Mental Health Disorders in the Juvenile Justice System

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Mental Health Disorders in the Juvenile Justice System

“When did this facility become a psychiatric hospital? And why didn’t anyone tell me?”

Juvenile Caseworker
Mental Health Disorders

DSM-IV-TR Diagnostic and Statistical Manual of Mental Disorders

Caution: This information is provided for educational purposes only, and is not intended to imply that participants are trained and sanctioned to assess, diagnosis, and/or treat mental health disorders!
Variations in DJJ Population

- Most youth who come into contact with DJJ will not return (½ of the males and ¾ of the females)
- A small number of youth are responsible for most of the serious and violent crimes
- Most view delinquent youth as “bad kids in need of punishment” rather than “ill kids in need of treatment.”
Common Mental Health Problems in DJJ Facilities

- Severe attention and concentration impairments
- Serious mood disorders
- Exposure to traumatic events
- Unusual/bizarre thought processes
- Low intellectual functioning
- Drug and alcohol use/abuse
Statistics

Very few large scale studies exist - but based on a compilation of small studies conducted between 1981 and 2000 the following information was gathered:
## Percentage of Youth with Mental Health Disorders

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Identification of Youth with Mental Health Disorders

- Previous Mental Health Treatment – inpatient or outpatient
- Psychotropic Medication
- Self-Medication
- Trauma History
Co-Occurring Disorders and Self Medication

- Alcohol
- Marijuana
- Amphetamine/Methamphetamine
- Prescription Medication
- Over the Counter Medications
- Inhalants
- Designer Drugs/Ecstasy
- Cocaine
- Hallucinogens
- Opioids
Mental Health Disorders in DJJ Population

- Oppositional Defiant Disorder
- Conduct Disorder
- Attention-Deficit/Hyperactivity Disorder
- Major Depression
- Dysthymia
- Bipolar Disorder
- Posttraumatic Stress Disorder
- Psychosis
Oppositional Defiant Disorder (ODD)

- Pattern of negativistic, hostile, defiant behavior...
  - Temperamental
  - Argumentative
  - Defiant
  - Antagonizes
  - Blames others for problems
  - Easily annoyed
  - Angry/resentful
  - Spiteful/vindictive

Symptoms occur before age 8 no later than early adolescence
Conduct Disorder (CD)

“Basic rights of others or age-appropriate societal norms/rules are violated”

- **Aggression to people and animals** (bullies, fights, weapons, forced sex, stolen while confronting a victim)
- **Destruction of property** (Fire setting with intent to damage, etc.)
- **Deceitfulness or theft** (B&E, “cons”, shoplifting)
- **Serious violation of rules** (Curfew, run away x2, truant)

Typically middle childhood through middle adolescence
Attention Deficit Hyperactivity Disorder (ADHD)

1. Inattention
   (careless mistakes, sustained attention, doesn’t listen, poor organizational skills, loses things, easily distracted, forgetful)

2. Hyperactivity/Impulsivity
   (fidgety, difficulty staying in seat, always on the go, excessively talks, can’t wait turn, interrupts or intrudes on others)
Mood Disorders

General Symptoms of Mood Disorders
A. Depressed mood for at least 2 years. Note: In children and adolescents, mood can be irritable and duration must be at least 1 year.
B. Presence, while depressed, of two (or more) of the following:
   1. poor appetite or overeating
   2. insomnia or hypersomnia
   3. low energy or fatigue
   4. low self-esteem
   5. poor concentration or difficulty making decisions
   6. feelings of hopelessness

During the 2-year period (1 year for children or adolescents) of the disturbance, the person has never been without the symptoms in Criteria A and B for more than 2 months at a time.
Dysthymia

Depressed mood (most of the day) for at least 2 years (adult) or irritable (adolescent) for 1 year

- Appetite problems
- Sleep difficulty
- Fatigue
- Low self-esteem
- Hopelessness
- Difficulty making decisions/concentrating
Major Depressive Disorder

- Depressed mood
- Loss of interest in activities
- Weight change
- Sleep difficulties
- Psychomotor agitation/retardation
- Loss of energy
- Worthlessness/guilt
- Impaired concentration
- Recurrent thoughts of death/suicidal ideation
Bipolar Disorder

Manic or Hypomanic Episodes

- Elevated/expansive/irritable mood
- Inflated self-esteem/grandiosity
- Decreased need for sleep
- Talkative/Pressured speech
- Flight of ideas or racing thoughts
- Distractibility
- Increased goal-directed activity or psychomotor agitation
- Excessive involvement in pleasurable activities = painful consequences - Buying sprees/gambling, sexual indiscretions
Posttraumatic Stress Disorder (PTSD)

- Experienced life-threatening event – or threat to physical integrity of self/others
- Response to event – intense fear, helplessness, or horror
Posttraumatic Stress Disorder (PTSD)

- Reexperience event (intrusive thoughts, dreams, acting/feeling as if event is occurring)
- Physiological reactivity and distress to cues that resemble event
Posttraumatic Stress Disorder (PTSD)

Avoidance of Associated Stimuli

- Avoid activities, people, places, thoughts and feelings associated with event
- Unable to recall aspects of event
- Loss of interest
- Detachment/estrangement from others
- Restricted range of affect
- Sense of foreshortened future
Posttraumatic Stress Disorder (PTSD)

Persistent symptoms of increased arousal

- Difficulty falling/staying asleep
- Irritability or anger outbursts
- Trouble concentrating
- Hypervigilance
- Exaggerated startle response
Schizophrenia and Other Psychotic Disorders

- Delusions
- Hallucinations
- Disorganized Speech (derailment/incoherence)
- Grossly disorganized or catatonic behavior
- Negative Symptoms (flat affect, alogia, avolition)
Panic Disorder

• Period of intense fear or discomfort.
• Symptoms develop abruptly and peak within 10 minutes.

Palpitations/pounding heart/accelerated heart rate; Sweating; Trembling; Shortness of breath/smothering; Feeling of choking; Chest pain/discomfort; Nausea or abdominal distress; Dizzy/unsteady/lightheaded/faint; Derealization/depersonalization; Fear of losing control or going crazy; Fear of dying; Paresthesias (numbness or tingling sensations); Chills or hot flushes
Panic Disorder

At least one attack has been followed by 1 month of one of the following:

- **Persistent concern about additional attacks**
- **Worry about the attack or its consequences** (e.g., losing control, having a heart attack, "going crazy")
- **Significant change in behavior related to the attacks**
Adjustment Disorder

- Symptoms due to an identifiable stressor(s)
- Distress in excess of what would be expected
- Social/occupational (academic) functioning
- Does not represent Bereavement.
- Once stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months.
Adjustment Disorder

- **Subtypes:** With Depressed Mood; With Anxiety; With Mixed Anxiety and Depressed Mood; With Disturbance of Conduct; With Mixed Disturbance of Emotions and Conduct; Unspecified

- Begins within 3 months of stressor and lasts no longer than 6 months after the stressor.

- Frequently presents as occupational or social impairment.

- May increase risk of suicide attempts and suicide.

- May represent initial mild episode and later will return as a more severe mental disorder (e.g., MDD).
Developmental Disorders

- Mental Retardation,
- Autism,
- Asperger’s Disorder
- Pervasive Developmental Disorder NOS
- Learning Disorders
- Fetal Alcohol Syndrome
Mental Retardation

- Significantly subaverage general intellectual functioning that is accompanied by significant limitations in adaptive function in at least 2 skill areas:
  - Communication; Self-care; Home living;
  - Social/interpersonal skills; Use of community resources;
  - self-direction; functional academic skills; work; leisure;
  - health; and safety.

- Onset must occur before age 18 years
Mental Retardation

General Intellectual Functioning (IQ)

- **Mild MR**: IQ level 50-55 to aprox. 70
  (educable -85% ≈ 6th grade)
- **Moderate**: IQ level 34-40 to 50-55
  (trainable – 10% ≈ 2nd grade)
- **Severe**: IQ level 20-25 to 35-40
  (3-4%, may learn to talk, elementary self-care)
- **Profound**: IQ level below 20 or 25
  (1-2%, most have neurological condition, simple tasks with close supervision)
Autistic Disorder

The presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests.
Autistic Disorder

**Impairment in Social Interaction (2):**

- Impairment in multiple nonverbal behaviors (eye contact, facial expression, body postures);
- Failure to develop peer relationships at appropriate developmental level;
- Lack of spontaneous seeking to share enjoyment, interests, or achievements;
- Lack of social or emotional reciprocity.
Autistic Disorder

Qualitative impairments in communication (1):

- Delay in/lack of development of spoken language (no attempt to compensate = gestures, etc)
- With adequate speech, impairment in ability to initiate or sustain conversations
- Stereotyped & repetitive use of language or idiosyncratic language
- Lack of varied, spontaneous make-believe play or social imitative play
Autistic Disorder

Restricted repetitive & stereotyped behavior, interests, and activities (1):

- Preoccupation with 1 or more stereotyped & restricted patterns of interest that is abnormal in intensity or focus
- Inflexible adherence to specific, nonfunctional routines or rituals
- Stereotyped & repetitive motor mannerisms (hand/finger flapping/twisting)
- Persistent preoccupations with parts of objects
Asperger’s Disorder

Severe and sustained impairments in social interaction and the development of restricted repetitive patterns of behavior, interests, and activities
Asperger’s Disorder

Impairment in Social Interaction (2):

- Impairment in use of multiple nonverbal behaviors (eye contact, facial expression, body postures);
- Failure to develop peer relationships at appropriate developmental level;
- Lack of spontaneous seeking to share enjoyment, interests, or achievements;
- Lack of social or emotional reciprocity.
Asperger’s Disorder

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- Stereotyped & repetitive motor mannerisms (hand/finger flapping/twisting)
- Persistent preoccupations with parts of objects
Asperger’s Disorder

- No clinically significant general delay in language
- No clinically significant delay in cognitive development or in age-appropriate self-help skills, adaptive behavior and curiosity about the environment in childhood.
Pervasive Developmental Disorder NOS

A severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotypical behavior, interests, and activities but the criteria are not met for other disorders.
Learning Disorders

Achievement of individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence.
Learning Disorders

- **Reading Disorder** (accuracy, speed, comprehension)
- **Mathematics Disorder** (calculation or reasoning)
- **Written Expression** (writing skills)
- **Language Disorders**
Substance-Related Disorders

Two Groups of Disorders:

1. Substance Use Disorders
2. Substance-Induced Disorders
Substance-Related Disorders

Substance Use Disorders

A. Substance Dependence
- Continued use despite problems
- Tolerance, withdrawal, compulsive use
- With or without physiological dependence

B. Substance Abuse
- Pattern of substance use with adverse consequences
- Must occur repeatedly during the same
- 12 month period or been persistent
Substance Dependence

A maladaptive pattern of use leading to clinically significant impairment or distress (3)

- **Tolerance** need more/diminished effect
- **Withdrawal** cessation = impairment in functioning, substance taken to avoid/relieve withdrawal symptoms
- **Take more; can not cut down; time spent obtaining; give up social, occupational, recreational activities; continued use despite problem(s)**

(3) A maladaptive pattern of use leading to clinically significant impairment or distress.
Substance Abuse

1. Recurrent substance use resulting in a failure to fulfill major obligations at work, school, or home
2. Recurrent use in physically hazardous situations
3. Recurrent substance-related legal problems
4. Continued use despite problems caused or exacerbated by substance
Substance-Related Disorders

Substance-Induced Disorders

- Substance Intoxication
- Substance Withdrawal
- Substance-Induced Delirium
- Substance-Induced Persisting Dementia
- Substance-Induced Persisting Amnestic Disorder
- Substance-Induced Psychotic Disorder
- Substance-Induced Mood Disorder
- Substance-Induced Anxiety Disorder
- Substance-Induced Sexual Dysfunction
- Substance-Induced Sleep Disorder
Questions
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Thank you.

Information for this presentation was obtained from the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition and Juvenile Offenders with Mental Health Disorders: Who Are They and What Do We Do With Them?” by Lisa Melanie Boesky, Ph.D.