

Mental Health in the Juvenile Justice System

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There is a systemic issue in America regarding mental health within the Juvenile Justice System with more than 70% of the population diagnosed with a mental health condition (Development Services Group, Inc. 2017). With a huge lack of mental health providers within the Juvenile Justice, a tremendous shift has occurred, especially in how each states' operate. For example, if states fail to prioritize funding for mental health care of juveniles within the juvenile justice system, then programs are unavailable. As a result, there continues to be a gap within the programming needed to fully address this mental health crisis (Schubert, 2014). This literature review attempts to address this void by examining the history of the Juvenile Justice System, why it was created, how it has evolved and how the state of Texas, New Mexico and Wyoming dominate the Juvenile Justice System. After understanding the Justice System and how it is operated within those three states, we can move into understanding the intersectionality of race and mental health, and the large inequalities that minority youth face.

History of the Juvenile Justice System

The 1800s was a century known as the Age of Reform and one of those reform movements was the juvenile justice reform known now as the Juveniles Justice System. In 1899, the first juvenile court was founded. The purpose of this reform was to remove children from adult jails and prisons and provide them with due process more suitable for their age. It started with the New York House of Refuge in 1825 which Illinois then expanded on in 1899 with the 1899 Illinois Juvenile Justice Act (Fox, S. J. 1970). The 1899 Illinois Juvenile Justice Act focused on better living conditions for children in custody. This Act would then lead America to the Supreme Court courts to find that juveniles do indeed require protection under the 14th Amendment and require due process. This Supreme Court case *In re Gault*, 1967, established the

foundation of the Juvenile Justice System that we know today (In re Gault, 387 U.S. 1. 1967). This Supreme Court finding establishes the baseline for criminal cases involving children and that children also have constitutional rights just as adults, however, the systems themselves are run by individual states. This allows for each state to run the Juvenile Justice System in a manner that the state and the state residents see fit.

The National Center for Juvenile Justice states since 1960 the number of Juvenile Delinquent cases has increased by about 25% in 2020 (National Center for Juvenile Justice. 2023). In 2020 nearly 32 million juveniles were involved in the Juvenile Justice System in America with four major offense categories for juvenile offenders' offenses against persons, and property, offenses including drugs, and public order. Of these 32 million juveniles in the system 52% were white youth, 15% Black youth, 24% Hispanic youth, 2% were Native youth and 6% were Asian youth. It is stated that 70% of youth in the Juvenile Justice System are diagnosed with at least one mental health diagnosis (Development Services Group, Inc. 2017). However, multiple other studies show that 9 to 22% of the youth in the general population have a mental health diagnosis (Schubert & Mulvey 2014).

The most common diagnoses include behavior disorders, substance use disorders, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), and mood disorders (Chassin, 2008). This shows a great discrepancy between the two groups of children. This then begged the question, "What is the justice system going to do to counteract this epidemic"? Since each state has jurisdiction over its own Juvenile Justice System this project will only focus on three systems; Texas, New Mexico, and Wyoming.

Texas

The Juvenile Justice System in Texas is governed by the Texas Juvenile Justice Department (TJJD) and has 5 different facilities to house juveniles. In the state of Texas, a juvenile is defined as anyone younger than the age of 17 years old but older than 10 years old (Texas Family Code, Chapter 51). So, this means a person between those ages can enter the TJJD. Texas Advisory Committee states there was an increase of juveniles entering the system from 2014 to 2021 by 48% with two-thirds of that population with a mental health diagnosis and 65% of those youth with a minimum of four adverse childhood experiences (ACE's) (example: death of a parent, abuse, and neglect of a child, sex trafficking, etc.) (Texas Advisory Committee to the U.S. Commission on Civil Rights. 2023). This report also indicated many different findings within the TJJD one of which is the shortage of certified mental health staff in the 5 TJJD facilities and lack of appropriate treatment plans for these youth.

A program within the TJJD to combat the rising number of juveniles is the Special Needs Diversionary Program (SNDP). Studies performed by Schubert, and Beaudry have showcased the collective success of reducing recidivism and rehabilitating juveniles with mental health diagnoses. The outline of the program is modeled to incorporate families in the rehabilitation to promote support and success after completion of the program. Court officials and community advocates collaborate within this program to ensure the best outcome for juveniles.

New Mexico

The New Mexico Juvenile Justice System is governed by the Children Youth & Families Department (CYFD). According to the Juvenile Justice Services 2022 Report, the juvenile population in the system has gradually decreased from 237,261 in 2003 to 222,073 in 2019. New Mexico's system defines a juvenile as anyone less than 18 years of age (Children's Code- Chapter 32A, Article 1-23, NMSA 1979). 86% of the youth in New Mexico's justice

system have experienced four or more ACE's, while 14% of the general youth population in NM have experienced three or more ACE's which is still higher than the national percentage of 11% (CYFD. 2017).

Studies performed on the New Mexico juvenile system have showcased that many juvenile offenders are tried in adult court. The requirements for transfers in adult court are as follows: seriousness of the alleged crime, record and history of juveniles, and sophistication and maturity of the juvenile (Mays & Houghtalin, 1992). The presence of juvenile offenders in adult court is often identified as chronic offenders who have not benefited from the treatment services provided by the court.

In New Mexico, the Juvenile Justice Advisory Committee has implemented several special programs to combat the high levels of juvenile offenders within the community. The Reintegration Center is similar to the SNDP in Texas that aids in re-assimilation into society. The program is individualized to juveniles that are in the criminal justice system and provides services such as education, employment, job readiness, relationship and communication skills, and daily living skills within a group home setting. These skills are intended to carry from inside the group home to when the juvenile re-enters society. The JJAC also have recognized and are moving towards reducing the racial and ethnic disparities seen within the juvenile court system. There is a higher number of Hispanic and Black children within the system, and who often are not granted the same treatment opportunities due to racial bias and disparities. This program is a part of the JJDP Act of 2002 and is a requirement from Federal grants the program receives (Padilla, 2023).

Wyoming

Wyoming's juvenile justice system is governed by The State Advisory Council on Juvenile Justice (SACJJ). A juvenile is defined as a person under the age of 18 years old (Wyoming Statutes Title 14). The council has stated that their mission is to improve the coordination and effectiveness of juvenile delinquency programs on a statewide and local level. Throughout their strategic plan for the years of 2021 through 2023, there is a heavy mention of collaboration with the youth and outreach committees throughout the state to fully develop training and informational opportunities. The strategic plan highlights the importance of identifying priorities and practices to best serve the youth in the community.

A rural county in Wyoming has been reported mirroring juvenile justice reform from Franklin county, Ohio. In 2018, Wyoming was reported to have the highest arrest rate of juveniles in the nation, whilst previously being ranked second in the nation behind South Dakota in the years of 2016 and 2017 (Uveino, 2020). The opioid crisis and legalization of marijuana created a harmful atmosphere for the youth on the southern border of the state, causing law officials to jump into action and call for reform. Albany county officials collaborated with law enforcement, social workers and advocates to create the Juvenile Detention Risk Assessment. This assessment became a county requirement meant to be completed before a youth could be incarcerated (Uveino, 2020). Through the point system, risk factors are determined which then guide the reform and rehabilitation plan for the juvenile.

Officials in the community have collaborated with Big Brother Big Sister of Wyoming to expand their outreach and focus on not rehabilitation, but school performance, community engagement, and mental health. Their approach to eliminating the drug abuse crisis in their state is a preventative approach. In 2019, 102 youth participated in the diversion program within the county and of those 102, 97% did not commit another offense (Uveino, 2020). Albany county

despite their rural environment have been able to have success within their program. Their next mission is to spread this level of reform throughout the state.

Racial Disparities

Literature from 2010 has presented evidence of the disproportionate presence of minority youth within the juvenile court system. Studies performed have proven that in various states around the United States, African American juveniles are substantially more likely to be arrested, or transferred to adult facilities compared to white juveniles (Rovner, 2014). The author speaks on the Relative Rate Index (RRI) that has been implemented as a measure of the rate of racial disparity between white youth and youth of color (Rovner, 2014). Only 29 states within the United States produced data during this period in which this study was performed, which resulted in a large gap of data regarding Latino youth. Research from this literature discussed the current state of federal agencies and their aid in rehabilitating juveniles and discovered that youth of color do not benefit from the intended purposes of these programs.

Conclusion

In conclusion, after reviewing all the literature mentioned, the proposed program is centered on one question: how are juveniles with mental illness treated by the juvenile justice system? Analyzing the juvenile agencies established within Texas, New Mexico, and Wyoming suggests expanding. Each of these states have common strengths; such as creating programs that are evidence based, with a strong emphasis on connecting youth to community service providers for mental health services. At the same time each program's weakness is the shortage of mental health providers which is a systemic issue, as well as targeting interventions for minority family units. Just like building a house you need a strong foundation to ensure the success and

longevity of the home being built on it. Targeting family units creates that strong foundation for the children to grow and mature on. Which is why we suggest a program to build strong family units starting with minority families in the juvenile justice system targeting ACE's within that family unit.

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