Juvenile Mental Health and Delinquency:

Addressing Lack of Treatment and Recommendation for Ideal Response

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After the award of my bachelor's degree in Psychology, I knew I was not done learning, so after a very short break I signed up for this graduate program in Criminal Justice. Throughout the past two years, I have asked myself a few times "What was I ***thinking****?", but thanks to the support of my family and professors, I persevered. I would first like to thank my husband, Scott, and our son, Alex, for their patience and encouragement throughout my years of education. My family has put up with me running on two hours of sleep, working a full time job and writing papers into the wee hours of the morning on many occasions. I hope they are proud of this achievement and happy that I will once again have some free time. I have every hope that my son will remember his mom's educational adventures and dedication to completing this degree. It was so much fun doing our homework together, even though your math homework was substantially more difficult than mine. To my husband, thank you for eating pizza way more often than we should have; maybe I will learn to cook now.*

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Abstract

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Under the Supervision of Dr. Cheryl Banachowski-Fuller

While juvenile delinquency in the United States has decreased over the past two decades, the diagnosis of psychological and behavioral mental health disorders has significantly increased. The prevalence of mental health and behavioral disorders among youth in the juvenile justice system is approximately 60 percent. Juveniles with mental health problems are at a much higher risk of becoming habitual offenders. Through early identification of mental health and behavioral disorders, juvenile court involvement can be minimized. Juveniles with disorders such as attention deficit hyperactivity disorder, oppositional defiant disorder, depression and anxiety all exhibit abnormal behaviors and defiance. Zero tolerance policies in schools and some communities introduce these children into the juvenile justice system, regardless of fact that the behavior is often a symptom of an undiagnosed mental illness. This paper will examine the research findings that demonstrate a glaring lack of viable resources for mentally ill juveniles. The purpose of this research is to examine the current response to juvenile mental health and develop recommendations to improve that response. The application of multiple theories, including social learning theory, labeling theory, and the wraparound theory for change bolster the strength of the final recommendations. Multiple programs will be reviewed for efficacy and best practices. Recommendations for ideal diversionary measures, community supervision and wraparound services are proposed to alleviate the evident problems with the criminal justice response to psychological disorders in the juvenile population.

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I. INTRODUCTION

Statement of the Problem

Juvenile delinquency and criminal behavior has developed into a major problem within the United States as the discovery of mental illness in juvenile offenders has risen exponentially. Although the U.S. Department of Justice reports that juvenile arrests have declined by more than 50 percent in the past decade, there were still over one million juveniles arrested in the last reported year, which was 2014. The prevalence of mental health disorders among youth in the general population is estimated to be approximately 22 percent; the prevalence for youth in the juvenile justice system is estimated to be as high as 60 percent, according to the Office of Juvenile Justice and Delinquency Program (2016). One study suggests that approximately 40 to 80 percent of incarcerated juveniles have at least one diagnosable mental health disorder (Underwood & Washington (2016). Two-thirds of males and three-quarters of females incarcerated in juvenile offender detention facilities were found to meet criteria for at least one mental health disorder. An additional one-tenth also met criteria for a substance use disorder. The overwhelming concern is that there is an increase in mentally ill adolescents and, upon release, higher rates of recidivism (Mallett, 2014). The United States is essentially prosecuting children and in the process, finding mental health concerns, and then no treatment or diversionary services are offered. This cycle is difficult to escape, and these juveniles often end up staying in the juvenile justice system until they graduate into the adult criminal justice system. Current treatment programs for mentally ill juvenile offenders are either ineffective or nonexistent (Burke, Mulvey, & Schubert, 2015). Reports of school shootings, aggressive teenage behaviors, and violent acts committed by adolescents have led to a rise in the examination of juvenile delinquency and the correlation to mental health problems. The majority

of juvenile offenders have been found to have mental health concerns that are not being treated (National Institute of Justice, 2016).

There is a serious deficiency in mental health treatment options for juveniles facing criminal and delinquency charges. This lack of services directly relates to the number of juveniles who end up remaining in the juvenile justice system (Crime Statistics, 2016). The lack of mental health treatment or judicial consideration of these problems significantly affects the juvenile's likelihood of reoffending. Punishment and sanctions alone do not serve justice when the juvenile is at high risk of recidivism. Reports have shown that early intervention helps to prevent repeat offending and positively affects the livelihood of at-risk juveniles.

This problem affects more than the juvenile offender; it is a nationwide problem that puts our society at risk. Failing to help a child learn to cope with mental health challenges and disorders presents a risk to the child and the public that could have been prevented. Children who merely act out in schools are being thrown into the court system, with no attempts to provide any type of counseling or treatment. Those children become exposed to a system of punishments that demonstrate a lack of caring in their emotional and physical well-being. This lack of awareness in the responsibility to treat, counsel and rehabilitate at-risk children is the primary cause of habitual delinquent acts.

Methods of Approach

To research this problem, existing reports that address rates of recidivism in mentally ill juvenile offenders will be thoroughly examined. A comprehensive literature review will be conducted to identify programs and practices that have proven both effective and ineffective. These programs will be compared and contrasted to determine what has proven to be the most successful in addressing juvenile mental health concerns. This research will include a systematic

review of the literature that focuses on the prevalence and impact that maltreatment, learning and academic disabilities, and mental health complications have on juvenile delinquency behaviors.

Secondary statistics with regard to juvenile delinquency mental health data and recidivism rates will be analyzed to determine any significant causal link. A qualitative analysis of information will be conducted through the use of case studies, program evaluations, scholarly articles and criminal justice journals. Additionally, various juvenile justice and treatment websites will be examined. Applicable data will be compared and contrasted to determine programs that are effective and those that have been found ineffective. Practices that have been identified as highly effective will be assembled and compared to practices that are most readily available to juvenile court workers and counselors. These secondary sources will provide the necessary applicable information to conduct an in-depth qualitative exploration.

Limitations

This study is limited by the lack of information available regarding both juvenile records and mental health records. Public records searches prove fruitless in this particular research venue. The confidential nature of these records do not allow for an in-depth analysis of reasons for recidivism, however the statistics are still available for evaluation. The literature review and examination of secondary data sources will mitigate this hurdle of confidentiality, allowing a thorough and robust recommendation for ideal treatment programs and diversionary measures.

Significance and Purpose of Study

Treatment programs, preventative counseling and diversionary programs have demonstrated tremendous success in the prevention of habitual juvenile delinquency. Evaluating different treatment practices that have proven effective and incorporating those into plans that are lacking will help to strengthen the capabilities of all involved in those treatment programs.

This study will allow communities the opportunity to strengthen or begin treatment options and diversionary choices for at-risk juveniles, while also helping to avoid wasting resources on ineffective solutions. This research will help provide an outline of effective measures to address the deficiencies in juvenile mental health treatment in the juvenile justice system. This could be used to establish new programs or change existing programs to more effectively address the needs of these at-risk adolescents. By identifying possible solutions to a rapidly expanding problem within the field, the rates of recidivism and exposure to the juvenile justice system could be greatly diminished.

There are several programs and agencies that will be evaluated as part of this research. Wraparound Milwaukee is a program based in Milwaukee, Wisconsin, that focuses on the mental health and emotional needs of youth involved in the juvenile justice system. This program focuses on the whole family model, to provide access and referral to services that the family can use to address the needs of the at-risk youth. Connecticut has a School-Based Diversion Initiative (SBDI) which uses mental health responders to respond to incidents of school delinquency instead of automatic police contact. This has been shown to be more effective at reducing recidivism, because the adolescent is given the services he or she needs very soon after the behaviors start. The National Institute of Justice highlights two programs that are showing positive returns, the Front-End Diversion Initiative (FEDI) and the Special Needs Diversionary Program (SNDP). The FEDI is a pre-adjudication program designed to divert juveniles with mental health needs away from the juvenile justice system through specialized supervision and case management. The SNDP provides mental health treatment in conjunction with probation supervision to juveniles with mental health disorders, with the goal of rehabilitating and preventing them from further involvement in the juvenile justice system.

First, this research will examine the literature that focuses on juvenile delinquency and mental health statistics as they relate to offending and rates of recidivism. Second, this research will demonstrate the effect of mental health treatment or lack thereof in the prevention of a significant percentage of habitual offending. It will also identify the correlation between juvenile mental health treatment and involvement in the criminal justice system. Additionally, the theoretical framework for this study will consist of behavioral, psychosocial and family dynamic theories of psychology. Several agencies and programs will be compared and contrasted to include WrapAround Milwaukee, Connecticut's School-Based Diversion Initiative, and the Front End Diversion Initiative in Texas. It will be highlighted that these programs were created with the intent of addressing mental health and family advocacy needs at all stages of the juvenile's exposure to the justice system. Finally, this research will allow recommendations for an ideal program and diversionary strategies to address juvenile delinquency as it relates to mental health treatment for pre- and post-dispositional juvenile offenders.

II. LITERATURE REVIEW

Juvenile Delinquency Explained

The Centers for Disease Control and Prevention (CDC) (2013) published the first comprehensive report on mental health disorders in children aged 3-17, in the United States. This is the first report of its kind; it includes an examination of multiple data sources identifying children with mental health disorders between 2005 and 2011. According to the CDC report, mental disorders in children are described as "serious deviations from expected cognitive, social, and emotional development". The data sources identified the following mental health disorders as prevalent in millions of juveniles: attention deficit hyperactivity disorder (ADHD), behavioral disorders including oppositional defiant disorder and conduct disorder, mood and anxiety

disorders including depression, and finally, substance use disorders. The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) (2013), notes that a common feature of ADHD is impulsivity and poor planning skills. Oppositional defiant disorder is diagnosed certain unacceptable behaviors are observed in a child for more than six months. Those behaviors consist of recurring irritable moods, argumentative behavior, defiance, blaming others for misconduct and vindictiveness. Conduct disorder is characterized by behaviors that either violate the rights of others or acceptable societal norms. Children with mood and anxiety disorders such as depression often behave in ways that go against societal norms, as well. Finally, it is noted in the report that children with one of these disorders are 40 percent more likely to have a combination of these disorders, multiplying symptoms and characteristic behaviors. Often, children will turn to substance use when dealing with any of these disorders, in an attempt to mitigate the symptoms (Underwood & Washington, 2016). Juveniles with substance use disorders are more likely to behave inappropriately in school, at home, and in public. These disorders have all been proven to cause behavioral issues in children; leaving the disorders untreated only sets the child up for failure and unfortunately, punishment.

Once a juvenile is diagnosed with a mental health disorder, treatment options should become readily available, but often that is not the case. The United States has a known lack of treatment options available to mentally ill individuals, regardless of age. What happens to juveniles who are not being treated for their illness who go on to commit a delinquent act? The Juvenile Justice and Delinquency Prevention Act of 1974 was created with the ultimate goal of diverting juveniles from the formal, punitive processing of the adult justice system. This resulted in the development of community based supervision. Before the discussion of those community based programs can occur, it is important to understand the extent of the nationwide juvenile

delinquency problem and rates of recidivism. *Recidivism*, according to the National Institute of Justice (2010), refers to a juvenile's relapse into criminal behavior during or after receiving sanctions for a previous offense. This systematic review of the literature focuses on three questions: (1) what is the rate of exposure and the dispositional outcome of juveniles entering the juvenile justice system; (2) what is the prevalence of mental health disorders in this population; and; (3) what effect does the existence of a psychological disorder combined with the lack of mental health treatment have on disposition of cases and rates of recidivism?

After the passing of the Juvenile Justice Act and Delinquency Prevention Act of 1974, juvenile delinquency was met with a rehabilitative model of disposition. Then a surge in violent delinquency brought about a change that focused on punishment and criminalization in the 1980s and 1990s. This, in turn, enacted a change in the system, where more juveniles remained being waived into adult court and more punitive laws were passed on juvenile crimes. The 2000s saw a decline in juvenile delinquency rates, but the number of juveniles processed through the juvenile justice system has increased (Harms, 2002). To interpret this, consider that between 1985 and 2013, drug offenses, personal offenses and public disorder offenses increased, while property offense cases decreased. The Office of Juvenile Justice and Delinquency Prevention reports that 33 percent of the nation's juveniles were processed through the juvenile justice system in 2014. While a very small number of convicted juvenile offenders may require incarceration, nearly half of juvenile offenders end up in residential and community placement programs. Placement in a correctional facility has been shown to cause more harm than good, with the majority of juveniles leaving those facilities reoffending soon after their release. Repeatedly, community-based supervision and diversion options have proven to reduce rates of recidivism, but the number of children entered into the system heavily taxes those programs

(Underwood & Washington, 2016). As public opinion of juvenile courts has once again shifted from punitive towards rehabilitation, the demand outweighs the available resources. Courts are relying more heavily on youth corrections systems for the specialized needs of juvenile offenders.

The highest reported number of juveniles arrested each year is approximately two million children (Mallett, 2013). Of these two million children, over 900,000 are formally processed, while the other half are informally disposed or supervised. Briefly, it is imperative that correctional data is examined. Of the juveniles that undergo formal disposition, more than 350,000 are held in detention centers and 90,000 are held in correctional facilities. The majority of the youthful offender population is between the ages of 15 and 17 years old, according to Office of Juvenile Justice and Delinquency Program (2016), while most of the younger adolescents end up in a formal or informal supervisory program through social services or juvenile probation offices. Of the 2 million juveniles arrested, an estimated 50 to 75 percent meet the criteria for at least one mental health disorder (Underwood & Washington, 2016). Mental health disorders are linked to youthful offending behaviors and delinquency adjudication, whether the disorder itself causes the behavior or the difficulties with the disorder combine with other risk factors and result in the behavior (Mallett, 2013).

Linking Delinquency and Mental Health

In a 2013 publication, author Christopher Mallett examines the comorbid impact of youthful offending and mental health problems, along with maltreatment and learning disabilities. Mallett (2013) identifies that the majority of adolescents formally involved in juvenile court have at least one, if not more, significant impairment or maltreatment experience. While the purpose of this paper is to examine the links between youthful offending and mental

health disorders, it is important to note Mallett's research into the combination of mental health disorders and societal risk factors such as poverty and maltreatment. He notes that in the general population, a much lower number of children were diagnosed with a mental health disorder (6-10%) and compares that to the disturbing rates (50-75%) of mental health diagnoses found in juveniles arrested and adjudicated delinquent. Multiple sources report that nearly 60 percent of arrested juveniles are found to have at least one disorder, and that is the percentage that the author uses for reference purposes (Mallett, 2013). Mental health disorders were found to be much more common within detention and corrections facilities than in the general population.

Common disorders are attention deficit hyperactivity disorder, disruptive behavior disorders and depressive disorders. Females are at higher risk than males to develop mental health difficulties, with three-quarters of females and two-thirds of males meeting the criteria for at least one disorder (Mallet, 2013). Depression and anxiety were found to be causally linked to maltreatment victimization in juvenile delinquents. As earlier identified, these disorders all have a common characteristic of causing socially unacceptable behaviors. Mallett (2013) referenced numerous studies that demonstrated pathways between mental health disorders and juvenile delinquency. Behavioral and emotional problems are linked to later delinquency and substance abuse, while early childhood aggressive behaviors were predictive of delinquent behaviors and criminal activity (CDC, 2013). Also, childhood depression and ADHD were found linked to delinquency, primarily due to aggressive tendencies and poor impulse controls. Two disorders that were not mentioned in his report are conduct disorder and oppositional defiant disorder, both of which are associated with aggression, vindictive acts, impulsivity and defiance. That these mental health disorders are causally linked to juvenile delinquency is not surprising. What is surprising is that upon discovery of one or more of these disorders, the mentally ill juvenile is

still placed under formal supervision or incarcerated (Hogan, 2003). Correctional facilities are not prepared to deal with the influx of mental health needs, so the juvenile continues untreated while the disorder worsens (CDC, 2013). Social services and probation offices do not have the resources to ensure all juveniles on their caseload are examined for possible mental illness. Communities also have a lack of treatment providers; once a disorder is found, the social worker or probation officer does the best they can with the limited resources available to prevent the child from reoffending. This combination of punishment and inability to rehabilitate causes further aggressive behavior and introduces the juvenile to a criminal lifestyle. Rather than treat the mental health disorder and avoid introduction into the juvenile justice system, communities are punishing children for what is essentially an automatic response dictated by their psychological makeup.

Examining the Problems in Juvenile Justice

Now that mental health disorders have been linked to habitual juvenile delinquency, the juvenile justice *system* must be examined. Within the United States, there is the tendency to lean towards a zero-tolerance model of criminal behavior (Greenwood, 2008). This policy should not conclusively apply to juveniles who are in varying phases of biological and physical development. Juvenile delinquency rates have fluctuated throughout the past few decades, but fortunately the focus on mental health has dramatically increased. Several studies have been conducted to demonstrate the correlation between youthful offending and mental health disorders. Research has also been conducted to illustrate links between gender, race, socioeconomic status, victimization as they relate to juvenile delinquency and recidivism (Aalma et al., 2015).

In 2008, Vincent, Grisso, Terry, and Banks evaluated data from over 70,000 juveniles in the justice system to determine whether gender or race was indicative of mental health disorders and delinquency. The authors found that while there was little to no race related disparity in mental health self-reports, it was approximately two times as likely that females were identified with psychological conditions (Vincent et al., 2008). The authors in this study also highlighted that substance and alcohol abuse contributed significantly to initial acts of delinquency, as reported on self-surveys from participants. In a study of youth receiving mental health services, Cauffman, Scholle, Mulvey, and Kelleher (2005) found that older youth, exhibiting more external symptoms such as volatility and aggressive behavior, and from minority backgrounds were more likely to commit offenses and come into contact with the juvenile justice system. The researchers examined the medical and criminal records of 659 juveniles who had no prior contact with the juvenile justice system to attempt to understand the link between mental health and delinquency (Cauffman et al., 2005). They found not only a link between mental health and delinquency, but also the need to research how environmental factors affect juveniles with mental health disorders. As behavioral, biological and social influences were discovered, research began shifting to focus on the actual needs of juvenile offenders.

Behavioral health problems, to include psychological and substance abuse disorders directly attribute to habitual offending. A meta-analysis of 23 studies and 15,265 juveniles was conducted by Cottle, Lee, and Heilbrun (2001). The authors found that mental health disorders are one of the strongest predictors of juvenile recidivism. Substance abuse disorders, conduct problems, attention-deficit hyperactivity disorder, and untreated mental health symptoms have been shown to increase the risk of delinquent acts and recidivism. Aalma et al. (2015) documented a longitudinal study which concluded that substance use disorders and the

comorbidity of substance abuse with mental health disorders directly correlate with the increased probability of recidivism.

These documented findings are not unexpected, since the symptoms of many of the identified psychological disorders significantly increase the likelihood of police contact and/or referral into the juvenile justice system. Aggression, violent outbursts, vindictive acts, impulsivity, lack of remorse, depression leading to substance abuse, defiance and any abnormal behavior can be mistaken for criminal activity. For a very basic example, consider a single offense of disorderly conduct. In most states, disorderly conduct is considered delinquent or criminal behavior, and according to the Code of Federal Regulations, 36 CFR § 2.34, consists of any of the following elements: 1) engages in fighting or threatening, or in violent behavior; 2) uses language, an utterance, or gesture, or engages in a display or act that is obscene, physically threatening or menacing, or done in a manner that is likely to inflict injury or incite an immediate breach of the peace; 3) makes noise that is unreasonable, considering the nature and purpose of the actor's conduct, location, time of day or night, and other factors that would govern the conduct of a reasonably prudent person under the circumstances; or 4) creates or maintains a hazardous or physically offensive condition.

Comparing those criteria with the behaviors that support diagnosis of a psychological disorder, it is apparent that the law is not written to factor in the impulsivity of youth combined with a possible mental illness. The DSM-5 (2013), defines ADHD as a persistent pattern of inattention and/or hyperactivity and impulsivity that interferes with functioning, has symptoms that present in at least two settings, such as home and school, and negatively impacts social, academic or occupational functioning. The DSM-5 defines oppositional defiance disorder as a pattern of irritability or anger, argumentative or defiant behavior, or vindictiveness lasting at

least six months. Many studies cite substance abuse as a contributing factor to recidivism in mentally ill offenders. The DSM-5 outlines a diagnosis of substance use disorder based on evidence of impaired control, social impairment, and risky use. The combination of any of these symptoms or behaviors fit the criteria for referral for a delinquent act. According to an Office of Juvenile Justice and Delinquency Prevention report (2015), of the approximate one million juveniles who were adjudicated delinquent, 53,000 were arrested for violent crimes, 240,000 for property crimes, and the remainder for lesser offenses such as drinking, drug use, fighting, disorderly conduct, loitering, and curfew violations. The majority of these lesser offenses can be at least partially explained by impulse control problems, irritability, defiance disorders, and substance use. In an article investigating the link between self-reported juvenile delinquency and oppositional defiant disorder, researchers found a strong correlation with delinquent behavior, especially in late adolescence (Beerthuizen, Brugman, & Basinger, 2013). They further identified that attitudinal-related processes, such as self-serving cognitive distortions or impulsive, selfish behaviors are also linked to delinquent behavior.

It has been well established that psychological and behavioral disorders directly correlate to both initial and recurring criminal behaviors in adolescents. While the best practice would be to prevent juveniles with untreated mental health conditions from ever entering the juvenile court process, this review has illustrated the substantive concerns with how this country currently handles juvenile delinquency. Juvenile delinquency may be lower than it has been in the past two decades, but the United States is currently processing, whether formally or informally, nearly two million juvenile offenders per year. The conservatively estimated percentage of adjudicated offenders who have at least one, and often more than one, psychological disorder, is 50 to 60 percent. A comprehensive approach to addressing mental health needs of juvenile

offenders is critical to reducing juvenile crime rates as well as rates of recidivism. A combination of the most effective diversionary practices and treatment models will provide an ideal and highly effective response to addressing the psychological factor in juvenile delinquency. In order to provide the best possible recommendation, it is important to examine the theoretical framework that braces both the problem as well as the proposed solutions.

III. THEORETICAL FRAMEWORK

Juvenile delinquency has been examined under many theoretical headings, but the question is not *why* mentally ill juveniles are delinquent, but rather what can be done to help them? It is important to examine theoretical structure in order to propose optimal solutions and diversionary programming to address juvenile mental health as it relates to recidivism. Since mental health problems present with behavioral issues in many cases and those behavioral issues often result in delinquency charges for mentally ill juveniles, behavioral theories including social learning theory and social disorganization theory will be discussed along with labeling theory, differential association theory, and finally, wraparound theory for change.

Social Learning Theory

B.F. Skinner (1953) proposed that children learn conformity and deviance in response to the punishments and rewards they receive for their behavior. Skinner was one of the most influential behaviorists in American history, and he termed this learning style *operant conditioning*. Basically, children see the positive and negative effects of an action or behavior and learn accordingly. Behaviorists believe that people develop their personal mores and learn acceptable behaviors by interacting and observing those they are closest to, usually family members or friends. To expand upon this theory, Albert Bandura (1977) developed his social learning theory. Social learning theory includes the tenets of operant conditioning, while also

incorporating an observational learning aspect. Bandura's theory holds that a child will observe a model, such as a parent or sibling, and will mimic their behaviors if the reward is positive. This theory assumes that the child is able to process the correlation between the behavior and the reward. The application of social learning theory is useful for this research because it extends beyond the juvenile as an individual and includes the relationships between family, friends and other social influences.

Hartinger-Saunders and Rine (2011) researched social process and social structure theories and how they relate to crime. Social learning theory was applied to juvenile crime and it was determined that they learned the delinquent behaviors by interacting with peers or adults who partake in criminal behaviors, then determining the beliefs of their group with regard to those behaviors, and finally, observing the consequences that are brought by those behaviors. The lack of response or consequences usually perpetuated the criminal behaviors. Intervention measures often link to social learning theory, with cognitive behavioral therapy as the primarily used tool to change criminal behaviors (Hartinger-Saunders & Rine, 2011). The authors note that incarceration exposes juveniles to a social construct with other delinquents who support criminal behavior. This reinforces the ideal that criminal behavior is acceptable, and even glorified, among this group of peers. Social learning theory alone, however, does not fully address the problems with juvenile delinquency and recidivism. In their conclusion, the authors found that intertwining multiple theoretical outlooks would be most effective in developing new approaches to the juvenile delinquency problem (Hartinger-Saunders & Rine, 2011).

Social Disorganization Theory

Social learning theory paved the way for the development of a new theory – social disorganization theory. Social disorganization theory was introduced by Shaw and McKay

(1969). This theory proposed that crime and delinquency could be attributed to the rapid growth, urbanization, immigration, and breakdown in community supports in addition to the replacement of traditional values with criminal values. The application of social structural theories requires practitioners to look beyond the individual when attempting to make sense of criminal behavior among youths. Shaw and McKay applied this theory to a study in Chicago and found significant patterns that gave weight to their social disorganization theory. This theory has repeatedly helped to explain the higher crime rates, both juvenile and adult, in inner cities (Hartinger-Saunders & Rine, 2011).

When applying social disorganization theory to possible prevention techniques and diversionary programs, it is important to understand that the underlying foundation of this theory is community responsibility. When neighborhoods are disorganized, urbanized and lack community supports, social disorganization arises, increasing juvenile delinquency and overall crime rates. Steenbeek and Hipp (2011) conducted an evaluation of 74 neighborhoods over the course of ten years, to determine whether it was the disorganization that resulted in criminal behavior or whether the disorganization caused criminal behavior. In their discussion, the authors posited that "neighborhoods with greater residential stability, increased socioeconomic status, and less diversity have less disorder because these neighborhoods have higher social cohesion and exercise more social control" (Steenbeck & Hipp, 2011). The conclusion was that neighborhoods with greater feelings of responsibility where the residents actually participate in improving the neighborhood will have lower rates of delinquency and criminal behavior. This research is significant because it demonstrates the need for communities to be involved in addressing juvenile delinquency and rates of recidivism.

Diversion Program Theories

Social learning theory and social disorganization theory demonstrate the effect that family, peers, and the community can have on adolescent behavior, regardless of the child's mental illness or lack thereof. It is evident that people and society have an effect on behavior. However, it is necessary to apply theory to the juvenile delinquent with a mental illness, to determine the best possible treatment or diversionary plan recommendation. Diversionary programs operate under the teachings of labeling theory and differential association theory. According to the National Institute of Justice (2016), labeling theory reinforces the stigma that juveniles experience when they enter the juvenile justice system. Howard Becker introduced this theory in the 1960s, positing that labeling a person deviant would lead them to engage in deviant or criminal behavior. Adolescents are often at a point in their lives when they are discovering their identity, and this type of labeling can be very detrimental to that growth. Differential association theory, developed by Edwin Sutherland, contends that juveniles learn antisocial attitudes and criminal behaviors by associating with friends who commit those behaviors. Diversion programs have been founded on these theories, and part of the program curriculum is often minimizing the effects of labeling as well as discouraging the participants from associating with criminal and antisocial peers (National Institute of Justice, 2016).

Restivo and Lanier (2015) conducted a study to examine ways that formal disposition leads to secondary deviance. The authors examined a sample of 677 randomly sampled adolescents, both labeled and non-labeled, over a course of three years. They found that juveniles who had been labeled, or formally adjudicated through juvenile courts, had an increased likelihood of recidivism (Restivo & Lanier, 2015). This information is vital to the development of diversion programs so that labeling effects can be mitigated through alternate

means of juvenile disposition. Differential association theory as it applies to juvenile delinquency was examined by studying data from the National Longitudinal Study of Health (Haynie, 2002). The author carefully specified the peer network to be examined, accounting for prior criminality, and controlling for other characteristics: involvement with friends, age of friends, and the unity in the peer network. Haynie (2002) found that the percentage of delinquent friends significantly influenced the respondent's own acts of delinquency. Juvenile delinquents who congregate with non-delinquents greatly enhance the odds of delinquent behavior. The conclusions in both of these theoretical applications highlight the need to develop diversionary methods to remove juvenile offenders from the stigma and social influences that encourage habitual offending and delinquency.

Wraparound Theory of Change

With the advent of diversionary programs, and the federal attention juvenile mental health has garnered, many psychologists and researchers began looking into multidisciplinary theories to address juvenile mental health and delinquency. The wraparound theory of change is a fairly new idea, focused on bringing community agencies together to support at risk juveniles. Wraparound programs consist of these types of services: social services, family support, mental health treatment, cognitive-behavioral therapy, group counseling, community service, peer support, community activities, alternative strategy planning, etc. (Walker, 2008). The model for this type of program is to promote teamwork and high-quality problem solving, and is driven by the juvenile and family. Team members work with the juvenile and their families to understand their particular values, strengths, culture and areas of concern and maintain that active engagement throughout their involvement in the program. This theory of change addresses the need for the entire family unit, in whatever configuration that may be, to improve their behaviors

and receive support that helps them to become self-sufficient and confident. According to Walker (2008), people with higher self-efficacy are better able to maintain healthy behavior and use what they have learned from treatment, and they can profit more from therapy and other services. This results in a reduction in habitual offending and decreased probability that the juvenile will end up back in the juvenile justice system.

McCarter (2016) conducted a study to assess the efficacy of wraparound services in reducing recidivism and improving juvenile functioning in their communities. The participants of the study were 51 adolescents who met the criteria of mental health needs and criminal or delinquent behaviors. That sample was randomly sorted and separated into the treatment group, those who received wraparound services, and the control group, made up of those who received standard representation in juvenile court (McCarter, 2016). The author found while analyzing the population of juvenile delinquents, that many entering the juvenile justice system have unaddressed risk factors such as mental health issues, substance abuse, or school problems. McCarter cited an article that found that these issues go unaddressed in juvenile court systems because of the lack of resources or trained staff, and a punishment mentality (Roberts & Bender, 2006). In her research, McCarter (2016) found empirical evidence of the efficacy of wraparound services, including both assessment and support services, for first-time juvenile offenders. Wraparound services show great promise in addressing rates of recidivism in mentally ill juvenile offenders, while also ensuring that the needs of the juvenile are addressed at the onset of their involvement in the juvenile justice system.

Juveniles diagnosed with mental health disorders are at higher risk of arrest for behavioral problems seemingly beyond their control. The theories that apply to this problem highlight the family and peer group dynamic as a source for learning and modifying behaviors.

With this theoretical application, it is evident that a multidisciplinary approach to treatment and services is warranted. The wraparound model of care seems to be the most promising theory for introducing change into the stagnant juvenile justice system. Rather than having juveniles arrested for learned or unavoidable behavioral issues, these theories outline and strengthen the growing belief that mentally ill juveniles must be given alternatives to adjudication. Through the use of behavioral therapists, community services, and specially trained caseworkers, juvenile offenders and their families will be better able to handle the difficult challenges of coping with mental illness and avoiding the stigma of habitual delinquency.

IV. EXISTING PROGRAM REVIEW

Overview

In a 2006 article, the authors, Alison Cueller, Larkin McReynolds, and Gail Wasserman discuss policy innovation and changes to the juvenile justice system. The term *therapeutic jurisprudence* is used to define the changing way that courts are addressing juvenile delinquency in some parts of the country, where youth with mental health disorders are diverted to treatment in lieu of court processing. This idea follows the belief that greater emphasis should be placed on rehabilitation as a way to reduce crime, rather than harsher punishments. The authors quote Deputy Assistant Attorney General of the Office of Justice Programs, Cheri Nolan, who said that "…the increasing number of people with mental illness in the criminal justice system is one of the most pressing problems facing law enforcement and corrections today" (Cueller et al., 2006). This has not changed over the decade since this article was written. Juvenile crimes have become the focus of the media, along with scrutiny of the offender's mental health status, shining a much needed spotlight on this critical situation. In this report, the authors note the importance of keeping mentally ill individuals out of the criminal justice system, identifying the

fact that mental health treatment is more appropriate and less expensive than the criminal justice process.

Diversionary Programs

In the review of studies conducted within the scope of their theory, the authors discovered empirical evidence that diversionary programs are effective in reducing recidivism and subsequent detention rates among mentally ill offenders. These programs and diversion options vary greatly from intensive treatment to family therapy, but most forms of treatment have been found to help mitigate the risk of recidivism. Cueller et al. (2006) conducted an in-depth evaluation of the Special Needs Diversionary Program that was part of the Enhanced Mental Services Initiative in Texas. This program funded local mental health providers and specialized juvenile probation officers to provide mental health services to juvenile offenders over 19 counties. The services were designed to be more intensive than what was available through the public health system. Caseloads were limited to 15 juveniles, who were followed for an average of six months. The sample group consisted of 148 juveniles referred to the program for status offenses, and the comparison group consisted of juveniles placed on the waiting list because no placement was available. The researchers matched these groups based on a propensity score which was developed using a multivariate regression consisting of data such as type of mental disorder, demographic data, education level, previous offenses and severity of current offense. The most common disorder was substance use disorder. The juveniles were monitored for episodes of re-arrest, and the impact that mental health diversion had upon the re-arrest was determined using duration models. These models allowed the authors to ascertain what diversion or treatment measures had the most significant impact. The outcome of this study was that mental health diversion can be used effectively to prevent recidivism. Using the

statistic that more than half of juveniles with mental health disorders are re-arrested in the United States, the authors were able to prove the efficacy of treatment and diversion. Within the one-year timeframe of their study, they found that 63 fewer arrests occurred per 100 youth served. The significance of this number shows that the capability of reducing juvenile crime is highly possible.

The high prevalence of mental health disorders identified in juvenile offenders does not necessarily demonstrate a need for full treatment. Some juveniles may have disorders that are temporary and can be resolved with emergency intervention. The need for alternatives to criminality demonstrates a need for different types and levels of mental health care with multiple treatment options. Underwood and Washington (2015) also conducted a systematic review of several promising therapeutic models for juvenile offenders with psychological disorders, both chronic and temporary.

The key component of treatment is identification of a mental health disorder or need for additional screening. One program reviewed is the use of crisis intervention teams made up of specially trained law enforcement officers and social workers (Underwood & Washington, 2015). The goal of these teams is to make the first contact with troubled children who have committed a delinquent act in a school setting. These teams are trained to identify and divert juveniles with psychological issues from the court system and refer them to a care provider. While there are no studies that examine the effectiveness of this diversion, it is a promising development in helping to get juveniles to the right services instead of just funneling them into the juvenile justice system. Cognitive behavioral therapy (CBT) has been proven effective for reducing delinquency for juveniles with depressive and anxiety disorders. CBT works by teaching patients how to be aware of social cues and promotes problem solving and non-

aggressive responding strategies and is effective because it focuses on triggers of disruptive and aggressive behaviors. If a child learns to cope with his or her aggression when exposed to a trigger, the odds of committing a criminal act are greatly diminished. The integrated co-occurring treatment model (ICT) of care is adapted to the special needs of juveniles with a mental health disorder as well as substance abuse disorders. ICT uses stage progression treatment and motivational interviewing to get the juvenile to a state where they are ready for change, reducing the likelihood of recidivism. Family therapy and the wraparound approach are two programs that have been recently implemented in some locations to provide multi-layer levels of support for the juvenile and their support system. Family therapy is used for juveniles at risk for reoffending, who present with one of the more prevalent disorders. This type of therapy has shown a 25 percent re-arrest rate initially, compared to the 45-70 percent rate for those who received no treatment and were adjudicated in juvenile court. The most promising aspect of this therapeutic approach was that in a five-year follow-up study, less than 10 percent of youth receiving therapy had subsequent arrest. The wraparound approach is defined as a philosophy of care that includes a planning process with the child and family resulting in a unique set of community services and individualized support systems that help the family to achieve a positive outcome. This type of approach is further discussed in the following paragraphs.

Throughout the United States, several states have implemented programs within their court structures that address the mental health needs of juvenile offenders. Although there are many different programs, many that have not been thoroughly reviewed for efficacy, most of the programs offer some version of the aforementioned practices, via CBT, deferral through mental health screening, family therapy or some combination of available resources. There are a several

programs that have been identified as highly effective and are met with positive reactions from participants as well as the local communities.

In Texas, the Front End Diversion Initiative (FEDI) uses specialized supervision and case management to divert juvenile offenders from the juvenile justice system. The FEDI goal is to protect juvenile offenders with mental health disorders from the stigmatism and risk for habitual offending that exists upon entry into the juvenile justice system. Best practices that were identified in this group consist of small caseloads, specially trained officers, coordination of services with internal and external agencies, and active problem solving. The juvenile probation officers are trained in motivational interviewing, crisis intervention and behavioral health management. An evaluation study of this department conducted by Colwell, Villareal, and Espinosa (2012) found that the comparison group, those who did not receive FEDI services, were 11 times more likely to reoffend in the 90 days following adjudication. Only 9.9 percent of juveniles in the FEDI were adjudicated compared to the non-participant group, where 22 percent of those juveniles were adjudicated.

Connecticut's School-Based Diversion Initiative (SBDI) has also been proven effective in reducing involvement with the criminal justice system for mentally ill juveniles. The majority of juvenile arrests result from behaviors in school, and many schools have adopted zero tolerance policies for delinquent acts (Bracey et al., 2013). In Connecticut, juvenile probation officers are the gateway to either the court system or health services. The Connecticut Juvenile Justice Alliance (CTJJA) developed statewide support for juvenile justice reform, working with multiple agencies at the state and local level to support communities and schools to mitigate arrests for behaviors caused by mental health and behavioral disorders. The effort put forth by the CTJJA was critical in the reform of the juvenile justice code and response in the state.

The goal of Connecticut's initiative is to reduce discretionary in-school arrests and to link juveniles with behavioral and mental health needs with appropriate services and community supports (Bracey et al., 2013). SBDI engages directly with school administration and staff, while also maintaining a partnership with key community-based resources. School disciplinary policies consist of a graduated disciplinary approach and arrest is considered a last resort after all other alternatives have been exhausted. Violent behaviors that affect the welfare of staff and students are handled rapidly, and may result in arrest, but there is a crisis response team option in place to help identify mental health issues very early in the process. Rather than excessively relying on police and juvenile courts, this progressive approach reinforces a supportive, service based model while also allowing appropriate disciplinary action. Juveniles with undiagnosed mental health issues and behavioral issues are vulnerable to unnecessary police interaction, according to Desai, Falzer, Chapman, & Borum (2012). It is important to have plans in place to address any aggressive behavioral issue that may arise. Schools have strong relationships with their local crisis response team, Emergency Mobile Psychiatric Services Crisis Intervention (EMPS), which is available to every school in the state. The role of EMPS is to provide crisis stabilization, assessment, initial brief treatment and appropriate referral to care providers and programs. Because it is a mobile service, EMPS responds quickly to schools, regularly in less than 30 minutes.

Bracey et al. (2013) analyzed data collected by the schools and community agencies to assess the effectiveness of SBDI. These results indicate that during the 2010-2011 school year, in-school arrests dropped 50–59percent per school, suspensions decreased by 17 percent and EMPS crisis intervention utilization tripled. Additionally, rates of subsequent juvenile referrals were significantly lower in SBDI communities at 31 percent compared to 43 percent in non-

SBDI communities. These results demonstrate that a comprehensive, multilayered approach provides the best possible response to delinquent behaviors in mentally ill juveniles. The school-based diversionary approach ensures that the needs of juveniles are addressed instead of going unnoticed, and the communities are aware of the problem and are willing to help.

Wraparound Model of Care

Community awareness is a key element in the response to juvenile case referral, as the behaviors will eventually affect the people in the community. Relationships between agencies is important to ensuring that everyone involved, from parents to teachers, are cognizant of all of the avenues available to address delinquent behaviors in mentally ill juveniles. The inclusion of families, educators, courts and community services are the foundation of the *wraparound approach*. The wraparound approach is individualized care planning and case management for juveniles with serious mental health problems and their families. The structure of this approach uses juvenile-guided, family driven policy and a care team to empower mentally ill juveniles and those with serious behavioral concerns and helps prevent further involvement in the juvenile justice system (McGinty et al., 2013). A program that has shown positive outcomes and success using this approach is Wraparound Milwaukee. Wraparound care is not only for juvenile delinquents, but it provides service and support for all juveniles with serious mental health needs and their families (Bruns et al., 2008). For example, Wraparound Milwaukee decreased child psychiatric hospital bed usage from an average of 5,000 days to less than 200 days annually. Additionally, referral and involvement in Wraparound Milwaukee substantially reduced rates of recidivism for juvenile offenders in the Milwaukee area.

Wraparound Milwaukee is a unique type of managed care program operated by the Behavioral Health Division and is designed to provide comprehensive, individualized and cost

effective care to children with serious mental health and behavioral needs. According to the agency website (2016), Wraparound Milwaukee serves families living in Milwaukee County who have a child with serious or severe mental health needs, and is referred through the child welfare or juvenile justice system. In their 2014 report, the agency collected data for all enrolled juveniles between June 1, 2012 and June 30, 2014. There were a total of 1091 juveniles, 880 males and 211 females with delinquency orders being served during this time period. The evaluators analyzed recidivism in this population, and found that 14 percent of the population had new offenses during the enrollment period. Of that 14 percent, the majority of new offenses occurred very early after their enrollment in Wraparound services. This highlighted the necessity to address recidivism with the family and care team immediately upon entry into the program, as that is the most vulnerable timeframe for the juvenile to re-offend (Goldfarb, 2014). In 2003, Wraparound Milwaukee was identified as an exemplary model program in children's mental health by the President's New Freedom Commission on Mental Health. The report from the commission recognized that the services provided to children not only produce better clinical results, reduce delinquency, and result in fewer hospitalizations, but that they are cost-effective (Hogan, 2003). In 2009, Wraparound Milwaukee was awarded the Innovations in American Government Award. In the presentation of the award, the director of the Innovations in American Government program at Harvard Kennedy School, Stephen Goldsmith, cited the Milwaukee program's unique approach to care that delivers a cost effective and higher quality care that involves the juvenile's family from the very first contact (Wraparound Milwaukee, 2009). The wraparound model of care has been proven highly effective and Wraparound Milwaukee is the best example of a program that provides exemplary results.

Juvenile Awareness Programs (Boot Camp)

Comparatively, some locations use a boot camp or corrections style approach to juvenile delinquency, with the goal of ensuring offenders graduate from the program "scared straight", hoping to reduce rates of recidivism. These programs are also referred to as juvenile awareness programs. The methods used to create awareness are prison tours, "tough" interactions with incarcerated inmates and other presentations designed around the theory of deterrence. These programs are not tailored towards individual needs and do not have a separate component addressing mental health issues. Two separate studies were conducted to evaluate the efficacy of juvenile awareness programs. In the first evaluation, Aos, Phipps, Barnoski, and Lieb (2001) evaluated eight studies to determine the costs and benefits of certain juvenile justice policies, procedures, and other efforts to mitigate risks of recidivism. The authors found that the rates of recidivism were actually *higher* for participants in "scared straight" programs compared to juveniles who participated in regular case processing. Petrosino, Turpin-Petrosino and Buehler (2004) also conducted an analysis of multiple juvenile awareness programs and found that participants in these programs had significantly higher reoffending rates compared to nonparticipants. The results of these studies highlight the fact that juvenile awareness programs are not only ineffective at deterring repeat criminal behavior, but that the programs increase the chances that a juvenile offender will commit future delinquent acts. The studies did not mention mental health concerns as a point of evaluation, but the results demonstrate that juvenile awareness programs are not a good fit for any child, especially a child with a serious mental illness or behavioral concern. The problems with these juvenile awareness programs have been repeatedly identified through many varied studies spanning decades of research. Cullen, Blevins, Trager, & Gendreau (2005) recognized a study completed in 1993, where the

researchers acknowledged that while boot camp style programs do provide some beneficial cognitive skills positive bond training, the programs are often found to be dysfunctional. The authors noted that the boot camp environment is artificial, or staged to place intensive pressure on juveniles to encourage conformity. This type of pressure often re-victimizes at risk adolescents, and there is scarce empirical evidence suggesting that these programs are effective (Cullen et al., 2005). The scared-straight tactics are not the best practice to reducing rates of recidivism and through re-victimization, may increase those rates in at-risk children.

In evaluating these programs, it is increasingly evident that the juvenile justice system has slowly been transforming from juvenile awareness platforms and commenced incorporating the whole person concept when dealing with juvenile offenders. However, the effective diversionary measures are not part of a nationwide response; each program is still operating at the local and state level. While the best practice would be to prevent juveniles with untreated mental health conditions from ever entering the juvenile court process, this examination has illustrated the substantive concerns with how this country currently handles juvenile delinquency. The implementation of programs throughout the United States that are geared towards addressing these concerns is promising, but the effectiveness of each individual program has not been assessed. It would be a monumental task to attempt to do a thorough evaluation of each individual program or system of services which would waste valuable time and resources, so the best practice in the development of new diversionary measures and programming is to examine best practices of recognized programs. A comprehensive approach to addressing mental health needs of juvenile offenders is critical to reducing juvenile crime rates as well as rates of recidivism. A combination of the most positive and effective diversionary practices and

treatment models will provide an ideal and highly effective response to addressing the psychological factor in juvenile delinquency.

V. RECOMMENDATIONS

Unfortunately, the issue of addressing mental health in juveniles with behavioral issues cannot be solved with one universal recommendation. This research has established that once juveniles enter into the juvenile justice system, the likelihood of becoming a habitual offender greatly increases. Underwood and Washington (2016) found that nearly two-thirds of juveniles involved in the criminal justice system had at least one mental illness or behavioral disorder. The most prevalent mental health issues in juveniles are attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, depressive and anxiety disorders, and substance abuse disorder. A common symptom among these disorders is the presentation of continuous unacceptable behaviors. Most children have more than one of these mental health diagnosis, and many are found to also have substance abuse issues. Allowing these disorders to linger untreated does nothing to change the child's behavior and virtually guarantees the likelihood of further delinquent behavior. The zero tolerance model of criminal behavior that exists across the nation does not factor in the possibility of undiagnosed mental health disorders (Greenwood, 2008).

With limited resources and mental health treatment options, courts have a narrow approach to assist in the rehabilitation of juvenile delinquents with psychological disorders. Burke, Mulvey, and Schubert (2015) found that current treatment programs for mentally ill juvenile offenders are either ineffective or nonexistent. Therefore, recommending solutions that begin at the onset of criminal behavior is of utmost importance. Through the examination of theoretical applications and program comparison, this research has provided the framework to propose innovative and ideal recommendations to address juvenile mental health and

delinquency. Best practices and highly effective diversionary measures should be combined with increased community awareness, advanced training for juvenile caseworkers, and the implementation of improved policies for law enforcement agencies and school professionals.

Diversionary Recommendations

As previously discussed, there are multiple diversionary practices that have proven successful in both preventing a juvenile from entering the juvenile justice system and reducing recidivism in adjudicated delinquents. Diversionary programs are most often founded on the basis of social learning theory and labeling theory. These theories hold that a child will imitate behaviors that they witness others do, and once they exhibit those behaviors and are labeled a delinquent, that label creates a stigma that is nearly impossible to expunge. The National Institute of Justice (2016) highlights the stigma that juveniles face when initially entering the juvenile justice system. These labels have been found causally related to increased rates of recidivism. The federal government has encouraged states to improve their response to juvenile delinquency as it relates to mental health, through the Front-End Diversion Initiative (FEDI) and the Special Needs Diversionary Program (SNDP). These initiatives exist to provide greater services to both pre-adjudication and adjudicated juvenile delinquents. The FEDI diverts mentally ill juveniles away from the justice system while the SNDP provides mental health services along with supervision for adjudicated offenders. The goal of this diversion is to rehabilitate and to prevent the likelihood of further offending.

Diversion programs such as those used in Connecticut and Texas have both proven effective in reducing involvement in the juvenile justice system. As Bracey et al. (2013) found, the majority of juvenile arrests occur due to behaviors in schools. Instead of immediately referring the juvenile for criminal charges, these programs seek to divert the juvenile into

appropriate care and supervision services. Mental illnesses are identified much earlier in the process and treatment ensues to ensure the child is able to manage his or her condition and change unacceptable behaviors. Cuellar et al. (2006) conducted a study of the Enhanced Mental Services Initiative in Texas and found that diversion for mental health reasons has a significant impact on rates of recidivism. It is highly recommended that rather than immediately instituting police contact, schools using diversionary response plans aid in ensuring the juvenile receives help for their difficulties, rather than punishment. It is also recommended that schools re-evaluate the zero tolerance policy and the unfair application of this policy to juveniles exhibiting behavioral or psychological symptoms.

Case Management and Professional Development

Through either the initial diversionary screening for juveniles exhibiting criminal behaviors, or post-adjudicated delinquents, the treatment of mental health disorders is imperative for rehabilitation. Punishment and sanctions have been proven to do nothing to prevent high risk juvenile offenders from reoffending. If diversion is not an option, either due to the severity of the offense or other circumstances, the juvenile caseworker should be well-equipped to help the child succeed. It is recommended that caseworkers receive specialized training to learn to identify and manage children with mental health conditions. Community services should be greatly enhanced to ensure that juveniles are afforded every opportunity to manage their illness, receive treatment and prevent recidivism. Law enforcement personnel should receive specialty training to rapidly identify children with psychological issues requiring intervention. Instead of simply funneling juveniles with behavioral issues into a broken system, law enforcement personnel and caseworkers should proactively divert those children to appropriate services. These services should consist of mental health treatment, family counseling, social services to

help underprivileged families, behavior modification techniques and any other evidence-based service that has proven effective.

The services and case management used by Wraparound Milwaukee (2016) have been proven highly and award-winningly effective in the treatment of mentally ill juvenile offenders. The wraparound model of care is one of the most effective models found in this research. Wraparound services provide many sources of support for both the juvenile and their family. This model also raises community awareness of the importance of rehabilitating juveniles exhibiting poor behaviors. When behaviors exist as a primary symptom of an underlying mental health disorder, it is unfair to hold the juvenile accountable for that behavior while also refusing to provide any treatment for the disorder. It is highly recommended that community agencies and support services integrate to provide a complete structure of response to aid these high-risk members of society. Juveniles should not be forced into a system of punishments and sanctions simply because a better way has not been implemented. Community involvement is imperative for the success of any wraparound model of care; without it, the services available will greatly suffer. This model of care and response will not absolve the juvenile of his or her accountability for unacceptable behaviors, but will teach that child how to behave appropriately within their society. The recommendations that derive from this model of care are family therapy, behavioral therapy, individual and group counseling, community service opportunities, social services and support for both the juvenile and his or her family. It is highly recommended that communities adapt to a wraparound model to help address juvenile delinquency and prevent future involvement with the juvenile justice system. Ultimately, it is the community that will suffer if juveniles are not afforded the opportunity to receive treatment for mental illnesses, and are punished for behaviors that are directly caused by those mental illnesses.

Ideal Response

The juvenile justice system should be systematically reformed to integrate evidence-based practices and prevention measures. The framework for this reform should be based on solid theoretical application and methods that have proven highly effective. Idyllically, the response to behavioral outbursts in home, school and community settings would be to triage the juvenile at the initial contact. Schools should abolish the zero tolerance ban on behaviors that are symptomatic of psychological disorders and instead adopt a diversionary response that reduces the likelihood of police contact. A mental health crisis team would be dispatched and once it was determined that the juvenile may be suffering from a psychological or behavioral disorder, referral to the appropriate agencies would be substituted for law enforcement contact. This would ensure that the juvenile was afforded the opportunity for mental health treatment and appropriate case management, while avoiding the stigma and labeling theory risk that follows criminal justice involvement.

For adjudicated juvenile delinquents, it is just as important to assess and treat mental health disorders. Highly trained probation and juvenile caseworkers should work with the families and juveniles in a wraparound model of care to manage their rehabilitation. These caseworkers, rather than punishing or sanctioning children, will refer the offenders to appropriate care and mental health counseling. The risk of recidivism will be greatly reduced when the juvenile learns new behaviors and receives treatment for his or her condition. Mental health treatment will focus on cognitive behavioral therapy as well as family dynamic therapy, to ensure the juvenile is afforded a positive support system upon release from supervision. Unfortunately, some juveniles do require confinement in juvenile detention facilities. Juvenile detention centers should be shifted from the prison-style correctional institution to learning

centers with access to many of the same levels of support and services available outside of the institution. Punishment alone is not effective, and incarcerated juveniles are at higher risk because of the social learning aspect of their confinement. Programming should be incorporated into confinement settings that aim to rehabilitate the offender and prepare them for a positive shift back into society. It is unfair to expect a juvenile offender to understand how to reintegrate into society when all they have learned is how to behave like the criminals they have been confined with for extended periods of time. Mentally ill juveniles have an increased risk of assimilating to the prison environment, and are much more likely to commit further offenses upon release. It is not acceptable to provide a minimum level of physical and mental health care to any juvenile, and the access to care must be increased to improve the likelihood of success.

For any of these recommendations to be taken seriously, it must be noted that these changes are cost effective. If society is paying to arrest, adjudicate, supervise and house juvenile delinquents on a recurring basis, those costs would be greatly decreased as the rates of offending decrease. Rather than rely on a punish and repeat model of juvenile justice, communities should be aware of the opportunity to diagnose, treat, rehabilitate and introduce a successful member back into society. The rewards greatly outweigh any negligible costs that may be incurred. Communities should be made aware that juvenile delinquents are three times more likely to be diagnosed with a mental illness, and that the illness itself is most likely directly related to the original delinquent act. School officials should be improved to react in a caring and early detection style when confronting behavioral issues, rather than instituting a zero tolerance policy that fails to factor in any physical, biological or environmental factors. By adopting programs that incorporate both diversionary and wraparound theories for change, communities will benefit

from the significant decrease in criminal behavior and the juveniles themselves will have an opportunity to change their behaviors and learn how to manage their individual problems.

VI. SUMMARY AND CONCLUSION

Mental health and substance abuse disorders are found in approximately 60 percent of juvenile offenders in the United States. Nearly one million juveniles are introduced or processed into the juvenile justice system annually. The amount of juvenile offenders with mental health conditions taxes the system, creating an overwhelming need for alternatives to prosecution. The current response to juvenile delinquency is to place the child under supervision. If the caseworker, juvenile probation officer or other officer of the court has very limited community resources, the juvenile has a very high chance of recidivism. As previously stated, one of the strongest predictors of juvenile recidivism is the presence of a mental health disorder. The lack of mental health resources and response within the justice system creates a cycle of offending, greatly increasing the odds that the juvenile will graduate from juvenile delinquency into the adult criminal justice system.

States are gradually attempting to address the issue of juvenile delinquency and the correlation to mental health. Laws that are created for adults are not written to factor in the impulsive nature of children, nor are they concerned with the presence of undiagnosed behavioral or mental health disorders. Juveniles must be given the opportunity to excel, and the lack of therapeutic or community resources should not be a reason that forces an unhealthy child into the juvenile justice system. Labeling theory and social learning theory apply to the habitual offending behaviors in not only mentally ill juveniles, but all juveniles. Introducing an at-risk child with untreated psychological concerns to the inner workings of hard-core juvenile delinquency greatly increases the likelihood that they will become a habitual offender. Rather

than initiate this additional risk, early identification of psychological disorders is critical. It has been shown through multiple studies and program evaluations that children are resilient and with early intervention, can be taught positive behaviors and how to cope with individual stressors and mental health concerns.

In the literature review and examination of current available programs, it is apparent that punishment alone does not reduce juvenile delinquency and rates of recidivism. Punishing a mentally ill offender is both unfair and irresponsible. Lawmakers and leaders in the criminal justice system should not be prosecuting behaviors caused or exacerbated by psychological disorders without also addressing the treatment of those disorders. Children are not responsible for their own medical and mental health care, and should not be discriminated against because of the inability of their caregivers to ensure they receive that care. It is vitally important to address mental health rates in juvenile delinquents due to the prevalence of these disorders in this population. Diversion, improved supervision, changes to law enforcement and school response to behavioral issues, and community involvement are all integral to the healing and rehabilitation of these at-risk adolescents.

Juvenile crime may be lower than it has been in decades, but the United States continues to process more than one million juvenile offenders annually. The research has determined that two-thirds of those juveniles may be suffering from mental illness, behavioral disorders or substance use disorders. These illnesses often go untreated, which sets the juvenile up for repeated exposure to the juvenile justice system. Juvenile delinquency is a problem that affects the entire country, as these juveniles often end up in the adult criminal justice system as well, failing to become productive members of society. These recommendations offer communities the opportunity to strengthen or even begin treatment and rehabilitation for at-risk juveniles,

while also reducing the waste of limited resources. Instead of allowing this travesty to occur, it is more humane, cost-effective, and overwhelmingly beneficial to everyone to introduce an innovative approach to managing juvenile delinquents with mental health problems. The implementation of these robust, evidence-based recommendations to address juvenile delinquency will not only reduce rates of recidivism, but will also improve the health and welfare of innumerable children and their families.

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