

The Mental Health of Detained Young Offenders: What are the Implications of Continuing to

Ignore This Vulnerable Population?

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For obvious reasons, this topic or any similarity to it cannot be used.

## The Mental Health of Detained Young Offenders: What are the Implications of Continuing to Ignore This Vulnerable Population?

The criminal justice system continues to be an area of great interest to researchers and policy makers alike. The exploration of the dynamics of this system is critical in order to gain greater insight into the aspects that are functioning well and those that require improvement. As such, understanding the needs of the stakeholders of this system, including detainees, is crucial. Though there is a breadth of studies on detained adult populations, interest in young offenders is still paramount. There is also extensive attention given to the topic of mental health as our understanding of the psychological and neuroscientific underpinnings continue to grow. Consequently, exploration of mental illness in youth populations has also flourished, including the special population of young offenders. This group presents multiple needs that, if ignored, could have widespread clinical, forensic and sociological implications impacting the policy development and public safety, as well as prevention and intervention initiatives. This paper reviews and analyzes the literature that explores the prevalence and types of mental health problems in detained youth populations, the issues with screening and assessment procedures, recidivism, and existing and developing interventions as well as the implications around this topic.

### Review of the Literature

The population of detained youth offenders is one that has seen a number of fluctuations on various levels in response to policy and societal changes. In Canada, for example, the youth crime totals are declining and the number of detained youth has been reduced by half since the implementation of the Youth Criminal Justice Act (YCJA) (Statistics Canada, 2003a, 2004b, 2005b, as cited in Pozzulo, Bennell, & Forth, 2009, p. 374). The same cannot, however, be said

for mental illness rates in Canada and internationally. “Studies [conducted] in the United Kingdom [as well as] internationally suggest that between 10% and 20% of adolescents in the general public experience mental health problems” (e.g., Green, McGinnity, Meltzer, Ford, & Goodman, 2004; as cited in Mitchell et al., 2011, p. 433). These rates increase greatly when addressing young offenders in the United Kingdom and internationally (Kroll et al., 2002; Teplin et al., 2002; Vreugdenhil et al., 2004; Vermeiren, Jespers, & Moffitt, 2006, as cited in Mitchell et al., 2011, p. 433). According to Pullmann et al. (2006), many youth who have mental illness in the community “are at a high risk of entering” into the criminal justice system (p. 376).

Unfortunately, despite these findings, another reality is that mental health programs to support young offenders within the juvenile justice system are minimal (Goldstrom et al., 2000, as cited, p. 376). Additionally, those mental health services that do exist for youth do not usually have “adequate security [measures]” in order to handle this population (Fagan 1991, as cited, p. 376).

Observing this population through a Canadian lens leads to equally concerning results. A study by Ulzen and Hamilton (1998) looked at the difference in psychiatric morbidity and psychosocial characteristics between incarcerated young offenders and youth in the community within the province of Ontario. The study found that “71.4% of incarcerated adolescents” compared to “59.2%” of youth in the community sample met diagnostic criteria “for at least one internalizing disorder” in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised* (DSM- III-R, p. 65). Another more recent study has shown that the situation, in some respects, has not improved in Canada and other jurisdictions. Using the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2) to identify mental health needs as well as the Diagnostic Interview Schedule for Children Version IV (DISC-IV) for psychiatric diagnoses based on the DSM-IV, Gretton and Clift (2011) assessed for “mental health difficulties [within a

group] of serious and violent young [offenders in custody] in British Columbia” (as cited in Casswell et al., p. 222). As a result of this study, it was found that not only did 91.9% of males and 100% of females have at least one psychiatric diagnosis, but it also provided evidence that there was an increase in Canada and other jurisdictions in the prevalence of serious and violent detained young offenders with mental disorders (as cited in Casswell et al., p. 222).

It should be noted that not all studies have indicated these trends of climbing mental illness rates in detained young offenders. Chitsabesan et al. (2006) “found no significant difference [in comparing the] mental health needs of detained young offenders and [young offenders] in the community” (as cited in Casswell et al., 2012, p. 222). Chitsabesan et al. “[assessed] the mental health and psychosocial needs of young offenders” who were detained in England and Wales using the Salford Needs Assessment Schedule for Adolescents (SNASA36) (as cited in Casswell et al., 2012, p. 222). Their results showed greater unmet needs presented by young offenders in the community than those in custody and suggests it may be due to the “reduced access ... [that] young offenders have while in custody” (e.g., low access to drugs or alcohol) (as cited in Casswell et al., p. 222). Evidently, there are some differences in the research around this topic. Regardless, these studies are important in guiding the way towards further assessment of this issue, one area of great importance being, understanding the predominant types of mental illnesses that are experienced by detained youth.

Understanding the predominant types of mental illnesses experienced by this population cannot only significantly advance research, but can also aid in the development of policies and clinical interventions. The Ulzen and Hamilton (1998) study, based in Ontario, provides insights into the kinds of mental illnesses that were prevalent over a decade ago, which allows for an assessment of how trends have changed over the years, if at all. According to this study, the

most common diagnoses were related to “oppositional defiant disorder (ODD)” of a sample of community-based and incarcerated youth, specifically 44.9% qualified for (ODD) and 30.6% qualified for conduct disorder (CD) based on DSM-III-R (p. 5). Alcohol dependence was also present in 38.8% of the sample and “63.3% of incarcerated adolescents” showed comorbidity for two or more disorders, which was 5xs more than the general population (“12.2% of community group”) (Ulzen & Hamilton, pp. 60-61; Casswell et al., 2012, p. 222). The Gretton and Clift (2011) study indicates the troubling reality that detained young offenders during this time were already experiencing significantly higher rates of comorbidity for psychiatric illnesses. The implementation of the Youth Criminal Justice Act created an avenue through which less youth in Canada would be incarcerated (Quinn & Shera, 2009, as cited in Gretton & Clift, p. 110). However, this also suggests that those who were detained were not only “the most serious, repetitive, and violent,” but were also possibly experiencing “more extreme psychiatric, psychological and social [challenges]” (Gretton & Clift, p. 110).

Gretton and Clift (2011) provided a more recent outlook on the situation in Canada as well as comparative data with other jurisdictions. Substance abuse and dependence disorders were predominate in the sample, i.e., “85.5% of males and 100% of females,” which were higher rates than were seen in other jurisdictions, as were conduct disorder (CD) rates, including issues with anger and aggression (pp. 110-111). Other findings included AD/HD rates being similar to international and historical findings (“12.5% of boys and 22% of girls”) (p. 113). No significant difference in major depressive disorder rates between detained youths and the general population, “which is similar to the rate found in [the] American national meta-analysis (Vincent, Grisso, Terry, & Banks, 2008, as cited in Gretton & Clift, p. 113) and lower than historical rates. PTSD diagnosis varied between males and females despite the finding that

majority of the youth in the sample had experienced trauma and were typically lower than previous studies (Teplin et al., 2002; Ulzen & Hamilton, 1998, 2003, as cited, p. 113). Similar rates to those were found in the American meta-analysis in suicidal ideation (Vincent et al., 2008, as cited, p. 113), while the rates for this study were 2-4xs higher than those within the community. Lastly, the overall rates for schizophrenia and psychosis were fairly low (“0.8% of males and 1.9% of females”) but “considerably higher than the rates seen on adolescents in the general population (American Psychiatric Association, 2000; Boeing et al., 2007; Costello et al., 1996; Takei, Lewis, Sham, & Murray, 1996, as cited in Gretton & Clift, p.114). Though the Gretton and Clift study was limited by their use of a self-report based tool, their study still provides significant insight into the major mental illnesses that are experienced by detained youth in Canada as well as how the nation compares to international and historical rates. These findings are crucial in order to effectively guide the further testing of reliability and validity of screening tools needed to identify the needs of this population as well as to determine the risk factors that make the youth more susceptible to mental illness and detainment.

Given the prevalence and predominant types of mental illness experienced by detained young offenders, it is important to have reliable and valid tools that are able to screen for them and therefore guide assessment and intervention. Externalizing (i.e., behavioural difficulties) and internalizing behaviours (i.e., emotional difficulties), as well as their co-occurrence, are assessed in young offenders (Rutter, 1990, as cited in Pozzulo et al., 2009, p. 375). Psychiatric diagnoses that are predominant in children and youth include “attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD)”, with a diagnosis of CD often leading to a diagnoses of “antisocial personality disorder in adulthood” (APA, 1994; Loeber & Farrington, 2000, as cited in Pozzulo et al., p. 376). As aforementioned, CD is a

predominant type of mental illness in young offender populations, which highlights the importance of detecting and preventing these disorders in childhood so as to avoid its persistence into adulthood.

There are a number of risk factors that can increase the likelihood of youth developing behavioural and emotional difficulties, which has the capacity to lead to criminality. Mulder, Brand, Bullens, and van Marle (2011) highlight some specific risk factors within individual and environmental domains. “Individual risk factors include male gender, early age [at which behavioural problems arose], early age at first conviction, intelligence, and neuropsychological [traits]” (e.g., Vermeiren, de Clippele, Schwab-Stone, Ruchkin, & Deboutte, 2002, as cited, p. 119). “Dynamic risk factors” noted include substance abuse, severe personality disorders, psychopathic traits as screened by “Psychopathy Checklist [Youth Version] (PCL-YV)” and presence of conduct disorder (e.g., Kotler & McMahon, 2005; van Dam, Janssens & De Bruyn, 2004; Vermeiren, Jaspers, & Moffitt, 2005; Ford, 2005, as cited, p. 119). “Environmental static risk factors,” as outlined by Mulder et al., included physical abuse, neglect, a care or protection order in place and parent-child conflict; while dynamic ones include living within an impoverished neighbourhood, peers involved in criminality, low socioeconomic conditions, and absenteeism (e.g., Kubrin & Stewart, 2006; Marczyk, Heilbrun, Lander, & De Matteo, 2003; Mbuba, 2004; Oberwittler, 2004; Pardini, Obradovic & Loeber, 2006, as cited, pp. 119-120).

Assessment of these risk factors is a crucial part of the judicial process as it can have profound impact on the youth and society as a whole. However, the numbers of detained youth with mental illness raises the question of how accurately these youths are being screened and whether their needs are being met. According to Hoge (2012), the focus of the assessments is fairly broad, i.e., consideration of various factors and their relevance to forensic decisions;

however, the assessments include, among other things, “emotional or behavioral functioning” (p. 1256). Emotional and behavioural assessments provide insight into the mental health of the young offender and aid in deciding whether the youth should be “transfer[red] to criminal court and [what their] mental status was at the time of the offense,” as well as contribute to any decisions regarding “waiver of rights, adjudicative competence and disposition decisions” (Hoge, pp. 1258-1259). Assessments in this category are conducted with the use of “structured interview schedules, personality tests, and standardized rating scales” with much of the basis upon the DSM of Mental Disorders (Hoge, 1999; Sattler & Hoge, 2006, as cited in Hoge, p. 1259).

Problems that have arisen in this assessment have led to many young offenders not having their mental health needs met. Mitchell and Shaw (2011) sought to determine the importance of certain factors in regard to their influence on recognition of mental health problems using the Salford Needs Assessment Schedule for Adolescents (SNASA) on a random sample of 115 incarcerated males. Their results showed that “48% of the sample” was assessed to have had “one unmet mental health need; 64% had more than one and 39% had more than two [unmet needs]” (p. 386). In other words, only slightly over half of the sample was screened accurately in detecting unmet mental health needs and the screening typically detected “externalising needs (59%) [and] internalising (35%) needs” (p. 386). Additionally, those within the sample were less likely to be detected if they had “positive [or] negative coping” strategies as opposed to “avoidant coping” strategies (Mitchell & Shaw, p. 388). The study highlights a number of important considerations, such as the need to develop screening tools that are better able to “detect internalising problems,” as these can act as precursors to recidivism and an “increased long-term risk mental health problems” (Maughan & Kim-Cohen 2005, as cited in Mitchell & Shaw, p. 390). Recidivism poses as a significant challenge for the criminal justice



system and society alike; therefore, proper screening is crucial in making appropriate forensic decisions that will benefit all those involved.

Recidivism rates can provide insight into the efficacy of treatment received by detained young offenders; however, in the case of incarcerated youth with mental health issues, it can also be an indication of whether their clinical needs were met. Mulder et al. (2011) focused on a gap in research regarding which environmental and individual risk factors distinguished between recidivists and non-recidivists as well as the predictive ability of certain risk factors regarding the degree of reoffending. In this case, recidivism referred to any offenses committed after being released from the institution as well as the type and date of the offense. Recidivism was further broken down to “recidivist vs. non-recidivists and violent recidivists vs. non-violent recidivists,” and 12 levels of severity of recidivism (Mulder et al., p. 122). Their study showed an “overall recidivism rate [of] 80%” (p. 129) and both psychopathologic as well as non-psychopathologic risk factors were found to be more prevalent in youth recidivists. Violent recidivism rates were found to be “62.9%” (p. 125) and the psychopathologic risk factors prevalent in violent recidivists include “gambling addiction and conduct disorder” (p. 126). This study admittedly has limitations in that it was “retrospective” and limited in its sources of information (p. 125). However, it still provides valuable insight in guiding the development of appropriate interventions.

Effective treatment approaches are crucial in ensuring that the needs of this population are being met, but also that the risk of recidivism is minimized and they are provided with support in their reintegration into society. Pozzulo et al. (2009) outline behaviour-based interventions for youth with conduct disorder. One approach is “cognitive and social skills training,” which challenges the distortions in the thinking of youth as well as improves upon

their interpersonal skills (Lochman, Whidby, & Fitzgerald, 2000, as cited, p. 382). This approach has been noted to provide short-term positive outcomes (p. 382). Mitchell et al. (2011) extend this discussion to a focus on the detained youth population and the efficacy of cognitive behavioural therapy. In their study, a CBT intervention was developed, encompassing elements of “Motivational Interviewing and Narrative Therapy” (p. 435). Though they did not find a statistically significant difference in the group of young offenders who received CBT compared to the control group, their sample provided a diverse perspective in that it included young offenders with learning disabilities and comorbidity and also saw higher retention and engagement rates (pp. 439-440)). Pozzulo et al. (2009) also discuss “multisystemic therapy (MST),” which is an approach that considers the specific needs of the youth “[with]in the various contexts or systems where he/she exists (i.e., home, school, community) (e.g., Henggeler & Bourdin, 1990; Henggeler, Melton & Smith, 1992, as cited, p. 382). The efficacy of MST was tested via “a 4-year randomized study ... across 4 Ontario communities” and included a 3 year follow-up after the study was complete (pp. 382-383). Mixed results were derived from the study. The group that received MST had recidivism rates of 68% compared to 67% from the group without MST; furthermore, there was a shorter average duration before reconviction (“283 compared to 310 for the control group”) (p. 383). With that said, these measures were limited in the number of factors assessed, which could have missed other factors that improved for families and youth. Additionally, MST, in its aim to target specific needs of youth and their families, has proven to be a more effective approach when compared to the effects of “incarceration, [one-on-one] counselling, and probation” (Henggeler et al., 1986, 1992, 1995, as cited, p. 383).

Today, there is a lot of emphasis on integrated models of service as being most effective as they are accessible and provide a more holistic service. The ecological approach presented by

Pullman et al. (2006) is derived from this concept (Goldstrom et al., 2000, as cited, p. 378). This ecological approach emphasizes collaboration but recognizes that barriers, such as differing principles guiding mental health services and the youth justice system, can hinder the model's success. Research suggests that the ecological approach encompasses social supports to prevent crime, while also targeting various systems (e.g. "family, individual, community") (Lipsey, 1995; Lipsey, Wilson, & Cothorn 2000; Murphy, 2002, as cited, p. 378). The programs currently embracing these principles include "multisystemic therapy, ... functional family therapy, ... and wraparound-service planning" (Henggeler, Melton, Brondino, Scherer, & Hanley, 1997; Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993; Sexton & Alexander, 2000, as cited, p. 378). Pullmann et al. aimed to explore how to integrate mental health services with the youth justice system while addressing the specific needs of young offenders with emotional and behavioural disorders, as well as their families, through the development of a community-based program. The researchers compared the data derived from a group of young offenders (n=98) using traditional mental health services and a group of young offenders (n=106) who participated in the wraparound program, Connections (p. 383). The results provided support for the wraparound program method as the young offenders involved in Connections had significantly lower rates of any recidivism. Connections is "complex, systemic and community-based" and, therefore, it is difficult to suggest causal relationships between the intervention and the outcomes found (p. 391). However, it shows the benefits of an integrated model in its understanding of the complex array of systems that are involved within the detained young offender population.

#### Analysis/Critique of the Literature

The research presented in this paper provides a fairly thorough introduction into this area of detained young offenders with mental illnesses in all of its complexity. It is evident from the

findings presented that this is an area that has been recognized as being important in our understanding of, not only the youth justice system, but also youth mental health, environmental triggers, and treatment triumphs and pitfalls. The widespread findings presented through the research indicate that there are significant implications on clinical, forensic policy, and sociological domains.

Since this paper centres around the topic of mental health problems, it is expected that clinical implications of the findings would be paramount to the discussion. Of particular concern is the conclusion that arose multiple times within the research that without proper identification and treatment of the disorders in detained young offenders, there would be the risk that they could develop serious chronic mental health problems, which could extend into adulthood. This paper has highlighted a number of research findings that suggest that current screening and assessment procedures are in need of improvement in various ways. This was made quite evident by the finding in research of Mitchell and Shaw (2011) who showed that “only [slightly] over half of young people with unmet mental health needs were detected by the reception screening process” (p. 388). They also concluded that not only does the “screening [process have] to change,” but also the content in that it is not sensitive to the internalizing behaviours, such as depression and anxiety, which are significant unmet needs in custody (p. 391). This suggests that even though youth are already in a vulnerable position when entering the criminal justice system, it is evident that this vulnerability heightens when there aren’t effective procedures in place to detect the mental health problems that they may be suffering from and may not understand. Mitchell and Shaw touch upon this very fact by presenting the finding that young offenders entering custody are under high levels of stress, which could lead to an “acute stress reaction,” noted to be connected to suicidal behaviour in youth, especially if they are already suffering from

a mental illness (Harrington, 2001, as cited, pp. 390-391). As such, without this detection and, therefore, understanding on the part of the youth as well as individuals involved in the youth criminal justice system, an environment is created that does not rehabilitate as it is intended to, but rather fosters the worsening of their mental health difficulties. This worsening of symptoms is noted in detained adult populations (Mitchell & Shaw, p. 381), which can then have significant negative outcomes for not only the individual, but also the family and society (Casswell et al., 2012). Proper early screening and intervention has to improve in order to accomplish its goals of rehabilitating the young offenders and facilitating the smooth transition back into society.

Proper interventions are also crucial in order to minimize detrimental clinical outcomes. From the presented research, it is clear that there is still extensive exploration of what elements have to be present for the most effective intervention to be developed and implemented. Though there are a number highlighted, it seems as though factors, such as integrated systems and need-specific targeting, are crucial to include in treatment programs for this population. Furthermore, it is important to consider preventative measures, especially when one considers that psychiatric illnesses, such as conduct disorder, can be detected in childhood. If conduct disorder is potentially a risk factor for the development of antisocial behaviour in adulthood, this suggests the importance of detecting and treating this disorder as early as possible, such as through parent training as discussed by Pozzulo et al. (2009, p. 382). Though this cannot help the youth already involved in the criminal justice system, it is crucial in efforts geared towards reducing the number of these detained youth in the future. Furthermore, the use of reliable and valid tools that are sensitive enough to measure the changes that the research seeks to detect is paramount. Without this, it is difficult to conduct a thorough evaluation that can further guide service delivery, policy development, and research foci.

The implications of the research findings also extend to policy decisions, particularly within the forensic context. As noted previously, the implementation of the YCJA (2002) led to significant reductions in the numbers of detained youth in the Canadian criminal justice system (Quinn & Shera, 2009, as cited in Gretton & Clift, 2011, p. 110). Evidently then, policies have the power to greatly impact the options faced by young offenders. With that said, it is clear that there needs to be greater focus on policy, specifically targeting young offenders with mental health problems. Admittedly, there have been a number of accommodations made in the criminal justice system in order to address mental health issues (e.g., enforcement of not criminally responsible by reason of mental disorder [NCRMD] and review boards) (Bill C-30, as cited in Pozzulo et al., 2009, pp. 232-233). However, as the research suggests, young offenders with mental illnesses are a specialized population that requires policies tailored specifically to their needs and the situations that they face. Furthermore, as one of the major goals of criminal justice system is to reduce recidivism rates (Pozzulo et al.), it is crucial to ensure that policies aim to combat any potential increases in these rates. As Mitchell and Shaw (2011) suggest, young offenders with unmet needs entering into adulthood pose a greater risk to reoffend. Therefore, the careful development and early implementation of policies for this population can have significant preventative influence.

Despite the fact that this topic specifically looks at detained young offenders, it is clear from many of the findings that this population extends to the general society as well and, therefore, can have significant implications regarding individual functioning within societal systems as well as public safety. Though the results are mixed when comparing youth with mental health problems in the community to those who are detained, the findings by Chitsabesan and Bailey (2006) of high unmet mental health needs found in the community cannot be ignored

when considering sociological implications (Vincent & Grisso, 2005; Lahey, Moffitt, & Caspi, 2003; Farrington, 2004, as cited, p. 356). Furthermore, as Pullman et al. (2006) suggest, youth suffering from mental health problems in the community can increase their risk of entering the criminal justice system. Combined with the findings of ineffective screening and treatment, this is a grim picture that predicts potential worsening of mental health problems extending into adulthood. This can result in harsher criminal sentences and further distance between the individual and mental health services. Chitsabesan and Bailey (2006) suggest that services have to be structured and extend beyond custodial settings in order to ensure that the needs of the young offenders continue to be met. With this, it would be expected then that recidivism rates could decline and higher rates of successful reintegration into society could be achieved.

#### Opinions and Suggestions for Future Research

An essential aspect of research is the ability to identify limitations and gaps that still exist in order to determine the foci that further research needs to take on. Though there is an extensive amount of research in this area, it is also clear that there are still a lot of unanswered questions that need to be addressed in order to advance research aims, as well as service delivery options and policy development. Two areas in particular, with further exploration, can provide a significant amount of insight on how to advance in this field.

Exploration of gender differences reveals that young female offenders often go unnoticed in research due to a variety reasons, including the limited numbers detained, and ineffective screening tools to detect differences between males and females. However, existing research presents alarming findings regarding the needs of this population that are going unmet and, therefore, increasing the potential for adult female offender growth. Female offenders are a crucial group of youths where mental illness is prevalent and yet not appropriately addressed as

compared to their male or adult counterparts. Some of the research presented highlights some differences between males and females; however, the vast amount of findings pertains specifically to detained male young offenders. As shown by Gretton and Clift (2011), however, the rates of particular psychopathologies in young female detainees, as compared to those of males, are typically higher and, therefore, quite troubling. As mentioned in their study, females tended to rate higher in “substance abuse/dependence disorders; current suicide ideation; sexual abuse; PTSD; ODD; depression and anxiety; and [comorbidity for] multiple mental disorder diagnoses,” while “male youths had significantly higher odds of presenting with aggressive symptoms of CD” (p. 112). Additionally, Casswell et al. (2012) presented findings that more males than females, before being incarcerated, received prior treatment (13% and 11% respectively) even though “nearly 1 in 10” young female offenders had been hospitalized prior to incarceration (Lader, Singleton, & Meltzer, 2000, as cited, p. 222). Evidently, the needs of young female detainees are complex and extensive, requiring further exploration of specific tools and interventions that could cater specifically to female populations.

Another area that deserves further exploration is the comorbidity of mental illnesses present within this population. It was seen through Gretton and Clift’s (2011) paper that comorbidity of psychiatric illnesses is a significant unexplored issue in this population. Furthermore, Mitchell et al. (2011) also point out that comorbidity is often included in “exclusion criteria” in research exploring interventions because it is seen to complicate the treatment process as well as contribute to the drop-out rates of participants before the completion of trials. Mitchell et al. emphasize, however, that the exclusion of this population prevents accurate results to be derived from clinical trials, particularly because in reality, comorbidity is a widespread issue in this population (p. 434). Therefore, future research will have to explore, on



larger scales, the impact that comorbidity has on effective treatment programs and aim to develop and implement instruments and interventions that tailor specifically to that need.

### Summary and Conclusion

In summary, it is evident that the population of detained young offenders with mental health problems is a complex one that requires extensive attention. The prevalence of detained young offenders with mental illness remains high, including in Canada, though certain improvements can be seen when compared to international and historical rates. Additionally, while the understanding of risk factors and their contribution to mental illness as well as criminality in young offender populations is growing, the screening procedures and tools used still require refinement to address many of these unmet needs. This can address not only the fairly high recidivism rates, but also the importance of integrated intervention options for this population. Overall, it is evident that there have been a lot of exploration and significant advancements made in our understanding of the issues of detained young offenders. However, it is also evident that there is still work to be done in the way of research, service initiatives and policy development because gaps still exist and the implications are too vast to be ignored.

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