



A comparison of service use among youth involved with juvenile justice and mental health



Linda Liebenberg*, Michael Ungar

Resilience Research Centre, Dalhousie University, Halifax, Canada

ARTICLE INFO

Article history:

Received 8 October 2013

Received in revised form 12 February 2014

Accepted 13 February 2014

Available online 24 February 2014

Keywords:

Youth

Service use

Criminal justice

Mental health needs

Risk

Preventative service provision

ABSTRACT

This article examines the risk of internalising and externalising disorders and related service use histories of two groups of youth: one group sampled from justice services, and a second sampled from mental health services. Self-report data from 152 multiple service using youth are included in the present analysis. Data shows that both groups of youth have similar levels of risk for mental health problems and equal levels of engagement in delinquent behaviour. There are however disparities in levels of engagement across service providers: youth engaged predominantly with justice services report much lower levels of engagement with mental health services. Given equal levels of engagement in delinquent behaviour combined with significantly higher levels of engagement with police by youth engaged with justice services, findings suggest that earlier mental health intervention may divert youth from the legal system.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

While research consistently indicates high levels of mental health problems among young offenders (Chitsabesan et al., 2006; Drerup, Croysdale, & Hoffmann, 2008; Kapp, Petr, Robbins, & Choi, 2013; Vermeiren, 2003), there is considerable evidence suggesting that young offenders' mental health treatment needs are not being met (Chitsabesan et al., 2006; Gunn, Maden, & Swinton, 1991; Marston, Russell, Obsuth, & Watson, 2012; Whitted, Delavega, & Lennon-Dearing, 2013). Studies have shown that whether incarcerated or being supervised in the community, young offenders do not receive referrals and interventions to address the mental health challenges that they experience (Callaghan, Pace, Young, & Vostanis, 2003; Stallard, Thomason, & Churchyard, 2003; Wasserman et al., 2008). This service gap is especially troubling as youth are at greater risk of offending when they carry multiple diagnoses for mental health disorders (Dixon, Howie, & Starling, 2004; Espinosa, Sorensen, & Lopez, 2013). Furthermore, co-occurring mental health issues have been linked with higher recidivism rates (Hoeve, McReynolds, & Wasserman, 2013; Stewart & Trupin, 2003; Trupin, Turner, Stewart, & Wood, 2004).

Studies based on clinical mental health assessments indicate that approximately 74% of girls and 66% of boys in the juvenile justice system meet the criteria for a current disorder (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; see also Bickel & Campbell, 2002; Drerup

et al., 2008; Whitted et al., 2013). Several studies have demonstrated the significantly increased rates of mental health concerns for incarcerated youth, compared to youth in the community (Abrantes, Hoffmann, & Anton, 2005; Garland et al., 2001; Ulzen & Hamilton, 1998). Additionally, the presence of more than one disorder, comorbidity, is consistently found in over half of young offenders (Drerup et al., 2008; Espinosa et al., 2013; Marston et al., 2012; Teplin et al., 2002; Vermeiren, 2003; Vreugdenhil, Doreleijers, Vermeiren, Wouters, & van den Brink, 2004). The nature of these disorders and how they manifest can be quite complex. For example, while the association between depression and conduct disorder has been well-documented (Drabick, Beauchaine, Gadow, Carlson, & Bromet, 2006; Marston et al., 2012) and a strong comorbidity established (Angold, Costello, & Erkanli, 1999; Bird, Gould, & Staghezza, 1993; Pliszka, Sherman, Barrow, & Irick, 2000), there is also evidence which suggests that in the presence of behavioural problems, depression is often "masked" (Glaser, 1967; Lesse, 1968) particularly among young offenders whose depression is shown through aggression or other disruptive behaviours (Rawal, Romansky, & Michael Jenuwine, 2004; Roberts, Chen, & Solovitz, 1995; Ryan & Redding, 2004).

For many youth with serious emotional or behavioural problems, the justice system may be the first point of contact for mental health support (Chapman, Desai, & Falzer, 2006) and quite often, their only access to mental health services (Burns et al., 1995). Recognising this juncture of mental health needs and service provision, many authors have contributed to the discussion regarding the provision of treatment and intervention post-sentencing (Bell, 2011; Domalanta, Risser, Roberts, & Risser, 2003; McReynolds et al., 2008; Rogers, Pumariega,

* Corresponding author at: Resilience Research Centre Dalhousie University 6420 Coburg Rd PO Box 15000 Halifax NS, Canada B3H 4R2.

E-mail address: linda.liebenberg@dal.ca (L. Liebenberg).

Atkins, & Cuffe, 2006; Schwalbe & Maschi, 2009; Teplin et al., 2002; Weemhoff & Villarruel, 2011). This article adds to these studies by reviewing how young people involved with correctional services compare with youth from mental health services in terms of both risk of depression and engagement in delinquency and engagement with service providers. The specific focus is on service needs and early intervention or preventative services.

In this paper, data from a cross-sectional study of multiple service-using youth from Atlantic Canada are used to address questions regarding young people's self-reported mental health needs and lifetime service use. We wanted to understand: (1) how the incidence of mental health concerns among youth involved with the justice system compares with youth using mental health services directly, and (2) how both groups of youth, those involved with correctional services and those who are clients of mental health care providers, compare in terms of lifetime service use. We hypothesised that: (1) rates of self-reported problematic internalising and externalising behaviours among youth involved with justice services would be similar to those of youth involved with the mental health system, reflecting a similar level of risk for mental health concerns; and (2) that justice-involved youth would have lower rates of lifetime use of mental health services. Such findings would have implications for service provision, raising questions regarding how youth are identified and screened for referral to mental health services and, just as importantly, engaged or retained in such services before mental health needs result in contact with the justice system.

2. Method

2.1. Participants

A purposive sample of 497 youth, aged 14–21, who were clients of more than one formal service (juvenile justice, child welfare, mental health, and special or alternative education) during the six months prior to participation in the study was nominated to a multisite investigation of service use, risk and resilience (Ungar, Liebenberg, Armstrong, Dudding, & Van de Vijver, 2013). All participating services were either residential or full-time day attendance programmes. All youth who were clients of one of the programmes at the time of the study, between the ages of 13 and 21, and who were known by their treatment provider to be using two or more formal services within the six months prior to the research, were referred to the study by frontline staff. Permission to share contact details with the researchers was obtained by staff from the youth and legal guardians (when required) prior to nomination.

For the purposes of this article, a subsample of all youth ($n = 152$) who participated in the study and who were referred through mental health systems ($n = 79$) or juvenile justice systems ($n = 73$) is compared (see Table 1). The rationale for using this subsample was the high intensity of the programmes with which these 152 youth were involved. Youth involved with justice were either incarcerated

at a juvenile detention centre or attended an alternative education facility for young offenders serving probation in the community. Programming included full day schooling and afterschool activities along with regular weekend activities. Similarly, youth referred from mental health services were involved with intensive adolescent treatment programmes for addictions and mental health disorders. These youth were either in residential facilities or in full-time day attendance programmes. While the two groups of youth compared here are not matched, drawing on this particular subsample of participants allows for the comparison of two distinct groups of multiple service-using youth who were both receiving intense service provision from either mental health or justice services.

It is important to note that we wanted to investigate undocumented needs for more service on the part of the youth and their perceptions of how their needs were or were not met, rather than evaluate service outcomes. As such, the use of youth self-report cross-sectional data allowed for a description of young people's perceived service use prevalence and mental health and behavioural outcomes. Reasonably, if outcome data regarding the youth's changes in behaviour during treatment had been requested from service providers, workers told us they would have been more likely to refer only the most successful youth to the study. We therefore relied on youth self-report data rather than more objective outcome measures available from service provider files. This research, therefore, is limited to the youth perceptions of service use and outcomes.

2.2. Measures

For the purposes of this analysis the following scales were used. For a fuller description of the entire research study please see Ungar et al. (2013).

2.2.1. Risk

- *Strengths and Difficulties Questionnaire* (SDQ) (Goodman, 2001) is a behavioural screening questionnaire comprising five subscales. The Conduct Problems Scale ($\alpha = .60$) is included in this analysis. Assessment is made on a 3-point scale from 1 = *not true* to 3 = *certainly true*. Participants comment on their conduct in general, rather than within a specific time frame. Internal reliability for this study was .69.
- A 12-item version of the *Centre for Epidemiological Studies Depression Scale* (CES-D-12-NLSCY; $\alpha = .85$; Poulin, Hand, & Boudreau, 2005), rated on a 4-point scale from 0 = *rarely or none of the time* to 3 = *all of the time*, measures risk of depression. Participants consider their emotions during the preceding week. The alpha coefficient for this study was .84.
- Subscales from the 4-H study of Positive Youth Development, *4HSEQ* (Phelps et al., 2007), are included to establish participant engagement in delinquency ($\alpha = .73$, rated on a 5-point scale from 1 = *never* to 5 = *5 or more times*) during the previous year. For this study, internal reliability was .83.

Table 1
Demographics of youth referred by justice and mental health services.

Demographics	Justice ($n = 73$)	Mental health ($n = 79$)
Mean age*	17.04 ($SD = 1.24$)	15.73 ($SD = 1.38$)
Female	18 (24.7%)	31 (39.2%)
Male	55 (75.3%)	48 (60.8%)
Visible minority*	29 (39.7%)	16 (20.5%)
Last grade completed	9.43 ($SD = 1.35$)	9.07 ($SD = 1.58$)
Living with two parents*	18 (24.7%)	39 (49.4%)
Living with single parent	24 (32.9%)	16 (20.3%)
Living in group home, with foster parents or in supervised housing	5 (6.8%)	8 (10.1%)
Living on own, with friends or other living arrangement	26 (35.6%)	16 (20.3%)

* $p < .05$.

Download English Version:

<https://daneshyari.com/en/article/6834402>

Download Persian Version:

<https://daneshyari.com/article/6834402>

[Daneshyari.com](https://daneshyari.com)