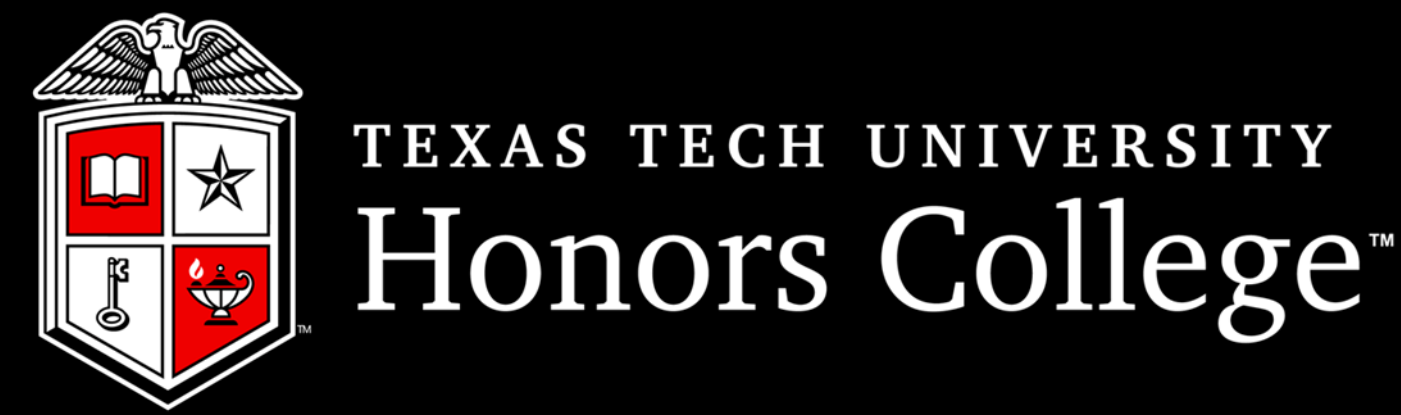
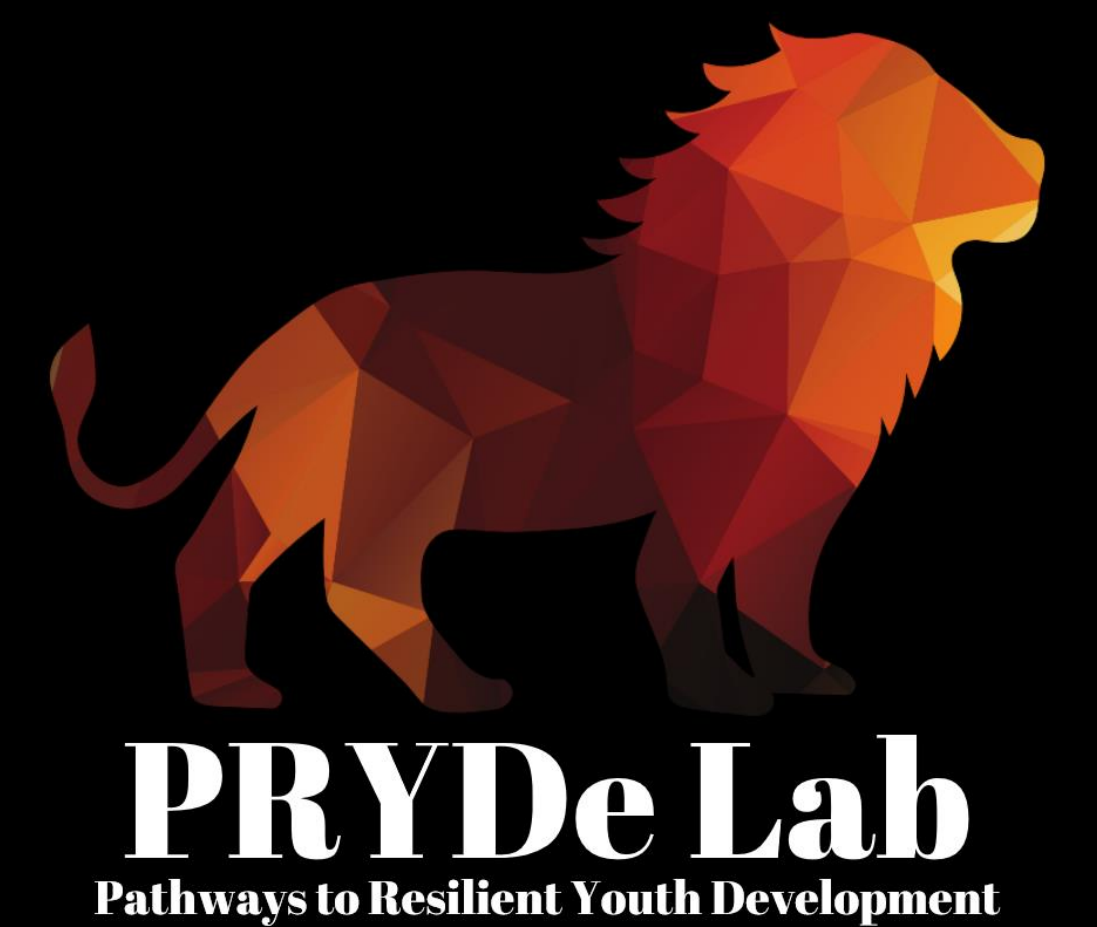


Does Mental Health Treatment Impact Risk Among Justice-involved Youth?



Victoria Dennis, Kelsey Maloney M.A., Becca Bergquist M.A., & Adam Schmidt, Ph. D.
 Contact: victoria.e.dennis@ttu.edu



Introduction

BACKGROUND

- Approximately 50 to 75 percent of justice-involved youth meet criteria for a mental health disorder (Underwood & Washington, 2016).
- The majority (79%) of justice-involved youth who meet criteria for at least one mental health disorder also meet criteria for more than one mental health disorder (Shufelt & Cocozza, 2006).
- It has been found that lack of treatment adherence, and lack of positive coping strategies are predictive of serious (i.e., violent) recidivism (Mulder, 2010) and that improved mental health services reduce risk for juvenile justice involvement (Foster, Qaseem, & Connor, 2004).
- The current study sought to examine the effect of completing mental health programs on risk for recidivism among justice-involved youth.

RESEARCH QUESTION

- Is the completion of mental health programs associated with a significant change in risk as measured by the Risk and Needs Assessment (RANA)?

Methods

- **Sample:** 74 adolescent, first-time offenders (age range: 10 - 16; $M_{age} = 13.78$, $SD = 9.40$) registered at a large urban juvenile probation department in South Eastern Texas from 2010 to 2014. Participants who completed mental health programs were included with no other exclusion criteria. Sample was derived from a data set of approximately 1500 justice-involved youth, in which coding is ongoing, and all participants who completed mental health programs were included.
 - **Mental Health Programs:** The current mental health programs include “individual, group, and family counseling, crisis intervention, specialized programing, and medication management to youth in the post-adjudicated facilities.”
 - **Risk and Needs Assessment (RANA):** screening tool used to classify juveniles as Low, Medium, or High risk. Includes 11 risk (10 for females) and 7 needs factors
- ### ANALYSIS
- Participants were assessed at their first offense ($N = 69$) and with each subsequent re-offense (second offense $n = 62$; third offense $n = 54$; fourth offense; $n = 37$; fifth offense $n = 24$).
 - From within this sample, there were 18 completed mental health programs at the first offense, 19 at the second, 33 at the third, 15 at the fourth, and 5 at the fifth offense.
 - A Pearson’s correlation was conducted to examine whether RANA risk levels were significantly correlated across offenses.
 - Additionally, a paired sampled t-test was conducted to examine change in risk levels over time by comparing subsequent offenses.

Results

Table 1. RANA Risk Level Sig. (1-tailed)

	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5
Offense 1		0.356	0.314	.304	.156
Offense 2	.356		.125	.227	.500
Offense 3	.314	.125		.000*	.067
Offense 4	.304	.227	.000*		.203
Offense 5	.156	.500	.067	.203	

Note: * indicates $r = .80$, $p < .001$

- RANA risk level was significantly correlated across offense 3 to offense 44 ($r = .80$, $p < .001$) but was non-significant in all other pairings.
- Additionally, results did not yield a significant difference between any combinations of offenses ($p = .057 - .621$).

Conclusions

- Results indicated that among those who completed mental health programs, risk levels remained consistent across time.
- Moreover, these results suggest a possible disconnect between mental health program completion and overall change in risk levels, possibly indicating that the examined mental health programs are not effective in impacting risk and/or that the risk measure used is not sensitive to change following mental health treatment.
- However, there are additional explanations for this lack of a significant change besides substandard quality of programs, i.e. the length of time of the mental health programs was never defined. Therefore, it is possible that the ineffectiveness of the programs in affecting risk levels may stem from rapid program implementation/completion rather than substandard quality of the programs.
- A positive indication from the current study is that mental health programs are not increasing the risk of the involved youth. Research has shown when justice-involved adolescents are grouped with others who have the same type of problems, often like that in rehabilitative programs, there is a higher likelihood for “undesirable behavior” (i.e. peer contagion; Cécile, & Born, 2009; Mennis, & Harris, 2011).



Limitations & Future Directions

LIMITATIONS

- RANA measures various indicators of risk (i.e. parent criminal history) which mental health programs could not possibly address. It is possible that other dynamic variables were impacted and not accounted for in our results due to our limited data.
- Our sample consisted of those who were assigned mental health programs, meaning that the included participants may be more problematic than those who were not assigned programs.

FUTURE DIRECTIONS

- Research has shown it is unlikely that focusing solely on treating mental health problems in serious offenders will have a distinct impact on later outcomes (Shubert, Mulvey, & Glasheen, 2011). Further research should then assess the effectiveness of mental health services on reducing risk among specifically low risk offenders.
- Further research should address which specific offenders would benefit directly from mental health programs to improve their mental health and to reduce risk of recidivism and for increasing prosocial adjustment.

References

- Cécile, M., & Born, M. (2009). Intervention in juvenile delinquency: Danger of iatrogenic effects? *Children and Youth Services Review*, 31(12), 1217-1221.
- Foster, E., Qaseem, A., & Connor, T. (2004). Can Better Mental Health Services Reduce the Risk of Juvenile Justice System Involvement? *American Journal of Public Health*, 94(5), 859-65.
- Mennis, J., & Harris, P. (2011). Contagion and repeat offending among urban juvenile delinquents. *Journal of Adolescence*, 34(5), 951-963.
- Mulder, E. (2010). A classification of risk factors in serious juvenile offenders and the relation between patterns of risk factors and recidivism. *Criminal Behaviour and Mental Health: CBMH.*, 20(1), 23.
- Schubert, C. A., Mulvey, E. P., & Glasheen, C. (2011). *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(9), 952-937.
- Shufelt, J. L., & Cocozza, J. J. (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study. *National Center for Mental Health and Juvenile Justice*, 1-6.
- Underwood, L., & Washington, A. (2016). Mental Illness and Juvenile Offenders. *International Journal of Environmental Research and Public Health*, 13(2), 228.

Acknowledgments

I would like to thank the Honors College Undergraduate Research Scholars Program supported by the CH and Helen Jones Foundations. I am also extremely grateful for the guidance and opportunity that Dr. Adam Schmidt and Kelsey Maloney have provided while working alongside them.



TEXAS TECH UNIVERSITY
 Department of Psychological Sciences