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POLICY BRIEF

Screening for Behavioral Health Problems in a Rural Juvenile Court

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Key Findings

1. Paulding County Juvenile Court has successfully utilized behavioral health screening for youths referred to the court.
2. Nearly 60% of youths had high levels of externalizing problems such as hyperactivity, impulsivity, attention deficits and conduct problems.
3. Almost half had high levels of internalizing problems related to depression, anxiety, and/or traumatic stress.
4. Less than 5% had high levels of criminal/violent behavior or substance abuse

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INTRODUCTION

There have been widespread concerns that many young people who are experiencing serious mental health problems go unidentified and consequently never receive needed services.^{1,2} It is estimated that one-third or fewer of the juveniles in need of services receive any mental health treatment.³ The identification of juveniles with serious mental health problems has important implications for public safety.⁴ These youths may pose a threat of harm to themselves as well as others through their angry and aggressive behavior. Moreover, these mental health problems create additional difficulties for these youths in the educational, vocational, legal, and social domains.

The juvenile justice system functions as the primary mental health system for many American youths.⁵ Unfortunately, most of those who are referred to the juvenile justice system have never been properly assessed, and consequently, most have not received any prior treatment.⁶ Young people who are involved with the criminal justice system are disproportionately impacted by mental health problems.⁷⁻¹⁵ It is estimated that approximately one-half to three-quarters of them meet the current criteria for a mental health disorder.^{16,17} This is especially troubling since juveniles with mental health problems have a higher rate of recidivism than other juvenile offenders.^{10,14,18-20}

As part of its obligation to attempt to rehabilitate young offenders, it is essential that the juvenile justice system is able to identify those in need of interventions for mental health problems.²¹ While behavioral health screening is viewed as an essential part of an effectively operating juvenile justice system, it is often weak or lacking.¹⁷ The screening of court-involved youth followed up by a timely behavioral health referral has been demonstrated to be an effective way to reduce both recidivism and mental health problems.^{14,22} An effective screening tool can identify youth with mental health, substance abuse, and criminal behavior problems far more effectively than the “professional judgements” of court personnel.²³ However, screening is often inadequate because of resource constraints involving time, money, and training.^{9,24}



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Although this situation is a problem nationally, these concerns are even more pressing in rural areas for a number of reasons. These locations face a persistent shortage of mental health professionals including psychologists, psychiatrists, psychiatric nurse practitioners, counselors, and social workers.²⁵⁻²⁷ Moreover, there is a lack of facilities for treating mental health issues in rural areas.²⁸⁻³¹ Some studies have indicated that behavioral health problems (including substance abuse) among rural youth are equal to or exceed those of non-rural youth.^{15,31-34} There are also higher rates of suicide in rural areas.³⁵ Because of these specific challenges, rural communities can benefit from placing greater emphasis on the early identification of youths with behavior health problems.³² Unfortunately, research indicates rural juvenile justice agencies are less likely than those in other locations to use behavioral health screening.¹⁵ Rural agencies are also less likely to use evidence-based interventions due to lack of trained staff, costs, and a lack of university-collaborations.³¹

Since 2010, studies have indicated an alarming upswing in the number of U.S. adolescents experiencing mental health problems. This includes increases in depressive symptoms, anxiety, self-harm, suicidal ideation and suicide attempts.^{36,37} Unfortunately, there is growing evidence that the COVID-19 pandemic and efforts to control it like school closures had an adverse impact on the mental health of young people. Moreover, the closure of services such as outpatient clinics and treatment programs had the unintended consequence of reducing children's' access to mental health services and have been extremely harmful to young people with mental health challenges.^{38,39} Research is reporting an increase in the numbers of children and adolescents seen in emergency departments for suicide attempts and suicidal ideation.⁴⁰⁻⁴² Studies also suggest adolescents experienced an increasing frequency of anxiety, stress, and depression during the pandemic.⁴³⁻⁴⁶ Finally, during the pandemic, adolescents reported higher rates of using substances, particularly alcohol and marijuana, to cope.⁴⁴



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GAIN

An excellent brief screening tool is the Global Appraisal of Individual Needs – Short Screener (GAIN-SS).⁴⁷ The GAIN-SS, which can be administered in five minutes or less with minimal staff training, has excellent reliability in terms of identifying youths who likely have a serious behavioral health disorder while providing guidance for additional assessment and treatment.²³ The GAIN-SS has four 5-item subscreeners (i.e., internalizing problems, externalizing problems, substance abuse, crime/violence) are based DSM-IVTR symptoms for common psychiatric disorders as well as the American Society of Addiction Medicine’s (ASAM) criteria for substance abuse disorders.⁹ The specific GAIN-SS subscales are as follows:⁴⁷

Internalizing Disorder Screener: Count of symptoms related to internalizing disorders, including depression, anxiety, traumatic stress, suicidal ideation, and somatic issues

Externalizing Disorder Screener: Count of symptoms associated with conduct disorder, attention deficit, impulsivity and hyperactivity

Substance Disorder Screener: Count of symptoms related to any drug alcohol use disorder, including abuse, dependence, substance induced psychiatric and health problems

Crime/Violence Screener: Count of property, drug related, and interpersonal crimes the respondent has committed, as well as use of violence to resolve interpersonal disputes.

GAIN-SS IN PAULDING COUNTY JUVENILE COURT

Paulding County Juvenile Court staff administered the GAIN-SS to a total of 113 youths who were referred to the court between 2018 and 2021. In terms of gender, 61% of this sample were males. The average age of the sample was 14.56 years. The summary results of these screenings appear in Figure 1. Nearly 60% of the sample had a high score on the externalizing disorder screener. A high score on this screener indicates a high probability of diagnosis and the need for mental health treatment related to hyperactivity, impulsivity, attention deficits, and conduct problems.^{9,47} Almost half (46.90%) of screened youth had high scores on the internalizing disorder screener. This is suggestive of the high probability of diagnosis for and need for treatment related to anxiety, depression, or trauma.^{9,47} On the other hand, less than 5% of screened youths had high scores on either the crime/violence screener or substance abuse screener. In summary, while there is an extremely high level of mental health problems in this sample, there is currently an extremely low level of serious criminal offending.



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DISCUSSION

The GAIN-SS has been an incredibly helpful tool for the Paulding County Juvenile Court. After minimal training, court staff have been able to administer the GAIN-SS to most youth in less than 10 minutes. There have been few overall problems with this process. In turn, the screening provides court staff with a picture of the behavioral and mental health challenges facing each respective youth. Such information is critical in making appropriate behavioral health referrals and treatment recommendations. Furthermore, aggregate GAIN-SS data allow program evaluators to make evidence-based recommendations for court programming.

The results of the current undertaking also highlight the mental health problems facing young people in general, and those involved in the juvenile justice system in particular. A tremendously important finding is that the majority of kids screened in this current study had scores suggesting a likely diagnosis of at least one mental health problem. The early identification of issues in these young people should presumably lead to early treatment and intervention for these youth. If this screening is followed up by an appropriate behavioral health intervention, this should reduce the likelihood of recidivism.²² However, the lack of mental health services for young people in most rural areas presents a serious and ongoing obstacle.^{2,25 – 31}

The frequency with which the youth in this sample reported mental health problems is concerning. These findings may be suggestive of broader social trends involving mental health and young people. There is a growing body of professional literature suggesting the COVID-19 pandemic and efforts to control the spread (e.g., school closures) have adversely impacted the mental health of children and adolescents. More specifically, there have been increases in depression, stress, anxiety, and suicidal ideation among young people reported during this time period.³⁸⁻⁴⁶ The current trends in mental health problems further illustrate the importance of timely screening among youth referred to the juvenile justice system.



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REFERENCES

- 1 Ashford E. The fight over screening students to prevent suicide. *EDUC DIGEST*. 2005; 71(1):52-56.
- 2 Chafouleas SM, et al. Ethical dilemmas in school-based behavioral screening. *ASSESS EFF INTERV*. 2010; 35(4):245-252.
- 3 Weist MD, et al. Mental health screening in schools. *J SCHOOL HEALTH*. 2007; 77(2):53-58.
- 4 Stewart DG, Trupin, EW. Clinical utility and policy implications of a statewide mental health screening process for juvenile offenders. *PSYCHIATR SERV*. 2003; 54(3):377-382.
- 5 Swank JM, Gagnon JC. A national survey of mental health screening and assessment practices in juvenile correctional facilities. *CHILD YOUTH CARE FORUM*. 2017; 46(3): 379-393.
- 6 Kretschmar, JM, et al. Diverting juvenile justice-involved youth with behavioral health issues from detention. *CRIM JUSTICE POLICY REV*. 2016; 27(3):302-325.
- 7 Baumer P.C., Dennis M.L., & Estrada B. Needs, services received, and outcomes of adolescents and young adults in Substance Use Disorder (SUD) treatment. In Leukefeld C., Gullotta T. (Eds.) *Adolescent substance abuse: Issues in children's and families' lives* (pp.67-139). 2018. New York: Springer.
- 8 Burke JD, et al. Prevalence of mental health problems and service use among first-time juvenile offenders. *J CHILD FAM STUD*. 2015; 24(12):3774-3781.
- 9 Dennis ML, et al. Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults. *AM J ADDICTION*. 2006; 15:s80-s91
- 10 Haney-Caron E, et al. Mental health symptoms and delinquency among court-involved youth referred for treatment. *CHILD YOUTH SERV REV*. 2019; 98:312-318.
- 11 Holzer KJ, et al. Gender differences in the trends and correlates of major depressive episodes among juvenile offenders in the United States. *COMPR PSYCHIAT*. 2018; 80:72-80.
- 12 Kang T, et al. Prevalence of internalizing, externalizing, and psychotic disorders among low-risk juvenile offenders. *PSYCHOL SERV*. 2018; 15(1):1-15.
- 13 Scott CK, et al. Juvenile justice systems of care: results of a national survey of community supervision agencies and behavioral health providers on services provision and cross-system interactions. *HEALTH JUST*. 2019; 7(1):1-18.
- 14 Wakefield SM, et al. Depression in Justice-involved Youth. *CHILD ADOL PSYCH CL*. 2019; 28(3):327-336.
- 15 Marks KR, et al. Geographic differences in substance use screening for justice-involved youth. *J SUBST ABUSE TREAT*. 2019; 102:40-46.
- 16 Kuhns P. Mental health and substance use in the juvenile justice population of North Carolina. *N C MED J*. 2019; 80(6), 367-371.
- 17 Thomas J, et al. Screening young people in the juvenile justice system. *J PSYCHOSOC NURS MENT HEALTH SERV*. 2004; 42(4):28-36.
- 18 Behnken MP, et al. Reduction in recidivism in a juvenile mental health court: A pre-and post-treatment outcome study. *JUVENILE FAM COURT J*. 2009; 60(3):23-44.
- 19 Logan-Greene P, et al. Adverse childhood experiences, coping resources, and mental health problems among court-involved youth. *CHILD YOUTH CARE FORUM*. 2017; 46(6):923-946.
- 20 Yonek JC, et al. Factors Associated with use of mental health and substance use Treatment Services by Justice-Involved Youths. *PSYCHIATR SERV*. 2019; 70(7): 586-595.
- 21 Shulman EP, et al. Mental health screening in juvenile justice settings. *CRIM JUSTICE POLICY REV*. 2018; 29(8):849-872.



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REFERENCES

- 22 Zeola MP, et al. Mental health referrals reduce recidivism in first-time juvenile offenders, but how do we determine who is referred? *PSYCHIATR Q.* 2017; 88(1):167-183.
- 23 Garner BR, et al. The GAIN Short Screener (GSS) as a predictor of future arrest or incarceration among youth presenting to substance use disorder (SUD) treatment. *SUBST ABUSE RES TREAT.* 2013; 7:199-208.
- 24 Titus, J. C., & Dennis, M. L. Global Appraisal of Individual Needs—Quick: Administration and scoring manual for the GAIN-Q (version 2). 2003 Chestnut Health Systems, Lighthouse Institute: Bloomington, IL.
- 25 Borders, T. F., & Wen, H. Illicit drug and opioid use disorders among non-metropolitan residents. 2018. Lexington, KY: Rural & Underserved Health Research Center.
- 26 Hoeft TJ, et al. Task-sharing approaches to improve mental health care in rural and other low-resource settings: a systematic review. *J RURAL HEALTH.* 2018; 34(1):48-62.
- 27 Kooreman, H.E., & Greene, M.S. Substance abuse in Indiana: An urban-rural perspective. 2017. Indianapolis, IN: IUPUI Center for Health Policy.
- 28 Monnat, S. M., & Rigg, K. K. The opioid crisis in rural and small town America. 2018. Durham, NH: University of New Hampshire, Carsey School of Public Policy.
- 29 Sheidow AJ, et al. Capacity of juvenile probation officers in low-resourced, rural settings to deliver an evidence-based substance use intervention to adolescents. *PSYCHOL ADDICT BEHAV.* 2020; 34(1): 76–88.
- 30 Smalley KB, et al. Rural mental health and psychological treatment: *J CLIN PSYCHOL.* 2010; 66(5), 479-489.
- 31 Browne T, et al. Barriers and facilitators to substance use treatment in the rural south. *J RURAL HEALTH.* 2016; 32(1): 92-101.
- 32 Hall JA, et al. (2008). Substance abuse treatment with rural adolescents: Issues and outcomes. *J PSYCHOACTIVE DRUGS.* 2008; 40(1):109-120.
- 33 Ruiz BS, et al. Treatment issues and outcomes for juvenile-justice-involved youth from rural and nonrural areas. *PRISON J.* 2005; 85(1):97-121.
- 34 Pettigrew J, et al. The rural context of illicit substance offers. *J ADOLESCENT RES.* 2012; 27(4):523-550.
- 35 Summers-Gabr, NM. Rural–urban mental health disparities in the United States during COVID-19. *PSYCHOL TRAUMA.* 2020; 12(S1), S222.
- 36 Twenge, J. M. Increases in depression, self-harm, and suicide among US adolescents after 2012 and links to technology use: possible mechanisms. *PSYCHIATR RES CLIN PRACT.* 2020; "2(1): 19-25".
- 37 Keyes, K. M et al. Recent increases in depressive symptoms among US adolescents: trends from 1991 to 2018. *SOC PSYCHIAT PSYC EPIDIMIO.* 2019; 54(8), 987-996.
- 38 Leeb RT, et al. Mental health–related emergency department visits among children aged < 18 years during the COVID-19 pandemic—United States, January 1–October 17, 2020. *MORB MORTAL WKLY REP.* 2020; 69(45):1675.
- 39 Lockwood A, et al. COVID-19 and Juvenile Probation: A Qualitative Examination of Emergent Challenges and Useful Strategies. *CRIM JUSTICE BEHAV.* 2021; 00938548211046977.
- 40 Janoczkin A, et al. Impact of COVID-19 pandemic on emergency psychiatry-Millcreek community hospital, Erie, PA. *Comprehensive Psychiatry, COMPR PSYCHIAT.* 2021; 52255.
- 41 Hill, RM, et al. Suicide ideation and attempts in a pediatric emergency department before and during COVID-19. *PEDIATRICS.* 2021; 147(3).
- 42 Lee LK, et al. And so they wait: The other epidemic among United States youth during COVID-19. *ACAD EMERG MED.* 2021; DOI: 10.1111/acem.14380
- 43 Gazmararian J, et al. Impact of COVID-19 Pandemic on the Mental Health of Students From 2 Semi-Rural High Schools in Georgia. *J SCHOOL HEALTH.* 2021; 91(5):356-369.
- 44 Jones EA, et al. Impact of COVID-19 on mental health in adolescents: a systematic review. *INT J ENVIRON RES PUBLIC HEALTH.* 2021; 18(5):2470.
- 45 Mayne SL, et al. COVID-19 and adolescent depression and suicide risk screening outcomes. *PEDIATRICS.* 2021; 148(3).
- 46 Meade, J. Mental health effects of the COVID-19 pandemic on children and adolescents: A review of the current research. *P PEDIATR CLIN N AM.* 2021; 68(5): 945-959.
- 47 Dennis, M. L. et al. Global appraisal of individual needs–short screener (GAIN-SS): Administration and scoring manual for the GAIN-SS version 2.0.1. 2006; Bloomington, IL: Chestnut Health Systems.