

Mental Health and the Juvenile Justice System: Issues Related to Treatment and Rehabilitation

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Abstract

Children and youth with mental health issues and learning difficulties are common in the juvenile justice system and finding ways to effectively rehabilitate, treat, and educate them is complicated, yet imperative. In this article, we examine the prevalence rates of mental health disorders in youth involved in the juvenile justice system, discuss the myriad challenges involved youth face, present differences related to gender and race/ethnicity as well as provide information associated with how best to assist these youths. Additionally, significant influences such as cultural, behavioral, and educational issues related to detained youth will be presented. Developing a better understanding of the challenges faced by detainees as well as recognizing barriers to treatment and rehabilitation are key. Further, identifying effective support systems for rehabilitation and transition are addressed.

Keywords: *children and youth; juvenile justice; mental health*

1. Introduction

Children and youth with mental health disorders often experience problems in multiple settings (e.g., at home, at school, in the community) and when left untreated, mental health issues may contribute to learning difficulties, delinquency, and offending ultimately leading to juvenile justice involvement (Stoddard-Dare, Mallett, & Boitel, 2011). Data show that children/youth with mental health and learning issues are common in the juvenile justice system, yet, the reason for the high prevalence rate is complex. Therefore, an examination of the many significant influences on the mental health of children/youth as well as the barriers to treatment and rehabilitation are warranted. Specifically, significant influences such as cultural, behavioral, and educational issues will be presented to develop a better understanding of the myriad challenges children/youth in the juvenile justice system face which may influence their treatment and rehabilitation needs. In this paper, we begin with a description of the prevalence rates of mental health disorders in children/youth who are in the juvenile justice system and present differences related to gender and race/ethnicity. In addition, we examine ways to assist children/youth through support systems, discuss the barriers to mental health services in juvenile justice settings, and suggest treatment recommendations to help youth successfully transition from secure settings back to community life.

2. Material Studied: The Problem

It is estimated that more than two million juveniles in the United States of America (USA) are arrested annually (Abram, Paskar, Washburn, & Teplin, 2008; Kapp, Petr, Robbins, & Choi, 2013) and over 54,000 juvenile offenders are in residential placement on a given day (Office of Juvenile Justice and Delinquency Prevention, 2013). According to USA researchers, approximately 65-75 per cent of the detainees in the juvenile justice system experience one or more mental health issues (Callahan, Coccozza, Steadman, & Tillman, 2012; Grisso, 2008; Vincent, Grisso, Terry, & Banks, 2008). In Great Britain studies, the number of juveniles with mental health problems is even greater (e.g., Campbell, Abbott, & Simpson, 2014; Jordan & McDonagh, 2006). The rate of special education

identification is elevated among incarcerated juveniles with a disproportionately high number of offenders identified with an emotional or behavioral disorder (E/BD) and learning disability (Bullock & McArthur, 1994; Linares-Orama, 2005; Rutherford & Nelson, 2005). Disparities in identification and treatment have been found related to race/ethnicity (Herz, 2001; Janku & Yan, 2009; Rawal, Romansky, Jenuwine, & Lyons, 2004), sexual orientation (Squatriglia, 2007), and gender (Espinosa, Sorensen, & Lopez; Herz, 2001; Mapson, 2005; Welch-Brewer, Staddard Dare, & Mallet, 2011). The issues associated with effectively educating and treating juveniles with numerous mental health challenges are warranted in order to better understand and design effective treatment plans to meet the unique challenges associated with this special population. Furthermore, mental health issues must be addressed because they likely contributed to the youth's criminological behavior and may interfere with rehabilitation efforts if not treated (Loeber, Farrington, Stouthamer-Loeber, & Van Kammen, 1998).

3. Prevalence Rates of Mental Health Issues in the Juvenile Justice System

Nationwide, in the USA, anxiety disorders and depression are the two most frequently cited mental health problems in children and youth (Hirshfeld-Becker, Micco, Mazursky, Bruett, & Henin, 2001; NIMH, 2015). Prevalence rates of mental health disorders in juvenile secure settings tend to be higher than prevalence rates found in the general population and the existence of co-occurring conditions are common (Colins et al., 2010; Wasserman et al., 2003). Among juvenile offenders, the most common disorders cited are substance abuse, conduct disorders (CD), and attention-deficit-hyperactivity disorder (ADHD). According to Teplin, Abram, McClelland, Dulcan, and Mericle (2002), approximately 75% of female and 65% of male detainees have a psychiatric disorder other than CD; in comparison, the prevalence rates in the general juvenile population range from 14% to 22%. Even though prevalence numbers of mental health disorders are high in the juvenile justice system, Teplin et al. (2002) suggest rates may be even higher because underreporting of symptoms and impairments is common, especially in regard to disruptive behaviors. Additionally, underreporting of symptoms is common due to cultural differences (Dalton, Evans, Cruise, Feinstein, & Kendrick, 2009) and perceived stigma (Ho, Yeh, McCabe, & Hough, 2007).

A compelling reason to diagnose and treat substance abuse issues and ADHD in juvenile offenders is that the conditions often co-exist and are associated with other serious mental health disorders. For example, Zaso, Park, and Antshel (2015) estimated the co-existence of ADHD and substance abuse in adolescents to be approximately 20% to 27%. Although much is still unknown about ADHD, many researchers recognize that ADHD increases the risk of academic failure (Arnold, Hodgkins, Kahle, Madhoo, & Kewley, 2015) and contributes to the development of antisocial behavior, especially in males (Gershon, 2002). Eme (2008) references numerous studies finding approximately 20% to 50% of all detained youth have co-existing ADHD and CD. Moreover, Eme points out that juvenile offenders who have untreated ADHD are at increased risk for recidivism—a finding that implies treating ADHD as a means of reducing recidivism.

Regarding substance abuse, Hoeve, McReynolds, Wasserman, and McMillam (2013) reviewed the mental health assessment and offense history data of 700 juveniles in detention or on probation in one USA southern state. Their analysis showed substance abuse with or without co-occurring disorders placed juveniles at greater risk for offense escalation, a finding consistent with other studies on recidivism (McReynolds, Schwalbe, & Wasserman, 2010; Schubert, Mulvey, Glasheen, 2011). Webster-Stratton and Taylor (2001) found that substance abuse in juveniles often exists simultaneously with CD, undesirable behaviors, and delinquency. Therefore, it is important for children/youth with mental health issues who encounter the juvenile justice system to receive screening for substance abuse and, if needed, referral for treatment (Welch-Brewer et al., 2011).

Suicide and suicidal ideation are more common among children/youth involved in the juvenile justice system than among those in the general population (National Action Alliance for Suicide Prevention, 2013; Stokes, McCoy, Abrams, Byck, & Teplin, 2015), thus incarceration is a risk factor for suicide (Gallagher & Dobrin, 2006). Perhaps because there is a high incidence of mental health disorders among children/youth involved in the juvenile justice system, it should be no surprise that suicidal ideation and suicidal behavior is higher among incarcerated juveniles than in the general population. It has been found that arrest for violence (Wasserman & McReynolds, 2006), repeat offending, juvenile justice involvement, and incarceration (Wasserman, McReynolds, Schwalbe, Keating, & Jones, 2010) are associated with suicidal ideation and behavior. Having a mental health issue with or without co-occurring substance use is likely a contributing factor to high suicidal ideation and suicide rates found in the detained juvenile population. Bhatta, Jefferis, Kavadas, Alemagno, and Shaffer-King (2014) suggested negative childhood experiences (e.g., trauma, sexual abuse) are also associated with suicidal ideation and suicidal behavior.

3.1 Gender Differences

Research on gender differences of children/youth with mental health issues detained in the juvenile justice system is important because much of the past research has focused primarily on males. In recent years, the female juvenile offender population has grown exponentially (Cauffman, 2004). Although Cauffman found similarities (e.g., poverty, dysfunction family) between male and female juvenile offenders, differences do exist (e.g., Welch-Brewer et al., 2011). For example, female offenders are more likely to have been victims of physical or sexual abuse. Therefore, it is not surprising that prevalence rates of mental disorders in juvenile offenders do, in fact, vary by gender.

A difference between females in the general population and delinquent females is that non-delinquent females with mental health disorders typically exhibit more internalizing disorders such as depression and anxiety; whereas, delinquent females tend to exhibit more externalizing behaviors such as ADHD, CD, and oppositional defiance (Espelage et al., 2003). Further, Espelage and colleagues found that compared to male offenders, female offenders had more internalizing and externalizing problems. The results are somewhat surprising because males are typically thought to exhibit more externalizing problems than females. Overall, in a review of Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2), data from detainees in the state of Pennsylvania, Cauffman (2004) found females, regardless of race/ethnicity and age, more likely to present mental health symptoms than male detainees.

To more closely examine the issue of gender differences in regard to mental health, Shufelt and Coccozza (2006) examined prevalence rates of mental health disorders of male and female offenders in juvenile justice settings. The researchers collected data from more than 1,400 youth from 29 programs and facilities located in the states of Louisiana, Texas, and Washington and found that 55% of females and 43% of males met the criteria for a substance abuse disorder; 51% of females and 45% of males had a disruptive disorder; 29% of females and 14% of males had a mood disorder, and 56% of females and 26% of males met the criteria for an anxiety disorder.

In regard to prevalence rates of suicide attempts, gender differences have been evidenced with higher rates in females (Bhatta et al., 2014; Wasserman & McReynolds, 2006; Wasserman, et al., 2010). In their review, Stokes et al. (2015) found depression to be a predictor of suicidal ideation and suicidal behavior and in their meta-analysis of the MAYSI-2, Vincent et al. (2008) found females significantly more likely than males to score above the caution cutoff on the Depression-Anxious and Suicide Ideation Scales. Although females, both involved in the juvenile justice system and those in the general population, have higher prevalence rates of suicidal ideation and behavior; males have the highest rates of completed suicide (Stokes et al., 2015).

3.2 Race/Ethnic Differences

The prevalence rates of the various types of mental health disorders and symptoms experienced by detainees in the juvenile justice system differ by race/ethnicity. For instance, suicidal ideation and suicidal behaviors differ greatly in that Caucasians have elevated rates of lifetime suicide attempts and externalizing disorders compared to African Americans (Vincent et al., 2008; Wasserman et al., 2010). The Wasserman research team found African American females to have the lowest overall rates of suicide attempts while lifetime suicide attempts were highest for Native Americans. The team suggested that the high rates of drug and alcohol use reported by Native American detainees may account for these differences. A meta-analytic examination of racial differences revealed a relationship between substance use and suicidal ideation (Vincent et al., 2008) and concluded Caucasian youth reported the highest level of problems related to drugs and alcohol and the highest rates of suicidal ideation.

4. Reasons for High Prevalence

Previous research estimates that between 46% and 88% of children/youth in the juvenile justice system have a severe E/BD (Lyons, Baerger, Quigley, Erlich, & Griffen, 2001). Grisso (2008) discussed the possible reasons for the high prevalence rates of severe mental health disorders and presented three perspectives: clinical, socio-legal, and inter-systemic. From the clinical perspective, children/youth who have mental health disorders are more likely than those without mental health issues to be detained when they encounter law enforcement officers because of the tendency to demonstrate symptoms of anger, impulsivity, and hostility which may give the impression of unmanageable behavior which could erupt if threatened with arrest.

Examining the prevalence issue from a socio-legal perspective, Grisso noted changes in juvenile justice statutes. Tougher laws now tend to require harsher penalties and result in secure facility placements for certain offenses. Unfortunately, some mandatory sentences may have reduced the probability that young offenders with mental disorders will receive treatment in community settings. Finally, the inter-systemic perspective considers the relationships existing between all systems that serve juveniles. Thus, as states reduced the availability of public

mental health services, delinquent acts by juveniles with mental health disorders likely increased as a result of the lack of treatment, resulting in juvenile justice facilities either having to become mental health providers or part of a mental health team.

Kates, Gerber, and Casey (2014) suggest high prevalence rates of behavioral and emotional issues among incarcerated juveniles is due to the commonality of delinquency and mental health problems. Risk factors such as poverty (Chow, Jaffee, & Snowden, 2003), poor parenting (McLoyd, 1998), and impaired emotional regulation and impulse control (Knox, King, Hanna, Logan, & Ghaziuddin, 2000) are possible contributors to juvenile delinquency and to the development of mental health problems. Yampolskaya and Chuang (2012) and Lewis and Bullock (2016) found that youth who were mistreated or placed in out-of-home care were more likely to have mental health issues and become involved with the juvenile justice system when compared to children/youth from intact homes. Although the most common form of maltreatment identified in the Yampolskaya and Chuang study was neglect, other maltreatment such as abuse, threats of harm, and caregiver absence were recorded. Yampolskaya and Chuang identified a 40% greater likelihood of arrest among youth living in out-of-home placements. Moreover, adolescents with a diagnosed mental health disorder were 81% more likely to experience recidivism than youth without mental health issues--findings which emphasize the importance of family support and parenting education and the necessity to ensure that children/ youth who live in out-of-home settings receive support, counseling, and quality care.

About female youth, Graves, Frabutt, and Shelton (2007) examined a clinical sample of multifariously involved youth to identify factors associated with severe EB/D and juvenile justice involvement. The researchers analyzed demographics, family, school, and personal factors to better understand the population. A significant finding was that adolescents who experienced a high number of transitions in their living situations were more likely to have multiple mental health issues than youth from stable living environments. Additionally, results indicated that although males were more likely to have co-occurring mental health issues than females, females with co-occurring mental health issues had lower levels of functioning than males. The findings are consistent with later research by Vincent et al. (2008) who found multifariously involved females had more severe mental health problems than males. Further, Vincent and colleagues posited girls in the juvenile justice system may have higher rates of serious mental health problems because they enter the system more disturbed. For instance, Davis, Fisher, Gershenson, Grudzinskas, and Banks (2009) found that females with mental health disorders who are involved in the public mental health system tend to be charged with more serious offenses when they are arrested compared to females arrested from the general population. It has been suggested that females often enter the justice system later because communities may be reluctant to incarcerate them unless it is especially necessary. Thus, only female juveniles who commit serious offenses tend to be sentenced to secure facilities. Data indicate that the vast majority of female offenders have a history of personal issues (e.g., family difficulties, mental health disorders, substance use; Mapson, 2005).

5. Significant Influences Related to Mental Health Issues

To best serve juveniles with mental health disorders residing in juvenile justice settings, an understanding of the cultural, behavioral, and educational issues related to the detainees is necessary. For instance, research shows that culturally and linguistically diverse juveniles are overrepresented and undertreated in correctional facilities (e.g., Cauffman, 2004; Dalton et al., 2009). Furthermore, behavioral issues vary by race/ethnicity and gender, suggesting culturally competent approaches to treatment are needed.

5.1 Culture

Race/ethnic differences in relation to mental health are frequently referenced in the literature. According to Cauffman (2004) and Underwood, Phillips, von Dresner, and Knight (2006), non-Caucasian youth are more frequently incarcerated but less frequently referred for mental health treatment. For example, African American children/youth are twice as likely as Caucasian children/youth to be arrested and seven times more likely to be placed in secure settings. Data show that juveniles of color are more likely to receive severe sanctions by the courts than Caucasian youth.

Overrepresentation of racially and ethnically diverse youth in the juvenile justice system and underrepresentation in referrals for mental health treatment are serious issues that warrant further investigation and action (Dalton et al., 2009; Herz, 2001). Considering that prevalence rates and symptoms of mental health disorders vary based on race/ethnicity, it seems incumbent on service providers to individualize mental health treatment plans to more appropriately serve all detainees in the juvenile justice settings regardless of color, gender, sexual orientation, or disability (Underwood et al., 2006).

Research has shown that Caucasians are more likely to access mental health services than African Americans, Hispanics, Asian Americans, and Pacific Islanders. In order to learn more about the reportedly low utilization of mental health services among non-Caucasians, Ho and colleagues (2007) investigated the effects of parental cultural factors. They found several factors that impact decisions about whether to seek services (e.g., inaccessibility of services, cost, coping styles, stigma, mistrust of mental health professionals). These findings are important because lack of prior diagnosis or mental health service access is frequently mentioned as a contributing factor to lack of referral for treatment in juvenile justice settings.

Clinicians and corrections personnel need to be knowledgeable of cultural differences; personnel training may increase the appropriateness of identification and referral decisions related to minority juveniles. Furthermore, increasing awareness of cultural differences and addressing families' concerns about stigma and reasons for mistrust of mental health professionals may increase the likelihood of juveniles with mental health disorders gaining access to and utilizing the treatments they need. In regard to prevention, addressing cultural concerns in school and community settings may reduce the number of children and youth entering the juvenile justice system because of behaviors associated with untreated mental health disorders.

5.2 Behavior

The United States Department of Education (2009) lists the prevalence of children/youth in secure juvenile justice settings with E/BD at approximately six times the rate found in typical public schools. Gagnon and Barber (2010) point out that juveniles with E/BD in secure care often experience difficulties while incarcerated because they lack basic cognitive and social skills. For example, Leone (1994) found that youth with disabilities received more behavioral incident reports, were more frequently restrained, and spent more time in confinement and segregation than youth without disabilities.

Juvenile offenders with untreated behavioral issues face challenges in public schools once released from detention facilities. For instance, Fortin, Marcotte, Potvin, Royer, and Joly (2006) identified problem behaviors (e.g., aggression, delinquent acts) as increasing a student's risk of dropping out of school. Further, research has established that dropping out of high school increases the likelihood that youth will become involved in the juvenile justice system and potentially end up in the adult criminal justice system (Task Force to Study High School Dropout Rates of Persons in the Criminal Justice System, 2012). Therefore, it is plausible that if behavioral issues are not addressed and treated while detainees are in juvenile justice programs, recidivism is likely to occur. One way to address behavioral issues is using evidence-based interventions such as positive behavior interventions and supports (PBIS).

5.3 Positive Behavior Interventions and Supports

PBIS is an intervention approach that has been widely and successfully used in public schools and is adaptable for use in secure juvenile settings (Jolivette & Nelson, 2010). The PBIS framework involves applying a continuum of evidence-based strategies to prevent challenging behaviors, provide early intervention to emerging behavioral issues, and provide intensive intervention to children and youth who have chronic or severe behavioral difficulties (Sugai et al., 2010). Jolivette and Nelson (2010) suggested using PBIS as part of a comprehensive treatment and rehabilitation approach to improve detained juvenile behavior. Sprague et al. (2013) point out that implementation strategies in school and secure juvenile justice settings are similar. However, PBIS teams in secure settings should include education, probation and correction, mental health, and facility management personnel to ensure maximum positive outcomes. Bringing together a PBIS team, as suggested, may present unique challenges in terms of scheduling, defining member roles, and consensus building. Although facility-wide PBIS has additional challenges compared to school-wide PBIS, the potential benefits are worth the additional effort involved in implementing PBIS in juvenile justice settings.

Johnson et al. (2013) reported positive outcomes resulting from the use of school-wide PBIS in a secure male correction facility in a southwestern state. Positive outcomes reported included a 46% reduction in behavioral incident reports, a 21% increase in school attendance, and an increase in the number of career and technology certifications earned.

Scheuermann et al. (2013) explored PBIS coaching during implementation of PBIS at juvenile correction facilities. The results indicated administrator support and access to coaching are key to effective PBIS implementation. In their study, PBIS team members expressed concerns related to agency leadership expectations and lack of "buy in" among facility staff. The need for training and support during PBIS implementation in juvenile justice settings is viewed as critical. Although coaches are helpful in developing and implementing PBIS in secure care settings, it is important for coaches to be knowledgeable of the goals, mission, and programs of the correctional facilities.

5.4 Education

There are several negative outcomes associated with being a juvenile offender. For example, juveniles who return to the community after having served time in secure settings have high dropout rates, tend to be unemployed as adults, have lower literacy rates, and often commit crimes that eventually lead to incarceration in an adult correctional system (Biddle, 2010; Bridgeland, Dilulio, & Morison, 2006). Therefore, effective education and transition planning is key to assisting juvenile offenders to successfully re-enter community life and become productive members of society—events that will significantly reduce recidivism (U.S. Department of Education, 2014).

As stated earlier, juveniles in correctional settings often have educational, behavioral, and mental health problems that complicate rehabilitation efforts. Although believed to be a conservative number, Gagnon, Barber, Van Loan, and Leone (2009) estimate that 40% of youth in juvenile correction facilities have disabilities, which contrasts with the approximated 12% identified in public schools (Quinn, Rutherford, Leone, Osher, & Poirier, 2005). Since juveniles in secure settings often have academic deficits due to learning disabilities in both reading and mathematics (Gagnon & Barber, 2010), it is no surprise that detainees experience higher rates of school failure and lower academic performance compared with their same age peers. Krezmien, Mulcahy, and Leone (2008) examined reading and mathematics standardized academic achievement scores of 555 incarcerated male youth and found that the detained youth were approximately four years behind their same age general population peers.

Reading difficulties are common in adjudicated youth (O'Brien, Langhinrichsen-Rohling, & Shelley-Tremblay, 2007). In a study of 101 adolescent males sentenced to a residential program, O'Brien et al. found 44.6% met the criteria for a reading problem. Carr-George, Vannest, Wilson, and Davis (2009) reported that 56% of youth with E/BD did not meet the proficiency standard on state assessments in reading. Research indicates that detainees with reading disabilities have higher recidivism rates than those without reading difficulties (Archwamety & Katsiyannia, 2000). Thus, highly trained teachers with knowledge of evidence-based practices are needed in correctional facilities.

Complicating the issue of providing comprehensive educational services to juvenile offenders is the lack of pre-service training provided to educators working with juveniles in secure settings. Houchins et al. (2010) point out that many teachers working in juvenile justice facilities received their pre-service training in another area of education. Platt, Bohac, and Wade (2015; the senior author coordinated a personnel preparation program with a juvenile justice focus for many years), advocate developing a cadre of teachers who are well equipped to provide effective instruction and transition-centered instruction to improve correctional education.

Although juveniles in secure settings are known to struggle academically, Gagnon and Barber (2010) draw attention to the general lack of studies focused on the academic achievement of detainees with disabilities—a critical issue because academic difficulties are often significant contributors to poor outcomes for out-of-school co-occurring mental health issues. Because of the high rates of mental health problems and poor academic performance by many incarcerated juveniles, Krezmien et al. (2008) call for more accurate and comprehensive identification procedures and practices to obtain data on academic achievement, mental health and medication use.

Although the Individuals with Disabilities Education Act (IDEA; 2004) mandates appropriate educational programming and transition planning for children/youth in special education, many confined in the juvenile justice system have not been identified for special education services even though they may have characteristics of educational, behavioral, and mental health problems (Platt et al., 2015; Rutherford, Bullis, Anderson, & Griller-Clark, 2002). Leone, Krezmien, Mason, and Meisel (2005) believe lack of identification may be, among other things, because often children/youth are not attending school when they are arrested or have been out of school for an extended period. It is not uncommon for juvenile justice programs to experience difficulties or long delays in retrieving detainee records from public schools, thus contributing to the delay in quality programming for individual detainees.

Once juveniles are released from correctional settings, adjustment back to community life and public school can be challenging. Platt et al. (2015) examined the programming and training challenges juvenile justice personnel face in meeting the needs of detainees transitioning from secure setting back to the community. It has been suggested teachers who work with juvenile offenders in residential placements need preservice training on outcome-based transition programming (Hogan, Bullock, & Fritsch, 2010) that incorporates career, adjustment, health, and welfare into the transition plans of detainees. A holistic approach to transition planning is necessary to prepare those being released from confinement to adequately cope with the challenges they will face upon return to their communities.

6. Assisting Youth with Mental Health Issues Through Support Systems

Evidence-based screening instruments should be used for evaluation of juveniles entering a correctional facility to obtain current information which is needed for proper identification, referral, and treatment and educational planning. The information obtained from thorough screenings help correctional personnel in designing effective and comprehensive services on an individualized basis. A part of the treatment plan should include a focus on criminological factors as well as mental health treatment for rehabilitation.

6.1 Screening

It is expected that all detainees with possible mental health challenges receive early, accurate, and unbiased mental health screening. Although the need for screening has been well documented, it is a well-recognized fact that not all juveniles who enter the system receive proper comprehensive screening (Osterlind, Koller, & Morris, 2007). Possible reasons for lack of thorough screening may be due to a lack of screening procedures and a limited number of trained personnel, especially those competent to identify and address mental health problems (Boesky, 2001). It is incumbent on detention facilities to develop procedures and implementation guidelines for screening juveniles at in-take and at intervals throughout confinement. In addition to providing professional development for staff on how to recognize symptoms of mental illness and the mental health referral process, facility staff need access to ongoing consultation with mental health specialists (Osterlind et al., 2007).

When conducting screenings, Osterlind et al. (2007) point out the importance of accruing data regarding past and present medication use and previous mental health issues. Asking juveniles in detention facilities about prior mental health issues and medication use is important because frequently used screening instruments (e.g., MAYSI-2) do not access this information. Wasserman, Ko, and McReynolds (2004) suggested best practices for clinical assessment in juvenile justice facilities which included use of multiple methods of mental health assessment along with information from multiple informants to obtain a thorough understanding of the detainee. For this reason, input from parents/caregivers, current or former teachers, and any other significant individual who has dealt with the individual is important. Certainly, all assessment instruments should be valid, reliable, and focused on recent symptoms being experienced by juveniles to determine treatment needs. Finally, because mood and anxiety change over time, detainees should be reassessed on a regular basis.

6.2 Treatment for Criminological and Mental Health Factors

Certain risk factors have been determined to contribute to criminological behavior and continued offending. According to Schubert et al. (2011), criminogenic risk markers include negative peer influences, antisocial attitude, antisocial history, psychosocial immaturity, the perceived severity of court sanctions, parent criminality, and parental substance use. Schubert et al. examined the criminological risk factors, mental health problems, and outcomes of 949 serious juvenile offenders. The results of their analyses found it unlikely that mental health treatment alone would reduce recidivism or lead to positive long-term outcomes for serious offenders.

It is believed that mental health problems only marginally contribute to re-arrest. Researchers (e.g., Desai et al., 2006; Schubert et al., 2011) noted that mental health issues such as ADHD, anxiety, and affective disorders have little effect on recidivism. In contrast, Schubert et al. (2011) found substance use disorder treatment to be important to rehabilitation and positive outcomes. Overall, the researchers suggested the most effective treatments for serious offenders should focus simultaneously on mental health and criminogenic factors. In combination, the two treatments appear to have promise. Therefore, in addition to screening for mental health issues, children/youth entering the juvenile justice system should also be evaluated to determine their risk for reoffending (Peterson-Badali, Skilling, & Haqanee, 2015). Risk assessments can provide valuable information regarding criminogenic needs that must be addressed to provide comprehensive treatment and rehabilitative services to incarcerated juveniles.

7. Barriers to Mental Health Services in Juvenile Justice Settings

In general, children and youth with mental health disorders are underserved. Lack of services is true of children/youth in the general population as well as with those in the juvenile justice system (Masi & Cooper, 2006). However, Masi and Cooper suggested children/youth with mental health issues in the justice system appear to be more neglected than their general population peers. Even though prevalence rates of detainees with mental health disorders in the juvenile justice system are high, service access is generally low (Hoeve, McReynolds, & Wasserman, 2014). There are several reasons for the underutilization of services: lack of problem recognition, reluctance to seek help, and unavailability of service providers (Kates et al., 2014). According to Grisso (2008), problem recognition is often complicated by the difficulty of distinguishing between symptoms of disordered behavior and age appropriate

behavior. For example, Kates et al. (2014) suggested that since parents often compare their children to other children, living in a community where delinquent behavior such as violence and vandalism are common may hinder parents' abilities to identify mental health problems in their children.

Another barrier to mental health services relates to the actual decision of whether to seek help. The decision to seek help is complex and influenced by an individual's perceptions and attitudes about mental health disorders and treatment (Kates et al., 2014). To better understand children/youths' perceptions and attitudes about the use of services, Abram et al., (2008) examined how detainees in correctional facilities viewed mental health services. Results indicated that participants with mental health disorders believed their problem(s) would either go away over time or they would can solve the problem on their own without professional help. Other common barriers included uncertainty about where to get help, perceptions that it is too difficult to obtain assistance, wait time, and that services are too costly. The researchers found no significant gender or race differences in perceptions of barriers. A possible explanation for lack of service providers relate to the many challenges when working in secure settings. First and foremost are the security concerns associated with juvenile justice facilities. Security is given priority over other supports and services that would be beneficial, such as funding for mental health and education services including staffing, screenings, and treatments (Gagnon & Barber, 2010).

8. Conclusions and Recommendations

Since most agree that children/youth with EB/D and learning disabilities are overrepresented in secure care settings (e.g., Bullock & McArthur, 1994; Gagnon & Barber, 2010), a clear need exists to appropriately serve this special population. The interplay of culture, behavior, and learning must be studied and better understood to comprehensively individualize treatment plans that will rehabilitate juvenile offenders and prepare them to lead productive lives. There is little debate over the necessity of considering a student's mental health needs if the goal is to rehabilitate and prepare them for successful and productive re-entry into society (Jolivet & Nelson, 2010). However, despite research showing a lack of effectiveness, most states continue to utilize incarceration and punitive and restrictive environments with children/youth who engage in problem behaviors (Nelson, Jolivet, Leone, & Mather, 2010; Sprague et al., 2013).

To rehabilitate juvenile offenders, the individuals who provide mental health treatment and educational instruction in secure settings need a thorough understanding of the unique needs and evidence-based practices related to this population. For instance, use of valid, reliable, and comprehensive screening instruments, selection and implementation of evidence-based academic and behavioral interventions, and cultural competence training for personnel working in juvenile justice facilities show promise in improving outcomes for youth in secure settings. Specifically, when children/youth enter the system, information about past and present medication prescription and use as well as referral and utilization of mental health services must be obtained. In addition, due diligence must be taken to obtain accurate academic records including information regarding special education referrals and evaluation results. This information is extremely valuable because many children/youth who are involved in juvenile justice are struggling academically as well as behaviorally. Teachers in secure settings need to be trained to support detainees experiencing academic difficulties, closely monitor academic and behavioral progress, and be aware of the special education referral process. Also, research emphasized the use of facility-wide PBIS as effective. Finally, Sprague et al. (2013) discussed the need for improvement to systems of support for youth transitioning from juvenile justice settings back to the community. The researchers suggest aftercare is needed to support transitioning youth and to reduce recidivism.

To help reduce juvenile delinquency and incarceration rates, and improve treatment of mental health disorders, further research is needed to examine factors such as culture, behavior, and learning. Although the relationship among culture, behavior, and learning is complex, a deeper understanding of these dynamics are needed--viewed as possible ways of improving services to detainees with mental health issues and learning difficulties in the juvenile justice system. Furthermore, it is possible that an examination of the ways in which culture and behavior impact learning may help uncover how best to serve youth in the juvenile justice system.

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