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Mental Health and Drug Disorders Less Common at Early Stages of Juvenile Justice

by Jeffrey A. Butts

Youth in the juvenile justice system are at higher risk for mental health disorders and substance abuse problems, but these differences in risk are often misunderstood.

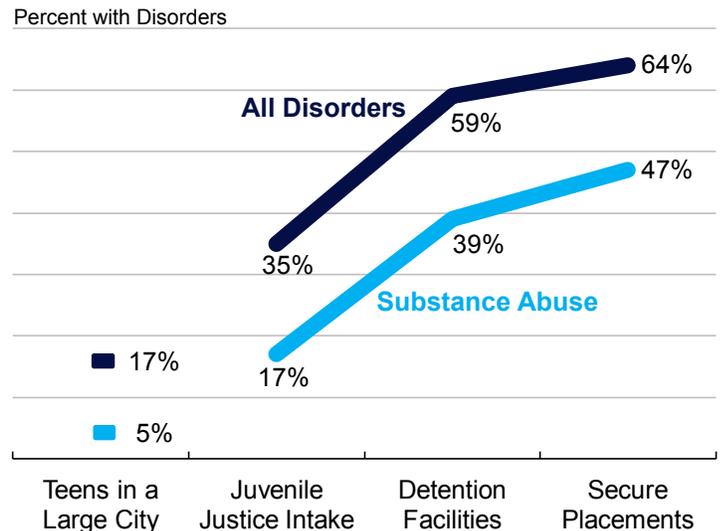
Policymakers may be accustomed to hearing that 60 to 80 percent of youth in “the system” have diagnosable disorders, but this is only when juvenile justice is thought to be synonymous with detention and corrections. Fewer than 20 percent of juvenile delinquency cases, however, result in detention or placement in correctional facilities.

The prevalence of mental health and substance abuse problems is lower among the majority of juvenile offenders –those supervised in the community.

In 2010, researchers at Columbia University used a high-quality and consistent diagnostic methodology to measure the presence of disorders among nearly 10,000 juveniles in more than 50 jurisdictions and at varying points of juvenile justice contact, including the earliest stage, juvenile intake. The results suggested that mental health and substance abuse issues are probably not the main reasons youth come into contact with the justice system, because the majority of youth at juvenile intake do not have such problems. Both problems, however, are found in larger numbers when researchers look more deeply into the justice process. From intake, to detention, and corrections, more juveniles are found to have substance abuse and mental health issues in the deep end.

As a result of decisions made by justice officials, youth with serious problems accumulate during the sequential stages of juvenile justice processing (i.e., they are less likely to be diverted). By the time researchers analyze prevalence data from secure settings, mental health and substance abuse disorders are much more common, perhaps affecting a majority of the population.

Prevalence Increases as Youth Penetrate Justice System



Prevalence estimates for youth at various stages of the juvenile justice process are from Wasserman, Gail A., Larkin S. McReynolds, Craig S. Schwalbe, Joseph M. Keating and Shane A. Jones (2010). Psychiatric Disorder, Comorbidity, and Suicidal Behavior in Juvenile Justice Youth. *Criminal Justice and Behavior*, 37(12): 1361-1376.

Estimates for the general teen population in a large city are from Roberts, Robert E., Catherine Ramsay Roberts, and Yun Xing (2007). Rates of DSM-IV Psychiatric Disorders Among Adolescents in a Large Metropolitan Area. *Journal of Psychiatric Research*, 41: 959-967.

The fact that prevalence rates for these factors are much lower among offender populations at the earliest stages of the justice system suggests that mental health disorders and drug abuse are not the primary causes of youth crime, especially for a youth’s earlier delinquent behaviors.

These data support the argument that prevention and early intervention programs should focus on supportive and restorative services, youth development and skill-building approaches, while services in the deep end of the juvenile justice system should include a stronger focus on mental health and substance abuse treatment.