MICHIGAN STATE
UNIVERSITY

Advancing Knowledge.
Transforming Lives.

Latino youth and juvenile (in)justice

*The consequences of mental health
and adjudication*

Francisco A. Villarruel, Ph.D.

*Acting Director, Julián Samora Research Institute
University Outreach and Engagement Senior Fellow
NLBHA Board*

Name of event goes here

June 1, 2007

Portland, OR

Latino youth in juvenile justice systems

- A growing epidemic?

Findings regarding Latino Youth

Latino youth are significantly overrepresented in the justice system

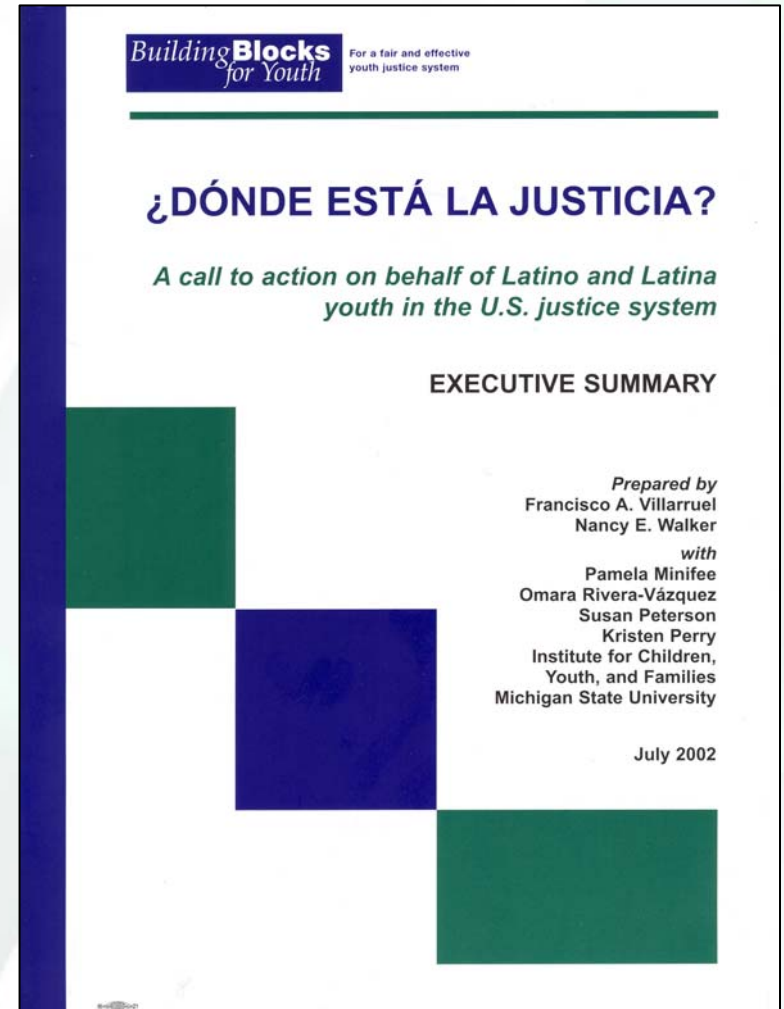
Data collection mechanisms are inadequate

Significant undercounting

Failure to separate race from ethnicity

Lack of adequate bilingual services

Lack of culturally competent staff



Lost Opportunities:

The Reality of Latinos in the U.S. Criminal Justice System

By: N. Walker, J. M. Senger, F. Villarruel, and A. Arboleda



Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services

...children who are charged in the juvenile justice system and show a range of emotional or behavioral disorders pose a complex and unsolved challenge for the juvenile justice and mental health systems...these youth had been consistently neglected and ignored by public service systems. (Knitzer, 1982).

10 and 25 years later

- The situation had not changed since (Cocozza, 1992; Schindler, 2006)

But, the good news is...

- Experts in the field have noted that the mental health needs of youth in the juvenile justice system have received more attention at the federal level in the past several years than in the past three decades combined (Cocozza & Skowra, 2000).

Prevalence

- Approximately 20% of children and adolescents in the general youth population are experiencing a mental disorder (U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health, 2002)
- Existing research shows that the majority of youth in the justice system, ranging anywhere from 70 to 100%, have some diagnosable mental disorder (Otto, Greenstein, Johnson, & Freedman, 1992).

Additional prevalence indicators

- For less serious mental disorders such as **conduct disorder**, the prevalence is estimated to be 80% or more of youthful offenders (Cocozza & Skowyra, 2000).
- Approximately 20% have a **serious mental disorder**, compared with 9-13% in the general population (Cocozza & Skowyra, 2000).

A further delineation

- conduct disorder: 50–95%
- attention deficit disorder: 50%
- anxiety disorders: 6-41% 25-50%
- substance abuse or dependence: 25-50%
- affective disorders: 32-78%
- psychotic disorders: 5%

Goldstrom, 2000

Challenges in prevalence estimates

- Highly variable across researchers
 - Estimates of the prevalence of schizophrenia vary from 1% (Teplin Abram, McClelland, Dulcan, & Mericle, 2002), to 16% (Timmons-Mitchell et al., 1997) and as high as 45% (Atkins, Pumariega, & Rogers, 1999)

Other disparities

- Similar disparities are noted for:
 - mood disorders (c.f., Teplin et al., 2002; Timmons-Mitchell et al., 1997; Wasserman et al., 2002)
 - anxiety disorders (c.f., Garland et al., 2001, Teplin et al., 2002; Timmons-Mitchell et al., 1997; Wasserman et al., 2002)
 - attention-deficit/hyperactivity disorder (Pliskza et al, 2000; Teplin et al., 2002; Timmons-Mitchell et al., 1997; Wasserman et al., 2002).

Consequences of youth being waived and prosecuted as adults and confined in adult facilities

- 8 times more likely to commit suicide
- 5 times more likely to be sexually assaulted
- 2 times more likely to be assaulted by staff
- 50% more likely to be attacked with a weapon

Additional challenges

- Estimates across race and ethnicity, and in particular, for youth and families whose preferred language is non-English, are grossly under estimated.

Conclusion

- It appears that the prevalence of mental disorders among youth in the juvenile justice system is two to three times higher than youth in the general population (Chino, Personius-Zipoy, & Tanta, 2004; Cocozza & Skowra, 2000).

Why is this a concern?

- Currently, about 12 percent of youth have contact with the juvenile justice system
- It is estimated by 2015 nearly 20% of all youth in the US will be involved with the juvenile justice system
 - Changes in policy which criminalize behaviors

What does this mean?

- The juvenile justice system has become a warehouse for youth with mental health issues (Hubner & Wolfson, 2000).
- Texas Youth Commission reported a 30% increase between 1995 and 2001 in the number of youth with mental disorders entering the state's juvenile justice system (Reyes, & Brantley, 2002).

Why the growing trend?

- Beginning in the 1980s, a rising tide of teenage violence led virtually every state to pass laws mandating severe penalties for violent young offenders and reducing the discretion of juvenile court judges to screen out those with mental disorders. At the same time, state after state saw the collapse of public mental health services for children and the closing of residential facilities for disturbed youths” (Grisso, 2004, p. 5).

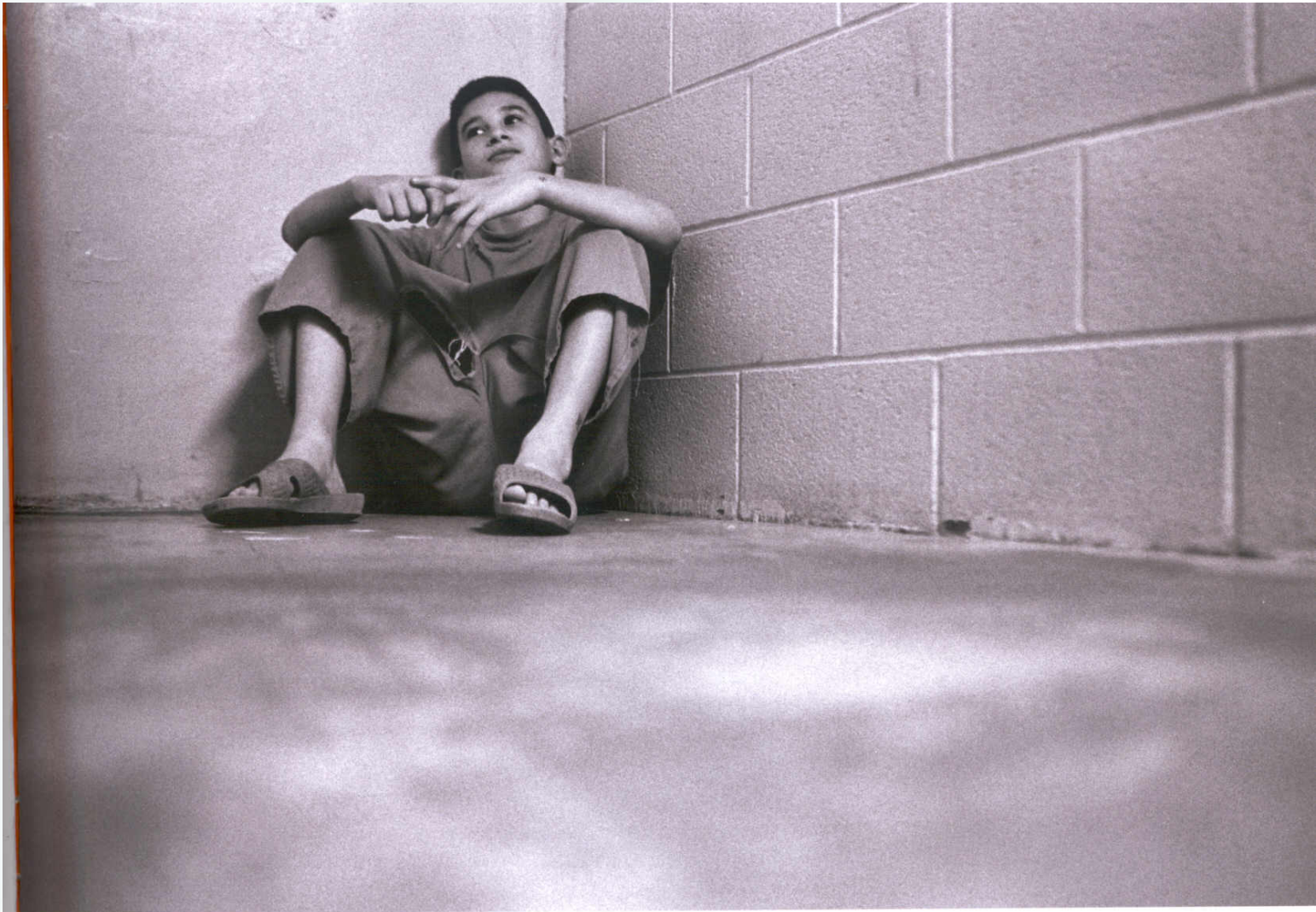
President's New Freedom Commission Final Report (2003)

- “As a shrinking public health care system limits access to services, many poor and racial or ethnic minority youth with serious emotional disorders fall through the cracks into the juvenile justice system” (p. 32).

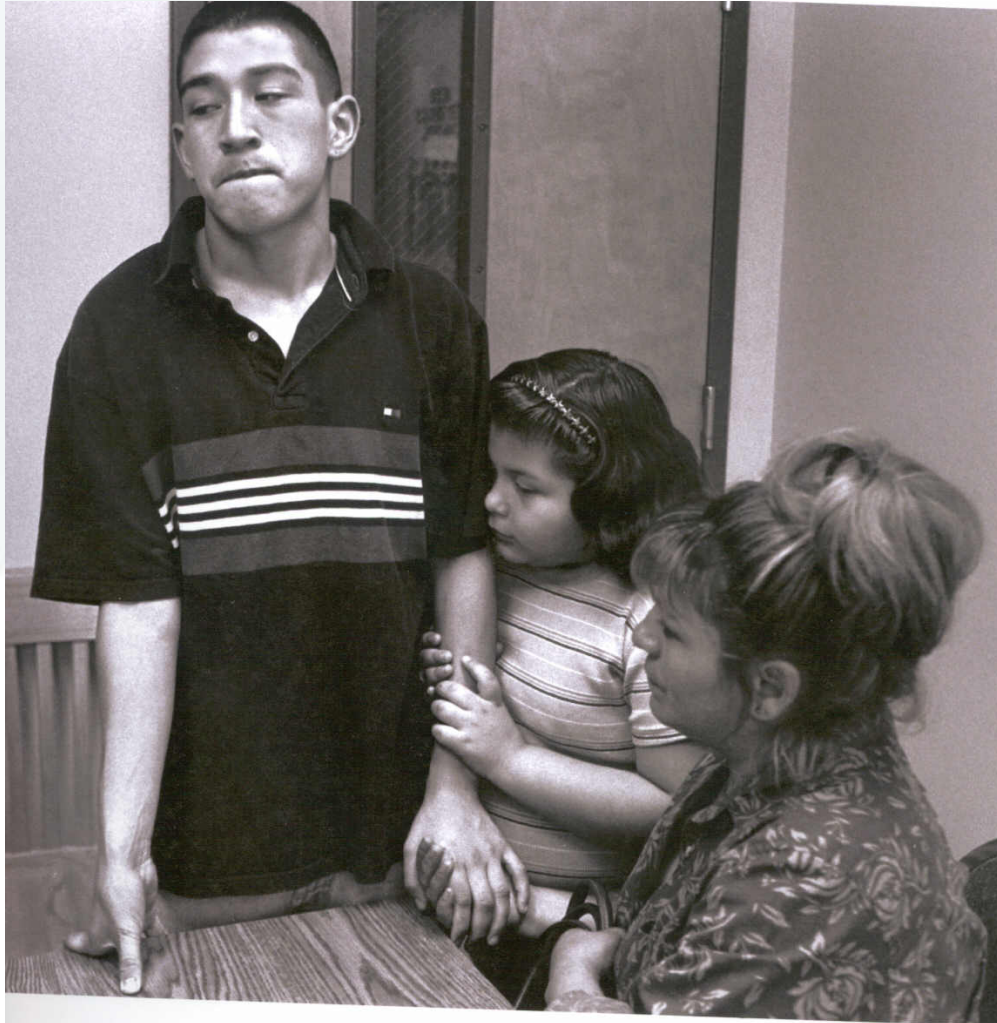
The unintended consequences?

- inappropriate incarceration for literally thousands of youth in pre-adjudication (before trial) detention
- post-adjudication (following sentencing) juvenile facilities.

Two examples unintended policies that may exacerbate mental health issues for adjudicated youth: Language and detention



Two examples unintended policies that may exacerbate mental health issues for adjudicated youth: Intake processing



Where do we go from here?

- Fortunately, in recent years there has been significant progress in identifying promising programs and strategies which are proving effective in responding to the needs of youth with mental health disorders (e.g., MASYI-2).
- Multisystemic Therapy (MST) (Cocozza & Skowyra, 2000)

Evidenced based practices that make a difference

- 1. Use objective screening instruments**
- 2. Create new or enhance current alternatives-to-detention programs**
- 3. Expedite case processing to reduce lengths of stay**
- 4. Ensure culturally competent and bilingual staff.**
- 5. Eliminate barriers to family involvement.**

