



Prevalence and correlates of psychiatric disorders among former juvenile detainees in the United States

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Abstract

Objective: Juvenile offenders face increased liability for psychiatric disorders and greater psychopathology, but little is known about the psychiatric status of former juvenile delinquents as adults.

Method: Drawing on data from Wave 1 and Wave 2 of the NESARC, logistic regression models examine correlates of psychiatric disorders in a large nationally representative sample of former juvenile detainees in adulthood ($n = 1177$) compared to adults who did not have a history of juvenile offending ($n = 33,193$). Further, we explored the psychosocial correlates associated with the increased likelihood of psychiatric disorders among former juvenile detainees.

Results: Nearly half of former juvenile detainees met criteria for one or more psychiatric disorders in the past twelve months and approximately two-thirds meet criteria for any lifetime personality disorder. Compared to the general population, former juvenile detainees not only denote greater psychiatric comorbidity across a range of affective, personality, and substance use disorders but are also more likely to report childhood adversity.

Conclusions: Former juvenile detainees experience significantly greater and more varied psychiatric problems across adulthood.

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1. Introduction

Juvenile offenders are at substantially higher risk than the general population for suffering from mental health and substance use disorders [1–10]. Moreover, studies of juvenile offenders have shown that mental health distress, substance abuse, and delinquency are intertwined [11–16]. Investigations have also revealed that chronic antisocial behavior among adults and juveniles is associated with high levels of psychopathology [17–20]. Whether using structured psychiatric assessments that are interview-based or self-administered [6,14], or self-reported checklists or scales that measure mental health distress and substance use [15,21], results indicate that some juveniles in the criminal justice system have extensive mental health needs that may interfere with successful functioning [20–24]. However, as Moffitt has theorized

many juvenile offenders will be limited in their continued life problems but some will persist well in adulthood [25].

In addition to the relatively high prevalence of psychiatric distress found among juvenile offenders, evidence suggests the presence of gender and racial disparities in this population. Research by Teplin and colleagues (Northwestern Juvenile Project) found in a randomly drawn sample of 1829 detained Cook County youth that approximately two thirds of males and three quarters of females possessed a diagnosable psychiatric disorder [26]. Approximately half of males and females had a diagnosable substance use disorder (SUD) [26]. With respect to racial differences, findings indicate that mental health and substance use disorders are more likely to be detected among non-Hispanic Whites compared to members of racial/ethnic minority groups [27].

While there is much we know about the prevalence and correlates of psychiatric disorders among juvenile offenders while they are juveniles, only one study to our knowledge has investigated the prevalence of psychiatric disorders of former juvenile offenders as adults. In the Northwestern

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Juvenile Project, juvenile detainees were interviewed in detention and twice again at 3 and 4.5 years after baseline [28]. At time two, 4.5 years after baseline, approximately 45% of males and 30% of females were diagnosed with one or more psychiatric disorders [28]. Substance use disorders were the most commonly diagnosed. Whites and Latinos were found to be twice as likely to be diagnosed with an SUD compared to African-Americans. Although the Northwestern Juvenile Project provides important insights into the prevalence and correlates of psychiatric and substance use disorders of juvenile offenders in early adulthood, it also points to the need for ongoing epidemiologic investigations of the prevalence of psychiatric disorders in juvenile detainees into adulthood. From a life-course perspective, it is especially important to document the change in mental health among adolescents who may be in greater need of treatment as they transition into adulthood. As Grisso and colleagues have shown, these problems often emerge in adolescents, who have diminished capacity compared to adults, and can be assessed using screening methods that can facilitate further assessment and treatment. As such, many adolescents' harmful trajectories could be deflected [29,30].

1.1. Current study aim

Despite the high prevalence of psychiatric and substance use disorders found among juvenile detainees and offenders and the possibility that mental illness might persist into adulthood, there remains a dearth of knowledge on the prevalence and correlates later in life. Examining psychiatric and substance use disorders among juvenile offenders into adulthood is important because many juvenile offenders leave detention or long-term custody and may be at risk to return as adults [31,32]. Former juvenile offenders are also a marginalized and costly population who are likely to have little access to effective treatment, suffer an increased likelihood of other health problems and represent a significant public health burden [33–38]. The aim of the present study is to report the prevalence and examine correlates of psychiatric disorders in a large nationally representative sample of former juvenile detainees in adulthood ($n = 1177$) in contrast to adults who did not have a history of juvenile offending ($n = 33,193$). Further, we explored the psychosocial correlates associated with the increased likelihood of psychiatric disorders among former juvenile detainees.

2. Materials and methods

2.1. Sample and procedures

Study findings are based on data from Wave 1 (2002–2003) and Wave 2 (2004–2005) of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC) ($n = 34,653$). The NESARC is a nationally representative sample of non-institutionalized U.S. residents

aged 18 years and older. Utilizing a multistage cluster sampling design and oversampling minority populations, the study gathered extensive information about substance use and mental disorders from individuals living in all 50 states and the District of Columbia. Data were collected through face-to-face structured psychiatric interviews conducted by U.S. Census workers trained by the National Institute on Alcohol Abuse and Alcoholism and U.S. Census Bureau. A more detailed description of the NESARC design and procedures is available elsewhere [39].

2.2. Measures

2.2.1. Former juvenile detainees

Respondents were classified as former juvenile detainees (0 = no, 1 = yes) on the basis of the following question: "Before you were 18, were you ever in jail or a juvenile detention center?"

2.2.2. Psychiatric disorders

2.2.2.1. Mental disorders. DSM-IV mood (i.e., major depressive disorder, bipolar disorder, dysthymia), anxiety (i.e., generalized anxiety disorder, panic disorder, posttraumatic stress disorder [PTSD], social phobia, specific phobia), and personality (i.e., antisocial, avoidant, borderline, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid, schizotypal) disorders were examined on the basis of diagnoses from the AUDADIS-IV. Measures of mood and anxiety disorders were for the last 12 months while all measures of personality disorders in the NESARC are lifetime diagnoses.

2.2.2.2. Substance use disorders. We examined alcohol, cannabis, cocaine, stimulant, sedative, tranquilizer, and opiate use disorders (abuse or dependence) for the last 12 months. SUDs were determined using the Alcohol Use Disorder and Associated Disabilities Interview Schedule — DSM-IV version (AUDADIS-IV) [40]. Lifetime measures of alcohol and any illicit drug use disorder (i.e. cannabis, cocaine, stimulant, sedative, tranquilizer, opiate) were also included as control variables in analyses of mental disorders.

2.2.3. Psychosocial factors

2.2.3.1. Criminal justice involvement. Individuals were classified as having experienced prolonged juvenile detention if they reported having been in jail or a juvenile detention center for more than 365 days. In order to examine continuity in criminal justice system involvement vis-à-vis substance use and psychiatric disorders we also included a variable of adult offense. Individuals were considered adult offenders if they reported having been ever in jail, prison, or a correctional facility since the age of 18.

2.2.4. Parental behavioral problems

Individuals were considered to have parents with behavioral problems if they reported that their mother/father had behavioral problems (i.e. cruelty to people or animals, etc.). Individuals

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