

The Relationship between Mental Health Indicators and Adjudication Rates Among Youth with Serious Emotional Disturbance

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* Thank you for your interest in this presentation. Please note that analyses included herein are preliminary. More recent, finalized analyses may be available by contacting ISK for further information.



Juvenile Justice Involvement and Mental Health

- An estimated 2.5 million juvenile arrests were reported in 1999 (Shelton, 2001).
- Youth involved with the juvenile justice system have high rates of mental disorder (Shelton, 2001; McManus, Alessi, Grapentine & Brickman, 1984; Wiersen, Forehand & Frame, 1992; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002).



Youth with Prior Justice Involvement Currently Receiving Services

- **20% of youth in the public mental health system have a history of juvenile arrest** (Rosenblatt, Rosenblatt & Biggs, 2000; Vander Stoep, Evens, & Taub, 1997; Breda, 1995).
- **Compared to youth receiving mental health services without prior justice involvement, dually-involved youth are:** (Rosenblatt, Rosenblatt & Biggs, 2000; Bryant et al., 1994)
 - ♦ more likely to be diagnosed with substance abuse and behavior disorders (e.g., conduct disorder).
 - ♦ less likely to be diagnosed with an anxiety disorder.



Study Rationale

- ▶ Similar studies to date have focused on regional samples.
- ▶ The unique characteristics of justice-involved youth provide critical information to the individualized service planning process, therefore
 - we must investigate mental health challenges faced by dually involved youth and how they differ from other service-referred youth.

This study compares the rate of prior adjudication of service-referred youth as a function of the presence versus absence of specific mental health challenge indicators.



Study Methodology

► Data were collected by communities funded in 1993 and 1994 (22 sites) as part of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program.

► **Sample Selection Criteria:**

- 1) Youth participating in the child and family outcome study of the national evaluation (of a possible 18,906).
- 2) 10 years of age or older
- 3) Complete data on 7 study variables.

2,662 who had complete data ⇒ Study Sample

Study sample contained slightly more Caucasian youth and youth of 'other' races.

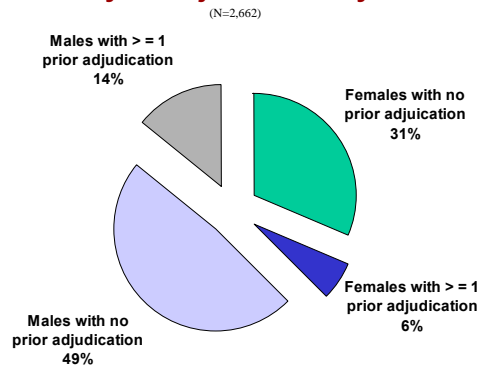


Measures and Indicators

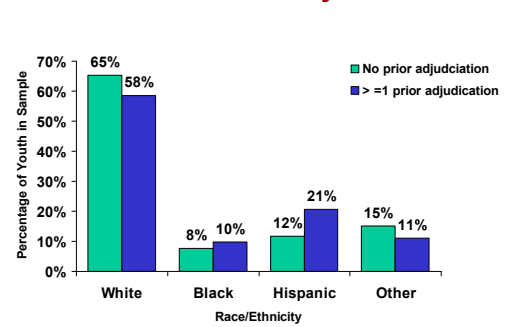
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|------------------------------------|---|
| Demographic characteristics | Age Gender Race/ethnicity Household income |
| Mental health indicators | Global Assessment of Functioning Primary Axis I diagnosis Presenting problem(s) |
| History of delinquency | Prior adjudicated misdemeanor Prior adjudicated felony |

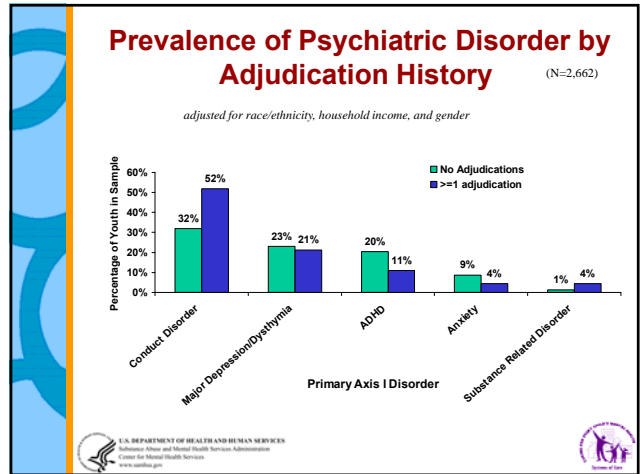
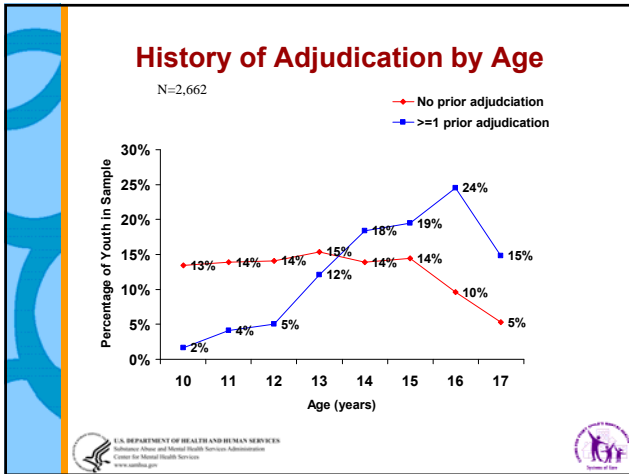


History of Adjudication by Gender



History of Adjudication by Race/Ethnicity





Analytic Approach

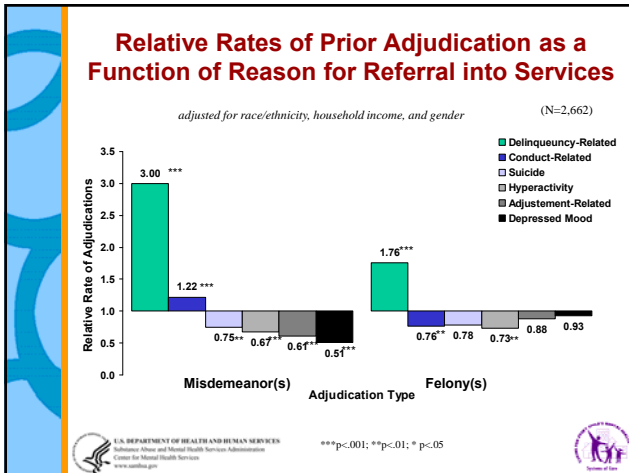
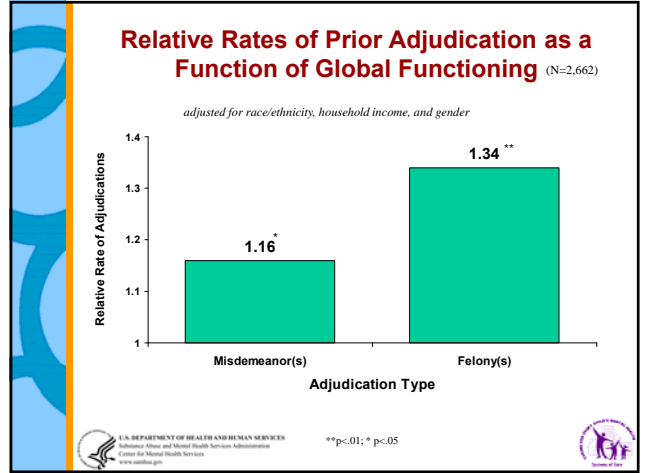
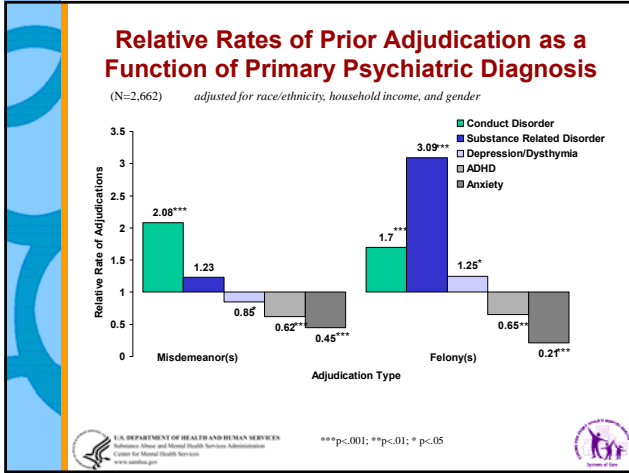
- ▶ **Poisson for count data used to calculate the relative rates of adjudication as a function of multiple indicators of mental health (adjusted for gender, race/ethnicity, household income):**
 - Global Assessment of Functioning (lowest 16% of sample versus higher)
 - Primary Axis I Diagnosis
 - Reason for Referral to Services

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Analytic Approach (cont.)

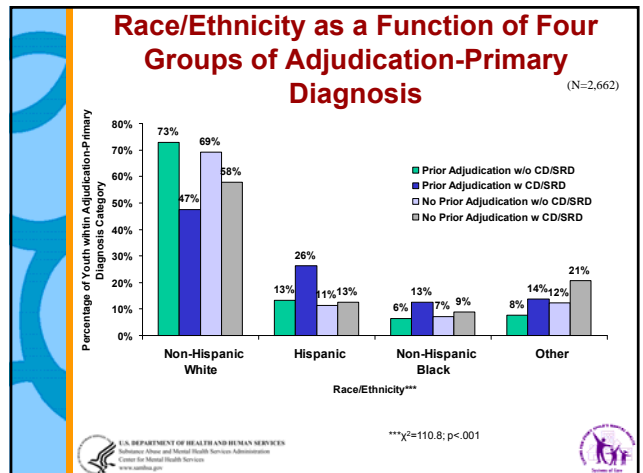
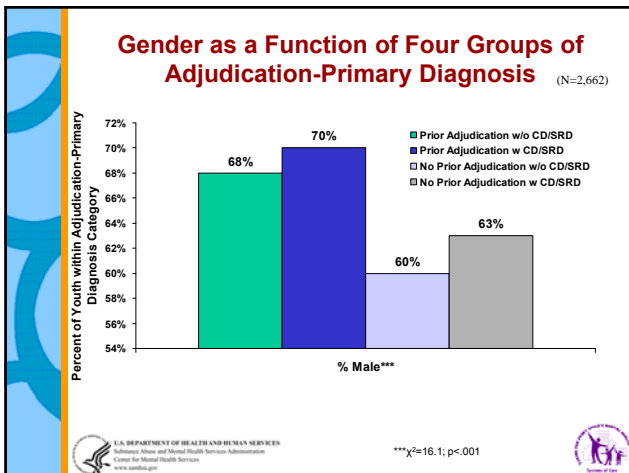
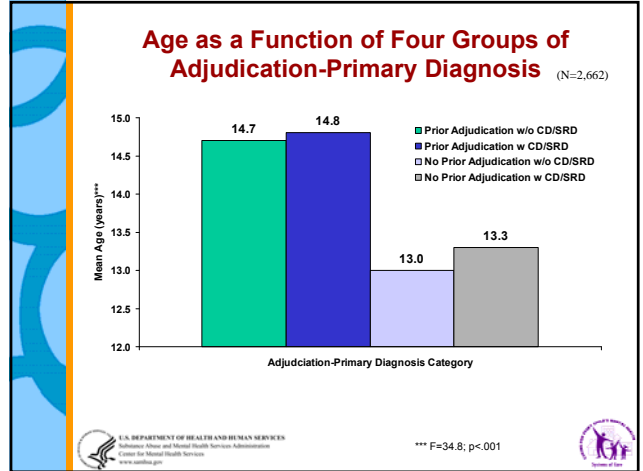
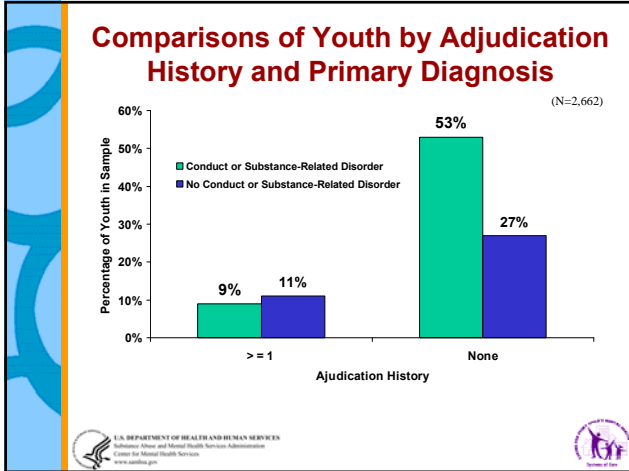
- ▶ **Comparisons of youth by adjudication history and primary diagnosis**
 - χ^2 tests for differences across the four groups
 - Prior adjudication w/ CD / Substance-Related Disorder (SRD)
 - Prior adjudication w/o CD / SRD
 - No prior adjudication w/ CD / SRD
 - No prior adjudication w/o CD / SRD
 - **Comparison of demographic characteristics**

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Putting it all Together: Relative Rates of Adjudication

| Mental Health Indicator | Misdemeanor(s) | Felony(s) |
|---|----------------|-----------|
| Primary Psychiatric Diagnosis | | |
| Conduct Disorder | > | > |
| Substance Related Disorder | > | > |
| Depression/dysthymia | < | > |
| ADHD | < | < |
| Anxiety | < | < |
| Reason for Referral | | |
| Delinquency-Related | > | > |
| Conduct-Related | > | < |
| Suicide | < | < |
| Hyperactivity | < | < |
| Adjustment-Related | < | < |
| Depressed Mood | < | < |
| Global Assessment of Functioning | > | > |



Summary

Relative rates of adjudication history differ significantly as a function of:

- ▶ **Primary diagnosis**
 - conduct disorder associated with elevated rates of prior adjudication for misdemeanor and felony adjudication
 - substance abuse and depression/dysthymia associated with elevated rates of felony adjudication
 - anxiety and ADHD associated with lower rates of prior misdemeanor and felony adjudication
- ▶ **Reason for referral**
 - elevated rates of misdemeanors adjudication associated with referral for delinquency and conduct-related problems
 - lower rates of misdemeanor adjudication associated with suicide, hyperactivity, adjustment-related, and depressed mood
- ▶ **Global assessment of functioning**
 - elevated rates of misdemeanor and felony adjudications associated with poor (lowest 16% of sample) functioning



Summary

- ▶ **44% of youth with a history of conviction had an Axis I diagnosis *other than* substance abuse or conduct disorder**
- ▶ **Youth differ in terms of race/ethnicity, gender, and age as a function of adjudication history-diagnosis category.**



Study Limitations

1. **Cross sectional data**
2. **Validity of the conviction variable**
 - Caregiver report and administrative record
3. **Specific crime types not investigated**
4. **Collection of psychiatric diagnosis via chart review**



Implications

- ✓ **Diagnosis at time of intake into service is significantly related to adjudication history among youth with serious emotional disturbance who are referred into system-of-care services.**
- ✓ **Youth with a primary diagnosis other than CD-SRD and with a history of adjudication may vary in demographic characteristics compared to other youth.**

