



Advocacy and Action  
for Connecticut's  
Mental Health

## Juvenile Justice and Mental Health

Most children as well as adults who have a mental health condition will never be arrested. However, individuals who have experienced trauma and/or have a mental health condition can have problematic behaviors. For example, people with PTSD may have an extreme flight or fight response. Symptoms can be inappropriately interpreted as crimes.

### **Children with mental health conditions and substance abuse issues are over-represented in the juvenile justice system.**

- 64 percent of children involved in the juvenile justice system in Connecticut have a mental health disorder.<sup>1</sup>
- In Connecticut, 80 percent of children admitted to detention report trauma histories.<sup>2</sup>
- Nationally, substance abuse is linked to 78 percent of cases where juveniles are taken into custody.<sup>3</sup> In 2013, 65 percent of the boys admitted to the Connecticut Juvenile Training School (CJTS, the state's boys prison) had a substance use diagnosis.<sup>4</sup>
- In 2013, 90 percent of boys admitted to CJTS had more than one DSM-IV diagnosis.<sup>5</sup> The Pueblo Unit of girls has not been open long enough to report similar data, but research has found the rate of mental disorders for girls in the juvenile justice system to be higher than it is for boys.<sup>6</sup>

**The juvenile justice system is the wrong place for a young person who is traumatized and/or has severe mental health issues—just as it is for a child who is physically ill or injured.** The juvenile justice system can re-traumatize youth. Within the juvenile justice system, youth may be subjected to further traumatic experiences, such as shackling, strip searches and restraint. A recent report by the Council of State Governments on best practices for reducing recidivism recommends that youth with mental health needs be served outside of the juvenile justice system where appropriate.<sup>7</sup> The report goes on to warn of the dangers of “over-intervening,” that is: making the behavior of low-risk youth deteriorate through extensive system involvement.

**The disproportionate number of children of color with mental health conditions entering the juvenile justice system makes this not only an *access* issue but also a *health equity* issue.** Minority children are over-represented in juvenile justice system and under-represented in the behavioral health system. National studies tell us that youth of all races and ethnicities engage in similar behaviors.<sup>8</sup> Unfortunately, behaviors that are treated as mental health problems in white children are often treated as delinquency in children of color.

A recent review found that while white children make up 39 percent of the Connecticut youth Medicaid population, they account for 45-46 percent of the use of behavioral health services. Black, Hispanic and Asian children all used these services at rates lower than their population rate.<sup>9</sup>

In contrast, children of color are over-referred to the juvenile justice system. Black youth accounted for 35 percent of delinquency referrals in 2013, though they make up only 11 percent of the state's youth population. Hispanic youth comprised 19 percent of referrals, though they account for only 14 percent of the state youth population.<sup>10</sup>

## Opportunities for Keeping Children Out of the Juvenile Justice System:

- Provide early and better access to quality mental health services for children which can avoid use of the juvenile justice system to identify and address their issues;
- Provide trauma services in schools where community violence and chronic community stress are high to teach kids coping skills services and keep them out of delinquency settings;
- Grow diversion programs, such as Juvenile Review Boards, and train parents, teachers, and police to call Emergency Mobile Psychiatric Services (EMPS), which can address behavioral problems as mental health problems when appropriate, rather than crimes.

**For more information**, contact Abby Anderson, Executive Director, Connecticut Juvenile Justice Alliance, [abby@ctjja.org](mailto:abby@ctjja.org)

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<sup>1</sup>CSSD presentation to Behavioral Health Services for Young Adults Task Force (2014)

<sup>2</sup> Source: *Building a Trauma-informed System of Care for Children in Connecticut*, presentation to Sandy Hook Commission, 2012, Robert Franks, PhD, Connecticut Center for Effective Practice, Child Health and Development Institute

<sup>3</sup> CASA Columbia. (2004.) Accessed: <http://www.casacolumbia.org/addiction-research/reports/substance-abuse-juvenile-justice-children-left-behind>

<sup>4</sup> 2014 Connecticut Juvenile Training School Advisory Committee Annual Report to the Legislature.

<sup>5</sup> Ibid.

<sup>6</sup> Grisso, Thomas. (2008.) The Prevalence of Mental Disorders Among Adolescent Offenders. *The Future of Children: Juvenile Justice*. 18(2) Accessed

<http://futureofchildren.org/futureofchildren/publications/journals/article/index.xml?journalid=31&articleid=45&sectionid=146>

<sup>7</sup> Seigle, E., Walsh, N., Weber, J. (2014) *Core Principles for Reducing Recidivism and Improving Outcomes for Youth in the Juvenile Justice System*. Council of State Governments.

<sup>8</sup> Centers for Disease Control Youth Risk Behavior Surveillance. Accessed

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

<sup>9</sup> Source: Connecticut Behavioral Health Project

<sup>10</sup> Sources: Office of Policy and Management and U.S. Bureau of the Census (2012)