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SERVICE FOR ALL: MENTAL HEALTH SERVICES FOR AT-RISK CHILDREN

by **Miquel Lewis, Psy.D., Michael Fletcher, Psy.D. & Randell Strickland**

"My son is out of control. . .somebody better come get him 'cause I can't do it anymore." These are the words of countless parents who cry out; better still, scream out for help from juvenile justice professionals. To hear parents plead to a court system to take their child into custody is both disheartening and understandable. Research has helped the field of juvenile justice in knowing that children's behavior is influenced by many factors in their environment, including drugs and alcohol. As systems implement strategies to address the ever-changing needs of youthful offenders the next "great thing" will be to make mental health service and substance abuse treatment

available before an act of violence or other criminal behavior necessitates court intervention. This article will articulate the scope and magnitude of emotional and behavioral health needs of adolescents, and the need for early intervention to reduce delinquent behavior.

The presence of mental health needs in juvenile offenders is well documented. The call for appropriate assessment and intervention is equally documented. Advocates for juvenile justice and mental health system reform have long called for more effective diversion of youth to mental health programs, in lieu of juvenile justice processing.

Studies on prevalence rates of mental health in persistently delinquent youth range from 30 percent to 40 percent.[1] Further, youth substance abuse is estimated at better than 40 percent among at-risk youth.[2] A growing body of research suggests that low-income and minority youth are at great risk for a wide range of problematic outcomes affecting their personal well-being, particularly those youth living in urban communities.[3] A study in Cook County, Illinois, found that, excluding conduct disorder, 60 percent of males and 68 percent of females in juvenile detention met diagnostic criteria for one or more psychiatric disorders as outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev), a clinical reference guide.[4] These findings are significant because the research, the first of its kind in the nation, provided a baseline for understanding the treatment needs of children in a detention setting.

Indeed, mental health and substance abuse are overlapping issues. Thus, children and families need the coordinated efforts of educational, child protection, juvenile justice, and mental health systems. More than 10 percent of the youth in juvenile justice systems manifest symptoms of clinical depression whereas it is estimated that better than 40 percent of delinquent youth demonstrate signs of substance abuse.[5] These findings are significant, in that they provide the framework for identifying appropriate services for delinquent youth. Ensuring that public safety is achieved through standards of accountability and implementation of evidence-based interventions where the need exists. The proof is in the research, youth are experiencing emotional and behavioral trauma at alarming rates. Perhaps, more alarming still is the result of these youths' experiences. The traumatic response to precipitating factors is often inappropriate, and illegal.

Environmental Determinants to Mental Illness

When children are exposed to violence, they suffer not only the immediate trauma of the incident, but this trauma creates a "socially toxic" environment that tends to negatively affect "normal development" and their future well being.[6] Studies have found that exposure to traumatic stimuli at a young age results in short-term and long-term consequences, affecting children throughout their developmental phases and into adulthood.[7] Such children are at increased risk for teen pregnancy, drug use, and mental health problems. Of children exposed to violence, those who are directly abused or neglected are more likely to be arrested as juveniles, as adults, and for violent crimes.[8] Long-term consequences of exposure to violence involve a greater risk of early and chronic involvement with the juvenile justice system and, later, the criminal justice system.[9] These youth are also more likely than their peers to be in abusive relationships, and to later neglect or abuse their own children.[10]

Youth exposed to violence report significant levels of depression, anxiety, and low self-esteem and are three times more likely than their peers to abuse or become dependent on a large range of substances.[11] Many of the symptoms experienced by these youth are characteristic of post-traumatic stress disorder (PTSD). Furthermore, youth exposed to violence score lower on math and verbal tests and report negative interactions with their teachers.[12] Although community violence is difficult to measure, a few surveys do measure youths' perception of safety in their own communities. A national study found that 46 percent of the youth surveyed had changed their daily routines because of safety concerns and about 12 percent had changed their routes to and from school for the same reason.[13] In October 2009, a survey conducted by this author of 29 minors on probation for weapons-related offenses from Chicago, Illinois' Englewood community participated in discussions about violence and their role in the community.[14] When asked, "What do you fear most?" 21 out of 29, or 72 percent, responded "dying."[15] In a separate discussion when 15 youth from the same community neighborhood were asked the same question, 12 minors, or 80 percent, provided the same response.[16]

Given the results of separate focus groups it is obvious that minors, even those found guilty of violent offenses, report fear of violent crime. To better understand the responses of the minors consider, for a moment, the "self-fulfilling prophecy." It is said that a person who believes he/she is violent will become

violent. In urban communities across the country the impression of the dominant culture is that youth of color are violent. This impression is digested by youth of color daily through print and television media. Whereas "success breeds success" is a mantra for successful people, youth in urban communities interpret a darker, harsher mantra –"survive or die trying." Yes, it would be an easy assumption to suggest that any person, adult or adolescent, who engages in violent behavior, would fear retribution. Yet, 65 percent of the focus group participants reported possessing a weapon and never using it because of fear of "the threat of violence" based on their experiences in the community.[17]

In 2007, an assessment of service availability in three Chicago community neighborhoods Englewood, Lawndale, and Lincoln Park/Lakeview was conducted. The Lawndale and Englewood community neighborhoods were selected due to the volume of referrals to Cook County Juvenile Court received and because of the significant African American and Latino populations in the community neighborhoods.[18] The Lincoln Park/Lakeview community served as a comparison community due to the relatively low population numbers of African American and Latino residents.[19] The results revealed that mental health and substance abuse services, where needed, were available in limited supply. In fact, the Lawndale community had one "slot" for every 1,200 minors requiring mental health or substance abuse treatment. Similarly, in the Englewood community, access to service was limited to one out of more than 900 minors needing service.[20] Unequal access to service is indicated to be a contributing factor to the disproportionate involvement of youth of color in juvenile justice systems. As illustrated, when service providers are unable to meet the demand for services youth needs are untreated. As a matter of public health, limited access to resources exacerbates treatment issues.

Barriers to Effective Treatment of Juveniles with Mental Health Issues

There is broad agreement that multi-agency collaboration among child-serving agencies including mental health, juvenile justice, education and others is required to overcome the limitations of unilateral treatment – that is, treatment provided through one agency without coordination with other service providers – and provides the array of services needed to effectively treat offenders with mental health needs.[21] Unfortunately, major barriers to collaboration exist. These include the high cost of specialized mental health interventions, cate-

gorical funding at federal, state and local levels, and differing philosophies in juvenile justice and mental health.[22] Although both systems grew out of the child guidance movement and were based on similar rehabilitative ideals, the juvenile justice system has the added responsibility of protecting young offenders and the communities in which they live.[23] Novel approaches to treating delinquency include get-tough practices such as mandatory adult sentencing, increased sentencing lengths, scared straight programs and boot camps. Other unique approaches include non-system diversion, residential corrections, behavioral interventions and peer-based programs.

Research shows that these approaches do not rehabilitate youth, show no deterrent effect, or, in some cases, actually exacerbate recidivism.[24] On the other hand, get-nice approaches such as after-school hangouts, sports programs, peer mediation, self-esteem programs and providing information about the negative impact of delinquency have little empirical support.[25]

Promising Service Delivery Strategies

Toward improving access to service for all minors, at the earliest indication of maladaptive behavior it is important to consider programs with potential. The movement for evidence-based programs requires the critical evaluation of efficacy, which is not standard practice. Few studies exist that specifically examine programs to treat youth in juvenile justice with mental health problems. It is probable that absent appropriate assessment the complexity of co-occurring mental health problems and delinquent behavior decreases the likelihood of effective behavior change. Screening instruments such as the Massachusetts Youth Screening Instrument, 2nd Version (MAYSI-2) assist in detection of mental health and substance abuse issues. The Circuit Court of Cook County, Illinois maintained a proactive approach in identifying causal factors and administering interventions that meet the need. In February 2007, the Circuit Court of Cook County, Illinois focused attention on early screening of mental health and substance abuse issues.[26] The Cook County Juvenile Probation Department began using the MAYSI-2 to help department staff accurately identify minors with mental health and/or substance abuse needs.[27] This early identification of treatment need is yet another innovation in system response to service matching for children.

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The local landscape on prevalence rates of mental health issues in juvenile justice mirrors that of the national data. The mental health needs of these children are recognized as a paramount concern. The pleas of parents for help from systems have been heard and action has been taken. There have been significant developments in the treatment of juvenile offenders and a number of innovative interventions have emerged with promising results. Effective interventions often have an ecological approach, focusing on increased intersystem collaboration and comprehensive service planning in multiple domains.[28]

Programs, which strategically encompass individual, parent, family and community systems and that address the multiple determinants of delinquency, have demonstrated effectiveness for reducing symptomatology, criminal activity and recidivism.[29] Additionally, emerging criminological theory emphasizes the importance of social support in preventing crime.[30] Programs with demonstrated effectiveness that combine an ecological approach with an element of social support include multi-systemic therapy (MST), functional family therapy (FFT) and wraparound-service planning.[31] These services might include clinical therapy, substance use treatment, special education, medication, caregiver support, public assistance, employment, housing, medical health care, mentorship programs, transportation and coordination of services with other sectors such as juvenile justice and child welfare. Systems examining varied approaches to reducing institutionalization and improving outcomes for youth and communities would, likely, benefit from exploration of collaborative response models.

Causes of crime are linked to erosion of social control. Whereas acts of violence might be attributed to an individual, theories of social control assert that "collective liability" should be considered.[32] Thus, all levels of control (private, parochial, and public) will be required to re-establish community safety.[33] Key partners in a collaborative model include family and close friends (private), nearby neighborhood resources (parochial), and police, mental health professionals, child welfare departments, and schools (public).[34] Community inclusion in the decision-making is a collaborative approach to addressing the effects of childhood exposure to violence.[35]

In 2009, Chicago Public Schools (CPS) and Chicago Police Department (CPD) launched safety initiatives, with the proposed purpose of reducing school-related shootings: "Culture of Calm" and "Safe Passage."[36] Each initiative is framed to promote safe environments inside school facilities and en-

hance safety efforts in community neighborhoods when students are traveling to and from school.[37] While these initiatives are not proposed to resolve the mental health or substance abuse issues observed in the youth population, CPS and CPD have begun outreach to other system agencies with mental health, behavior change and substance abuse programs. Based on these programs it is anticipated that youth will experience increased levels of support and decreased anxiety related to victimization.

Promising Local Level Programs and Initiatives

The Juvenile Court, originally conceived as Family Court, sets a standard of behavior improvement for every child in its care. Whereas protecting the public safety is the primary charge of the Court, returning children to the community with enhanced skills is a critical component to the mission of the Court. Further, there is growing public opinion that delinquent behavior can be corrected through community-based programming. This is critical to the need for decreased reliance on institutional responses to juvenile crime. Child welfare systems have been charged with and have developed evidence-based program and initiatives. Programs with promise for improved outcomes include:

The Juvenile Drug Program is an expedited treatment program for youth in the inner city whose arrest evidences drug related issues requiring immediate access to a variety of treatment modalities.[38] The program utilizes a consortium of dedicated community-based treatment providers that assess the level of intervention and deliver treatment and therapeutic services to youth and their families.[39]

The Family Reunification (R.U.R. UNIT) focuses on expediting the release of youth from the Juvenile Temporary Detention Center to a family member or relative as designated by the court.[40] This unit also provides early crisis intervention and access to community-based resources for youth when a family member is unavailable to receive them back into their homes.[41]

The Violence Prevention/Intervention Program targets youth charged with delinquent acts and proposes options for addressing aggression with appropriate emotional responses.[42] Youth and their families participate in intensive group discussions focusing on breaking the cycle of violence and accessing

community-based resources.[43] This program is offered to youth in conjunction with the screening initiative and the arraignment calendar.[44]

The Street Dreams Employment Program focuses on developing job readiness skills of youth on probation and facilitating interviews and job placements with public and private sector organizations.[45] This program interacts with the Department's General Equivalency Diploma (GED) and Vocational Programs that were implemented in December 1996.[46]

The Animal Assisted Therapy Program provides youth with the experience of interacting with animals as a way of encouraging responsibility, reducing communication barriers and creating new models of behavior.[47]

The Girls' Evening Reporting Center was established for female youth to incorporate a gender-responsive curriculum and specially designed activities delivered between the hours of 4:00 p.m. to 9:00 p.m. as an alternative to secure detention.[48]

The Art Therapy Program provides therapeutic services to at-risk youth.[49] Conducted by probation officers with Masters Degrees in art therapy, the program builds on the department's treatment and rehabilitation philosophy within the guidelines of Balanced and Restorative Justice.[50] Art helps youth develop constructive outlets for self-expression and encourages self-awareness, self-esteem and personal growth.

The Juvenile Advisory Council (J.A.C.) is a unique partnership between probation staff and young men and women who are former court clients who work together to develop a client-based perspective on the department's programs and policies.[51] Approximately 25 council members, comprising youth representatives and probation staff, meet monthly, conduct regularly scheduled programming for hundreds of court youth and parents [Probation Orientation and Exit Interviews], plan bimonthly training workshops and regularly present their work at professional conferences.[52]

The Educational Advocacy initiative advocates for youth to receive the appropriate educational services as guaranteed by Federal and State law from the initial stages of their court involvement; supports the goal of reducing truancy and school related technical violations of probation; and increases parental awareness about their child's educational rights.[53] Initiated as a pilot in 2005,

Educational Advocacy was implemented department-wide in 2006.[54] In addition, an Education Task Force has been convened to advocate for the appropriate educational needs of students, educate families and court personnel on education laws, collaborate with the educational community and enhance the academic development of students.[55]

Conclusion

The difficulty that juvenile justice and mental health systems, parents and community groups face in making mental health and substance abuse services available for children reminds us of the oft-told query: "Which came first the chicken or the egg?" Indeed, what comes first the crime or the behavioral/ emotional symptoms? Rational minds, clearly observe that acts of crime by children are inappropriate responses to traumatic experiences. We have been exposed to extensive research that informs us that when children, particularly in urban environments, are exposed to crime, drugs, and abuse, they behave badly. Progressive societies are challenged to find alternative methods to age-old issues. Punitive response to criminal behavior does not reduce crime. In fact, incarceration is more expensive and less effective than rehabilitative services.[56] Program evaluation has yielded promising results for the effectiveness of treatment versus incarceration. As reported by Lipsey, a review of 400 treatment programs indicated two-thirds of them benefited the target population.[57]

Given the findings outlined in this article, it is arguable that resources are better utilized when they are made available to children at the onset of behavioral and/or emotional distress. A progressive society deserves progressive interventions that demonstrate behavior change in children and supports positive development. Policy makers would certainly be serving the public interest to consider reallocation of government funds to community-level rehabilitation programs, which are proven effective strategies.

Additional consideration should be given to programs and strategies for at-risk youth and families who seek assistance but are not requiring court supervision. This public health challenge finds promise for resolve in community development through behavioral enrichment interventions. Systems would serve the public need through early assessment of problem behavior in children, prior to an arrest. Parents who reach out for help with their son or daughter should not be turned away.

Notes

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14 Study conducted by Miquel A. Lewis, Disproportionate Minority Contact Project Administrator, Circuit Court of Cook County, Juvenile Probation Department, in Chicago, Ill. (Oct. 2009) (on file with author).
15 *Id*.
16 *Id*.
17 *Id*.
18 *Id*.
19 Englewood community population is approximately 98% African American, 1% Latino, <1% White. Lawndale community population is approximately 53% African American, 45% Latino, and 1.5% White. Lincoln Park/Lakeview is approximately 3.7% African American, 6.7% Latino, and 88% White. U.S. Census Bureau (2000).
20 Cook County Juvenile Court Clinic Provider Database (2007).
21 Charles M. Borduin, *Innovative Models of Treatment and Service Delivery in the Juvenile Justice System*, 23 J. Clinical Child & Adolescent Psychol. 19 (1994); Jospeph Cocozza &

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27 The John D. and Catherine T. MacArthur Foundation funded the Department's implementation and evaluation of the MAYSI-2. The MAYSI-2 is a brief tool in which youth report on their experiences of symptoms related to mental health problems and substance abuse over the past few months.

28 Goldstrom et al., *supra* note 21.

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34 *Id*.

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40 *Id*.
41 *Id*.
42 *Id*.
43 *Id*.
44 *Id*.
45 *Id.* at 6.
46 *Id*.
47 *Id*.
48 *Id*.
49 *Id*.
50 *Id*.
51 *Id*.
52 *Id*.
53 *Id*.
54 *Id*.
55 *Id*.
56 Alex Piquero & Laurence Steinberg, *Rehabilitation Versus Incarceration of Juvenile Offenders: Public Preferences*, http://www.modelsforchange.net/publications/186/Rehabilitation_Versus_Incarceration_of_Juvenile_Offenders_Public_Preferences_in_Four_Models_for_Change_States.pdf.
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