Mental Health in the Juvenile Justice System: A Comprehensive Review

Abstract

This review evaluates the mental health requirements of youth in the U.S. juvenile justice system and considers enhancing care and outcomes. Literature routinely shows that youth in the justice system have mental health issues at far higher rates than youths in the general population. These problems often include anxiety, depression, trauma-related illness, and behavioral issues, which are often compounded by negative childhood experiences (ACEs) in the nature of abuse, neglect, or witnessing violence. Given the prevalence of mental health needs, the justice system itself often lacks adequate resources to address them, with resultant offending cycles and further victimization. The report covers pre-sentencing mental health screens, prison treatment, post-release assistance, and the role played by schools and communities in identification at an early stage.

Evidenced programs such as Cognitive Behavioral Therapy and Multisystemic Therapy have been effective at reducing recidivism through embedding therapy, education, and support for the family. This review also assesses racial, income, and gender disparities in access to mental health services and emphasizes the need for better, more equitable solutions. It concludes that increased screening, integrated treatment models, and overall post-release care are required to facilitate rehabilitation, reduce recidivism, and ensure the health and well-being of justice-involved youth.

1. Introduction

One of the most important challenges facing the US juvenile justice system is addressing the mental health of its juvenile offenders. Prioritizing this challenge is essential for the system to be successful in its mission of rehabilitation, providing children with a second chance as a form of punishment. Included among the factors of this particular challenge is the number of children who suffer from mental disorders and how many of those children are impacted.

Youths in the juvenile justice system have significantly greater rates of mental health disorders compared to their peers. 70% of youths admitted to juvenile detention centers have one or more mental health diagnoses (Jackson, 2022). This is significantly higher than in the general population where only 16.5% of U.S. youths aged 6-17 have a mental health disorder. (NAMI, 2023). Co-occurring mental disorders affect roughly two-thirds of incarcerated youth (Kaneda, 2017).

Treatment of these mental health issues is necessary for numerous reasons. Timely treatment can prevent the exacerbation of problems and reduce recidivism. Effective treatment can improve academic success, social adjustment, and overall outcomes for young people. Further, timely treatment is in accordance with the rehabilitative mandate of the juvenile justice system (OJJDP, 2017). From a practical point of view, treating mental health needs can yield cost savings through prevention of the utilization of lengthy confinement and repeated interventions.

The system is, nonetheless, plagued by thousands of barriers to providing adequate mental health services. These encompass less access to mental health experts within facilities, substandard screening and assessment practices, insufficient evidence-based treatment programs for justice-involved youth with explicit focus, and limited cooperation among the justice system and community mental health agencies. These hurdles in addressing them are evidence of the pressing necessity of integrated mental health strategies within the juvenile justice system. Disregarding these issues continues a cycle of criminal behavior and missed opportunities for actual rehabilitation. The juvenile justice systems are also made more complex by systemic inequalities. African American youth are five times more likely to be incarcerated than white youth.

Nationwide, African American children represent 32% of children arrested, 42% of children detained, and 52% of children having their cases waived to criminal court, but only 14% of the population (NAACP, 2022). In addition, low-income youth are disproportionately represented in the juvenile system, which captures the intersection of poverty and justice system involvement (Gunuboh, 2023). These disparities also extend to mental health services access that compounds the problems that justice-involved youth face.

This literature review aims to evaluate the current status of mental health assessment, intervention, and policy reform within the juvenile justice system. This literature review strives to address the general question: What evidence-based interventions and policy reforms can effectively enhance mental health treatment and ongoing care for involved youth that eventually contribute to rehabilitation and recidivism decrease? To provide a comprehensive analysis, this review will examine several key domains: pre-sentencing mental health assessments and the impact these have on judicial decisions, effectiveness of intake screening procedures, in-facility mental health protocols and collaborative care models, post-release programs and their mediating effects over time. Finally, this review will evaluate the enactment of evidence-based practice and recommend possible policy reforms.

The ultimate purpose is to advise practice and policy reform suggestions supported by evidence, which enhance juvenile justice effectiveness and humanity and are directed toward its youthful offenders' mental health and rehabilitation.

2. Methodology

Table 1. Inclusion and exclusion criteria

Inclusions	**Exclusions**
Individuals under 25 years old	Individuals over 25 years old
Individuals that are incarcerated	Individuals that are not incarcerated
Full text articles in English	Studies not published in English or lacking full-text access
Studies published in the last 20 years	Studies published before 2004

A systematic literature search was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, 2009). The PubMed, Cochrane, Medline, and Scopus databases were searched in October 2024 to identify articles investigating the mental health challenges of juveniles.

Retrieved articles were firstly screened based on the title and abstract, while the remaining articles had the full text reviewed for eligibility based on the inclusion and exclusion criteria (Table 1). The screening and eligibility of articles for inclusion was conducted by one independent researcher (S.P.), and any disagreement was settled by an independent researcher (M.J.).

The search strategy used a combination of keywords. The following key terms and their variations were included:

("juvenile justice system" OR "youth offenders" OR "adolescent offenders") AND ("mental health assessment" OR "mental health intervention" OR "policy reform" OR "adolescent mental health" OR "pre-sentencing evaluation" OR "intake screening" OR "incarceration alternatives" OR "integrated care models" OR "substance abuse treatment" OR "educational programs" OR "post-release support" OR "recidivism prevention" OR "digital media impact" OR "social networking effects" OR "school-based interventions" OR "community programs" OR "early detection" OR "prevention strategies" OR "demographic disparities" OR "racial equity" OR "socioeconomic factors" OR "gender differences" OR "therapeutic approach" OR "punitive approach" OR "policy implementation" OR "longitudinal studies" OR "holistic mental health care" OR "juvenile rehabilitation" OR "trauma-informed care" OR "cognitive behavioral therapy" OR "family-based interventions" OR "diversion programs" OR "restorative justice" OR "mental health courts" OR "evidence-based practices" OR "risk assessment tools" OR "continuity of care" OR "interagency collaboration" OR "cultural competence" OR "stigma reduction" OR "mental health literacy" OR "peer support programs" OR "telepsychiatry" OR "crisis intervention" OR "suicide prevention" OR "co-occurring disorders" OR "psychosocial development" OR "neurobiological factors" OR "resilience building" OR "protective factors" OR "adverse childhood experiences" OR "wraparound services")

3. Results

Assessment of Mental Health Pre-Sentencing

As this review is addressing the specifics of mental health assessment within the juvenile justice system, it is necessary to first address the methods and tools utilized for mental health assessment prior to sentencing.

Pre-sentencing assessments are critical in determining if justice-involved youth can be diverted to mental health treatment or community-based programs instead of being incarcerated. The MAYSI-2 and the YLS/CMI are the most widely used standardized measures for these assessments. The MAYSI-2, a 52-item self-report, screens seven mental health scales, while the YLS/CMI assesses eight criminogenic risk/need factors (NYSAP). These tools collectively are designed to provide thorough understanding of the mental health status and risk factors of an adolescent to guide particular intervention and sentencing plans.

The primary function of these tests is to determine risk for recidivism. Determining the risk for recidivism is derived by assigning weights to each of the measured risk factors by these tests. As an example, the YLS/CMI categorizes youths by risk levels - low, moderate, high, or very very high - depending on global scores. This stratification informs treatment and sentencing and delivers intensive service to more at-risk youth and suggests community-based intervention for less at-risk youth.

The effectiveness of these assessment tools has been subjected to rigorous examination highlighting areas for improvement. A study on the YLS/CMI-SV for assessing young offenders in Singapore highlighted the necessity of incorporating gender-specific factors that would make tools such as the YLS/CMI-SV more predictive of recidivism and enhance case management outcomes (Chu et al., 2014). These findings recognize the importance of using these tools as part of a comprehensive assessment process and the ongoing need to refine them to make sure that they effectively address the diverse needs of youth in the justice system.

Additionally, while these assessments provide valuable insights, evidence strongly supports the improved outcomes of mental health interventions compared to incarceration during sentencing. Youth diverted to mental health treatment programs consistently show much lower recidivism rates than those incarcerated (Wilson & Hoge, 2012). These interventions included evidence-based approaches such as cognitive-behavioral therapy (CBT), multisystemic therapy (MST), and functional family therapy (FFT).

Each of these treatments has particular strengths. CBT is directed at the restructuring of negative behavior and thought, and MST and FFT involve the community and family of the adolescent in the treatment. Particularly impressive is the long-term success of MST: four years after the treatment, subjects were 64% less likely to be rearrested, with only 26% being rearrested compared to 71% for the control group. In addition, the MST group had an average of 0.45 arrests, an 88% decrease from the 3.88 arrests of the control group (Arnold Ventures, 2020).

Research from Ryon et al. (2017) further confirms the benefits of community-based interventions, particularly those that are family-focused (Ryon et al., 2017). Similar programs significantly reduced recidivism, felony conviction, and subsequent justice system placement. These interventions succeeded because they address multiple aspects of a youth's life, like family dynamics, peer influences, and school engagement, providing a more holistic approach than traditional incarceration.

Pre-sentencing mental health assessments play a very important role in identifying opportunities for diversion and tailoring interventions to meet the unique needs of youth in the justice system. When coupled with evidence-based community-based programs, these assessments can reduce recidivism and improve long-term outcomes for justice-involved youth. It is important to keep these findings in mind when we consider how we can prioritize and improve mental health considerations and services throughout the juvenile justice process.

Assessment of Mental Health at Intake

Building on the pre-sentencing assessment foundation, this chapter addresses the essential process of mental health screening at intake. The intake stage is an opportunity for prompt identification and

intervention, perhaps re-directing the life of a youth in the justice system. Increasing intake assessments is aligned with broader goals of addressing youth mental health in the justice system.

Today's intake procedures have a preference for employing brief-screening tools, and the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) is a popular choice. The tool has been shown to be successful at identifying possible mental health requirements in a high percentage of justice-involved juveniles, with studies suggesting that it raises concern in 70% of referrals (Cauffman, 2004). MAYSI-2's strength is its comprehensive approach, evaluating seven domains most critical: Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences.

The benefits of the MAYSI-2 are apparent: it is short, simple to administer, and can identify youth who need to be referred for urgent mental health issues promptly. Yet, as is true of any instrument, it has its restrictions. A study by (Jaggers et al., 2021) pointed out that while it does a good job identifying overall mental health issues, it might not do as well in capturing specific disorders or the whole array of trauma-related symptoms in various contexts.

While there are promising instruments for intake screening, their use is problematic. One of the problems lies in comparing juvenile detention facilities to adult correctional facilities, where the Prison Rape Elimination Act (PREA) of 2003 mandates mental health screening of all inmates in the intake process (BJA, 2021).

There is an incredible disparity between youth and adult facilities, given that youth in the system have more mental health disorders than adults. A study conducted by (Desai et al., 2006) displays this disparity, showing that although the NCCHC states that all youth are to be screened upon admission to a facility for physical and mental health problems, a mere 61% of youth reported that they were screened for mental health. In contrast, 97% reported being screened for medical health issues (Desai et al., 2006). Furthermore, where screening does occur, their extent and quality widely vary across juvenile facilities, unlike the more centralized processes within the adult systems. This variability points to the need to change policy for mandating standardized and full mental health screens for all youths entering the system.

The following will talk about how plugging these important gaps will result in better outcomes for justice-involved youth, ultimately leading to their mental health being addressed appropriately.

Policies to Address Mental Health During Incarceration

Having surveyed the intake process at the intake points into the juvenile justice system, this examination now shifts its focus to evaluate policies and programs for treating mental health problems via incarceration. This stage of the life of a youth through the system is central, with difficulty but also fantastic potential for intervening positively. Where there are many jurisdictions that mandate screening for mental illness and access to psychiatric treatment, their application and effectiveness vary. Success is invariably a function of the availability of resources and of uniform application. This inconsistency refers to a central area for reform because the policy itself is rarely the issue but its application. Systematic implementation across all facilities is paramount to address the entire mental health needs of

justice-involved youth. In the last few years, there has been growing recognition of the need for integrated models of care that include mental health treatment, substance abuse treatment, and education.

The Juvenile Rehabilitation Integrated Treatment Model, as described by (Fox & Veele, 2020), is such a promising model. This practice incorporates evidence-based practices such as Multisystemic Therapy (MST) and Cognitive Behavioral Therapy (CBT) along with treatment of substance abuse and educational service. The programs typically incorporate a mix of individual and group therapy, counseling for substance abuse, academic instruction, and job training in the daily routine. Interventions such as MST have proven to be effective, as (Tan & Fajardo, 2017) study revealed that the program was shown to have a positive effect on emotional disorders. Financing remains to be a key setback to the use of such interventions, with the same study revealing that more analysis is needed in the assessment of the long-term cost of the program. With the identified high prevalence of trauma among justice-involved youth, most of the integrated programs now incorporate trauma-informed care, typically involving interventions like Trauma-Focused CBT. This focus on trauma considers the complex histories that many of these youths carry and seeks to address the root of their maladaptive behaviors.

One of the studies carried out by (Webb et al., 2014) examined the effectiveness of the program. Seventy-two teens aged 7 to 16, exposed to documented trauma and showing PTSD symptoms, received a mean of 10 sessions of therapy through a state-contracted mental health agency. PTSD symptoms, internalizing and externalizing behavioral difficulties, decreased reliably and were maintained at the same level for the following six months following the treatment. Another key feature of most integrated programs is the use of a tiered system of care, which aligns services with the youth's level of risk and need. For example, the MTSS model offers a tiered model of interventions, starting with universal, school-wide programs and escalating in intensity and customization as a function of the students' response to prior interventions (Fletcher & Vaughn, 2009). Models such as Response to Intervention (RTI) and Positive Behavior Interventions and Supports (PBIS) utilize a structured, evidence-based MTSS model for providing students with more timely and targeted services (Fuchs & Fuchs, 2006; Hawken, Vincent, & Schumann, 2008).

Researchers established that while MTSS models offer varied degrees of support based on the way in which students respond, such models generally do not feature individual testing. They recommend using SMART designs to enhance precision in MTSS, facilitating more impactful, individualized interventions and improved school success through the identification of the optimum intervention techniques and the reaction to diverse students' needs (August et al., 2018).

Prevention and early intervention services overall address incipient issues before they get out of hand, while intensive outpatient treatment provides structured assistance to youth in need of more intense care. For more severe needs, residential treatment provides full, full-time care. Notably, the tier system preserves educational continuity across all tiers and fosters both academic and personal growth.

By providing modular interventions, the program optimizes efficiency in its use of resources and ensures young people receive correct care without being institutionalized unjustifiably. The efficacy of these blended models in contrast with standard incarceration procedures is substantial. A longitudinal study presents robust evidence for their superiority and finds that youths treated in non-integrated systems of care with no specialized treatment services for responding to issues like alcohol and other drug abuse and

severe mental illness were unable to sort out discordant messages concerning treatment and recovery. The non-integrated system of care did not provide access to any psychosocial services or counseling to the adolescents.

Hence, this often meant something negative for them (SAMHSA, 2009). Models of integrated care, conversely, stand out by resolving co-occurring issues as a whole, incorporating mental and substance abuse therapy with effective life and coping skills. This combined design contrasts with the fragmented services of most standard juvenile incarceration centers, where care is segmented and fails to meet the comprehensive needs of youth who are engaged with the justice system. In constructing comprehensive and coherent support systems, combined designs demonstrate their worth in significantly improving the outcomes for youth who are incarcerated and have mental health issues.

As this review goes on, it will then see how such in-facility interventions are connected with post-release services in order to provide a continuum of care for justice-involved youth so that extended recovery and successful community reintegration are ensured.

Policies to Address Mental Health Post-Release

The mental health treatment needs of youth in the justice system do not end at the facility gates. The immediate period following release is often one of challenges, such as dealing with transition to the community, procuring continuing care, and coping with stigma. Effective post-release programs are vital during this stage because they play a significant role in ensuring successful reintegration, preventing recidivism, and fostering long-term positive outcomes.

One of the most promising aftercare programs following release is Multisystemic Therapy (MST). This intensive, family-based treatment has demonstrated long-term success in reducing recidivism. MST typically targets children and adolescents between the ages of 12 and 17 with serious behavioral problems, such as conduct disorders, aggression, or justice system involvement. It is usually reserved for youths at risk of residential treatment or detention placement, or youths already engaged with the juvenile justice system. The model serves youths who have exhibited a need for intensive, family- and community-based services. A foundational randomized controlled trial showed that MST youths had 54% lower re-arrest rates across a 25-year follow-up period relative to youths treated with individual therapy. This significant reduction in recidivism illustrates the possibility for well-designed, empirically based treatments to bring about long-term positive change in the lives of justice-involved adolescents (Schaeffer & Borduin, 2005). By engaging families, schools, and communities, MST fosters an inclusive approach to rehabilitation that is directed at the causal determinants of problem behavior, enhancing sustainable reintegration and improved life trajectories. Family dynamics are generally a key component of the success of these programs because most of the young people who end up in jail are acting as models of behavior from their families or other adults in their lives. This can be anything from dysfunctional communication and conflict to outright criminal behavior, and it is hard to break the cycle once young people are returned to that environment once they are released. MST works to address such issues by empowering families with the support and skills they need to form healthier relationships, improve communication, and create stable, positive environments for the teens. Through family therapy and skill-building, MST works to alter the family dynamic, which enables youths to reintegrate successfully and reduce the likelihood of recidivism.

In spite of the demonstrated need for intensive post-release services, there is an alarming gap in mental health service utilization among 16- to 24-year-olds. At reentry, most justice-involved youth have low rates of engagement with community-based services such as vocational rehabilitation and mental health care. In a single study, it was demonstrated that only 35% of juvenile offenders had been engaged in such services in the 6 months following reentry (Chung et al., 2007). There are a number of reasons for this low rate of utilization. From the supply side, there is a shortage of community-based services specifically designed for justice-involved youth. Many communities do not have specialized mental health professionals who are trained to work with these youth. On the demand side, factors ranging from stigma, transportation difficulties, and poor health insurance coverage prevent youth from using available services.

To alleviate these challenges, some states have unveiled new paradigms of post-release care. For instance, the Aftercare for Indiana through Mentoring (AIM), an evidence-based mentoring program that works with at-risk youth involved in all phases of the juvenile justice system, including foster care youth, combines intensive case management with mentoring services. AIM clients had a 29 percent reduction in the likelihood of incarceration compared to non-AIM served clients upon release, and is less than the 25% national average returning to incarceration within 1 year after release from a juvenile correctional facility (Müller, 2005). Success of the program lies in its focus on positive relationship development and concrete help with reintegration.

Role of Schools and Community Programs

Outside the purview of the justice system, the review then goes on to the equally crucial role played by schools and community programs in addressing the mental health needs of youths at risk. These are the front lines of early detection and prevention, which can catch youths in time to prevent them from becoming entrenched in the justice system.

Universal school mental health screening holds huge potential for early identification and treatment of developing mental health needs in young people. Early identification can potentially significantly enhance long-term student development and achievement. Schools, nonetheless, are likely to experience practical difficulties and the lack of unambiguous guidance when executing local screening procedures and policies (Connors et al., 2022). Although the benefits are apparent, statistics from several studies reveal that a mere 20% of schools have initiated mental health screening since 2005 (Herman et al., 2020). It was found in one study that at follow-up, a mean of 17% of the students were at-risk (range = 0.3% to 33%) and a mean of 59% of the screen-positive individuals were referred for mental health services within seven days in five district teams (range = 0% to 100%). Of specific note, district teams were also developing their tracking systems for students screened, identified at risk, and referred throughout this timeframe (Connors et al., 2022). By making interventions earlier on, these preventative measures can then likely avoid future more serious mental health problems from developing.

To supplement these screening efforts, many schools have implemented social-emotional learning (SEL) programs, which have shown much promise in improving students' overall adjustment and in reducing problem behavior. A meta-analysis of the review of 213 school-based SEL programs revealed that compared to controls, SEL participants showed much more improved social and emotional knowledge, attitudes, behavior, and academic performance reflecting an 11-percentile-point gain in achievement

(Durlak et al., 2011). Additionally, these programs were responsible for increased academic achievement and social-emotional skills. Their reasons for effectiveness are that they focus on managing oneself, creating positive relationships, making good decisions, and knowing social interactions. These programs usually focus on five major competencies that are self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. By integrating classroom teaching, role-playing, and guided reflection, SEL programs allow students to learn the emotional intelligence and resilience needed to succeed in their communities. In addition to school-based interventions, community programs also play an important role in the support of at-risk youth.

Mentoring programs, in fact, have been shown to be effective in improving outcomes for high-risk youth. For example, CrimeSolutions — a National Institute of Justice program that reviews justice-related programs and practices for evidence of their effectiveness — has rated mentoring as "effective" for "reducing delinquency outcomes." The study found that among 51 test cases, there was a statistically significant effect (SMD=0.08) on indicators of improving academic achievement by mentoring programs. The search process yielded 70 program assessments of mentoring with a population sample of 25,286 young people. 54 percent used randomized controlled trials and 46 percent used quasi-experimental studies. The average mentee age was 12 years, and 55 percent of mentees were male (Raposa, 2013).

The best outcome of these interventions is nonetheless realized through the collaboration between justice systems, community organizations, and schools.

Models that promote collaboration among these different sectors have shown positive outcomes. The Crossover Youth Practice Model (CYPM), which promotes collaboration among youth-serving systems through family engagement and equitable treatment at every step of the process, identified crossover youth early at significantly higher rates than those receiving practice as usual. General participation in extracurricular and structured activities, and family and parent interaction also increased among adolescents exposed to the practice model. Adolescents who took part in the model were also more likely to have their cases dismissed or receive diversion, and less likely to receive probation supervision or placement in corrections (Casey, 2022).

Another good example of effective community-based alternatives is the Juvenile Detention Alternatives Initiative (JDAI).

The aim of JDAI as a systems-change strategy is to create improved and more effective procedures that are linked to the use of detention. Among JDAI's central aims is to ensure that secure detention is reserved for serious and chronic juvenile offenders, with successful alternatives provided for other youth who can be safely supervised in the community until final court decisions. JDAI also aims to focus resources on effective reform strategies and enhance the quality of detention in secure detention facilities for those youths who need this most intensive level of supervision. The collaborative approach has yielded substantial dividends. In New Jersey, between 1993 and 2002 juvenile "index" offense arrests fell 44.8 percent and juvenile arrests in general fell 24.7 percent (Platkin, 2024).

Because this review is taking up the matter of schools and programs in the community as part of its general consideration of mental health in the juvenile justice system, it is clear that these programs are an integral part of a whole strategy. Encouraging coordination and emphasizing early intervention, these

programs align with the broader goal of constructing a better and more humane juvenile justice system with mental health in mind.

The success of these programs leaves this review with critical questions: How can the juvenile justice system be better aligned with schools and community programs? What policy changes can promote smoother intersectoral collaboration? How can models of effective community-based intervention be scaled up for broader impact with more justice-involved youth? These are questions that will inform further consideration of evidence-based approaches to improving the mental health of justice-involved youth.

Demographic Variations in Mental Health Conditions and Access to Treatment

As this examination continues to explore the complexities of mental health within the juvenile justice system, it is now time to examine the significant disparities that exist within various demographic groups. These disparities, particularly by race, socioeconomic status, and gender, highlight the intersectionality of challenges faced by youth in the justice system. Intersectionality is employed to explain how different aspects of identity, such as race, economic status, and gender, intersect and create unique patterns of privilege and discrimination. For mental health in the juvenile justice system, they are not separate but instead amplify existing inequalities. For instance, young people from lower socioeconomic status tend to have more obstacles to receiving quality mental health services, and when added to racial disparities, these become even more detrimental. Gender adds to these problems, as girls in the system are more likely than boys to have been exposed to trauma, but their unique mental health needs are frequently ignored. Race is also an important factor in the incidence of mental illnesses and in access to treatment.

It has been discovered through research that ethnic and racial minority adolescents are under-served relative to their non-Latino white counterparts in prevention, access, quality of treatments, and outcomes of care (Alegria et al., 2010). Despite these higher rates of unmet need, they are less likely to receive care that they require. For instance, according to the Institute of Medicine Report, minority teens are under greater odds to be overlooked for mental health care service compared to their non-Latino white counterparts. The research discussed the National Longitudinal Study of Adolescent Health and ended up concluding that African American were significantly less likely than non-Latino white youth to have been treated for psychological counseling (Alegria et al., 2010). The outcome was not so unexpected, however, once socioeconomic status was taken into account, considering the fact that racial minority children are at a disadvantage relative to their non-Latino white counterparts in the areas of prevention, access, quality treatment, and outcomes of care. The findings highlight the need for culturally sensitive mental health services targeted to diverse populations to be able to cross over cultural and language barriers. While African-American teens were seven times more likely to be in JRA custody than Caucasians, multiracial teens were three times more likely, and Hispanic teens were almost one and a half times more likely, the level of care reduced as teens moved through the process (Ramamurthy & Watson, 2019). This gap in access to treatment also enhances the systemic disadvantages that are both in the juvenile justice system and in mental health treatment. The overlap of racial disparities with other socioeconomic status and gender factors also heightened the disadvantages. For instance, as per (Giscombe et al., 2016), poor minority women face among the highest of barriers to being provided with the appropriate long-term mental health treatment in and out of the juvenile justice system due to stigma that they face, including the fact that they are to be pillars of strength within their communities.

Unfortunately, women are likely to struggle more with depression, anxiety, and traumatic stress disorders, while men are likely to struggle more with addiction (Greenfield, 2024). While girls within the juvenile justice system are likely to be more frequently referred to mental health services compared to boys, they often fail to be given follow-up services when they are released back into their communities (Aalsma, Schwartz, & Perkins, 2014). This lack of continued care is likely a result of variations in how girls and boys engage with the system. Girls are more likely to be detained for non-criminal offenses, such as running away or probation violations, than for serious crimes. They are also more likely to have mental health problems and require psychiatric services than boys.

These intersections render gender an important predictor of mental health placement, but the lack of follow-up care indicates that their long-term needs are often overlooked. These demographic intersections create disparities, which not only hinder access to necessary services but also result in poorer outcomes for these youth. Such disparity in mental status and treatment highlight the imperative of specialized interventions as well as policy reform. Here, it would be useful to consider how the differences intersect other aspects of the juvenile justice system, from the point of intake to post-discharge services. How can the system ensure not only that mental health services exist but also are accessible and responsive to all youthful offenders regardless of their racial status, socioeconomic level, or gender? This recognition of these demographic disparities is a critical step toward creating a more balanced and effective juvenile justice system that truly addresses the mental health issues of all youths.

This analysis provides the foundation for the discussion to follow regarding evidence-based strategies and potential policy reforms, as suggestions are provided that can challenge these systematic disparities and improve outcomes for all youths in the system.

4. Discussion

The general analysis of mental health in the juvenile justice system produces a number of findings of interest within the areas examined. Assessment Practices indicate that intake and pre-sentencing screenings, while valuable, are not consistently implemented across facilities. The MAYSI-2 and YLS/CMI tools exhibit moderate predictive validity for risk of recidivism but may not capture the full scope of mental health needs, particularly for diverse populations. The majority of existing screening tools are not culturally or linguistically tailored, which can result in the misidentification or underdiagnosis of disorders in children and youth from varied racial, ethnic, and socioeconomic backgrounds. In addition, most tools screen for externalized behaviors rather than internalized problems, which can fail to capture trauma symptoms, developmental disorders, and co-occurring mental health and substance use disorders. To improve accuracy and accessibility, screenings need to be holistic, culturally responsive, and flexible—incorporating trauma-informed practices, multilingual availability, and a broader set of mental health indicators to give all youth appropriate and effective treatment.

With regard to In-Facility Interventions, integrated treatment models that include mental health services, substance abuse treatment, and education show excellent promise. These models, as exemplified by programs like the JJITN, demonstrate significant improvement in behavioral outcomes, academic performance, and successful community reintegration compared to standard practice.

In terms of Post-Release Support, although there has been shown effectiveness in programs like Multisystemic Therapy in reducing long-term recidivism, there is a key gap in the utilization of post-release mental health services. This is due to a number of barriers, including stigma towards justice-involved youth, lack of family engagement, economic constraints in accessing sustained care, and the mere overwhelm of incarceration, which can make reentry into the community challenging. Additionally, disjointed communication between schools, community programs, and the justice system too often undermines ongoing support, leaving teens without the resources they need to continue follow-up care. New approaches such as mentoring programs and mobile health technologies show potential to bridge this divide, as does the continued involvement of close family members. Efforts like MTSS allow schools to provide each student with the right level of support by implementing universal mental health screenings, social-emotional learning in the curriculum, and targeted counseling for at-risk youth. Schools can also train teachers to recognize early warning signs of mental illness and establish referral systems that connect students to services in the community, so they receive ongoing care beyond the classroom. Collaborative frameworks that connect schools, community programs, and the justice system have shown promise in decreasing arrest rates and improving outcomes for youth involved in the justice system. Interoperable data exchange, common communication protocols, and cross-agency coordination are necessary to enable seamless collaboration between schools, community programs, and the justice system so that continuous support can be provided to at-risk individuals. A more structured approach using multi-disciplinary teams, early intervention strategies, and integrated case management would be more effective and prevent gaps in services.

Lastly, demographic variation, as well as the intersectionality of the factors, reveal significant disparities in both the prevalence of mental illness and treatment access along racial, socioeconomic, and gender lines. These disparities highlight the need for culturally competent, targeted interventions and policy reform to ensure equitable access to mental health services. Youth participatory research can be central to eliminating these disparities by providing a voice for justice-involved youth and engaging their lived experience in policy and program development. Engaging young people in the research process can lead to more effective, community-owned solutions that are better attuned to their particular needs.

Comparisons between different interventions and policies suggest that multi-faceted, comprehensive interventions addressing a number of aspects of a young person's life (mental health, drug misuse, education, family life) are more effective than narrowly focused interventions. Additionally, family-based and community-based interventions achieve more positive outcomes than facility-based interventions, particularly in the elimination of long-term recidivism. Additional adequate funding, coordination with local youth agencies, and policy reform could possibly sustain the programs in the long run. However, scaling up the interventions had significant issues like lack of funding, inadequate staff training, and difficulty in accessing families who may be going through their own socio economic problems. Most frequently, existing systems lack the infrastructure to provide ongoing, high-quality community-based care, leading to gaps in care and uneven implementation across locales. Without better coordination between the justice system, schools, and mental health providers, many teens undergo long-term mental health issues that could otherwise be resolved. Uneven allocation of resources and lack of cross-system collaboration complicate the provision of consistent, effective services, limiting access to care for young people most in need.

Implications for Practice

Based on the outcomes of this review, some of the following are recommendations for improving mental health assessment and intervention in juvenile justice. First, universal, universal comprehensive mental health screening at all contact points in the juvenile justice system, in other words, pre-sentencing, intake, and post-release. This involves embracing integrated care models that bring mental health care, substance abuse treatment, and education programs into juvenile justice settings. A second suggestion is to enhance the cultural competence of mental health professionals who are employed in the juvenile justice system through targeted training programs. One possible means of enhancing in this respect might be to create and apply gender-sensitive mental health interventions to address the unique needs of female youth who are justice involved. A third is to increase post-release support programs, for example, the use of mentoring and mobile health technologies to increase continuity of care.

Integrated care model implementation strategies involve the launch of pilot programs in juvenile detention centers, community mental health clinics, and schools to establish the effectiveness of integrated care approaches. These efforts could involve collaborations among juvenile justice agencies, school districts, and local health providers to offer coordinated mental health screenings, therapy, and family support services. Piloting these models in real-world settings allows agencies to identify best practices and scale up successful strategies to reach more justice-involved youth. To further this, the development of partnerships between juvenile justice agencies and local mental health organizations or providers to enhance service delivery would be helpful. Finally, the creation of incentives for those facilities that successfully implement integrated care models, such as funding increases or recognition programs would encourage improved quality care for all parties involved in the system. However, continuous evaluation is required to ensure these programs are as effective and responsive as they are to the needs of youth in the long term. Engaging youth in the process in this manner through participatory research models like YPAR (Youth Participatory Action Research) and initiatives like the AIM Ideas Lab can provide valuable insights, ensuring interventions are aligned with real experience. Empowering youth to be part of impact evaluations ensures that resultant solutions are pragmatic and sustainable.

Sustainability has to be a central focus—not just rollout. Changes in policies, long-term committed funding streams, and strong grassroots support are needed to maintain these models past initial pilot stages. Without systemic backing, even the most promising intervention can disappear due to a lack of funding or shifting priorities.

In addition, employee training, resource funding, and long-term funding commitments are essential in maintaining integrated care models. Workers must be trained in trauma-informed care, mental health intervention skills, and cross-systems collaboration to guarantee consistent service provision. Furthermore, mentoring programs and structured support systems need consistent funding to continue to support and provide stability for youth involved in the justice system. Without investment in training, investment in infrastructure, and funding in resources, programs will not have the capacity to maintain long-term impact.

This comprehensive examination of mental health in the juvenile justice system has revealed several important findings.

The prevalence of mental health disorders among youth in the justice system is appallingly high. Extensive disparities in both the occurrence of mental health disorders and treatment access along racial,

socioeconomic, and gender lines exist. Models of integrated care that include mental health treatment, substance abuse treatment, and education have been shown to be of significant promise in improving behavioral outcomes and reducing recidivism. Early intervention strategies like universal screening in schools and community programs are successful in identifying youth at risk and preventing justice system contact. For universal screening, roll-out can be implemented in phases to achieve maximum impact and sustainability. The first step would be to establish standardized screening tools that screen students for early signs of mental health problems, trauma, or behavior issues. Screenings could be administered once a year or at significant transition points (such as entering middle or high school) to identify students who could use additional support. Subsequent to that, educators, staff, and counselors would be trained by schools to properly administer the screenings and identify early warning signs. This ensures consistent screenings and effectively interprets results for staff.

Following the screening, students who were found to need help would be referred for further assessment and early intervention services. This could include school counseling, peer support groups, or referral to external mental health providers. Schools can implement a tiered support model, such as MTSS, in which students receive interventions at different levels based on their need.

Finally, ongoing monitoring and assessment would be necessary to track students' progress and determine the effectiveness of the screening. Schools could obtain data on intervention outcomes and adjust strategies accordingly to ensure support remains responsive to students' needs.

By instituting universal screening in phased phases, schools can ensure a comprehensive, long-term approach that detects and supports at-risk youth early on prior to entry into the justice system. While some interventions have been shown to be effective, there is a strong gap in post-release use of mental health services, with a small number of youth receiving any form of mental health service within 6 months of release.

Collaborative models that intersect the juvenile justice system, schools, and community programs are the key to forging a more consolidated support system for justice-involved and at-risk youth.

Evidence-based interventions like Multisystemic Therapy and Cognitive Behavioral Therapy have been consistently successful in terms of long-term recidivism reduction and enhancing mental health status. The findings of this review have identified the potential impact of an integrated, therapeutic approach to addressing mental health in the juvenile justice system. With the enactment of comprehensive mental health screening, application of integrated models of care, and collaboration between various youth-serving systems, there is enormous potential for improving the outcomes of justice-involved youths. The intersection of juvenile justice and mental health is a field that requires continuing research, policy development, and practice innovation.

In the coming years, policymakers, practitioners, and researchers have to maintain this field of concentration at the forefront of priorities.

With increasing knowledge about adolescent development, mental health, and evidence-based interventions, our methods of addressing these issues have to become more advanced. The findings of this review provide a foundation for action in the future, but the work of creating a fully responsive and viable

system that prioritizes the mental health and well-being of justice-involved youth is an effort that needs to have long-term commitment and partnership from all involved. By continuing to tap into the knowledge synthesized here and implementing evidence-based practices, there is the possibility of constructing a more humane, equitable, and effective juvenile justice system that truly addresses the mental health needs of all youth.

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