

## Policy Trends in the South on Youth Mental Health in Juvenile Justice

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### Abstract

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Research shows that youth in juvenile justice systems have high rates of mental disorders. This study compares and contrasts juvenile justice policies on juvenile correctional mental health care in four states: Texas, Louisiana, Mississippi, and Arkansas since 2008. Each state's progress regarding addressing youth mental challenges is described after a systematic literature review of the legislative postings in each state and information in various scientific databases. This progress is considered given recent attention nationally to the importance of identifying and addressing chronic trauma and other adverse childhood conditions to ward arresting the generational nature of individual and family dysfunction. Overall, Texas, the most fiscally sound of all the states examined made the most policy strides. Suggestions are offered for moving forward on youth mental health.

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In recent years there has been an increasing concern about mental health problems among juvenile offenders, (Mitchell, Whittle, Shaw, & Law, 2016). Mental health, especially substance abuse treatment services are important components of a well-functioning rehabilitative juvenile justice system (Harvard Law School Mississippi Delta Project, 2014). Many adolescents who are in juvenile residential facilities have mental health needs due to the lack of funding within states, available services may be inadequate, (McDermott, 2016). This, by far, is not a recent concern for criminal justice, given the mid-1800s observations of Dorothea Dix regarding in the East Cambridge Jail in 1840, (Fisher et al., 2014). Approximately 50% to 75% of juveniles in the justice system have some mental disorder, (Underwood, Warren, Talbott, Jackson, & Dailey, 2014). The problem of inadequate services can even manifest in cases of suicide in facilities, (Scott, Underwood, & Lamis, 2015). Given the knowledge of these wrongs, it is important to periodically assess the progress that states have made. The purpose of this study is to describe the program of juvenile justice policy regarding mental health in juvenile facilities in select southern states. The cross-state comparison will offer insight on what should be beneficial for states interested in improving the well-being of their youth.

### The States

Southern states each have their own unique culture and context that still impact and shape their operations today. Some sense of this history is important in understanding each one's disposition towards its policies and laws.

**Arkansas.** The state of Arkansas was first established in 1686 by a Frenchman. Centuries later in 1803 the area became part of the Louisiana Purchase. During the Civil War the state war became a target for both the North and the South. The state also became a gateway to the Southwest portion of the United States, (Arkansas Department of Parks & Tourism, 2018). Arkansas was named by early French explorers referring to the Quapaw people, (A+E Networks, 2018). In regards to mental health care prior to 1883, people were cared for by their families or housed in prison or jails. It was not until 1883 when the Arkansas State Hospital opened that recognized mental health options existed. Nowadays the state has several state and federal funded mental health treatment facilities; nevertheless, it lags behind other states in youth mental health provisions (Gracey & Hunt, 2017).

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**Louisiana.** Louisiana became the 18<sup>th</sup> state in the United States. Much of the history of Louisiana involves it as a trading center in America, (State of Louisiana, 2018).

In regards to mental health treatment in the state, in 2015 a mental health report ranked the state 47<sup>th</sup> for overall mental health care. Often fiscally strapped, for the most part, the state's Department of Health provides access to mental health treatment facilities (Agallo, 2015).

**Mississippi.** The state of Mississippi became the 20<sup>th</sup> state to join the union in 1817. During the beginning of the 19<sup>th</sup> century the state was known for producing most of the cotton in the United States. In the mid-20<sup>th</sup> century, Mississippi was a stronghold against civil rights for African Americans. It remains a state with a large impoverished African American population and ranks among America's poorest states, (A+E Productions, 2018).

**Texas.** The state of Texas became a part of the Union in 1845. It is known for oil and cattle Wealth (A+E Productions, 2018). According to US News Texas is ranked 8<sup>th</sup> for economic growth among the other states in America. As far as Health Care Access, the state ranks 38<sup>th</sup> reflecting its large health uninsured population. About 10% of citizens of the state of Texas are believed to have mental health needs (McKinsey & Company, 2018).

## Literature Review

The literature on youth and mental health in the justice system may be categorized into four subtopics: Policy enhancements in terms of advocating for effective treatment; accountability for delivering effective treatment; the influence of race and culture on access to quality mental health services; and the need to continually evaluate treatment approaches.

### Policy enhancements advocating for effective treatment

A substantial part of the literature describes a need for improved mental health care within juvenile justice. McDermott (2016) discussed mental illness needs as relevant to 70% of adolescents in the United States who are in juvenile correctional facilities. Although detainees have the right to receive treatment for rehabilitative purposes, the "super-predator" myth of the 1980s and the early 1990s meant that juvenile justice was more punitive than rehabilitative. With that posture, mental health treatment "fell through the cracks" (McDermott, 2016). Underwood, Warren, Talbott, Jackson, and Dailey, (2014) reflect the typical recommendations for changes in policy. They offered recommendations for what could be done for mental health treatment in juvenile correctional facilities. These reflect the input of juvenile justice, mental health, substance abuse, and child welfare administrators, researchers and practitioners. Toward policy enhancements, they suggested: 1) defining mental health only by the DSM-5; 2) treatment diagnosis only by qualified mental health professionals; 3) require individualized treatment; 4) offer specialized mental health housing units; 5) provide effective mental health screenings. To this end, utilize evidence-based mental health screening that is required for all youths within two to four hours of admission to a facility. This is to determine if there are any mental health needs. The screening would be for substance use; suicide risk; anger and, or other negative mood swings; thought disturbance and impulse control; 6) have follow up assessments. This is a follow-up test to determine proper protocol for the individual; 7) have an exit mental health assessment to determine if a person can function on return to the community.

These suggestions capture the ideals of established goals in clinical treatment, effective treatment planning, and clinical services. Other related suggestions include the staffing ratio of one case manager to 12 to 16 juveniles. Finally, effective treatment requires the implementation and consistent adherence to behavioral management plans. A related need on policy enhancement is for research to learn which therapy works best with each population type (Underwood, Warren, Talbott, Jackson, and Dailey, 2014).

Swank and Gagnon (2016) also on juvenile correctional facilities. Specifically, looking at 189 facilities in 48 states including Washington D.C. per specific criteria. They concluded that the qualifications of those conducting screenings and assessments was an important part of policy enhancements. Mitchell, Whittle, Shaw, and Law (2016), explored services for juvenile offenders that are in custody. They used focus groups with adolescents, who at one point had experienced being in custody, with a questionnaire to describe attitudes and coping done after the groups. The result yielded that there was not a difference between age and ethnicity. It was evident however, that family stress needed to be addressed. Juveniles needed to learn coping strategies for adverse childhood conditions (Mitchell, Whittle, Shaw, and Law, 2016). This included being able to break the habit of drug and alcohol use (Mitchell, Whittle, Shaw, and Law, 2016).

Learning to engage in help seeking in custody was important, so too is having someone with whom to talk about concerns. To accomplish these means promoting a more positive view of mental health among young people and staff, (Mitchell, Whittle, Shaw, & Law, 2016). Belenko et al. (2017) looked into ways to improve substance abuse treatment and engagement of male adolescents that were involved in the juvenile justice system. They explored a substance abuse treatment approach called Behavioral Health Services Cascade, also known as "Cascade". This framework is used to reduce unmet substance use in juveniles using behavioral treatment. In this study, the researchers issued training and technical assistance interventions to 35 juvenile justice agencies and their behavioral health departments. Their conclusion was "Cascade" has the capability to improve behavioral health services for those individuals who also suffer from addiction complications (Belenko et al., 2017).

Viola, Mankowski, and Gray (2015) studied the effectiveness of strength-based programming on juveniles who are incarcerated and who also suffer from a mental disorder. The purpose of this study was to establish if there were any similarities between youth and group members. The researchers tested two hypotheses: "1) The strengths-based programs would generate positive changes in participating young male's behaviors and belief systems; and, 2) these changes would be moderated by youths' dissimilarity from the group members", (Viola, Mankowski, & Gray, 2015, p.98). The researchers decided to use youth who had been incarcerated at the Ohio River Valley Juvenile Correctional facility between 2009 and June 2010. The participants of the study experienced a program entitled "The Council". A total of 588 youth completed a study survey from social workers. They were assessed at five points. The results indicated caring and cooperation in treatment are important (Viola, Mankowski, and Gray, 2015).

Stein et al. (2015) studied whether females show more pathology compared to males and whether White females would show more pathology than males. The effort was to address a literature gap in research on race, gender, and ethnicity when it comes to treatment programs in correctional facilities for females. The sample that was used for this study all came from state juvenile correctional facilities in the northeast region of the United States. They had to have been in the facilities from 2001-2012. The age range of the females had to be from 13 to 19 years of age. They found that White females showed more pathology than females in other ethnic groups, which means that there are complexities in girls' relationships relative to boys' in considering how best to respond to emotional needs (Stein et al., 2015).

### **Accountability for treatment**

The literature describes the importance of accountability for treatment. For example, Mallett (2013) focused on lack of treatment and the impacts in a study of mental health disorders, learning disorder disabilities, and maltreatment victimizations on delinquency in a systematic literature review. He identified collaborations between juvenile courts and school districts as important. Zajac, Sheidow, and Davis (2015) also did a systematic literature review to summarize the specific needs of transition age youth with mental health conditions involved with the juvenile justice system. The authors recommended that there needs to be a more corrective approach to transition age youth in the juvenile justice system and that policymakers should extend programs for juveniles to cover the full range of development to adulthood. Additionally, transition planning should be required for youth 16 years or older, that is, in the juvenile justice system, (Zajac, Sheidow, & Davis, 2015). There is also a need for enhancements in the coordination of care among the many services systems involved with the shift of age youth in the juvenile justice system. This recommendation also stated that policymakers who are aimed at improving coordination of care should hold agencies more accountable for the outcome to make sure that the youth in the system are meeting the goals that are needed to succeed outside of the system, (Zajac, Sheidow, & Davis, 2015). Further, health care providers should improve coordination of care and linkage to services are essential but will be effective if quality mental health services are available in the communities that are specifically for young adults. Additionally, they recommend the training of professionals who work with the population of juvenile offenders who have mental health needs. Another recommendation to improve mental health treatment is transition services for youth leaving juvenile justice settings, (Zajac, Sheidow, & Davis, 2015). This would be a part of having more programs that focus on the outcomes related to recidivism of juvenile offenders. The authors suggested that there should be a lower-case load, what this does is that it provides workers more time to be able to work with children individually. The last thing that was stated was that there should more support and inclusion of families. The authors stated that this improvement would be more likely to be a helpful framework across all the service systems (Zajac, Sheidow, & Davis, 2015).

### **Race and culture and their relation to mental health**

Race impacts mental health treatment in facilities. Dalton et al. (2009) studied whether African American and Caucasian male youths had similar rates of referral to mental health services in a juvenile justice secure facility.

The researchers conducted this study to examine the relationship between race and mental health services within a long-term secure care facility for male adolescents. The sample was 937 male youth between the ages of 12 to 17.9 years of age. The criteria were that they had to be consecutively admitted to the facility between the years of 2003 through 2005. The participants of the sample were given a health care screening; Massachusetts Youth Screening Inventory-2 (MAYSI-2); and the Youth Level of Service Case Management Inventory. The results were that that race impacted serious mental illness (SMI) assessments.

Relatedly, Rawal, Romansky, Jenuwine and Lyons (2004) studied the mental health needs of among Caucasian, African American, and Hispanic youth who are involved in the juvenile justice system. The researchers attempted to answer two questions: 1.) Are there different needs that need to be met for mental health, based on race? 2.) Are the juveniles of different races involved in various mental health situations? The researchers used a stratified random sample study. They also used three urban counties, that is to ensure that urban, suburban, and rural areas of Illinois Juvenile Justice System. The data were used had been collected from 1995 to 1996. Trained research assistants and one of the authors of the research collected the dates. The assessment that was used in order to gather the data was the Childhood Severity of Psychiatric Illness. A total of 473 participated in this study. The results from the study included that the mental health needs were apparent across the sample, differences in the types and difficulty of needs depending on race was evident. Policies then, need to attend to the impact of race in who receives mental health services and when.

### **Policies regarding evaluation of treatment**

In order to make improvements within facilities studies on the effectiveness of various treatments are necessary. For example, a study conducted by Greenbaum and Javdani (2017) examined the effectiveness of expressive writing in juvenile facilities. They evaluated a program named "WRITE ON" in the summer of 2014. For the participants of this study the researchers used 53 girls between the ages of 12 and 17 years of age. Thirty of the participants used WRITE ON and 23 participated in the comparison support group. In order to evaluate the effectiveness of the WRITE ON program the researchers used a multi-site research design. The results for this test determined that there was a high percentage of performance satisfaction. What this study results also yield was that this program potential to occupy the void of available programs for those in juvenile correctional facilities, (Greenbaum and Javdani, 2017). While a federal list of empirically sound programming exists, more work in this area is necessary to continue improving treatment as society changes. Requiring the evaluation of treatment approaches then, needs to be a matter of policy to stay effective and innovative.

### **Method**

A systematic literature review was conducted between October 2017 through February 2018 on policy progress in Arkansas, Louisiana, Mississippi and Texas since 2008 to cover the most recent decade. The databases examined were ProQuest, EBSCO, and Google Scholar. A combination of keywords was used to identify main concepts: Mental Health Treatment; Juvenile Justice; and Policy Improvements, Race, Policy Evaluations. Bibliographies of relevant articles were also reviewed for similar articles. Further legislature databases were reviewed to identify relevant policies on mental health treatment within the juvenile justice system. Studies that were selected for inclusion in this review were empirical, published in peer reviewed journals.

### **Findings**

#### **Arkansas**

In the state of Arkansas many of the adolescents enter the juvenile justice system with mental health issues which are likely aggravated because of being incarcerated, (Arkansas Advocates for Children and Families, 2017). Arkansas however, faces a financial deficit problem to implement its enhanced laws for mental health treatment in the juvenile justice system, namely a 2015 Act Number 1023, passed to implement validated risk assessment for youth before sentencing. This is to provide judges with all relevant information about individual needs for mental health treatment. The goal is to avoid ineffective juvenile dispositions, (Arkansas Advocates for Children and Families, 2017). Arkansas then, has effective policies in place, but is hampered in service deliver by a lack of resources.

## Louisiana

Estimates are that more than 73% of children in the juvenile justice system in Louisiana suffer from some sort of mental illness (Louisiana Center for Children's Rights, 2015). In order to improve mental health treatment, the focus has been to reform in three specific areas: 1) expanding alternatives to formal process and secure confinement; 2) increasing access to evidence-based services; 3) and reducing disproportionate minority contact with the juvenile justice system, (Harvard Law School Mississippi Delta Project, 2014). Prior to admission into a facility, a health assessment is given to the detainee. This health assessment includes a mental health screening with the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) (The National Center of Juvenile Justice, 2017). Based on the results of the assessment, individualized treatment planning starts. These include anger management, substance abuse treatment and lifestyle management (State of Louisiana office of Juvenile Justice, 2017).

The last juvenile mental health policy was Act Number 489, enacted in 2012. This law states that it "authorizes certain health professionals to execute an emergency certificate for admission to a treatment facility of a minor suffering from mental illness or substance abuse, authorizes a family psychiatric mental health nurse practitioner or psychologist to execute an emergency certificate under certain circumstances, requires inclusion of the date that such examination was conducted", (National Conference of State Legislatures, 2018). In short, Louisiana laws are empirically sound, but the delivery of services is not as it should be, likely due to fiscal challenges in the state's public sector.

## Mississippi

According to the Mississippi Department of Mental Health in 2004 an estimated 27,489 to 35,342 adolescents between the ages of 9 to 17 years of age had some sort of mental illness. This is 14% to 20% of the youth (Robertson, Dill, Husain, and Undesser, 2004). Even though many of Mississippi's incarcerated juveniles have a mental illness, satisfactory treatment has been absent. For change, in 2010, the state reinstated the Commission on Children's Justice to assess and to improve the youth court system (Harvard Law School Mississippi Delta Project, 2014). "The Commission includes judges, educators, and child welfare professionals who have worked together to provide recommendations for the system's improvement" (Harvard Law School Mississippi Delta Project, 2014). Over the past four years, the Commission has worked to create uniform standards for youth courts. It then turned its attention toward improvement of mental health and substance abuse services. In 2017, a Mental Health Court Intervention Program (MS H 943) was brought up for legislation. It advocated for substance abuse and for mental health courts. It failed to pass (The National Center of Juvenile Justice, 2017). In short, Mississippi knows what works, but has had trouble getting these ideas translated into policy and practice.

## Texas

In the state of Texas an estimated 33% of youth in the juvenile justice system in 2010 were believed to have a mental health condition (Texas Juvenile Probation Commission, 2010). The Hogg Foundation for Mental Health estimates this to be higher at 70% in more recent years (The University of Texas at Austin Division of Diversity and Community Engagement, 2018). Out of the 49 juvenile facilities in the state, only 19 offer programs for youth with mental health conditions. The Texas Correctional Office for Offenders with Medical and Mental Impairments (TCOOMMI) and the Texas Juvenile Justice Department are responsible for delivering the mental health care to juveniles in the state's justice system (The University of Texas at Austin Division of Diversity and Community Engagement, 2018). In recent years, there have been few bills that have been brought to legislation in order to help with improvements to mental health treatments in the juvenile justice department in the state of Texas. In 2013 the TX S 144 Act number 225 was passed. This bill allows an expert mental health assessment at any point in a youth's contact with the justice system (The National Center of Juvenile Justice, 2017).

## Conclusion

Mental health services that include substance abuse treatment as necessary (Harvard Law School Mississippi Delta Project, 2014) in a multisystemic fashion that includes the juvenile's family are very important components of a well-functioning rehabilitative juvenile justice system. Indeed, ineffective mental health treatment while in the facility can be a predictor of recidivism. While it is evident that all four states that are examined realize this, implementation of such measures tends to be lacking in states where resources are not clearly allocated for youth mental health care. Texas is the only one of the four states that has some meaningful implementation of mental health care for youth.

This was a deliberate legislative decision in 2007 to change the direction of what had been a steady increase in incarcerations. Arkansas, Mississippi and Louisiana would do well to follow Texas' example to send a more positive message into their future by how they respond to the many youth in state care with mental health challenges.

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