

# 6 Mental Health

The Mental Health section includes information collected from the Social History Information, Psychological Information (Appendix C), Medical History (Appendix E), and Initial custody Designation (Appendix H) forms on a juvenile's current and past mental health concerns. Topics covered include psychotropic medication use, previous inpatient and outpatient mental health treatment, mental health disorders, personality traits, and suicidal and para-suicidal behaviors. This information is collected using a combination of self-reporting and staff assessment during one-on-one interviews with the juveniles upon admission.

## The Rise of Mental Health Concerns

The collapse of public mental health services for children and adolescents in the 1990s created a rise in the number of youth with mental health disorders in the juvenile justice system (AECF, 2013a). These juveniles require individualized attention. As OJJDP points out, "Youth in the juvenile justice system are at high risk for mental health problems that may have contributed to their criminal behavior and that are likely to interfere with rehabilitation" (Wasserman, Ko, & McReynolds, 2004). Often, the mental health needs of these juveniles have gone unrecognized and untreated due to inadequate screenings and assessments before admission. In fact, 66% to 75% of court-detained juveniles nationwide suffer from mental health and/or substance abuse conditions. Twenty percent of detained juveniles suffer from severe mental health symptoms that significantly limit their activities of daily life (AECF, 2013a). Mental health disorders that are overrepresented in the juvenile justice system include substance abuse, intellectual disabilities, anxiety, and mood disorders (Council of Juvenile Correctional Administrators, 2014).

## National Recommendations for Mental Health Programming

One of the most consistent findings in juvenile justice research is that interventions which aim to build skills and address human needs are far more effective than those which aim to deter or punish (AECF, 2011). In an

effort to drive change, the National Mental Health Association (2004) outlined a number of criteria to help juvenile justice agencies identify and implement better mental health practices. The Association states that mental health programs should be:

- » Driven by sound theory and backed with a scientifically valid rationale;
- » Evaluated to determine that the programs achieve their goals;
- » Focused on reducing risk factors and supporting healthy development by addressing multiple aspects of a child's life and environment;
- » Replicable in a variety of accessible, community-friendly, and culturally-sensitive settings; and
- » Comprehensive and requiring of a significant time investment—from several weeks to several years—to significantly influence behaviors and skills.

Due to the high numbers of mental health disorders among youth in the juvenile justice system, OJJDP stresses the importance of adherence to the following mental health assessment best practices. Mental health assessments should:

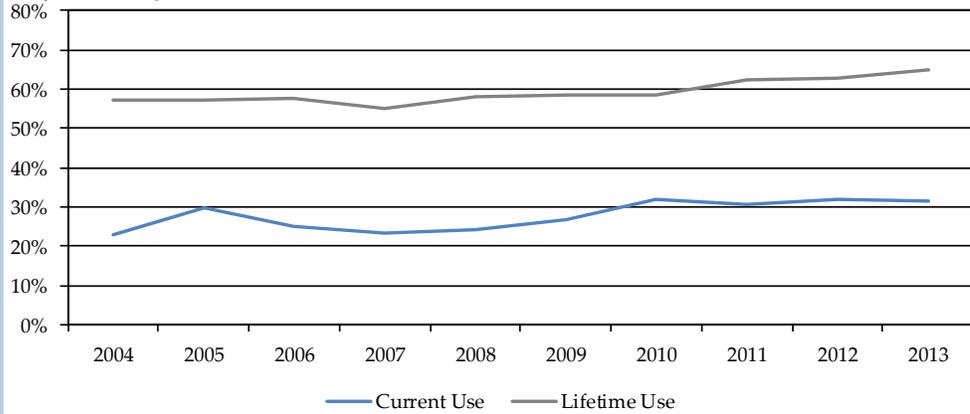
- » Be based on multiple methods of evaluation and on the input of multiple informants;
- » Be based on reliable and valid instruments;
- » Include parental input;
- » Focus on recent symptoms in order to determine current treatment needs; and
- » Be repeated periodically for reassessment.



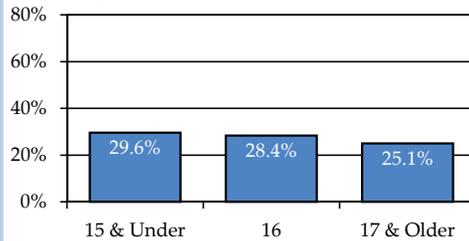
# Psychotropic Medication

- » The percentage of juveniles currently using psychotropic medication at the time of admission increased from 23% in FY 2004 to 31% in FY 2013.
- » The percentage of juveniles who used psychotropic medication in their lifetime increased from 57% in FY 2004 to 65% in FY 2013.
- » Older juveniles had lower rates of current psychotropic medication use than younger juveniles.
- » White juveniles had higher rates of current use and lifetime use of psychotropic medications than juveniles of any other race.
- » Females had higher rates of current use and lifetime use of psychotropic medications compared to males.

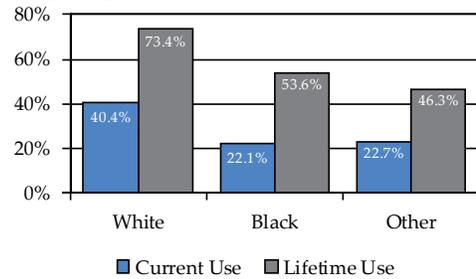
### Psychotropic Medication Use, FY 2004-2013



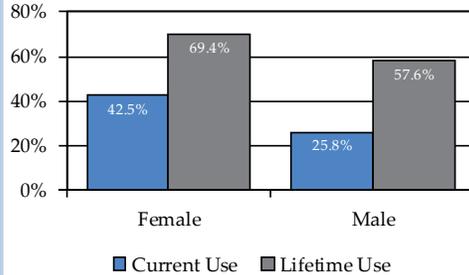
### Current Psychotropic Medication Use by Age, FY 2004-2013



### Psychotropic Medication Use by Race, FY 2004-2013



### Psychotropic Medication Use by Sex, FY 2004-2013

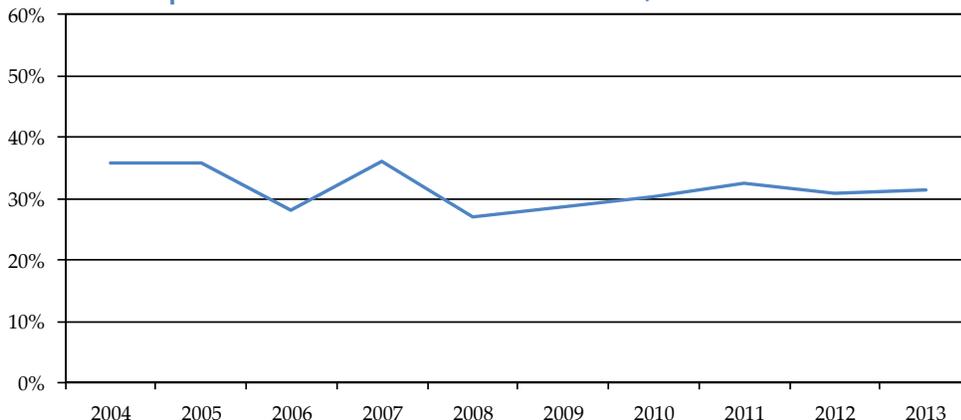


Data presented on this page are collected on the Psychological Information form.



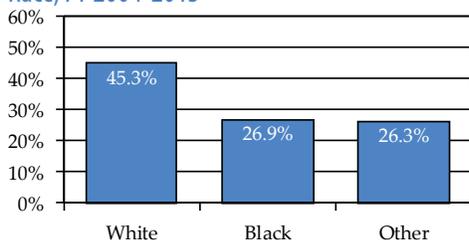
## Previous Inpatient Mental Health Treatment

### Previous Inpatient Mental Health Treatment, FY 2004-2013



- » An average of 32% of juveniles had either a past psychiatric placement or residential treatment placement since FY 2004.
- » White juveniles had higher rates of past inpatient mental health treatment compared to juveniles of any other race.
- » Females had higher rates of past inpatient mental health treatment compared to males.

### Previous Inpatient Mental Health Treatment by Race, FY 2004-2013



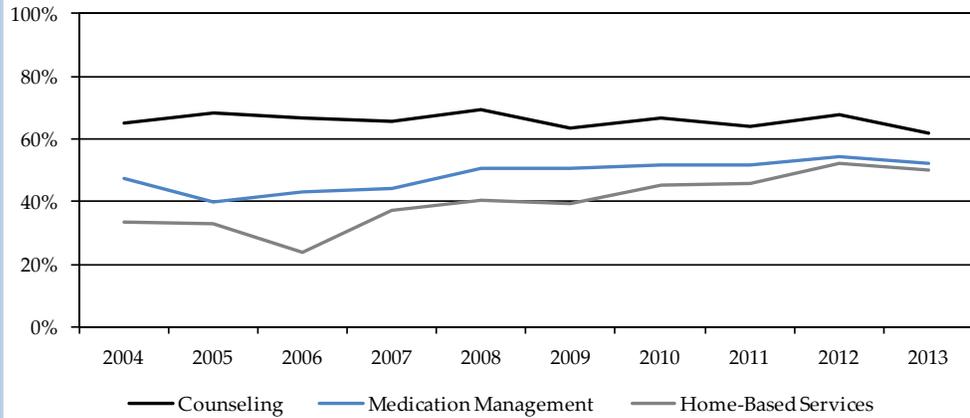
### Previous Inpatient Mental Health Treatment by Sex, FY 2004-2013



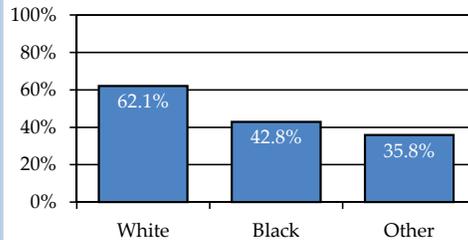
## Previous Outpatient Mental Health Services

- » An average of 66% of juveniles received counseling prior to admission since FY 2004.
- » An average of 49% of juveniles received medication management prior to admission since FY 2004.
- » The percentage of juveniles who received home-based services prior to admission increased from 33% in FY 2004 to 50% in FY 2013.
- » A higher percentage of white juveniles received medication management compared to juveniles of any other race.
- » A higher percentage of white and black juveniles received home-based services compared to juveniles of other races.
- » A higher percentage of females received medication management and home-based services compared to males.

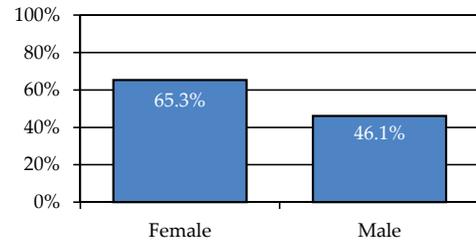
### Juveniles with Previous Outpatient Mental Health Services, FY 2004-2013



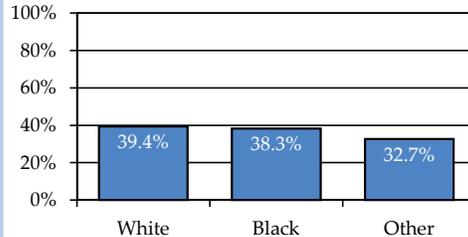
### Previous Medication Management by Race, FY 2004-2013



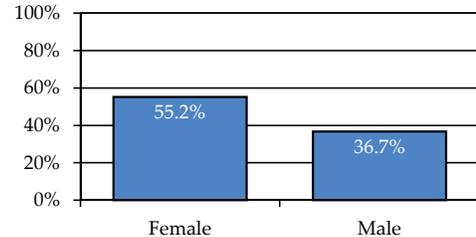
### Previous Medication Management by Sex, FY 2004-2013



### Previous Home-Based Services by Race, FY 2004-2013

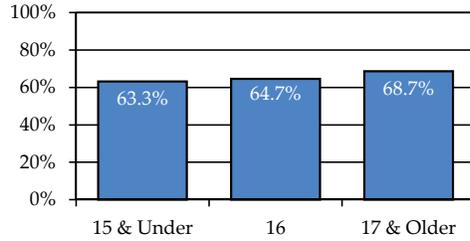


### Previous Home-Based Services by Sex, FY 2004-2013

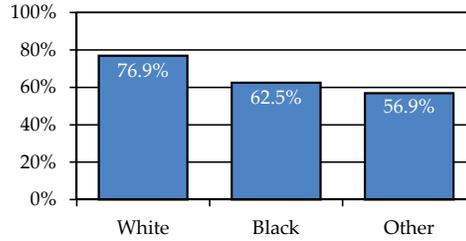


## Previous Outpatient Mental Health Services, cont.

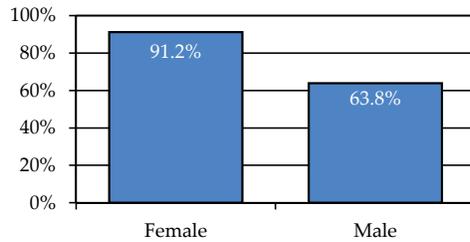
Previous Counseling by Age, FY 2004-2013



Previous Counseling by Race, FY 2004-2013



Previous Counseling by Sex, FY 2004-2013



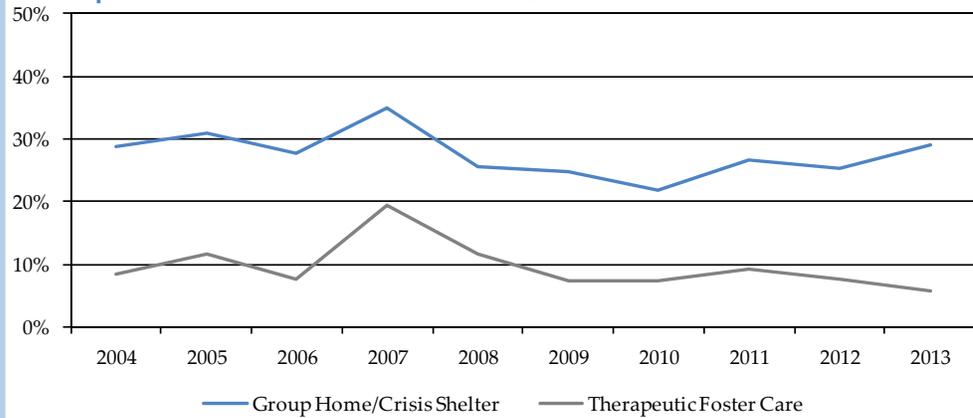
- » A higher percentage of older juveniles had previously received counseling compared to younger juveniles.
- » A higher percentage of white juveniles had previously received counseling compared to juveniles of any other race.
- » A higher percentage of females had previously received counseling compared to males.



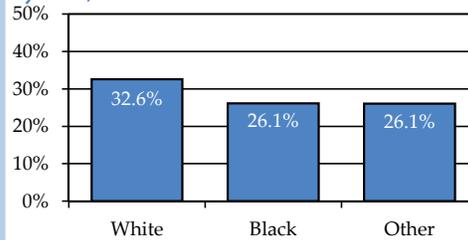
## Other Previous Services

- » An average of 28% of juveniles had a group home/crisis shelter placement prior to admission since FY 2004.
- » An average of 10% of juveniles had a therapeutic foster care placement prior to admission since FY 2004.
- » A higher percentage of white juveniles had a group home/crisis shelter placement compared to juveniles of any other race.
- » A higher percentage of females had a group home/crisis shelter placement compared to males.
- » A higher percentage of females had a therapeutic foster care placement compared to males.

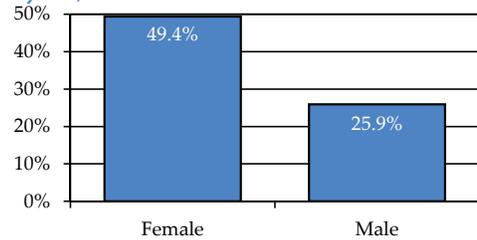
### Juveniles with Previous Group Home/Crisis Shelter and Therapeutic Foster Care Placements, FY 2004-2013



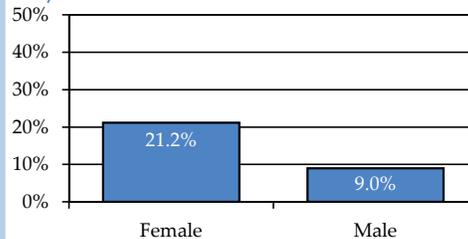
### Previous Group Home/Crisis Shelter Placements by Race, FY 2004-2013



### Previous Group Home/Crisis Shelter Placements by Sex, FY 2004-2013

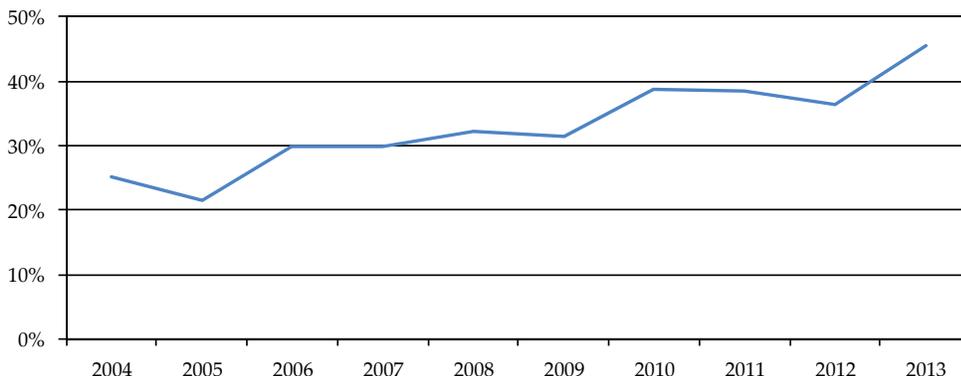


### Previous Therapeutic Foster Care Placements by Sex, FY 2004-2013

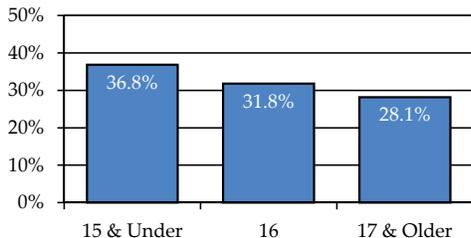


## ADHD

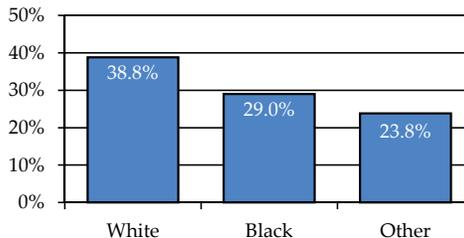
### Significant Symptoms of ADHD, FY 2004-2013



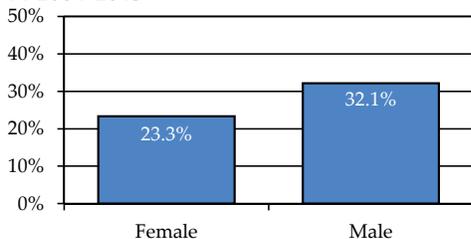
### Significant Symptoms of ADHD by Age, FY 2004-2013



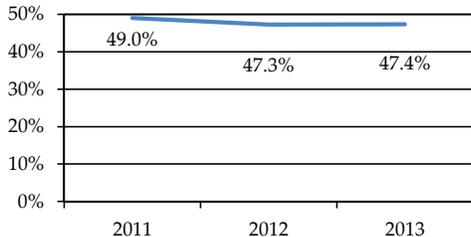
### Significant Symptoms of ADHD by Race, FY 2004-2013



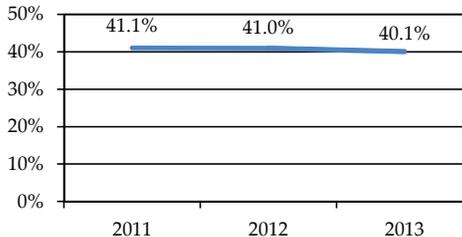
### Significant Symptoms of ADHD by Sex, FY 2004-2013



### Attention/Concentration Problems, FY 2011-2013



### Short Attention Span, FY 2011-2013



- » The percentage of juveniles that exhibited significant symptoms of ADHD increased from 25% in FY 2004 to 46% in FY 2013.
- » A higher percentage of younger juveniles exhibited significant symptoms of ADHD compared to older juveniles.
- » A lower percentage of juveniles of other races exhibited significant symptoms of ADHD compared to white and black juveniles.
- » A higher percentage of males exhibited significant symptoms of ADHD compared to females.

In a 2013 report by the CDC, 8.4% of parents of children aged 3 to 17 had ever been told that their child had ADHD in 2011.

## Other Behavioral Problems

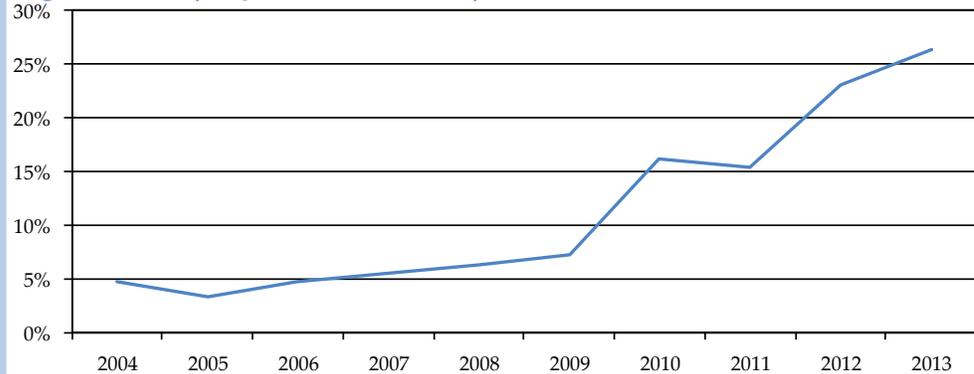
- » An average of 48% of juveniles had attention/concentration problems since FY 2011.
- » An average of 41% of juveniles had short attention spans since FY 2011.



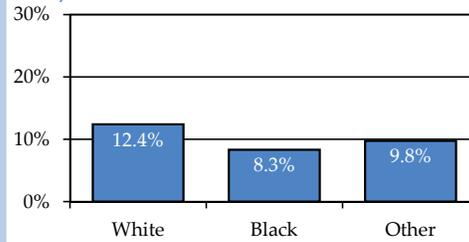
## Anxiety

- » The percentage of juveniles exhibiting significant symptoms of anxiety increased from 5% in FY 2004 to 26% in FY 2013.
- » A higher percentage of white juveniles exhibited symptoms of anxiety compared to juveniles of any other race.
- » A higher percentage of females exhibited symptoms of anxiety compared to males.

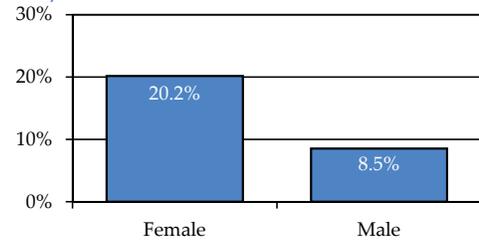
### Significant Symptoms of Anxiety Disorder, FY 2004-2013



### Significant Symptoms of Anxiety Disorder by Race, FY 2004-2013

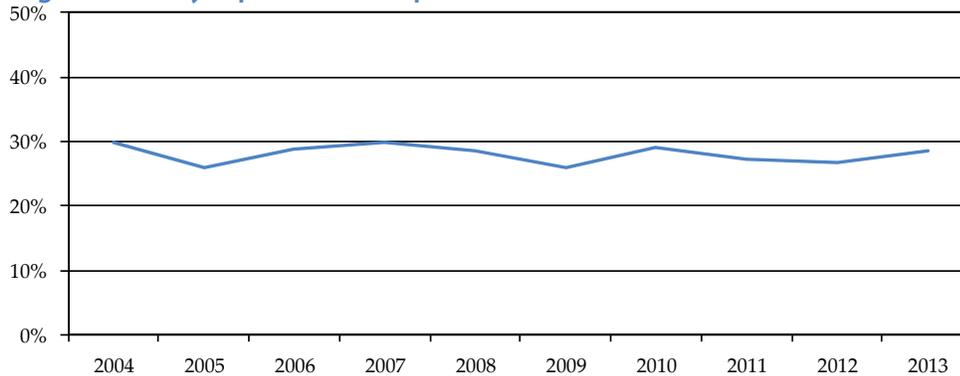


### Significant Symptoms of Anxiety Disorder by Sex, FY 2004-2013



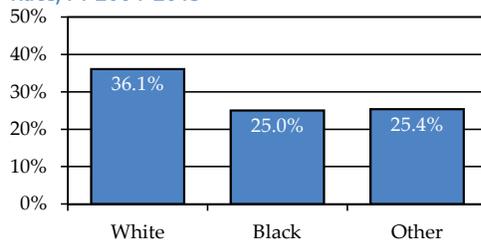
## Depression

### Significant Symptoms of Depressive Disorder, FY 2004-2013

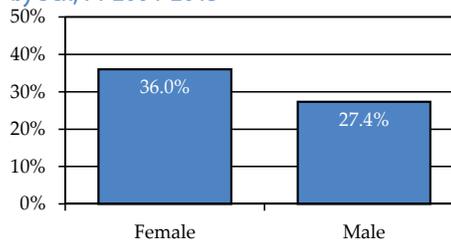


- » An average of 28% of juveniles exhibited significant symptoms of depressive disorder since FY 2004.
- » A higher percentage of white juveniles exhibited significant symptoms of depressive disorder compared to juveniles of any other race.
- » A higher percentage of females exhibited significant symptoms of depressive disorder compared to males.
- » The percentage of juveniles showing depressed mood increased from 32% in FY 2011 to 40% in FY 2013.

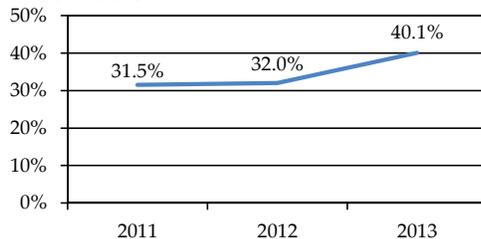
### Significant Symptoms of Depressive Disorder by Race, FY 2004-2013



### Significant Symptoms of Depressive Disorder by Sex, FY 2004-2013



### Depressed Mood, FY 2011-2013



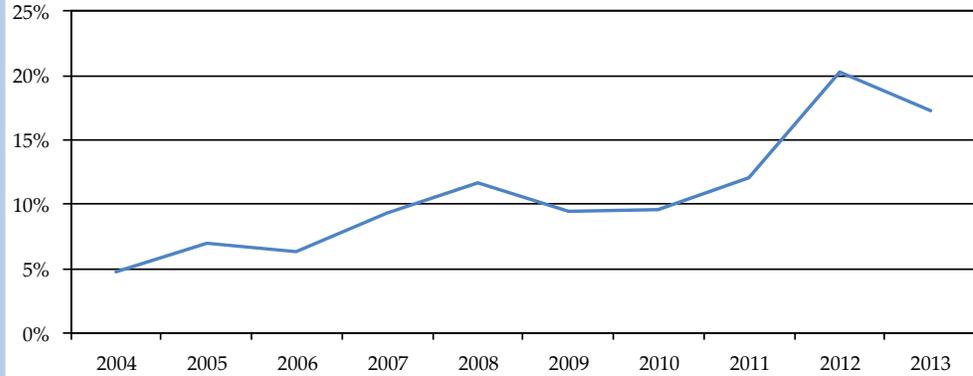
According to the CDC, between 2010 and 2011, 12.8% of adolescents aged 12-17 reported a major depressive episode, or period characterized by the symptoms of a major depressive disorder, in their lifetime; 8.1% reported a major depressive episode in the past year.



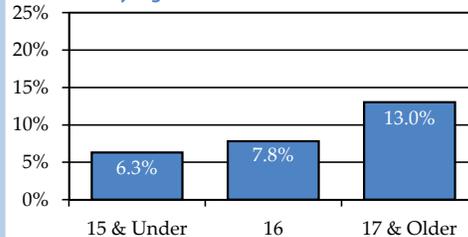
## Cluster B Personality Disorders

- » Cluster B personality disorders are grouped based upon individuals' long-standing patterns of having an inability to respond and regulate emotions in socially appropriate ways. Juveniles with Cluster B personality disorders often have poor self-regulation and interpersonal skills. They may act out impulsively, or exhibit excessive or situation-incongruent emotionality.
- » The percentage of juveniles exhibiting significant symptoms of Cluster B Personality Disorders increased from 5% in FY 2004 to 17% in FY 2013.
- » A higher percentage of older juveniles exhibited significant symptoms of Cluster B Personality Disorders compared to younger juveniles.
- » A higher percentage of white juveniles exhibited significant symptoms of Cluster B Personality Disorders compared to juveniles of any other race.
- » A higher percentage of females exhibited significant symptoms of Cluster B Personality Disorders compared to males.

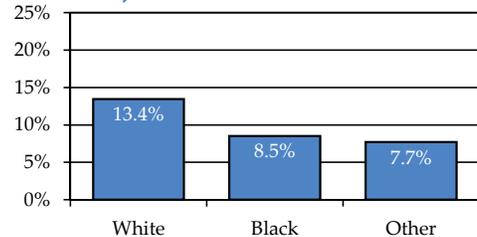
### Significant Symptoms of Cluster B Personality Disorders, FY 2004-2013



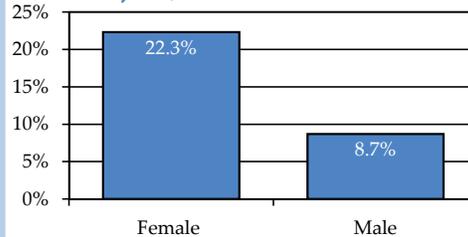
### Significant Symptoms of Cluster B Personality Disorders by Age, FY 2004-2013



### Significant Symptoms of Cluster B Personality Disorders by Race, FY 2004-2013



### Significant Symptoms of Cluster B Personality Disorders by Sex, FY 2004-2013

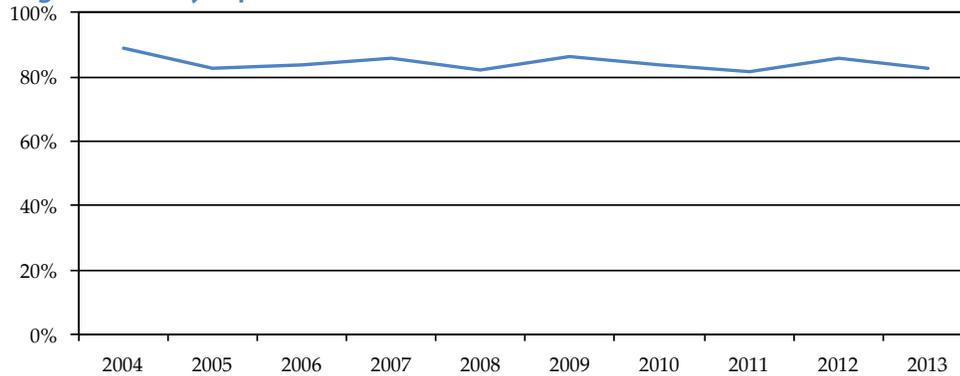


There are four recognized Cluster B personality disorders: antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and narcissistic personality disorder.

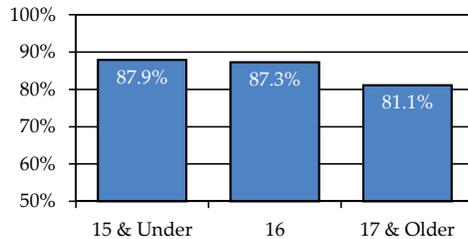


## ODD and CD

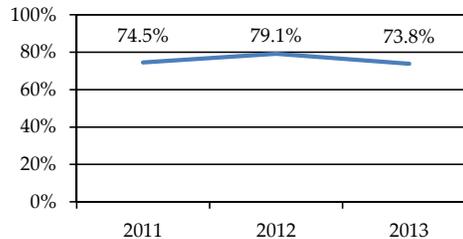
### Significant Symptoms of ODD or CD, FY 2004-2013



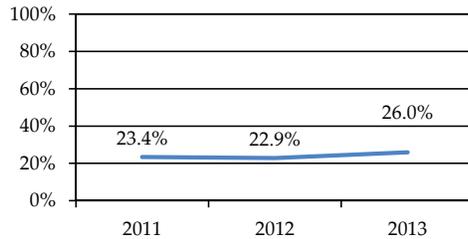
### Significant Symptoms of ODD or CD by Age, FY 2004-2013



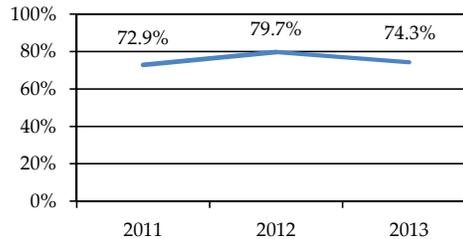
### Impulsivity, FY 2011-2013



### Tantrums, FY 2011-2013



### Poor Frustration Tolerance, FY 2011-2013



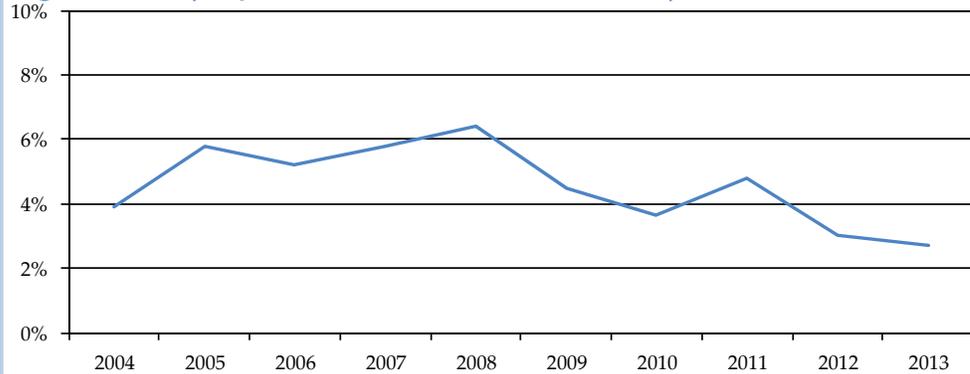
- » ODD and CD are characterized by attitudes and behaviors that violate major age-appropriate societal norms or rules. These areas are associated with risk for continued conduct problems if left unaddressed.
- » An average of 84% of juveniles exhibited significant symptoms of ODD or CD since FY 2004.
- » A lower percentage of older juveniles exhibited significant symptoms of ODD or CD compared to younger juveniles.
- » An average of 76% of juveniles experienced impulsivity since FY 2011.
- » An average of 24% of juveniles experienced tantrums since FY 2011.
- » An average of 76% of juveniles experienced poor frustration tolerance since FY 2011.



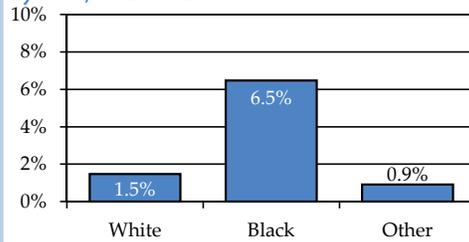
# Intellectual Disability & Other Mental Health Disorders

- » An average of 5% of juveniles exhibited significant symptoms of an intellectual disability since FY 2004.
- » A higher percentage of black juveniles exhibited significant symptoms of an intellectual disability compared to juveniles of any other race.
- » A higher percentage of males exhibited significant symptoms of an intellectual disability compared to females.
- » The percentage of juveniles that exhibited significant symptoms of other mental health disorders increased from 17% in FY 2004 to 39% in FY 2013.
- » A higher percentage of white juveniles exhibited significant symptoms of other mental health disorders compared to juveniles of any other race.
- » A higher percentage of females exhibited significant symptoms of other mental health disorders compared to males.

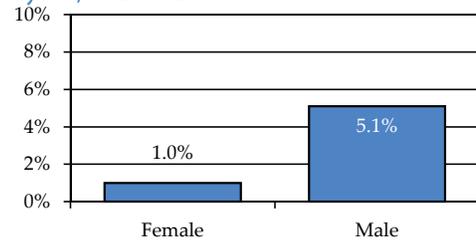
## Significant Symptoms of Intellectual Disability, FY 2004-2013



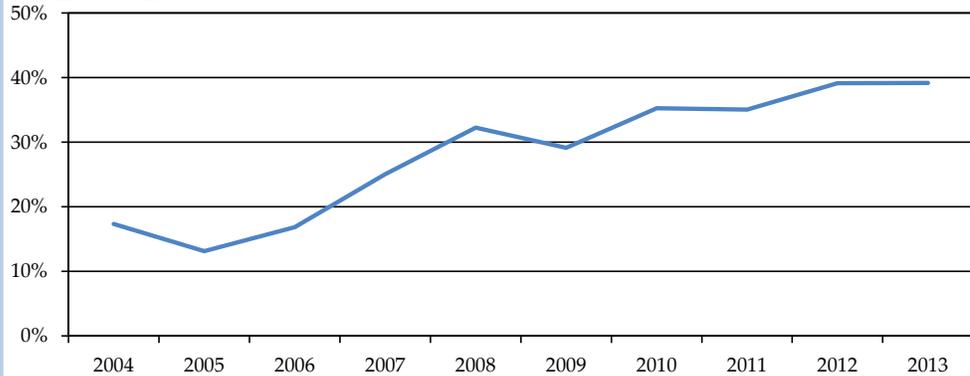
### Significant Symptoms of Intellectual Disability by Race, FY 2004-2013



### Significant Symptoms of Intellectual Disability by Sex, FY 2004-2013

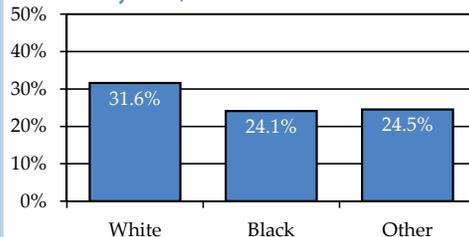


## Significant Symptoms of Other Mental Health Disorders, FY 2004-2013\*

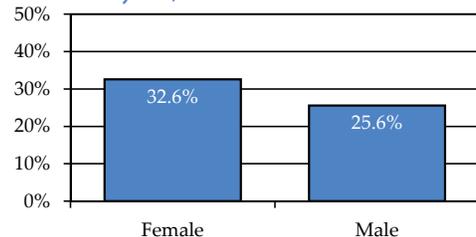


\* Other mental health disorders include adjustment disorder, bipolar disorder, Cluster A personality disorders, Cluster C personality disorders, dissociative disorders, eating disorders, paraphilia, psychotic disorder, and "Other." Eating disorders and dissociative disorders were collected beginning in FY 2008.

### Significant Symptoms of Other Mental Health Disorders by Race, FY 2004-2013

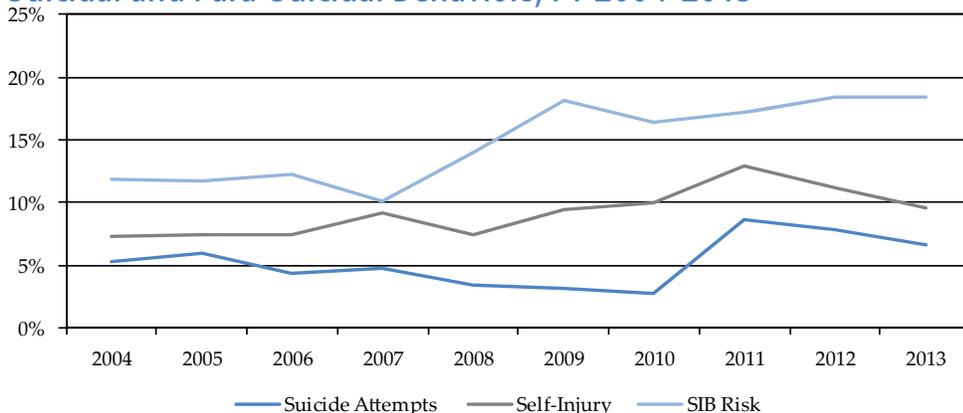


### Significant Symptoms of Other Mental Health Disorders by Sex, FY 2004-2013



## Suicidal and Para-Suicidal Behaviors

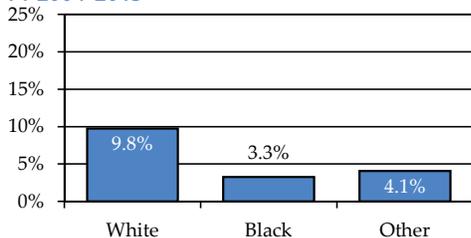
### Suicidal and Para-Suicidal Behaviors, FY 2004-2013\*



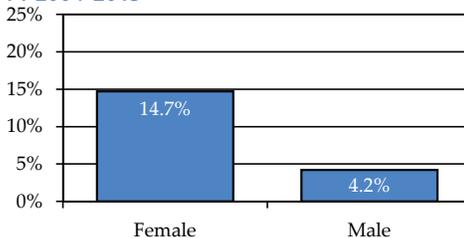
\* Data on self-injury and suicide attempts are collected using the Psychological Information Form; these items were modified in FY 2011. Inconsistency in the data may be attributed to changes to the forms.

- » An average of 5% of juveniles attempted suicide since FY 2004.
- » The percentage of juveniles who self-injured increased from 7% in FY 2004 to 10% in FY 2013.
- » The percentage of juveniles determined to be at risk of SIB increased from 12% in FY 2004 to 18% in FY 2013.
- » A higher percentage of white juveniles attempted suicide compared to juveniles of any other race.
- » A higher percentage of females attempted suicide compared to males.
- » A higher percentage of white juveniles self-injured compared to juveniles of any other race.
- » A higher percentage of females self-injured compared to males.
- » A higher percentage of white juveniles were determined to be at risk of SIB compared to juveniles of any other race.
- » A higher percentage of females were determined to be at risk of SIB compared to males.

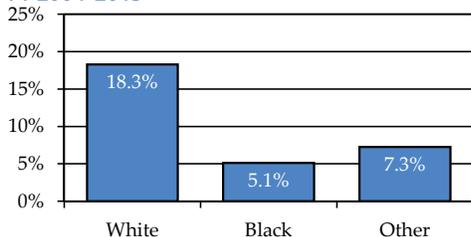
#### Suicide Attempts by Race, FY 2004-2013



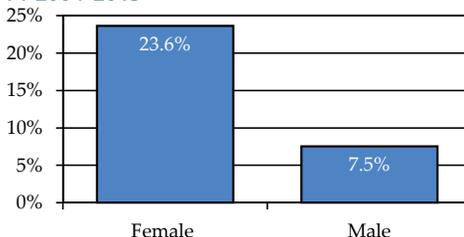
#### Suicide Attempts by Sex, FY 2004-2013



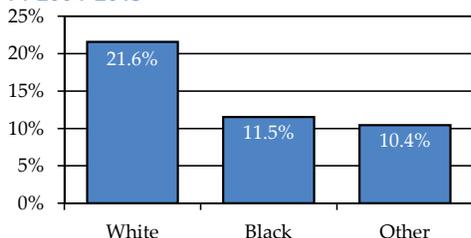
#### Self-Injury by Race, FY 2004-2013



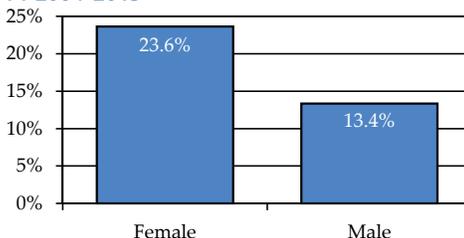
#### Self-Injury by Sex, FY 2004-2013



#### SIB Risk by Race, FY 2004-2013



#### SIB Risk by Sex, FY 2004-2013



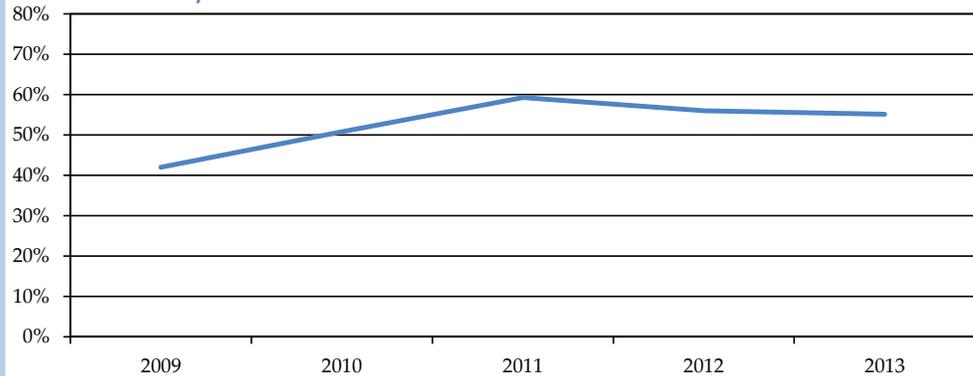
According to the CDC's 2011 Youth Risk Behavior Surveillance, 15.8% of students seriously considered attempting suicide during the last 12 months.



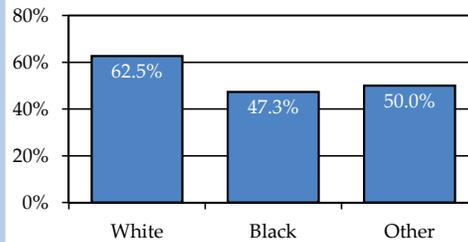
## MHSTP Alert

- » The percentage of juveniles with a MHSTP alert increased from 42% in FY 2009 to 55% in FY 2013.
- » White juveniles had higher rates of MHSTP alerts compared to juveniles of any other race.
- » Females had higher rates of MHSTP alerts compared to males.

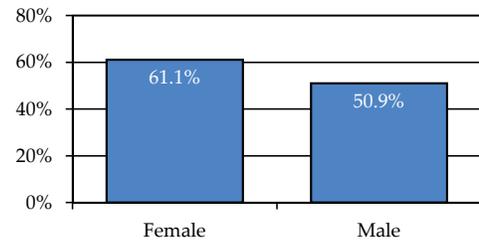
### MHSTP Alert, FY 2009-2013



### MHSTP Alert by Race, FY 2009-2013



### MHSTP Alert by Sex, FY 2009-2013



The MHSTP process is designed to ensure the provision of mental health, substance abuse, or other therapeutic treatment services are addressed upon a juvenile's release from direct care. A juvenile receives an alert for needing an MHSTP when (i) BSU staff determine the juvenile has a current diagnosis for a mental illness that is likely to result in significant impairment to functioning in the community or (ii) the juvenile is currently receiving medication treatment for a mental illness, and it is necessary to continue treatment upon release from direct care.

