

Source: Rosenblatt, J., Rosenblatt, A., Biggs, E. E. (2000). Criminal behavior and emotional disorder: Comparing youth served by the mental health and juvenile justice systems. *Journal of Behavioral Health Services & Research*, 27(2), 227-237.

This article focuses on the types of crimes adolescents with serious emotional or behavioral disorders (SED) are arrested for and how often are they arrested for these crimes, along with differences in DSM-IV diagnoses between these youth and youth with SED who have not been arrested for crimes.

The authors shed additional light on these complex issues by examining public mental health (MH) and juvenile justice (JJ) datasets on youth served in a CMHS system of care (Sonoma County, California) between April, 1995 and June, 1998. Combined, these datasets included data on 4,924 adolescents. Findings indicate that one-fifth of adolescents receiving MH services in Sonoma County had a history of multiple arrests over a three year period. Child and Adolescent Functional Assessment Scale (CAFAS) and Child Behavior Checklist (CBCL) scales indicated that MH-using youth with a history of arrests had more externalizing problems than MH-using youth who had not been arrested.

The number of youth who received both MH and JJ services was 684. That is, 20% of all adolescents receiving MH services were arrested during the study period. Or, viewed from the perspective of the JJ system, 31% of all youth arrested during the study period had some prior contact with the MH system.

Table 1. Demographic and arrest data on MH using and non-MH using youth during study period (N=4,924).

	Total youth served by public MH or JJ systems N=4,924		
	Youth served by public mental health service system N=3,367		Arrested youth not served by the public mental health system N=1,557
	Youth without arrests N=2,683	Youth with arrests N=684	
Avg age at MH intake	13.9	14.8	n/a
Avg age at JJ intake		15.5	15.8
Euro-American	69%	73%	data unavailable
Male	60%	60%	60%
Avg no. arrests per youth	n/a	2.81	1.6
Misdemeanors	n/a	65%	59%
"Other" lesser crimes	n/a	44.3%	37.4%

Data for this study were utilized in two ways. Table 1 illustrates the total data set (N=4,924) and average number of arrests by MH-using and non-MH using youth, along with other demographic information. Unfortunately, no ethnic data was available from the JJ database.

Table 2 illustrates diagnostic differences between two matched and randomly paired subsets consisting of: 1) MH-using youth who had *not* been arrested ; and 2) MH-using youth who had been arrested.

Findings from this smaller, representative sample revealed that youth with arrest records

had higher rates of oppositional defiant disorder (ODD) and conduct disorder (CD), and lower rates of anxiety disorders than did MH-using youth who had not been arrested during the period of the study.

Table 2. Functional status of MH service users with and without arrest records during study period

	With arrest (n=94)	Without arrest (n=94)
ODD/CD diagnosis ($p = .04$)	33%	20%
Anxiety diagnosis ($p = .01$)	4.3%	14.9%
ADHD diagnosis	6.4%	7.4%
Mood disorder diagnosis	37.2%	41.5%

disorders and who were arrested during this study period; as a group, this was particularly the case for CAFAS subscales on School/Work Role, Home Role, Community Role, Behavior Toward Others/Self, and Substance Abuse.

(continued)

Implications of this study should be considered with reference to its limitations. Because data were only collected on JJ-using youth during the 38 month period of the study, adolescents with prior arrests were not included in the analysis.

Additionally, arrest data does not include acts for which youth were subsequently convicted, and certainly does not cover crimes for which no arrest was made. However, analysis of the data on JJ-using youth who had also received MH services during the study period (31%), suggests that, "because traditional services in the JJ system have tended to either ignore MH needs or inappropriately treat youth with multifaceted problems, 31% is probably a low estimate of the MH needs of youth arrested for crimes in the current study" (p. 233).

Although data indicate that the majority of arrests for MH-using youth were misdemeanors, this finding may simply reflect the possibility that those adolescents who commit serious crimes have not been identified as being in need of MH services. "These youths may have the same need for MH services as youth committing less serious crimes, yet due to the nature of their arrests, they are viewed as in need of punishment rather than rehabilitation" (p. 235).

With the above limitations in mind, implications of the study become more salient. Findings that one-third of arrested youth have had previous contact with the MH service system "serves to underline the importance" of collaborative services between the JJ system and MH services.

Furthermore, implications of the representative sample suggest that the majority of MH-using youth arrested during the study period were diagnosed with externalizing problems. Collaboration between the two systems must emphasize clinical programs that are effective with externalizing problems. According to the authors, "most interventions with adolescent offenders have not proven successful." Noting that "MH service systems may be ill-equipped in their current form to serve youth with antisocial or violent behavior," (p. 235), the authors suggest that Multisystemic Therapy (MST) may be an efficacious clinical practice for these youth.

In conclusion, this article is valuable in two respects: first and foremost, it provides "evidence of a high degree of interrelationship between the JJ and public MH systems in a county in which MH services are delivered as part of an overall strategy for developing a system of care for youth with severe emotional disturbance" (p. 235). Second, the authors review prior research on MH-using youth in the JJ system, and provide an excellent list of references for further study of this important and timely topic.