

Juveniles Detained Struggling with a Mental Illness: Examining the Lack of Services and Programs Within the Juvenile Justice System.

Approved Mike Date: July 18, 2020
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Juveniles Detained Struggling with Mental Health: Examining the Lack of Services and
Programs Within the Juvenile Justice System

A Seminar Paper

Presented to the Graduate Faculty

University of Wisconsin-Platteville

In Partial Fulfillment of the Requirements for the Degree

Masters of Science in Criminal Justice

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July 2020

Acknowledgements

After finishing my undergrad in 2016 at Northeastern Illinois University, I decided to take a year off before I decided I wanted to further my education at the University of Wisconsin-Platteville to obtain my Master's Degree in Criminal Justice. At the time I was working a full-time job almost twelve hour shifts, enrolled in my Master's program, and working through my own struggle with mental health. This experience was challenging and at times overwhelming, but I pushed through because I knew I could and I knew why I was doing this in the first place; my passion. My passion to advocate for the youth. My passion to encourage youth to keep going, they are good enough, and despite their trauma and past they can have a positive bright future.

I could not have completed this part of my journey with out the help of my super great support system. First of all my Mother JoAnn who has been and continues to be my biggest supporter and always encourages me to keep going. Her strength, love, and support made me push harder and get back up to continue when I wanted to give up. I will forever be grateful to not only to have a mother but a best friend who everyday encourages me to be a better person. To my friends who have been there since day one, dealing with me on three hours of sleep, keeping me company while swamped with homework, and cheering me on from afar reminding me I can do it. To my amazing boyfriend who has allowed me the opportunity to focus on my last semester of my program. He has been so patient and understanding, always encouraging me even when I didn't respond and was not in the best of moods. I appreciate him everyday for his hard work and dedication

Lastly, I would like to thank the faculty of the University of Wisconsin- Platteville, as they have made my experience great and challenged me when needed. Through the courses here, I was able to have a more open mind on certain subjects as well as gain knowledge on topics I was not familiar with prior to. A special thanks to Dr. Michael Klemp-North, for assisting me during my seminar course and providing feedback in order to better my work, and making this last step of my program something to look forward too and non-stressful.

Abstract

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Under the Supervision of Dr. Michael Klemp-North

Rates of juvenile delinquency has been seen as decreasing when it comes to arrest, however the problem is the increasing number of juveniles who are being detained who struggle with a mental illness. The juvenile justice system believes in rehabilitation instead of focusing on punishment; the idea is to reduce recidivism in juvenile delinquency. At least 60-70% of youth who are detained have been diagnosed with at least one mental illness. Untreated mental illness in juvenile offenders put them at a higher risk for not only reoffending but potentially a more violent crime. The main mental illness seen in detained juveniles is ADD and ADHD followed by depression, anxiety, and sever disruptive behavior problems. Lower income communities often rely on juvenile detention centers as they don't have access to community based centers, so they rely on treatment from the detention centers. This research will examine multiple research sources that identify the lack of services and programs available for detained youth who struggle with mental illness. Theories will be examined, such as social learning theory, disorganization theory, labeling theory, and the wraparound theory of change. Multiple programs will be examined to compare and contrast what is effective and what's ineffective. Recommendations based on the research will be given in order to obtain an ideal response to improve current available programs, developmental training of professionals, and the benefits of community involvement.

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I. INTRODUCTION

Statement of The Problem

Juvenile delinquency and criminal behavioral problems continue to be an issue all across the United States. The growing problem aside from behavioral problems, are the juvenile delinquents who are struggling with a mental illness. Mental illness in juveniles has become extremely high within the system. Though there have been studies showing a decline in juvenile arrest, other studies involving those struggling with a mental illness and behavior problems are increasing. Specifically in girls, the number of arrest are increasing due to their risk of mental illness being higher than boys arrested who struggle with a mental illness. Explanations for this gender difference include impact of exposure to trauma and mental health needs on developmental pathways and the resulting influence of youth's involvement in the justice system (Espinosa, Sorensen, & Lopez, 2013.) Youth in detention centers present higher signs of depression ranging from 11-33%. In boys, the most reported mental illness is ADD and ADHD. This type of disorder is often confused with 'bad behavior' instead of being seen and treated as a mental illness. Adolescence is a period of development transition characterized by changes in family, school, peers, self-concept and general physical development; incidents of rule breaking and behavioral problems are common and can result in involvement with lawn enforcement (Espinosa, Sorenson, & Lopez, 2013.)

There is currently a lack of programs and services for youth who struggle with a mental and are involved in the juvenile justice system. Facilities are not mandated to perform a screening within the first 24 hours of the arrival of the youth. Having a professional such as a social worker or psychologists present during the intake process could allow for a proper

screening that would detect one struggling with a mental illness. Youth who are untreated or not provided services only puts them at a higher risk for reoffending. Regrettably, the current mental health system fails poorly in detecting the onset of psychiatric symptoms and addressing them in a timely manner; The average delay between the onset of symptoms and intervention is anywhere from eight to ten years (Waldman et al, 2015.) Due to the lack of intervention and treatment for mental illness, youth's delinquent behavior can merge into their households, school, and community. There are approximately 70% of youth who struggle with mental illness in the juvenile justice system in the United States, 20% of which are considered to have a severe mental illness.

Though availability for treatment varies significantly by state, region, and insurance status, for the vast majority of the U.S. population, child mental health care is an undeserved area (Waldman et al, 2015.) Youth are quite often unnecessarily placed in the juvenile justice system due to lack of services within their community. Nonviolent offenders are being placed in the system, causing overcrowding, undiagnosed treatment, and lack of services for those who are diagnosed but do not receive required services. One struggling with an untreated mental illness caused them to act out in a way that goes against the behavioral guidelines in the detention center. Mentally ill youth cannot control their impulses which in turn cause aggression and acting out which adds time to their stay at the center. In recent years, facilities have turned to solitary confinement as a way of managing difficult or dangerous inmates; the staff and many facilities are not trained to handle the needs of mentally ill inmates (Waldman et al, 2015.)

Methods of Approach

In order to examine the lack of services and programs in regards to juveniles detained struggling with a mental illness, peer reviewed journal articles will be examined regarding recidivism and mental illness. Using literature reviews, identification of programs and services will be reviewed determine what is working and what needs to change. While conducting research on literature review, those programs will be used to compare and contrast to outside resource programs that are finding success in their services involving juveniles with a mental illness. Aside from mental illness, there will be a focus on juvenile delinquency as a whole and additional factors that play a role in juvenile delinquency such as; maltreatment, previous abuse and trauma, and academics. Additional data that will be examined will involve juvenile delinquency and mental illness in regards to recidivism. Examine case studies, evaluation of programs, and scholarly journal articles on juvenile criminal justice. Examining secondary sources such as journal articles, programs and outside resources from websites will help determine programs and services that are finding more success than others in order to properly services mentally ill juveniles.

Limitations

Limitations of this study include data on medical records of those who received services for their illness as well as juvenile detention records. Because of confidentiality of medical records, the statistical research from scholarly articles will be of importance, as well as analysis testing in regards to programs attempting to reduce recidivism for juveniles struggling with a mental illness.

Significance and Purpose of the Study

Evaluating treatment and program services available to juveniles who are struggling with a mental illness and incorporating them into the current juvenile justice system where lack of services and treatment are of concern. This research will allow not only the community but those working within the juvenile justice system broaden their knowledge on the need for improvement with the system. Research can provide improvement to current programs available, and encourage areas where no services are available to incorporate some of the positive mechanisms to at risk juveniles. Displaying positive outcomes of programs from outside resources can potentially reduce recidivism in juveniles struggling with a mental illness. This research will provide specific guidelines to the juvenile justice system on protocols needed in place in all facilities which not only reduce recidivism but also placing nonviolent juveniles in facilities they don't need to be apart of due to their mental illness.

There will be five programs that are evaluated in order to compare and contrast what is working and what needs improvement. Outside resources from the juvenile justice stem that have seen success within their programs include; Chestnut health system provide services in multiple locations of Illinois. Their goal is to work with youth individually as well as their families, providing educational tips on behavioral and mental health symptoms seen in youth. Family focused community outpatient mental health services which will be compared to the rather new method known as the wraparound method. Both of these services incorporate treatment and services based on youth and their family working together in both therapy sessions as well as activities within the community. Schools also play a role in the intervention process of youth struggling with mental illness and those who have been in the juvenile justice system. School based health centers (SBHCs), partner with the county and community to provide services to

youth at risk. Within the correctional setting The National Commission on Correctional Health Care (NCCCHC), establish an overview of four main procedures needed to take place in order to successfully provide, and screen youth detained with a mental illness. Lastly, McLean child and adolescent mental health treatment in Boston, Massachusetts a treatment center that encourages the involvement of family members to actively participate during youth therapy.

The research will first focus on a literature review of juvenile delinquency and criminal justice system. The literature review will cover the history of juvenile delinquency and current records according to arrests as well as previous trauma and behavioral problems, causing them to become involve with delinquent behavior. Next, there will be a focus on mental illness within the juvenile justice system and lack of services and programs available in order to not only diagnose mental illness but provide services for those in need. There will then be a compare and contrast of the above programs in hope of encouraging change within the current system. Lastly, recommendations will be made in order to improve the current system that can bring knowledge, awareness, and proper interventions to those struggling with a mental illness while being detained.

II. LITERATURE REVIEW

Juvenile Delinquency

Juvenile delinquency involves individuals under the age of eighteen, and commit a crime(s) that could result in being detained. Law violations include status offenses that would be a crime if committed by an adult including; running away, violating curfew, underage drinking, and truancy (Smith, 2008.) Delinquency continues to be a problem around the world, where younger individuals of all race and gender fifteen being the age behavior is seen to

peek. Compared to adults, juveniles are overrepresented in crimes including; arson, vandalism, burglary, larceny-theft, robbery, weapon offense, and liquor law violations, in the most serious crime categories (Smith, 2008.) The mission behind juvenile court is to protect the youth from potentially having to encounter adult court. The juvenile justice system aims to rehabilitate youth offenders instead of punishing them in hopes of reducing the risk of reoffending. Juvenile court was guided by the philosophy of the *parens patriae*, which is a latin statement for “state as parent;” the juvenile court would act as a parent and would punish or dismiss cases appropriate but it also would seek to help youth in order for them to go on and lead productive lives (Blomberg, 2016.)

Juvenile offending itself is an issue, but where the number are steadily increase are those who are reoffending. In 2009, law enforcement agency juvenile arrest were at 1.9 million all under the age of 18. Though the numbers indicate a decrease since 2000, according to the agency juvenile arrest count for at least 15% of arrest in the United States compared to adults. The problem with accurate statistics on juvenile offending, is the lack of measurements when it comes to reoffending. Interviewing an individual is the best way to get accurate numbers because you're then able to find out if the same crime was repeated, how many prior offenses they have against them, and how long they were out of the system if they ever were. Research indicates researchers sometimes focus solely on the number, when instead they need to dig deeper and ole out what are alike and not in order to indicate the accuracy of juvenile arrest rates increasing or if repeat offenders are being placed into the same category. Measuring recidivism via arrest both overestimates and underestimates the actual number of individuals committing new offenses, as

all charges to do not lead to adjudications/ convictions and all crimes are not known to law enforcement (Ryan, Williams, & Courtney, 2013.)

The first juvenile court was established in Chicago in the nineteenth century, where the idea was to put the needs of a vulnerable child first and not to treat them as a criminal. Different from of speaking are used in the court such as being ‘tried’ instead of convicted. Youth entering the system commonly come in with health conditions both physical and mental prior to entering the system. The opportunity comes from recognizing these conditions that need to be met and dealt with while the juvenile takes responsibility for their negative actions. There is an ongoing argument within the juvenile justice system, arguing the need for more recognition of the needs of youth who are struggling with a mental illness while being detained. Screenings completed during the intake process also look for a previous history of any trauma, abuse, and neglect as the reasoning behind their negative behavior. Understanding ones previous history, especially in the youth community is important, giving them the proper resources and assistance will help prevent future run-in with being detained.

Previous Trauma, Abuse, and Neglect

Maltreatment includes; physical abuse, sexual abuse, psychological abuse, and neglect. Any of those four behaviors neglected can cause negative behaviors from the individual lacking treatment. Maltreatment as evidence supports the assumption that, maltreated children and adolescents are likely to engage in more delinquent behaviors, and also transition from the child welfare system (CWS) to the juvenile justice system (JJS) (Vidal et al, 2017.) Having a lack of services in the welfare system as well as the juvenile justice system, only increase the likelihood of re-offending or developing and or worsening their current mental illness condition. Research

on youth in the welfare system and juvenile justice system tend to focus only on factors involving one or the other but not linking both or linking to other factors to better indicate outcomes in their young adult years into adult adulthood.

This group with multiple and intertwined problems has been called multi-problem young adults, and is increasingly recognized as warranting specific scientific attention in order to uniform and help improve professional support (Van Duin et al, 2017.) Development is the most important aspect to focus on, when dealing with youth who are considered multi-problem young adults to accurately be able to service them based on individual personal needs. Child protective services (CPS) have the ability to refer a child to services if needed, but CPS alone does not offer any services to support trauma, neglect, abuse, or one struggling with a mental illness. Relating childhood classes to delinquency and mental health problems in young adulthood may give useful indications for the prevention of the escalation of these problems to clinical practice (Van Duin et al, 2017.) Youth who are exposed to neglect, abuse, or involved in child protective services are at a higher risk for delinquent behavior and without supportive services their likelihood of being detained becomes higher.

Service transitioning is a term used for youth individuals who have transitioned out of one service such as child protective services and later on find themselves transitioning into the juvenile justice system. Having CPS come in contact with your family means there is reason to believe the child and or children who are living in that home are not being cared for properly and there is reason to believe there is neglect or abuse happening. Children who come from homes where there is lack of parenting and or abuse are at a higher risk of entering the juvenile justice system before they turn eighteen. According to Vidal and team (2017), two-thirds of youth who

experienced a CWS-JJS transition were in an out-of-home placement when they were arrested, two-thirds had a history of running away, and up to one-third had parents with drug and alcohol problems. The purpose of Vidal and teams study, involved studying 10,850 maltreated children who were transitioning from the CWS into JJS and the lack of services and treatment provided to them based on their previous trauma and/ or current struggle with mental illness. The purpose was also to show, youth not receiving services or being referred to a program while in the CWS gives them higher risk for entering the JJS.

Mental Illness in Juveniles

Mental illness is not only an opportunity within the adult jails, but continues to grow within the juvenile justice system. The relationship between mental illness and the juvenile justice system is going un-recognized as well and untreated do to lack of services and programs within the system. The majority for youth who are entering the system have a history of if not one, but all including; behavioral health, mental health, and substance abuse. Multiple studies estimate that between 65% to 75% of the juvenile justice involved (JJI) youth have at least one behavioral disorder, and 20% to 30% report suffering from a serious behavioral disorder (Kretschmar et al, 2015.) Kretschmar and team explain a term previously used known as super-predators. Super predators was used to characterize juveniles who were committing crimes, and were seen as monsters who were destroying and taking over the streets. Twenty years ago communities did not want to help youth involved in the system because they were more scared of their actions and demanded harsher punishment from the detention centers. Concerns and opinions have shifted since then, however there is still work to be done when it comes to behavioral and mental illness in the youth detained.

Recent estimates suggest that the prevalence of psychiatric disorders among the adolescent population ranges anywhere between 6% and 10%, yet roughly 60% of adjudicated juvenile offenders meet diagnostic criteria for one or more of these disorders (Vogel, 2012.) The most common mental illness seen in juveniles is ADD and ADHD. Having this type of condition untreated, even prior to being detained can result in aggressive behavior or the lack of organizing and communication skills. Being hypertensive is a result from both conditions which plays a role in negative behavior resulting in delinquency. Boys and girls detained both struggle with ADD and ADHD, however more boys have a higher rate than girls. The focus on juvenile delinquency lacks attention on mental illness and instead shifts their attention to internal and external controls. Delinquent adolescents also exhibit much higher levels of depression and suicidal ideation than do their non-delinquent peers; A thorough review of the literature on children's mental health and delinquency suggests that the prevalence of depression in delinquent populations ranges between 11% and 33% (Vogel, 2012.)

Not all crimes committed by juveniles are considered "serious" offense crimes, such as curfew, consumption of under age alcohol, and theft. Since the goal of the juvenile justice system is rehabilitation, those who are not committing serious offenses should not be treated as if they did. Youth who are being detained for non serious crimes are put at risk for developing a form of mental illness or behavior disorder. Victimization prior to being detained plays a large role in ones mental illness. Wylie and Rufino (2018), conducted a study involving a survival/hazard model on youth who had prior records of abuse/neglect, victims of crime, and mental health issues including; mood, anxiety, disruptive and substance use disorders. Of 19 traumatic events being measured, 58% of JJI youth had been involved in at least one. In order to test those

struggling with mental illness, the DISC predictive scale (DPS) was used involving youth detained between 10-18 years old. Each mental illness was separated into clusters and these were the findings; 63.8% of the juveniles endorsed one or more mental health symptom clusters; 41% endorsing disruptive cluster, 35.3% the anxiety cluster, 21.7% substance use cluster, and 19% mood cluster (Wylie & Rufino, 2018)

Assessing the Juvenile Justice System

It's now time to examine the juvenile justice system and the lack of services and programs available for youth who are detained and struggling with mental illness. Due to the lack of services and treatment available, the system is failing to rehabilitate the individuals as that's the goal from the beginning once the youth individual is detained. Not only is the system failing to rehabilitate, but they are leaving more risk for re-offending. Females are more vulnerable as males, and show a higher risk of developing a disorder compared to males. The current policies in place to support youth and their families fall short, from how behavioral problems are handled before incarceration to how youth are treated once they enter detention centers (Hyde, 2016.) Those who work within juvenile detention centers have lack of knowledge and proper training in order to determine the difference from aggressive behavior and aggressive behavior due to a mental illness. Hyde (2016) explains, 35% of juvenile detention centers have been put in forced isolation which in turn causes depression, hallucinations, panic attacks, paranoia, anxiety, and anger. Youth are still developing both physically and mentally, not using the proper protocols or using the same practices as adult prisons is worsening the mental state of detained juveniles.

Juveniles who are found to need services for their mental illness are at times transferred into the psychiatric unit if available in the detention centers. Nurses working in psychiatry units and caring for these children are expected to have a special ability in managing criminal behavior in addition to basic nursing skills (Baysan, 2017.) As the nurses working in these units are expected to manage criminal behavior; judges, police officers, and probation officers are expected to have the ability to identify when one is struggling with a mental illness. Due to the lack of training and knowledge around mental illness in juveniles both parties fail to properly assist the detained juvenile. The development process, individual differences, legal process, psychological state of the juvenile delinquent, and his/her ability to understand of these issues can affect the ethical decision-making about the case (Baysan, 2017.) Nurses working in psychiatric units involving juveniles need to understand their decision making is both a legal manner as well and putting their psychological needs into consideration.

The number of reoffending juveniles based on mental health or substance abuse is increasingly high. Aside from other factors which include peers, community, and family, mental health is at the top as to why reoffending occurs. According to 1 meta-analysis of 23 studies and 15,265 adolescents, mental health disorders (e.g., anxiety, depression) are one of the strongest predictors of juvenile recidivism (Aalsma et al, 2015.) Though there are some services offered in order to improve ones mental health such as individual therapy, family therapy, and foster care interventions, consistency within the programs are not included in enough research in order to see a positive response to reducing recidivism. Detention centers are informed to administer a screening for all detained juveniles within 14 days of their arrival. This means during their intake process they aren't always given a mental health screening in order to determine their needs or

treatment. Within 14 days, behavior or the individual can become aggressive, hyper, or signs of depression that could be seen as something other than one struggling with a mental illness.

Juveniles are also suppose to be provided a 24 hour behavioral service including emergencies as well as the right to ask for mental or behavioral treatment daily if needed. Facilities are not required to maintain accreditation with the National Commission on Correctional Health Care, so there is no consistent mechanism for monitoring services, or providing funding to facilities (Aalsma et al, 2015.) If the detention centers aren't offering the services, or keeping consistent records on the services needed, it makes it seem that no funding is needed due to nobody asking for the services. The lack of consistency and not being required to keep in contact with the National Commission for mental health services is only putting juveniles at higher risk not only for worsening their condition but re-offending.

Aalsma and team (2015) conducted their study in Indiana initiating the need for mental health screenings. Each individual in the study were asking a series of questions all the same in which required a yes or no answer. The questions included things such as; did the youth have contact with any services within the 24 hours of their arrest, were any placed on suicide watch, did any of them have contact with any type of mental health care professional. The concluded results stated; it is clear that detained youths have significant behavioral health difficulties, and results confirm behavioral health screening results were related to time to recidivism (Aalsma et al, 2015.) It is clear that detention centers needs to put juveniles needs first, and mandated screenings for mental health should be required within the first 24 hours they are brought in.

III.THEORETICAL FRAMKEWORK

Juvenile delinquency is often researched and examined based on behavioral opportunities leaving out those who developed a mental illness because of their behavioral struggle or if they struggled with mental illness before becoming involved in the system. There seems to be a larger focus on what the system can do differently, or programs that could help treat those detained struggling with mental illness. The focus should instead focus on the reasons behind mental illness developing and understanding behavior theories that link both behavior issues with juvenile delinquency and mental illness. Understanding theoretical structures will also explain mental illness and re-offending within the juvenile justice system. Behavioral theories that will help explain this situation include; social learning theory, disorganization theory, labeling theory, and treatment model specifically the wraparound approach.

Social Learning Theory

B.F. Skinner was a highly influential psychologist who was known as the *father of psychology*. Skinner believed children learned their behavior through reinforcement both positive and negative, positive reinforcement followed by a positive reward and negative reinforcement would be followed by a negative reward. Skinner (1953), believed children learned to determine how they acted based on the consequences following their actions. The consequences didn't always involve positive reinforcement but punishment as well. Skinner also believed children who are observing behaviors from parent, peers, or other family members influenced their decision as well, as they observed the behavior and witnessed the reward or punishment. In correlation to the juvenile justice system; rehabilitating programs find more success when using positive reinforcement and negative punishment. Albert Bandura who is known for his *bobo doll study* (1961), believed children learn behavior through observation in turn imitate what they see.

Different from Skinner, Bandura did not believe behavior was based on a reward or punishment, but that behavior whether positive or negative came strictly from observation. *The bobo doll study*, involved children observing an adult act aggressive and violently physical with the doll by pushing it down, and hitting it with a hammer. Just from the observation and no instructions, once the children were in the room with the doll they did the same thing they witness the adult doing.

Hoeben and Weerman (2016), conducted a study on social learning and other theoretical perspectives involving un-structured learning and peer influence that leads to juvenile delinquency. The term *unstructured socializing* originated in 1996 by Osgood and team meaning; no parents/guardians were present, only peer interaction, and no structure given in regards to behavior. The present study distinguishes and empirically investigates four possible processes to explain the relationship between involvement in unstructured socializing and delinquency: exposure to opportunities for delinquency, exposure to group pressure, increased tolerance for delinquency, and exposure to delinquent peers (Hoeben & Weerman, 2016.) Based on the four categories, the social learning theory is used to determine if in fact unstructured socializing leads to delinquency. A space-time budget interview was used, in order to identify where adolescents were located and activities by the hour. During the interview, the participants were asked a series of questions related to self-reported delinquency, peer pressure, moral attitudes, and delinquency involving their peers.

According to Osgood et al (1996), the presence of peers stimulates deviance because peers make deviancy *rewarding* by forming an approving audience and because peers make deviance *easier* by serving as resources, for example a “look out. Peer influence and imitated

often leads to following delinquent behavior not always because the behavior is being approved but because the individual wants to be approved and not rejected by their peers. The findings in this study concluded all of the above four categories of *unstructured socializing* leads to juvenile delinquency. Authors conclude with future studies a more operationalized approach should be used to test broader behaviors where their study focused on peer pressure and temptation.

Social Disorganization Theory

Social disorganization theory was discovered by Shaw and McKay (1969), the theory is also known as the Chicago School theory of criminology. When Shaw first started his studies it was on an individual based level, after teaming up with McKay they took their research to a structural level where they researched rural communities in order to test why they have more social problems and higher crime rates. The model used in their theory included poverty, culture, appearance of community, the rate of residents moving, and disease which they linked to social disorganization and then to criminal behavior. Shaw and McKay believed children who live in lower income communities learn norms from their peers on the street in which delinquency then becomes a domino effect. The revitalization of Shaw and McKay's social disorganization theory over the last three decades paralleled an increased enthusiasm for building police community partnerships to prevent and control crime (Warner et al, 2010.)

The focus of social disorganization in lower income communities where crime rates are higher and youth are entering the system earlier aids to bring awareness to communities in order to provide prevention programs to reduce juvenile delinquency. Aside from being aware of juvenile delinquency, the lack of services, programs, and mental health needs to be brought to the communities attention in order to make a change. Within social disorganization theory, informal

social control has been conceptualized predominantly in two ways- as informal surveillance (guardianship) and direction intervention (Warner et al, 2010.) Informal observation involves neighbors looking out for each others properties, and acknowledging when ‘strangers’ are in the neighborhood. Most community programs rely on the residents to be the eyes for the police and openly communicate any suspicious behavior. Shaw and Mckay believed implanting community based programs would bring residents together in order to reduce recidivism. While this type of guardianship is undoubtedly important, particularly with regard to violent crimes, it has been argued to be difficult to successfully implement in communities where there is little faith in the police or little desire on the community’s part for maintaining this type of social control (Warner et al, 2010.)

Labeling Theory

The social learning theory and social disorganization theory both explained how delinquency occurs from observations of behaviors from their peers, parents, and negative behaviors within their communities. Both theories focus on social aspects of crime but not on the mental aspect. Applying theories to juveniles detained who are struggling with a mental illness will help better detect their illness, as well as appropriately determine what type of treatment, program, or service is needed. Labeling youth based on their crime leaves room for error and missed awareness of both behavioral and mental struggles. A delinquency label leads others to treat the labeled youth in ways that promote the adoption of deviant self-meanings, which, in turn, motivate the affirmation of those self-meanings through subsequent deviance (Kroska et al, 2017.) Labeling a teen as delinquent and treating them as such instead of rehabilitating them which is the goal of the juvenile justice system, puts the teen at a higher risk for reoffending.

Self-fulfilling prophecy is when an individual begins to believe the label they are given and conform to it leading to other illegal and possibly more violent behavior. In juveniles, being labeled can highly affect their self-esteem as well as self-worth. Kroska and team (2017), examined the labeling theory and the relationship between delinquency adjudication and self-meanings. Data was collected from an after-care program in a city located in the southern United States during spring of 2001 and summer 2005. Questionnaires were given throughout the time as well as follow-ups after being discharged for 3, 6, and 12-month periods. Data from 103 youth in a room with only an investigator, after-care staff were not permitted as the answers may have not been truthful. The comparison group came from college-aged students enrolled in sociology classes. Research findings concluded youth in contact with the juvenile justice system and are labeled show a high number of youth who feel self-degraded, to which they adopt their identity and in turn motivates them to become involved in delinquent behavior. Youth rehabilitation may be most successfully achieved through programs that foster and reward positive behavior (volunteer work in the community) and conventional forms of success (academic or extracurricular activities) while limiting youths' ability to enact negative identities, then in turn elevate their self-evaluation (Kroska et al, 2017.)

The Wraparound Theory of Change

It's important to understand why youth offending happens, however research indicates the lack of studies around understanding the link between mental health and youth offending. Youth offenders have various backgrounds and experiences prior to entering the system. Some have struggled previously with trauma and neglect, and some were involved with child protective services and made a transition into the juvenile justice system. The wraparound approach is a

newer theory discovered by Burns and Goldman (1999), which involves a unique set of services to provide services to both child and family to achieve desired positive outcomes. Generated by the Child and Adolescent Service System Program (CASSP), systems of care are comprehensive programs that use a coordinated network of mental health and other support services to meet the evolving needs of children and adolescents with severe emotional problems (Underwood & Washington 2016.) The wraparound approach is able to provide social service support along with abiding by court-ordered services allowing for treatment as well as still holding the youth accountable for their actions but in a rehabilitated form versus a punishment. Allowing services to youth and their families within the community and working with them as a team, builds the youth's self-efficacy and in turn builds their self-esteem and behavior in a positive way.

The wraparound approach is a theory-based change and aims to promote improvement in functioning, build family and youth relationships, and treatment is based on individual evaluation and needs in order to achieve positive results. Wrap-around services include multilevel interventions which consider all of the domains of an adolescent's life, including mental health, family, school, and community (McCarter, 2016.) McCarter (2016), conducted a study to assess the wrap-around method combined with youth receiving social work services. The idea was to test the effectiveness of the program in regards to improved youth functioning, decrease motion for review (MFRs), and reducing recidivism for first-time juvenile offenders. Of 121 juvenile offenders, 51 of them met the criteria to be a part of the study which meant they suffered from either a mental illness or delinquent behavior problem. Randomly the participants were divided into two groups; one received services from the wraparound method and the other received the standard court social work service. The study was conducted for over a year, and

functioning was assessed using the ASEBA YSRA, a 112 -item psychological assessment instrument that contains scales oriented to the *Diagnostic and Statistical Manual of Mental Disorders* (McCarter, 2016.) Recidivism was measured based on their first arrest and re-assessed after a 12 month period to indicate if they reoffended or the program was successful.

The study concluded with the holistic approach to the wraparound method incorporated with legal representation services, youth's functions was significantly improved involving depression, somatic complaints, attention problems, rule-breaking behaviors, and aggressive behavior. Despite the studies limitations, data provides evidence of the effects of wraparound forensic social work services for first-time juvenile offenders and shows promising results to reduce recidivism (McCarter, 2016.) Many youth who are entering the system are entering with untreated mental illness, school problems and substance abuse addiction. The wraparound approach can help assist with the labeling theory as youth with behavioral and mental illness are being labeled as juvenile delinquents based on their behavior instead of a proper diagnosis and receive treatment to prevent behavioral struggles.

The need for providing children with mental health services started to be challenged in the United States the early 1980s due to reports indicating more than two-thirds of youth suffering with serious emotional disturbance (SED) were not receiving services based on their diagnosis. Painter (2012), conducted a study evaluating children 5-18 of ages who experience serious emotional disturbance and were receiving services from wraparound which was being funded by a 6 year federal grant. Licensed clinicians evaluated children for eligibility using DSM-IV criteria. 341 children experiencing a SED and their families participated in wraparound services made available through grant funding, youth were evaluated across several domains to

include mental health symptoms, levels of functioning, and strengths at intake (baseline) and every 6 months up to 24 months (Painter, 2012.) Facilitators worked with 10 individual families who were apart of the wraparound service for at least a year. Weekly meetings were held for the child and their families where identifying strengths and needs, developing plans, and assessing the need for either informal or formal community resources. Examples of informal community resources included; summer camp, boy and girls clubs, and therapeutic equestrian camp. Conclusion of the study favored using wraparound service for youth struggling with SED showed a positive effect in their overall mental health, especially with the use of informal community resources. The author stated a limitation that would've been more beneficial and suggested for future research is comparing youth receiving usual or no services; this could not be compared in this study due to funding restrictions (Painter, 2012.)

IV. EXISTING PROGRAMS

Overview

As previously discussed, the wraparound approach method has seen many success stories with their clients and continue to provide services involving community activities. Detained juveniles who struggle with a mental illness, should not be restricted to only receiving treatment within the facility. Programs and services are available outside of the juvenile justice system to which have worked with those who have previously been detained or may be seeking treatment and still under juvenile jurisdiction. Opportunities with offering mental health services and or programs within the juvenile justice system is because of the lack of financial means. If detention centers were mandated to conduct screenings once youth enter the system, detention centers could potentially have less bodies which will then save more money for services and programs in

need of mental health. Services outside of the system offer individual, family, and community services. Five services outside of the juvenile justice system include; Chestnut health systems, Family focused community outpatient mental health services, School-based centers (SBHCs), The national commission on correctional health care (NCCHC), and McClean child and adolescent mental health treatment.

Outpatient/Residential Community Programs

Chestnut health systems originates out of Illinois with 9 locations in the state. Their services specifically help children of youth up to twenty-one years of age, and offer services to families of the patients to better understand the symptoms and behaviors involving mental illness. Treatment staff is experienced in helping both families and children cope with mental health issues such as; depression and grief, anxiety, ADHD, behavioral problems, family conflict, and trauma. Based on the child and family needs, Chestnut offers both individual and group counseling. Chestnut's child and adolescent medication plus program (CAMPP) offers assistance in medication with the education and the protocols taken in order to ensure the proper medicine is prescribed if need (Chestnut Health System, 2020.) Youth who are struggling with mental illness specifically have the opportunity to be housed in their facility where they receive the attention from both counseling and medical staff.

McLean child and Adolescent Mental health services is located in Massachusetts with multiple facilities throughout the state. They offer inpatient, outpatient, residential and partial hospital services to youth and their families. The adolescent inpatient program is provided to children who are in psychiatric crisis age 3-19. McLean strives on servicing youth until they are able to return to his or her home, school, and community without struggling with an undiagnosed

or treated mental illness (mccleanhospital.org.) Like the wraparound approach, McClean highly promotes family involvement and encourage active participation. Within their services they offer specific individual based programs depending on the screening of the youth; for example they offer Adolescent Acute Residential Treatment (ART), to teen up to the age of 19 with length stay between 10 to 14 days. ART specializes in psychiatric diagnosis such as ADHD, anxiety, depression, and bipolar disorder as well as co-occurring substance use disorder (mccleanhospital.org.) Every adolescent entered is given a thorough screening by a licensed social worker assessing biological, psychological, and social strengths.

It is clear there are programs and services available outside of the juvenile justice system and most them encourage and offer a family focus approach to treatment. There is not only an opportunity the lack of services within the system, but opportunity within therapist work and their way of facilitating treatment. Baker-Ericzen and team (2013), explore the treatment barriers for family-focused child mental health services for youth who struggle with disruptive behavior problem (DBPs.) 40-60% of families stop treatment due to poor treatment and that's highly problematic particularly for mental health treatment with DBPs. Children become negatively effected and go untreated because they rely on the help of their parents (getting to and from) appointments, not showing up or dropping out of the program early stops their treatment. Baker-Ericzen and team (2013), conducted an explorative qualitative study to examine multiple stakeholders of the challenge involved in properly delivering effective family-focused intervention for youth with DBPs. A total of 10 youth and their parents were divided into groups and chosen from six large community child mental health clinics in Southern California.

Each focus group last 1.5-3 hours, each youth interview lasted 20-45 minutes where participants were given a study information page and background questionnaire which included demographic questions (Baker-Ericzen et al, 2013.) The focus groups for the parents and therapist were done separately to ensure an accurate description of their personal barriers for ineffective treatment. The main conclusion of barriers found from the youth, parents, and therapist include; Therapist feel overwhelmed with the lack of service support. Family-focused therapy aims to help both youth and their families, however sometimes the parents need additional outpatient support personally which requires a bigger staff. Therapist also shared they can only offer and provide so much without the parent/family involvement, that is where children will feel a lack full service. Parents felt overwhelmed during sessions learning about their child's symptoms and problems which then led them to take their frustration out on the service. Additionally, parents highlighted system barriers such as lack of service system coordination and ineffective treatment strategies, and contributing to them feeling unsupported (Baker-Ericzen et al, 2013.) Finally youth felt strongly about their parents lack of involvement in treatment or not taking their problem seriously. Youth also felt their therapist lose focus of them individually when their family is involved leaving them receiving a lack of individual treatment for their specific needs. Baker-Ericzen and colleagues found that children receiving care in community outpatient programs were similarly complex to those reported about in this study, with 59% of the children having comorbid conditions and over one-third of the families reporting at least one significant psychological issue; 42% reported current parental clinical depression and over 80% reported having at least one major contextual stressor (Baker-Ericzen et al, 2013.)

Diversiory Programs

Diversiory programs have been studied for their effectiveness involving youth and juveniles who struggle with both mental illness and behavioral disorders. Also diversionary programs are used in hopes of reducing recidivism in juveniles who are detained, or have previously been detained and struggle with one of the two or both. Diversion programs have been around since the 1970s and encouraged the Law Enforcement and Administration of Justice to be incorporated into the juvenile justice system in order to steer away from the traditional justice processing system. Recent national estimates indicate that approximately 25% of youth who are referred to the juvenile justice system end up in some sort of diversion program who presumably are relatively new and less severe offenders (Loeb et al, 2015.) Juveniles struggling with mental illness don't all require the same form of treatment and offering them treatment does not always mean it needs to be long-term or intensive. Each individual has their own personal needs and their treatment should solely be based on their diagnosis. Like the wraparound method, diversionary programs offer services that not only involve family based therapy but community based. Juvenile diversion programs are shown to offer more effective forms of treatment than the traditional juvenile justice system.

Loeb and team (2015), conducted a study on the successful completion of both individual and family based juvenile justice diversion programs. The sample consisted of 101 male and 60 females adolescents between 2009-2011 located in Garden City, Michigan. Youth involved were ticketed by police for nonviolent crimes such as; tobacco possession, disturbing the peace, truancy, retail fraud, and trespassing in which they were referred to the program from the officer (Loeb et al, 2015.) Though these individuals are under age they do have the option to decline the offer to the program in which they are then referred back to the court and will receive the

traditional juvenile systems service. A family coordinator was assigned to each your member and their family in which services included; counseling services, job skills training, employment services, social support resources and educational opportunities (Loeb et al, 2015.) The study concluded after a two year period of the 161 participants, 110 (68%) successfully completed the two year diversion program. Results indicate alternate programs such as diversionary programs reduce recidivism in first-time nonviolent juvenile offenders when properly assessed, and given a treatment plan based on individual needs. Loeb and team (2015), explain the need for early screenings with access to family services, parenting skill workshops, mental health treatment and educational support involving tutoring will encourage youth offenders to successfully finish their program and not reoffend.

School-based health centers focus their attention on youth mental illness and behavior disorder in the school setting. A national survey of school based health centers (SBHCs), found the following mental health and counseling services are provided where mental health professionals include; crisis interventions, mental health assessments, grief and loss therapy, substance abuse and meditation (sbh4all.org.) Some school districts partner with the county mainly when students have been referred to a different type of program outside of the juvenile justice system but still keeping in contact around their progress or digression. Schools also partner with community agencies if needed to provide services the school is not equipped to do. SBHCs offer high quality mental health care by using an integrated strategy for addressing health and mental issues; several studies have shown that the *barriers experienced in traditional mental health settings*- stigma, non-compliance, and inadequate access are over come in school-based

settings (sbh4all.org.) School-based health centers see more effort and attendance from inner city youth, where they feel more comfortable than receiving traditional services.

Schools are facing a higher demand of services to support their students who are struggling with mental health. Along with untreated and inadequate treatment pertaining to mental illness involved students struggling academically. Students with mental health challenges typically experience academic deficits and are also less likely to graduate than students with other disabilities (Capp, 2015.) There is also a demand for increasing services within school-based health centers because of peer interaction and reflection. During the youth stage while their brains are still developing they are able to feed off peers energy and may find themselves beginning to struggle as well. Researchers have indicated while there are services provided by schools, there is still room for improvement and more should be offered beside the traditional service. Capp (2015), conducted a case study of a collaborative program design and implement with intent to improve mental health services in school settings, and expand the role of clinicians to support school staff as well as other schools in the community. Involving staff from community resource centers will help design a school-based program that would improve their already available services, as well as being able to provide services despite youth not being able to pay or have insurance. A pilot program called Our Community, Our schools was developed in 2012-2013 school year in Southern California involving two schools.

The two schools used in this study were elementary and middle school aged, two therapist were sent to the middle school and one at the elementary school. Before the program was able to start, each therapist had to meet with the schools board and staff to present their ideas and concerns. Their intent was not to take away their current mental health service but to expand

in a way that would benefit both the staff and the youth needing services. OCOS was build on a three tier model; preventive nature and geared toward all kids in the school, specialized programs designed for students with at-risk behavior, and serve a small number of students with high-risk behavior through intensive specialized services (Capp,2015.)

Involving additional services to the school each allowed for more time for students to receive actual services; 50% of the case load was the initial assessment and screening while the other 50% was able to be used for a full session addressing the needs of treatment. A challenge found by the therapist was the means of privacy within the schools, their office space seems cramped or at times having to utilize an empty classroom. In the end the study concluded the needs of OCOS was positive and gave insight to the need for change within school-based health centers. 240 students were being served which is one quarter of the schools population. 15-20% of children and youth have diagnosable mental health disorders, 75% of those students do not receive treatment and 80% of students who do receive treatment are receiving them from schools (Capp, 2015.) In the future there is hope for expanding the program into other school dzistricts and communities to not only support the overload case work which is a higher student to staff ratio, but be able to provide adequate services for youth in need.

County Operated Services

Mental health services provided by the county, is where treatment is given to youth while being detained. There are many opportunities seen within system operated services such as; funding, lengthening stays, services not long enough, and juveniles being released back into the detention centers versus a more rehabilitated area. The juvenile justice system has become a *de facto* mental health system for poor and minority youth who are unable to access care through

the formal mental health system; California has seen a gradual increase of the number of detained youth with open or active mental health cases and an increase of youth on psychoactive medications since 2002 (Cohen & Pfeifer, 2011.) A major problem with the lack of access to outside resources and community centers, youth who are detained and struggling with a mental illness hold around two-thirds in the detention center while waiting to for residential treatment to be available. In a California detention center, 800 juveniles were held in their facilities which put them at a higher risk for suicide attempts, endangering staff and other detainees, and holding them in confinement puts them at a great risk for reduction in community function.

Cohen and Pfeifer (2011), conducted a survey in California juvenile detention centers in order to gain a better understanding of the cost and associated context of caring for youth with suspected mental disorders in juvenile detention facilities. A cross-sectional survey was used asking both open and close ended interview questions to 14-18 different counties in California. The surveys incorporated information about juveniles who were pre-adjudication, post-adjudication, and post-dispositional phases. The instrument was e-mailed to the chief probation officer in each targeted county, the chief contacted other agencies to provide information around county office education or juvenile hall educational service coordinators, representatives from county mental health, health care vendors, and any other knowledgeable about services provided (Cohen & Pfeifer, 2011.) Respondents felt there were at least 50% of juveniles who were currently suffering from a mental illness, but because of there not being a requirement for screenings prior to entering the system, they were unable to point out exactly who had a mental illness.

There's an inconsistency with the care given depending on the size of the county and the outside resources that some have access to and some do not. Cohen and Pfeifer (2011), explain the bigger counties utilize near by hospitals for residential treatment and one small county reported no involvement of county mental health, relying instead on a for-profit forensic health care vendor to provide limited psychiatric nursing and doctor coverage. Detention centers struggle to financially provide additional services or to standard treatment due to the overwhelming number of juveniles who are detained. Providing psychoactive drugs alone aside from the service, hospital or residential stays and transportation in a Los Angeles county comes to \$1,927,000. Detention centers cannot afford the cost of treatment as well as hire on additional help to service the high number of juveniles in need. Because there are low number of staff, if for example a staff member were to get injured and be off for 72 hours, that then effects the entire program and can delay treatment for another individual. The prevalence of youth with mental disorders in detention facilities remains high; Length of stay in detention is still highly influenced by the seriousness of mental disorders. the ability of facilities to provide timely mental health services during the detention phase, and the availability of community resources such as alternatives to detention and post-release placement options (Cohen & Pfeifer,2011.)

V. RECOMMENDATIONS

Addressing mental health within detained juveniles takes multiple steps and research in attempting to fix the problem. Research repeatedly indicates the need for better services, alternative options, and the lack of knowledge to identify a juvenile who is suffering from a mental illness verse someone who is indeed acting out. 60% to 70% of detained youth have a significant mental health diagnosis, yet only a small percentage of them get adequate treatment,

the mental health care of detained youth is extremely important because of the high percentage of youth with mental health concerns (Kraus, 2016.) There are also different needs individually and not everyone's treatment or service are the same. Both boys and girls are involved in the system, however studies show girls are more likely than boys to struggle with or show signs of a mental illness while being detained. One this has to do with boys showing their emotions and wanting to be accepted through actions, and girls don't always show display aggression. The involvement of girls in the juvenile justice system have been increase and possible explanations include; the impact of exposure to trauma and mental health needs on developmental pathways resulting in influence of youth's involvement in the justice system (Espinosa et al, 2013.)

With limited resources and failure to identify those struggling with a mental illness, explains the reasoning for a change needed to take place with in the juvenile justice system. Youth are having to stay in detention centers longer than needed in order to wait for treatment that may not even be available outside of the center. Recommendations for the improvement of services and ways to strengthen the knowledge within the law enforcement, can benefit detained juveniles struggling with mental illness to receive the treatment they need. Through examining multiple programs and comparing the effective and non-effective programs, this research provides recommendations to improve the lack of services and programs within the system. Recommendations focus will be on; training programs for probation officers and case workers, improvements within school-based centers, and bringing awareness within the community.

Professional Developmental Training Programs

Researchers continuously discuss the lack of knowledge around mental illness and probation officers lack of being able to identify when one is acting out due to not being treated or

someone who truly is aggressive. Probation officers who feel they are at risk or fear the juvenile will injure another inmate cause them to move them to solitary confinement. For one who is struggling with a mental illness, being in that type of environment will only worsen their symptoms. Due to lack of training and knowledge of mental illness, probation officers may perceive probationers with mental illness as high-risk offenders who require more surveillance than those without such diagnoses (Tomar et al, 2017.) Evidence suggest, probation offices who complete training programs and education can help improve the communication between the officer and individual who has the mental illness.

Tomar and team (2017), conducted a study in a large Southeastern state, where probation offices where to complete a 6 module powerpoint overviewing multiple cases regarding mental illness. 1,691 probation officers were recruited though email to participate in this program, only 368 officers completed both the pre and post-test. The findings of the study indicate mental health training and education show potential in increasing mental health knowledge among probation officers. The mental health modules provide a feasible and effective strategy to increase knowledge and reduce stigma related to mental illness and this is important for local and state criminal justice authorities that have limited training resources and time (Tomar et al, 2017.)

Diversiory Programs

Diversiory programs have seen success in their programs as they aim to move away from the traditional juvenile justice system, and rehabilitate the juvenile through individual and family therapy. Juveniles are seen to respond better and feel higher self-esteem when they are receiving treatment in a community based center instead of a detention center. Diversiory

programs correlate with the labeling theory; juveniles are often labeled as delinquents because of their behavior without one knowing it's due to a mental illness. juveniles start to believe how people perceive or label them, they then accept themselves as a 'delinquent' and their self-esteem and motivation becomes low. School-based health care centers are where most mentally ill youth rely on their treatment. Research indicates there are programs available for youth who are struggling, however with the increasing high demand they do not have the support staff or effective approach to deliver the proper treatment needed. Youth often transition from school to the system, or the system and back to school. Evidence shows students with disabilities are overrepresented in correctional facilities across the United States (Hogan et al, 2010.)

Just like there is a need for a transition program for youth transitioning from child services into the juvenile justice system, there is a need for a transition program to support youth academically who are involved in the system. An academic transition program will allow planning services when transiting back to school, and working with the opportunities within the correctional facilities pertaining to academics. It is the responsibility of the juvenile correctional facility to identify and assess youth suspected of have a disability, develop and implement individualized education plans, and provide accommodations within education programs; failure to address these responsibilities violates state and federal statues for special education services (Hogan et al, 2010.) Correctional facilities should allow students to ease their way back into public schools but offering them a visit to the school prior to them going back. Detained juveniles transitioning back into school can lead to anxiety, aggression, fear, and depression. Hogan and team (2010), also explain schools struggle with assisting with the transition because of lack of attention to educational rights of youth with disabilities, programs are expensive to

maintain, and lack of knowledge regarding youth's needs. In order to reduce recidivism and acknowledge the needs of juveniles, both schools and correctional facilities need to work together in order to obtain a positive transitional program.

VI. SUMMARY AND CONCLUSION

At least 60-70% of juveniles who are detained struggle with either mental illness or substance abuse in the United States. Detention centers are ultimately costing more money with the number of youth being detained who do not need to be there in the first place. Overcrowding can become an issue for youth who are being held in detention centers while waiting for residential programs to be available. Currently juveniles are being placed in detention centers with the supervision of probation officers as well as caseworkers; if they aren't able to assess, diagnose, and have knowledge around mental illness it's left untreated and recidivism will not be reduced. With the lack of mental health services and programs available for mentally ill juveniles, the system is putting them at higher risk for recidivism, not returning to school resulting in no graduation, and lack of community involvement to prepare and motivate them for a better future. It will take the involvement and effort of both school districts and counties to work together to support the transition of juveniles going back into the school system.

Through literature review research was able to examine juvenile delinquency as a whole and the history and data behind arrest. Measuring recidivism based on arrest does not give an accurate number and overestimates those committing new offenses. Understanding youth's previous history regarding prior arrest, trauma, neglect, and abuse will give a better understanding around their delinquent behavior. The labeling theory and social learning theory apply to reasons behind juveniles and their delinquent behavior. Researchers explain the need for

a focus on mental illness and behaviors verse flat out labeling an individual a delinquent. Placing juveniles in detention centers could trigger their emotions negatively causing them punishment that's being seen as aggressive or going against behavior requirements. This is why it is important each individual receives a proper screening with their 24 hours of being detained.

It is highly important to address the need for improvement of current mental health services and development programs that are not yet available. Research should the wraparound method to be the most effective as it is family and community based. The juvenile justice system should want to rehabilitate their youth allowing them access to the community and services outside of the system to prevent recidivism. Leaving youth untreated will only put them at a higher risk for staying in the system, not having a productive adult life, and potentially ending up in the adult criminal justice system. Juveniles deserve to have a positive future despite their run in with the law. Not properly diagnosing or untreated them is setting them up for failure.

REFERENCES

- Aalsma, M.C., White, L.M., Lau, K.S.L., Perkins, A., Monahan, P., & Grisso, T. (2015) Behavioral Health Care needs, Detention-Based Care, and Criminal Recidivism at Community Reentry From Juvenile Detention: A Multisite Survival Curve Analysis. *American Journal of Public Health*, 105 (7), 1372-8.
- Baker-Ericzen, M.J., Jenkins, M.M., & Haine-Schlagel, R. (2013). Therapist, Parent, and Youth Perspectives of Treatment Barriers to Family-Focused Community Outpatient Mental Health Services. *Journal of Child and Family Studies*, 22 (6), 854-868.
- Bayson, A.L. (2017) Dragging Factors in Juvenile Delinquency, Mental Health Problems, and Nursing Care. *Journal of Psychiatric Nursing*.
- Blomberg, T.G. (2016) Juvenile Court and Contemporary Diversion. *Criminology and Public Policy*, 15 (3), 953-981.
- Capp, G. (2015). Our Community, Our School: A Case Study of Program Design for School-Based Mental Health Services. *Children and Schools*, 37 (4), 241-248.
- Cohen, E., & Pfeifer, J. (2011). Mental Health Services for Incarcerated Youth: Report from a Statewide Survey. *Juvenile & Family Court Journal*, 62 (2), 22-34.
- Espinosa, E., Sorenson, J., & Lopez, M. (2013) Youth Pathways to Placement: The Influence of Gender, Mental Health Need and Trauma on Confinement in the Juvenile Justice System. *Journal of Youth and Adolescence*, 42 (12), 1824-1836.
- Hoeben, E.M., & Weerman, F. M. (2016) Why is Involvement in Unstructured Socializing Related to Adolescent Delinquency. *Criminology*, 54 (2), 242-240.
- Hogan, K. A., Bullock, L.M., & Fritsch, E. (2010). Meeting the Transition needs of I Incarcerated Youth with Disabilities. *Journal of Correctional Education*, 61 (2).
- Hyde, J. (2016) The Mental Health Crisis in our Juvenile Detention Centers.
Retrieved from: <http://www.sharedjustice.org/domestic-justice/2016/8/8/the-mental-health-crisis-in-our-juvenile-detention-centers>
- Kraus, L.J. (2016) Juvenile Delinquency. *Child and Adolescent Psychiatric Clinics of North America*, 25 (1).

- Kretschmar, J.M., Butcher, F., Canary, P.J., & Devens, R. (2015) Responding to the Mental Health and Substance Abuse Needs of Youth in the Juvenile Justice System: Ohio's Behavioral Health/Juvenile Justice Initiative. *American Journal of Orthopsychiatry*, 85 (6), 515-521.
- Kroska, A., Lee, J.D., & Carr, N.T. (2017) Juvenile Delinquency and Self-Sentiments: Exploring a Labeling Theory Proposition. *Social Science Quarterly*, 98 (1), 73-88.
- Loeb, R.C., Waung, M., & Sheeran, M. (2015). Individual and Familial Variables for Predicting Successful Completion of a Juvenile Justice Diversion Program. *Journal of Offender Rehabilitation*, 54 (3), 212-237.
- McCarter, S.A. (2016). Holistic Representation: A Randomized Pilot Study of Wraparound Services for First-Time Juvenile Offenders to Improve Functioning, Decrease Motions for Review, and Lower Recidivism. *Family Court Review*, 54 (2), 250-260.
- Painter, K. (2012). Outcomes for Youth with Severe Emotional Disturbance: A Repeated Measures Longitudinal Study of a Wraparound Approach of Service Delivery in Systems of Care. 41(4), 407-425.
- Ryan, J.P. Williams, A.B., & Courtney, M.E. (2013) Adolescent Neglect, Juvenile Delinquency, and the Risk of Recidivism. *Journal of Youth and Adolescence*, 42 (3), 454.
- Tomar, N., Ghezzi, M., Brinkley-Rubinstein, L., Wilson, A., Van Deinse, T., Burgin, S., & Cuddeback, G. (2017). Statewide Mental Health Training for Probation Officers: Improving Knowledge and Decreasing Stigma. *Health and Justice*, 5 (1), 1-5.
- Underwood, L.A., & Washington, A. (2016). Mental Illness and Juvenile Offenders. *International Journal of Environmental Research and Public Health*, 13 (2), 228. <https://doi.org/10.3390/ijerph13020228>
- Van Duin, L., Bevaart, F., Paalman, C.H., Luijckx, M.J.A., Zijlmans, J., Marhe, R., Blokland, A. A.J., Doreleijers, T.A.H., & Popma, A. (2017) Child Protection Service Interference in Childhood and the Relation With Mental Health Problems and Delinquency in Young Adulthood: A Latent Class Analysis Study. *Child and Adolescent Psychiatry and Mental Health*, 11 (1).
- Vidal, S., Prince, D., Connell, C.M., Caron, C., Kauffman, J., & Tebes, J.K. (2017) Maltreatment , Family Environment, and Social Risk Factors: Determinants

of the Child Welfare to Juvenile Justice Transition Among Maltreated Children and Adolescents. *Child Abuse and Neglect*, 63, 7-18.

Vogel, M., & Messner, S.F. (2012) Social Correlates of Delinquency for Youth in Need of Mental Health Services: Examine the Scope of Conditions of Criminological Theories. *Justice Quarterly*, 29 (4), 546-572.

Waldman, R.J., Vinson, S.Y., & Howard, J. (2014). Addressing the Mental Health Needs of Youth in the Juvenile Justice System. *Florida Coastal Law Review*, 17 (1), 43-82.

Warner, B.D., Beck, E., & Ohmer, M.L. (2010) Linking Informal Social Control and Restorative Justice: Moving Social Disorganization Theory Beyond Community Policing. *Contemporary Justice Review*, 13 (4), 355-369

Walker, J., Seibel, C., & Jackson, S. (2017). Increasing Youth's Participation in Team-Based Treatment Planning: The Achieve My Plan Enhancement for Wraparound. *Journal of Child and Family Studies*, 26 (8), 2090-2100.

Wylie, L.E., & Rufino, K.A. (2018) The Impact of Victimization and Mental Health Symptoms on Recidivism for Early System-Involved Juvenile Offenders. *Law and Human Behavior*, 42 (6), 558-569.

