

Mental Health Needs of Youth and Young Offenders

Coalition for Juvenile Justice (CJJ) Positions on Addressing Mental Health Needs:

- Community-based and culturally-sensitive mental health services should be accessible to all youth and families in need.
- Young offenders with mental health problems should receive appropriate and adequate services in the juvenile court system.
- Families should never have to surrender innocent children to the juvenile court system just to get mental health treatment.

The Facts on Mental Health and Youth:

Among the General Population¹

- Every day only 1/3 of youth who need mental health interventions receive them.
- Twenty percent of all youth experience mental health problems to varying degrees during childhood.
- Suicide is the third leading cause of death for 15-to-24-year-olds.
- Every year, mental health disorders cost the United States more than \$150 billion for treatment, social services, disability payments, lost productivity and premature mortality.

In the Juvenile Court System

- Between 50 to 75% of incarcerated youth have diagnosable mental health problems.²
- Youth suicides in juvenile detention and correctional facilities are more than four times greater than youth suicides in the general public.³
- Two-thirds of juvenile detention centers hold youth who are simply waiting for mental health treatment. In 33 states, youth with mental illness are held in juvenile detention centers without any charges filed against them.⁴
- One-quarter of the juvenile detention centers holding youth waiting on mental health treatment provide no or poor quality mental health services.⁵
- Incarcerated African American youth are less likely than their white peers to have previously received mental health services. 6

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¹ Handle With Care: Serving the Mental Health Needs of Young Offenders, CJJ, 2000.

² Ibid.

⁴ U.S. House of Representatives Committee on Government Reform—Minority Staff Special Investigation Division, *Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States*, July 2004.

⁵ Ibid.

• Nearly 60% of female juvenile offenders had symptoms that were diagnosed as an Anxiety Disorder, as compared to 32% among boys. ⁷

In Distressed Families⁸

- Thirty-six percent of respondents to a national survey said their children were in the juvenile court system because mental health services outside of the system were unavailable to them.
- Twenty-three percent of respondents to a national survey were told that they
 would have to relinquish custody of their children to get needed mental health
 services.
- Twenty percent of respondents to a national survey said that they relinquished custody of their children to get needed mental health services.

In Effective Treatment Programs⁹

- Among youth that receive structured, meaningful, and sensitive mental health treatment, recidivism rates are 25% lower than those among untreated control groups are.
- The most successful mental health programs—those that treat young offenders in their families and communities—reduce recidivism up to 80%.
- Roughly 2/3 of all dollars spent on the juvenile court system go to housing delinquent and mentally ill youth in costly lock-ups that provide little more than warehousing.

CJJ Recommendations:

- Congress should acknowledge the underlying role that mental illness can play in crimes committed by youth, and authorize and appropriate \$100 million to assist states in supporting cost-effective family and community-based mental health treatment.
- Policy makers should educate themselves about the role of mental illness in delinquency. They should promote suitable programs that directly address mental health problems among young offenders.
- Policy makers should mandate that no parent be forced to surrender legal custody of their child solely for the purpose of acquiring mental health treatment.
- Administrators of juvenile detention and correctional facilities should create a safe, secure and rehabilitative atmosphere for youth.
- Staff of juvenile detention and correctional facilities should learn how to identify and respond to mental health problems, as well as receive training on cultural, racial, gender, sexual orientation and developmental issues.

⁶ Handle With Care: Serving the Mental Health Needs of Young Offenders, CJJ, 2000.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.