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Mental Health and the Youth Justice System: Recognising and Responding to the Incarceration of Those with a Mental Health Disorder

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Declaration on Plagiarism

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of *MA in Comparative Criminology and Criminal Justice* is entirely my own work and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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Abstract

Over the past three decades, the mental health needs of young people who offend have become a widely recognised issue. Consequently, addressing these needs has become a priority for youth justice systems all around the world. The aim of this research was to investigate how the youth justice systems in the United States, England and Wales, and Ireland, have responded to the incarceration of young people with mental health disorders. The disproportionate number of those with mental health disorders within the youth justice system raises two questions. Firstly, what does the presence of mentally ill youth within the justice system tell us about the aims and objectives of the system? Secondly, what does the presence of mentally ill youth within the justice system mean for the operation of the system?

In order to examine how these youth justice systems have responded to the incarceration of mentally ill youth, this research adopted two main methods: a comprehensive literature review and a thematic analysis of key policy documents. The literature review involved a review of secondary data from a number of sources including books, journal articles, government bodies and other relevant agencies. The thematic analysis focused on policy documents from three youth detention facilities: Oberstown Children Detention Campus in Ireland, Parc Young Offender Institution in Wales, and Santa Clara County Juvenile Hall in California. These policy documents were analysed across a three year period: 2017 to 2019.

The findings of this research suggest that the progress which has been made by each jurisdiction to firstly identify and then address the mental health needs of incarcerated youth is indicative of the adoption of a welfare-based approach, thereby suggesting that punishment is not a central concern within the youth justice system. In terms of what the presence of mentally ill youth within the justice system tells us about the aims and objectives of the system, and what it means for the overall operation of the system, it is evident that the system has transformed to become a place where young people who offend can receive mental health treatment. However, society should not be reliant on the youth justice system to meet the complex needs of this vulnerable, young cohort. Instead, the mental health needs of young offenders should become the collective responsibility of society, not solely the youth justice system. Thus, this dissertation argues that the role of the youth justice system must be redefined so as to ensure that mental health services are provided outside of the system, and furthermore, that mental health is not criminalised.

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Introduction

Mental health can be defined as a state of well-being which enables individuals to realise their potential, cope with the normal stresses of life, complete work in an efficient manner and contribute to their communities (World Health Organization, 2018). In recent years, mental health has become a globally emerging public health concern (World Health Organization, 2013), whereby it has been reported that half of all lifetimes cases of mental health disorders begin at the age of fourteen (Kessler et al., 2005). Children and adolescents with mental health disorders experience difficulties across a multitude of settings (Hovey et al., 2017). When left undiagnosed or untreated, these mental health disorders can result in delinquency and offending, ultimately leading to involvement in the youth justice system (Stoddard-Dare et al., 2011). International data has highlighted that children and adolescents with mental health disorders are statistically significantly over-represented within the youth justice system in comparison to the general population (Underwood & Washington, 2016). Many policy makers and practitioners in the field have referred to this over-representation as the criminalisation of the mentally ill (Ringhoff et al., 2012).

Over the past three decades, there has been a notable increase in interest around the mental health of young offenders (Penner et al., 2011). Prior to the late 1980's, the existence of studies which examined the prevalence of mental health disorders among young offenders was virtually zero (Penner et al., 2011). However, given the increasing evidence that the rates of mental health disorders among young offenders are remarkably high, countries all over the world have initiated efforts to improve the identification and treatment of mental health disorders among those housed in youth detention facilities (Penner et al., 2011). The high prevalence rates of mental health disorders among this cohort are of considerable concern for a number of reasons. Such reasons include concerns around the severity of mental health disorders (Shufelt & Cocozza, 2006), concerns around high rates of comorbidity (Abrantes et al., 2005) and a number of associated clinical concerns such as suicidal ideation and self-harming behaviour (Kenny et al., 2007).

In the present day, numerous large-scale, methodologically sound studies relating to mental health disorders among young offenders have been conducted (Penner et al., 2011). These studies have uncovered a variety of interesting findings. Firstly, despite their increased likelihood of having a mental health disorder, justice involved youth are less likely than non-justice involved youth to have had their disorder previously diagnosed or to have received

access to the mental health services which are required for meeting their unique needs (Kenny et al., 2007). Secondly, mental health disorders among young offenders may be perceived as a barrier to engagement with rehabilitation programmes (Haqanee et al., 2015). Thirdly, the high prevalence rates of mental health disorders among young offenders have raised questions around the link between mental health disorders and youth justice system involvement (McCormick et al., 2017).

The relationship between mental health disorders and involvement in the youth justice system is complex, with Schubert and Mulvey (2014) arguing that this issue is not as simple as we may think. Many young people who offend do not have a mental health disorder and many young people who have a mental health disorder do not offend (Schubert & Mulvey, 2014). Research has highlighted the association between mental health disorders and problematic, delinquent behaviour but has been clear to note that correlation does not equal causation (Office of Juvenile Justice and Delinquency Prevention, 2017). Additionally, there are certain risk factors which have the potential to increase the occurrence of both mental health disorders and delinquent behaviour in youth. For example, a history of exposure to violence can increase the onset of mental health issues in young people, while also leading to delinquent behaviour (Finkelhor et al., 2009). Although it is evident that there is an association between mental health disorders and problematic, delinquent behaviour among youth, the exact correlation remains difficult to pinpoint.

Research relating to individual risk factors often focuses on how certain mental health disorders are linked to delinquent behaviour and youth justice system involvement (Barrett et al., 2014). It has been found that some externalizing disorders, such as conducts disorders, increase the likelihood of delinquent behaviour and youth justice system involvement (Barrett et al., 2014). The link between mental health disorders and youth justice involvement has been studied in terms of specific youth subpopulations. Among maltreated youth, particularly those who are living in residential care, the presence of mental health disorders has been found to be associated with youth justice system involvement, whereby conduct disorder was identified as the strongest indicator for this (Yampolskaya & Chuang, 2012).

Involvement in the youth justice system has a significant impact on those with mental health disorders. There are a number of reasons why involvement in the youth justice system may exacerbate existing mental health issues among young people. For example, there is a level of inconsistency across some of the decision points of the youth justice system in

providing treatment referrals and appropriately screening, assessing and treating young offenders who have a diagnosis of a mental health disorder (Office of Juvenile Justice and Delinquency Prevention, 2017). Additionally, there is an increased likelihood of recidivism once youth have become involved in the justice system, whereby this is further heightened by the perceived barriers to services which prevent these youth from seeking and receiving the necessary treatment (National Mental Health Association, 2004).

As mentioned above, involvement in the youth justice system may exacerbate existing mental health disorders among young people. Firstly, within the youth justice system, it has been argued that there is a lack of referrals for treatment (Office of Juvenile Justice and Delinquency Prevention, 2017). Among those who are involved in the youth justice system, only a small percentage of those in need of treatment are given access to the services (Office of Juvenile Justice and Delinquency Prevention, 2017). Even among those who have received a diagnosis for a mental health disorder, access to treatment is not guaranteed (Office of Juvenile Justice and Delinquency Prevention, 2017). The Pathways to Desistance Project found that there were overall low rates of services available to youth, but this was dependent on two factors: the type of facility in which the young person was detained and the mental health disorder which was diagnosed (Schubert & Mulvey, 2014). Similarly, the North-Western Juvenile Project found that only 15 per cent of youth who were diagnosed with a mental health disorder received treatment while in detention (Teplin et al., 2013). Shufelt and Cocozza (2006) found that even if youth justice facilities were reported as having the capacity to provide treatment services for youth, youth with severe mental health disorders often did not receive access to emergency mental health services. It is clear that there is a lack of access to treatment within youth detention facilities.

Moreover, there are challenges associated with detention. Youth detention and correctional facilities may have a negative impact on youth mental health due to issues such as overcrowding, the lack of treatment and services available and separation from support systems, such as family and friends (Office of Juvenile Justice and Delinquency Prevention, 2017). Additionally, for youth who are in correctional facilities, the possibility of being placed in solitary confinement has the potential to worsen existing mental health issues (National Institute of Justice, 2016). Given the aforementioned issues within the youth justice system, having a mental health disorder while involved in the system can further increase a young person's likelihood of reoffending or engaging in problematic behaviours (Yampolskaya & Chuang, 2012). This link has been most frequently documented for

externalizing disorders (Barrett et al., 2014). Finally, there are the perceived barriers to treatment among youth with mental health disorders in the youth justice system. Abram and colleagues (2015) conducted a survey among young people with mental health disorders in detention and discovered that the most frequently named barrier to services was that young people believed that their mental health issues would resolve themselves without any treatment. The survey also identified other perceived barriers which included youth not knowing whom to contact or where to go in order to obtain treatment, believing that treatment was too difficult to obtain (Abram et al., 2015). Perceived barriers to treatment may have an impact on whether young people pursue treatment in the first place, as well as whether they engage and remain in treatment.

The high proportion of mentally ill youth within the justice system is a serious issue (Evans Cuellar et al., 2006). Addressing the mental health needs of those in the youth justice system should be a priority, not only in individual nations, but internationally. Addressing their needs would enable policy makers and practitioners to develop better means to provide support and services for young offenders who have a diagnosis of a mental health disorder. This cohort of young people can experience significant challenges within the youth justice system. As previously discussed, these challenges include a lack of referral for treatment, difficulties within detention, the increased likelihood of reoffending and the perceived barriers to treatment. How best to utilize these challenges in order to improve the services which are available presents a gap in research.

The main purpose of this research is to investigate how jurisdictions have responded to the incarceration of youth with mental health disorders. These responses will be examined across three jurisdictions: the United States, whereby there will be a focus on the state of California, England and Wales, and Ireland, all of which are anglophone jurisdictions with similar criminal justice systems. Although definitions of youth may vary, for the purpose of this research, youth will be defined according to the age of criminal responsibility under the relevant law in each of the three jurisdictions. In the United States, many states do not set a minimum age of criminal responsibility for the prosecution of youth (National Juvenile Defender Centre, 2020). In California, under the *Welfare and Institutions Code 602,* the minimum age of criminal responsibility is between 12 years of age and 17 years of age. In the case of murder, rape by force, sodomy by force, oral copulation by force or sexual penetration by force, there is no age limit. In England and Wales, under the *Crime and Disorder Act 1998,* the minimum age of criminal responsibility is between 10 years of age

and 17 years of age. In Ireland, under the *Children Act 2001,* the minimum age of criminal responsibility is between 12 years of age and 17 years of age. Under the *2006 Amendment,* the minimum age of criminal responsibility for a charge of murder, manslaughter, rape or aggravated sexual assault is 10 years of age.

This research will be divided into an introduction, followed by four main chapters, and finally, a conclusion. Chapter One will review previous literature in the area. This chapter will begin by giving an overview of mental health disorders and their prevalence in the youth justice system. Then, this chapter will examine the racial, gender and age disparities which exist in relation to access to mental health treatment within the youth justice system. Finally, young offenders with mental health disorders will be discussed in the context of each of the three jurisdictions selected: the United States, England and Wales, and Ireland. Chapter Two provides a detailed description of the methods which were used in order to conduct the research. It will also outline the justifications for the use of each method. Chapter Three will present the findings of this research. It will outline the findings in relation to the current practices and interventions in England and Wales and the United States, with the aim of making recommendations for Ireland. Chapter Four is a discussion of the aims of the youth justice system when a young person is mentally ill. Finally, the conclusions of this research will be presented.

Chapter 1 – Literature Review

Introduction

This chapter will begin by providing an overview of mental health disorders and their prevalence within the youth justice system. Next, this chapter will discuss the influence of race/ethnicity, gender and age on access to mental health treatment within the youth justice system. Finally, this chapter will analyse the link between mental health disorders and youth justice system involvement in the United States, England and Wales, and Ireland.

Mental Health Disorders and Their Prevalence within the Youth Justice System

The prevalence rate of mental health disorders among adolescents in the youth justice system has been found to be significantly higher than that of the general adolescent population (Underwood & Washington, 2016). It has been estimated that approximately 50 to 75 percent of those within the youth justice system meet the criteria for a diagnosis of a mental health disorder (Teplin et al., 2013). A number of comprehensive studies have highlighted that there are certain mental health disorders which are common among young offenders. These include affective disorders, such as major depression and bipolar disorder, anxiety disorders, such as obsessive compulsive disorder and posttraumatic stress disorder, and disruptive behaviour disorders, such as oppositional defiant disorder and attention deficit hyperactivity disorder (Grisso, 2008).

Among youth who are involved in the justice system, it has been estimated that approximately 15 to 30 percent have a diagnosis of depression (Weiss & Garber, 2003), 13 to 30 percent have a diagnosis of attention deficit hyperactivity disorder (Underwood & Washington, 2016), 3 to 7 percent have a diagnosis of bipolar disorder (Teplin et al., 2002), and 11 to 32 percent have a diagnosis of posttraumatic stress disorder (Abram et al., 2004). Prevalence studies have also overwhelmingly demonstrated that diagnostic comorbidity, which can be described as the simultaneous presence of two or more mental health disorders in an individual, is common among youth in the justice system. One study which was conducted by Shufelt and Cocozza (2006) produced striking results whereby it was discovered that approximately 75 per cent of youth within the justice system met the criteria for a diagnosis of two or more mental health disorders.

Based on these statistics, it is evident that there is an overrepresentation of youth with mental health disorders within the justice system. This overrepresentation is a complex issue,

raising concerns around how these individuals have ended up in the youth justice system. One longstanding explanation for this is the criminalization hypothesis (Ringhoff et al., 2012). The criminalization hypothesis posits that the overrepresentation of those with serious mental health disorders within the criminal justice system can be attributed to factors such as the deinstitutionalization of psychiatric units and the underfunding of mental health treatment services (Ringhoff et al., 2012). According to this hypothesis, such factors have resulted in mentally ill youth being criminalised, whereby the justice system has been faced with the challenge of addressing their complex needs (Ringhoff et al., 2012).

The overrepresentation of youth with mental health disorders within the justice system raises two important questions. Firstly, what does this overrepresentation tell us about the aims and objectives of the justice system? The high prevalence of mental health disorders among youth in the justice system indicates a possible lack of adequate screening and assessment tools for those entering the system (Kutcher & McDougall, 2009). Secondly, what does this overrepresentation mean for the operation of the system? The presence of a large number of youths with significant mental health issues highlights a potential blurring of lines between mental health services and criminal justice sanctions. Thus, it has been argued that there is a need to divert these youth away from the justice system and towards mental health treatment services (Kutcher & McDougall, 2009). Attempts to develop adequate screening and assessment tools and divert these youth out of the justice system in each of the three jurisdictions will be discussed in the paragraphs to follow.

Prevalence Rates and Methodological Challenges

As mentioned above, it has been estimated that between 50 and 75 percent of youth within the justice system meet the criteria for a diagnosis of a mental health disorder (Teplin et al., 2013). Some studies have estimated the prevalence rate to be lower at approximately 25 per cent (Rohde et al., 1997), while others have estimated it to be even higher at approximately 85 per cent (Robertson et al., 2004). While these statistics are related to the youth justice system in the United States, it could be argued that such prevalence rates would also be identified in the context of England and Wales, and Ireland, due to operational similarities. However, it is important to note that there may be some variation in these rates.

A large amount of the variability in the rates between studies can be attributed to methodological challenges, such as sampling issues, measurement issues and definitional differences (Penner et al., 2011). In terms of sampling issues, some researchers have

variously sampled from sentenced, remanded and community based youth in an attempt to determine the prevalence of mental health disorders among this cohort (Penner et al., 2011). Samples have also varied significantly in size, whereby smaller samples produce less reliable rates and decrease the likelihood that youth can be compared according to demographic characteristics, such as gender and ethnicity, which are known to impact prevalence rates (Teplin et al., 2006).

In terms of measurement issues, some studies variously use semi-structured interviews, self-report questionnaires and data from psychiatric records to determine if youth are mentally ill (Penner et al., 2011). While some studies use empirically supported, standardized tools of measurement, others rely on unstandardized tools which have less empirical support (Rodhe et al., 1997). Finally, in terms of definitional differences, many studies are inconsistent in their use of the definition of mental health disorders, and also, in which mental health disorders they choose to include in their study (Penner et al., 2011). Some studies require the symptoms to impair the young person's functioning in order for a disorder to be diagnosed while others simply require the presence of symptoms in order for a disorder to be diagnosed (Penner et al., 2011). All of the challenges discussed above can be minimised, at least to a certain degree, through the use of well validated instruments to access a wide variety of mental health disorders in large, random samples of young offenders (Penner et al., 2011).

The high prevalence of mental health disorders among youth in the justice system, particularly when compared to the lower prevalence among youth in the general population, highlights the need for different levels of mental health care with a variety of treatment options. Some young people experience their disorder temporarily while others, approximately 10 per cent, display chronic mental health needs (Roberts et al., 1998). Some young people have the ability to function well alongside their mental health disorder while others display limited functionality (Underwood & Washington, 2016). Regardless of their diagnosis, each young person will present differently, with different needs, requiring different levels of care (Hovey et al., 2017). This individuality requires the implementation of effective screening and assessment procedures, combined with various treatment options (Underwood & Washington, 2016), while also raising concerns around the ability of the youth justice system to effectively manage such complexities, based on the fact that the system was traditionally designed to punish offending behaviour.

Disparities in Mental Health Treatment within the Youth Justice System

Within the youth justice system, prevalence rates may differ according to gender, race/ethnicity and age. As a result, each of these concepts will be comparatively discussed in order to examine their influence, if any, on the aims and objectives, and overall operation, of the youth justice systems in the United States, England and Wales, and Ireland. In relation to gender, Teplin et al. (2002) conducted a large scale study which found that 66 per cent of young males and 74 per cent of young females within the youth justice system had at least one diagnosable mental health disorder, whereby females were more likely to be diagnosed than males. The finding that justice involved females have higher rates of mental health disorders than their male counterparts has mostly been attributed to higher rates of internalizing disorders, including depressive and anxiety disorders, along with their increased likelihood of having a history of trauma (Shufelt & Cocozza, 2006). In relation to ethnicity, Teplin et al. (2002) discovered that young white males and females are more likely to be diagnosed with a mental health disorder than Hispanic or African American youth. This may be attributed to the racial disparities in mental health treatment within the youth justice system which will be discussed later. In relation to age, Teplin et al. (2002) found that the youngest males, aged 13 years or younger, had the lowest rates of many of the disorders which were studied while the rates of mental health disorders among young females tended to vary less by age.

An extensive body of research has identified disparities, in terms of race/ethnicity, age and gender, in who is referred for mental health treatment within the youth justice system. Racial disparities have been found to exist among mental health diagnoses and treatment in the youth justice system (Office of Juvenile Justice and Delinquency Prevention, 2017). Once they have entered the youth justice system, young people from minority ethnic groups are less likely to be treated for mental health disorders than white youth (Herz, 2001). A systematic review of articles which examined racial disparities among referrals to mental health services from the youth justice system found that, of most of the studies published between 1995 and 2014, race had some effect in determining which youth were given access to mental health services, even when statistical controls for mental health diagnosis or need were controlled (Spinney et al., 2016). Whilst this study relates to the United States, and no such studies currently exist in England and Wales or Ireland, this is a serious issue that both England and Wales and Ireland must consider as they are both multicultural jurisdictions. The disadvantages that minority ethnic youth are experiencing in relation to mental health

treatment within the justice system only exacerbate the disadvantages that they have already experienced within their community (Spinney et al., 2016). This is because minority ethnic youth are less likely than their white counterparts to have received treatment within their community prior to incarceration (Staudt, 2003). As a result, providing these youth with mental health treatment is significant as this may be their first opportunity to access such services.

Age is one of the most predictive factors for who receives access to mental health treatment within the youth justice system. Evidence from various studies has highlighted that younger offenders, particularly those who are under the age of 15 and who have less experience of criminal activity, are more likely to be referred to mental health treatment services when compared to their older adolescent counterparts (Herz, 2001). It has been posited that this disparity is indicative of a two-tier system, whereby older adolescents are subject to a more punitive approach than younger adolescents (Herz, 2001). A failure to address the mental health needs of older adolescents is problematic as it may result in a course of life-long offending into adulthood, resulting in further issues such as unemployment, poverty and worsened mental health (Lennox & Khan, 2012). These issues would likely result in the recriminalisation of these mentally ill individuals.

Gender disparities have also been found to exist among mental health diagnoses and treatment in the youth justice system. As the proportion of young females involved in the justice system increases, research is constantly striving to identify how gender differences can influence the receipt of mental health treatment (Office of Juvenile Justice and Delinquency Prevention, 2017). Thus far, researchers are reporting that there is a higher rate of referrals for young females than males (Fazel & Langstrom, 2008). Once they have entered the justice system, young females are more likely to be referred for mental health treatment by staff, which, as Rogers et al. (2001) have postulated, may have to do with the fact that the staff members themselves are often female. There are three key differences between young males and females which offer an explanation as to why gender is an important predictor of access to mental health treatment. Firstly, young females are mostly detained for status offenses, such as underage drinking, and technical violations, such as missing a curfew (Office of Juvenile Justice and Delinquency Prevention, 2017). Secondly, young females are more likely to report symptoms and are more willing to avail of psychiatric services than young males (Office of Juvenile Justice and Delinquency Prevention, 2017). Thirdly, young females are more likely to present with internalizing disorders as opposed to externalizing

disorders (Teplin et al., 2006). Consequently, while their symptoms may be less obvious than those of an externalizing disorder, their increased likelihood to report their symptoms places young females at an increased likelihood of receiving access to mental health treatment.

These are interesting findings, prompting us to question why the youth justice system operates in such a way. One possible explanation for the disparities which exist in relation to access to mental health treatment is implicit bias. Implicit bias is the term used to refer to a set of involuntary, unconscious thoughts and attitudes which are driven by past experiences, and which come to directly influence an individual's behaviour (Haeffel et al., 2007). Although racial contexts have been featured as a central theme in decision making, implicit bias frequently occurs in other contexts including gender and age (Glenn, 2019). Youth justice practitioners and policy makers are not immune to the far reaching impact of implicit bias (Glenn, 2019). Consequently, one could assume that implicit bias is the reason behind these disparities. As policy makers begin to recognise the growing need for mental health treatment among youth in the justice system, it is critical that they address the disparities which have been discussed above and ensure that treatment is not biased. Without this guarantee, minority youth will continue to be deprived of mental health treatment services, the needs of young males will go unmet and older adolescents will remain subject to harsher treatment. Such disparities need to be addressed in order to ensure fair and equal access to treatment for all involved in the youth justice system.

The Case of the United States

Background to the System

Similar to other jurisdictions around the world, youth with diagnosable mental health disorders are statistically significantly over-represented within the youth justice system in the United States (Shufelt & Cocozza, 2006). Despite this, it was not until the late 1980's that there was an increase in interest around the mental health of young offenders (Penner et al., 2011). This sudden increase in interest was caused by a dramatic spike in the number of violent offences which were being committed by youth (Grisso, 2004). In response to this, many states across the US began tightening their young offender laws, ultimately resulting in a larger number of youths coming into contact with the youth justice system and youth detention facilities (Penner et al., 2011). Traditionally, the youth justice system in the US adopted a rehabilitative and preventative approach, placing an emphasis on the needs and rights of the young person as opposed to punishing them (Garascia, 2005). However,

following the surge in youth violent delinquency, the main aim of the youth justice system shifted towards public protection (Fried & Reppucci, 2001). These responses were driven by a punishment and criminalisation perspective (Fried & Reppucci, 2001), a stark contrast from the rehabilitative perspective which had previously existed.

It was also during this period that youth justice workers began to report that a significant proportion of young people were presenting with mental health disorders (Grisso, 2004). Although there are several possible explanations for this, it can most likely be attributed to a decline in adequate youth mental health services, resulting in youth with mental health disorders being sent to custodial facilities in the absence of mental health treatment services (Penner et al., 2011). During the 1990's, a large majority of states across the US experienced a decline in the availability of mental health services for youth, meaning that the youth justice system was used to fill the gap in the availability of services (Grisso, 2008). This resulted in a shift back towards a more rehabilitative approach to care. As this shift occurred, the youth justice system was left ill-equipped to deal with the specialised needs of those with a mental health disorder (Underwood & Washington, 2016). Although the number of crimes which are being committed by youth has been decreasing across the US, the interest in the identification and treatment of mental health disorders among this cohort continues to increase (Penner et al., 2011).

Prevalence

A large body of research has been conducted in order to understand the link between mental health disorders and youth justice system involvement in the US. One study which was conducted by Burke and colleagues (2015) found that over half of all first time offenders in the US had at least one diagnosable mental health disorder. Furthermore, approximately one in every three young people met the criteria for five clusters of comorbid disorders (Reich, 2014). Of these, post-traumatic stress disorder and mania were found to be the most common diagnoses to have comorbidity with the five diagnostic clusters (Reich, 2014). Comorbidity is common among young offenders in the US, whereby research has highlighted that there are higher rates of recidivism and mental health service complications among this cohort (Reich, 2014). Once again, this raises concerns about the suitability of the youth justice system to address these needs.

Gender and Race

In line with international findings, gender differences exist in relation to young people and their experience of the youth justice system in the US. Although traditionally males have comprised a large majority of the young offender population, females are a fast growing population within the youth justice system (Edelman & Watson, 2013). Despite the fact that both males and females in the youth justice system have histories of abuse and neglect, a history of sexual and physical abuse is much more common among young female offenders (Lennon-Dearing et al., 2013). Young females have a tendency to internalize their feelings of victimisation, putting them at an increased risk of developing post-traumatic stress disorder, schizophrenia and other persistent mental health disorders (Lennon-Dearing et al., 2013). The mental health needs of females within the youth justice system in the US are not being addressed as, due to the historical male dominance, many facilities have been left ill-equipped to deal with their issues such as internalization and trauma (Edelman & Watson, 2013). It has been suggested that the youth justice system in the US is in need of reform in order to better meet the needs of females. This can be achieved through staff training, further research on female best practice and developments in legislation (Edelman & Watson, 2013).

Additionally, there are racial/ethnic differences in relation to how young people experience the youth justice system in the US. Similarly to other jurisdictions around the world, youth from a minority ethnic background, particularly African American youth, are statistically over-represented within the youth justice system in the US (Lennon-Dearing et al., 2013). One study which was conducted by Maschi et al. (2008) found that African American youth are at a higher risk of youth justice system involvement than their white counterparts, whereby it was found that these youth comprised 27 per cent of the population which was surveyed (Maschi et al., 2008). Furthermore, despite their increased likelihood for involvement in the system, African American youth are less likely than white youth to receive access to mental health treatment services while in detention (Maschi et al., 2008). The overwhelming number of African American youth who are involved in the justice system is concerning, not solely because of the racial disparities which exist, but also, because of the lack of treatment services available to them and the risk of worsened mental health issues which is associated with being placed in overcrowded facilities (Desai et al., 2006).

State Response

The high prevalence of mental health disorders among youth in the justice system prompted an escalation in the development of mental health courts across the US. These courts adopt a therapeutic jurisprudence philosophy, promoting a non-adversarial, treatment-oriented approach to adjudicating youth matters, while ensuring that due process rights are upheld (Redlich & Han, 2014). In 1997, there were only four mental health courts across the United States (Office of Juvenile Justice and Delinquency Prevention, 2010). By 2009, there were over 250 mental health courts in operation, however, most of these were adult courts (Office of Juvenile Justice and Delinquency Prevention, 2010). It was not until 2001 that the first youth mental health court was established in Santa Clara County, California whereby this number has only increased since (Gardner, 2011). The emergence of these courts has been an important development in relation to mental health law (Redlich & Han, 2014).

According to Winick (2003), problem solving courts, such as the mental health courts, frequently utilise principles of therapeutic jurisprudence in order to enhance their functioning. The theory of therapeutic jurisprudence outlines that voluntary choice, in this case, into the mental health courts, along with an appreciation of requirements are central to promoting behavioural change (Redlich & Han, 2014). For example, in uncovering how problem solving court judges could act as therapeutic agents, Winick (2003) highlighted the therapeutic jurisprudence principles of avoiding paternalism and respecting autonomy. Additionally, according to the therapeutic jurisprudence model of problem solving courts which was devised by Wiener et al. (2010), an individual's perceptions of therapeutic jurisprudence related concepts, such as procedural justice and reintegrative shaming, serve in influencing perceptions of the legitimacy of the law which, in turn, results in improved outcomes. Evaluations relating to the youth mental health courts have been limited. However, research which has been conducted in relation to the courts has highlighted efficacy in terms of both of the aims of the system: reduced recidivism and increased engagement with treatment programmes (Heretick & Russell, 2013).

The Case of England and Wales

Background to the System

In England and Wales, the youth justice system is largely separate from the system which exists for adults. The youth justice system places a greater emphasis on the prevention of offending and reoffending and also, has a wider variety of methods for dealing with those

who commit an offence (Murray, 2012). The *Children Act 1989* assigned duties to local authorities, the police, the courts and other relevant agencies throughout England and Wales to ensure that young offenders are safeguarded, and that their welfare is promoted (Lennox & Khan, 2012). As has previously been discussed, the prevalence rates of mental health disorders among youth in the justice system have a tendency to vary across studies but, overall, are generally high (Teplin et al., 2013). It has been suggested that young people who offend in England and Wales are three times more likely to experience a mental health disorder than their non-offender adolescent counterparts (Mental Health Foundation, 2002). Consistent with international findings, Lader and colleagues (2003) reported that as many as 95 per cent of those in Young Offender Institutions (YOI's) in England and Wales experience one or more mental health disorders.

Prevalence

Over the past two decades, there has been a significant reduction in the number of children and adolescents who are coming into contact with all sectors of the youth justice system (Youth Justice Board and Ministry of Justice, 2013). There are a number of factors which may be attributed to this reduction, including the removal of offences brought to the justice target and the work of Youth Offending Teams, and other agencies, to divert young people from the justice system (Prison Reform Trust, 2011). However, these reductions have not been consistent across all groups of children and adolescents involved in the system (Lennox & Khan, 2012). The most significant reductions have been seen for younger children, particularly those under the age of 15, girls and first-time entrants into the youth justice system (Prison Reform Trust, 2011). Minimal reductions have been seen for older boys, and black and minority ethnic youth (Prison Reform Trust, 2011). One explanation for the minimal reductions among these cohorts relates to the disparities in access to mental health treatment. As previously discussed, older boys and minority ethnic youth are less likely to be referred for mental health treatment in comparison to white youth, girls and younger adolescent offenders (Herz, 2001). Consequently, they will be more likely to come into contact with the youth justice system.

Evidence has highlighted that, despite the reduction in youth custody populations and Youth Offending Team caseloads, children and adolescents who are coming into contact with the youth justice system are exhibiting multiple, complex mental health needs (Lennox & Khan, 2012). Data from England and Wales which relates to the prevalence of mental health

disorders among children and adolescents in the youth justice system has continued to demonstrate the comorbidity of mental health disorders among this cohort (Teplin et al., 2013). Addressing the mental health needs of youth in the justice system could facilitate further reductions in youth custody populations and Youth Offending Team caseloads. In order to address these needs, policy makers and practitioners must first understand the risks and vulnerabilities among this cohort.

Research in England and Wales has documented the range and complexity of the risks and vulnerabilities within and across the trajectories of the young offender population. In 2004, the Youth Justice Board and Prison Service surveyed 2600 young people who were under the age of 18 and held in secure custody in order to understand their experiences prior to incarceration (Stuart & Baines, 2004). This survey highlighted that 25 per cent of boys and 40 per cent of girls had experienced some form of violence in their home prior to incarceration (Stuart & Baines, 2004). Another study which was conducted by Jacobson and colleagues (2010) reported that, of the 200 youth who were involved in the study, 28 per cent of them reported experiences of domestic violence in their home prior to incarceration (Jacobson et al., 2010). There is wide body of evidence that young people who offend are more likely to have experienced a variety of early life traumatic incidences than their non-offender counterparts which, ultimately, impacts mental health disorders and delinquent behaviour (Liddle et al., 2016). Understanding these risks and vulnerabilities and addressing the mental health needs among this cohort is essential as unmet needs may persist into late adolescence or early adulthood, resulting in a wide range of adverse outcomes including worsened mental health issues, unemployment and further criminal activity (Fergusson et al., 2005). Furthermore, these issues may result in the recriminalisation of the mentally ill.

Gender and Race

In line with international findings, mental health disorders also vary according to gender in England and Wales. One study which was conducted among 301 males and females, aged between 13 and 18 years old, in Youth Offending Teams and youth detention facilities found that young females experience higher rates of depression, post-traumatic stress disorder and self-harming behaviours than their male counterparts (Chitsabesan et al., 2006). This cohort often go unnoticed and, consequently, their needs are not met. This highlights a necessity for female oriented treatment approaches within the youth justice system.

Similar to other Western jurisdictions, minority ethnic youth are overrepresented within the justice system in England and Wales (Nacro, 2007). However, as previously discussed, they are less likely to be provided with access to mental health services within the youth justice system (Spinney et al., 2016). As such, the United States, and England and Wales, both treat minority ethnic youth differently to their white counterparts, particularly when their mental health issues intersect with youth justice system involvement. Arguably, granting minority ethnic youth with access to mental health treatment services is essential, based on the fact that the youth justice system frequently acts as a gateway to services for these individuals (Nacro, 2007). The statistics for mental health disorders among this cohort are stark, whereby these youth are twice as likely to be referred to mental health treatment services through the youth justice system than through primary care in the community (Nacro, 2007). The implications of this are wide reaching, potentially highlighting institutional racism and/or that this cohort experience community mental health services differently to their peers. It is beyond the scope of this dissertation to explore this issue fully, but evidently, this is an area where further research is urgently required.

In England and Wales, researchers have proposed that the prevalence of mental health disorders among young offenders is likely to be higher than what is actually reported due to a lack of appropriate and timely assessment which, ultimately, results in missed opportunities for mental health needs to be acknowledged (Chitsabesan et al., 2014). Additionally, many young people who are involved in the youth justice system in England and Wales who display the symptoms of a mental health disorder do not reach the threshold for a diagnosis (Haines et al., 2012). Evidently, there is a need for adequate screening and assessment tools among this cohort.

State Response

In England and Wales, one initiative to combat the over-representation of those with mental health disorders within the youth justice system came in the form of Youth Justice Liaison and Diversion (YJLD) teams. The aim of the YJLD teams was to divert vulnerable young people, who were facing their first arrest, away from the youth justice system, and instead, guide them towards mental health, emotional support and welfare services (Quigley & Gavin, 2018). These teams screened and identified vulnerabilities, delivered brief interventions and liaised with specialist services including Youth Offending Teams (YOT's), the Child and Adolescent Mental Health Service (CAMHS) and other relevant professional agencies

(Quigley & Gavin, 2018). The primary aim of the YJLD teams was to identify needs and make the appropriate referrals for youth (Quigley & Gavin, 2018).

One evaluation of the Youth Justice Liaison and Diversion Pilot Scheme found that, although youth reported mental health issues and had been referred to their local Child and Adolescent Mental Health Services (CAMHS), many did not have a diagnosis of a mental health disorder as a large proportion of their symptoms did not reach the threshold for a formal diagnosis (Haines et al., 2012). Identifying mental health disorders among young offenders may be even more complex based on the fact that young people may not be able to articulate issues and/or failures in the assessment process (Haines et al., 2012). One study which examined self-reported mental health disorders among 115 males who were detained in custody and were aged between 15 and 17 years old found that the presence of a mental health disorder was missed in almost half of the sample at the initial screening due to young people not expressing their issues and also, inadequate screening tools (Mitchell & Shaw, 2011). An overall evaluation of the YJLD teams reported beneficial effects in relation to mental health improvements (Whittington et al., 2015). Although there was no direct effect in relation to reoffending rates among this cohort, there was an effect in terms of the average time it took to reoffend, indicating that youth who engaged with the YJLD teams took longer to reoffend (Haines et al., 2015). This suggests that improving mental health among this cohort of young people would also decrease their reoffending rates (Haines et al., 2015).

Although there are multiple liaison and diversion schemes in operation across England and Wales, it could be argued that this jurisdiction would benefit from the introduction of youth mental health courts. The Bradley Report (2009) noted that the Government were to begin piloting the mental health court model. Two multi-disciplinary mental health court pilot projects were launched at Brighton and Stratford Magistrates' Court following this report (Ryan & Whelan, 2012). The pilot schemes adopted a problem solving approach to dealing with offenders while operating in the regular magistrates' court (Rutherford, 2010). In Stratford, a dedicated mental health court operated one day per week while in Brighton, cases were heard before the normal court lists (Winstone & Pakes, 2010). However, in contrast to their US counterparts, those with comorbidity of mental health and substance abuse disorders were not permitted to participate in the court unless their primary need was of a mental health nature (Winstone & Pakes, 2010). This was highlighted as an area of concern in an evaluation of the project, whereby it was suggested that criteria should be extended to those who have comorbidity (Winstone & Pakes, 2010). Overall, the initial

findings of the evaluation report were promising, identifying the core requirements necessary for a nationwide scheme of mental health courts (Winstone & Pakes, 2010). As these two courts were only pilots, and there are currently no youth mental health courts in England and Wales, it could be posited that this jurisdiction would benefit from their introduction.

Research has highlighted that, in line with international findings, young people who are involved with the youth justice system in England and Wales have higher rates of mental health disorders than youth in the general population. The increasing attention which is paid to mental health disorders within the youth justice system has led to the development of interventions, such as the Youth Justice and Liaison Diversion Scheme, which can improve outcomes for this cohort. This scheme, or other follow-up interventions, could further improve outcomes and reduce reoffending rates among these youth in England and Wales.

The Case of Ireland

Background to the System

In recent years, the mental health of the most vulnerable youth in Irish society has become an area of grave concern. Similar to other jurisdictions, the mental health needs of those within the Irish youth justice system have been consistently documented as significant and complex, requiring highly specialised treatment (Tarren-Sweeney, 2008). Buckley and O'Sullivan (2006) noted that, despite some improvements in how the Irish state respond to the mental health needs of those in the youth justice system, access to mental health services within the justice system remains problematic. In Ireland, the Child and Adolescent Mental Health Service (CAMHS) are responsible for providing specialist services to youth with mental health disorders (Rooney et al., 2021). However, it has long been recognised that CAMHS is underfunded and under-resourced, offering limited access to out of hours services (Rooney et al., 2021). This often results in members of An Garda Siochana acting as first responders, which in turn, can result in involvement in the youth justice system (Rooney et al., 2021). This has raised concerns around the criminalisation of mentally ill youth.

Prevalence

Research from Western jurisdictions attests to the fact that youth with mental health disorders are statistically significantly overrepresented within the justice system. While most of the literature in this area is based on findings from the United States and England and Wales, an emerging body of research has suggested that Ireland is no exception (Rooney et al., 2021). A

small body of domestic research has highlighted the extent of this issue. One study which was conducted in Ireland found that 83 per cent of youth who were in detention centres met the criteria for a diagnosis of at least one mental health disorder (Hayes & O'Reilly, 2007). This was in comparison to a group of youth who were attending a community based adolescent mental health service which identified rates of only 60 per cent (Hayes & O'Reilly, 2007). The presence of psychiatric comorbidity is also notable in the Irish youth justice system (Shufelt & Cocozza, 2006). Research has consistently demonstrated that approximately 55 per cent of youth meet the criteria for a diagnosis of two or more mental health disorders, while 60 per cent of those with mental health disorders also have a substance abuse issue (Shufelt & Cocozza, 2006).

This is an increasingly concerning issue, with census data from 2016 highlighting that there had been an 8 per cent increase in self-reported mental health issues among children aged between 13 and 18 years old (Central Statistics Office, 2016). The plight of youth who have mental health disorders and have been convicted of a criminal offence has been highlighted for many years now to little avail (Finnerty & Gilheaney, 2021). It has been argued that this cohort have unequal access to mental health services in comparison to youth who have not offended (Finnerty & Gilheaney, 2021). While there have been discussions around the opening of a youth forensic mental health unit (Department of Health, 2020), Ireland currently remains miles behind comparable jurisdictions in terms of providing a comprehensive forensic mental health service to youth with mental health disorders upon their entry into the justice system.

Gender and Race

The complex issues which are experienced by young people in the justice system have been well recognised by practitioners and researchers in Ireland. Despite this, disparities continue to persist in relation to how these youth experience the justice system. In relation to gender, eight out of ten young males in Irish youth detention centres will meet the diagnostic criteria for at least one mental health disorder (Hayes & O'Reilly, 2007). In addition to this, their mental health difficulties are likely to be compounded by psychiatric comorbidity. One out of three young males will meet the diagnostic criteria for an anxiety or mood disorder, while two out of three young males will experience an externalising or disruptive psychological disorder (Hayes & O'Reilly, 2007). These statistics highlight that there is a clear overrepresentation of young males with mental health disorders within the justice system in

Ireland. Evidently, and in line with gender disparities in access to mental health treatment, their needs are not being met.

In relation to race, new research in Ireland has found that those from minority ethnic backgrounds experience significant challenges during their time in detention. This research found that foreign national and minority ethnic individuals are disproportionately represented within the criminal justice system and often have their needs overlooked (Irish Penal Reform Trust, 2022). Although this research was not specific to minority ethnic youth, one could assume that they too are disproportionately represented and have their needs overlooked, particularly in relation to mental health. When considering the racial disparities in access to mental health treatment, it would appear that Ireland is no exception and may too fall foul to the problems outlined above in relation to the United States and England and Wales.

State Response

Diversion schemes have been adopted in jurisdictions all across the globe in an attempt to combat the overrepresentation of those with mental health disorders in the youth justice system (Finnerty & Gilheaney, 2021). A formalised court diversion scheme, such as the youth mental health courts in the United States, is one initiative which Ireland could benefit from. Currently, there are no mental health courts in Ireland. These specialised courts, which are based on the principle of therapeutic jurisprudence, recognise that the traditional youth justice system is ineffective in terms of dealing with young people who have a diagnosable mental health disorder (Ryan & Whelan, 2012). Consequently, these courts aim to divert those, for whom detention is an entirely inappropriate response, away from the justice system and towards mental health treatment services (Gardner, 2011). It is believed that youth mental health courts would be appropriate in an Irish context based on the fact that the challenges which were prominent in the United States in the 1990's are similar to the challenges that the Irish criminal justice system are currently experiencing, for example, the inappropriate detention of youth with mental health disorders (Finnerty & Gilheaney, 2021).

Mental health has been recognised as an integral part of policing based on the fact that an individual may commit an offence or cause a public disturbance due to their mental health issues (Finnerty & Gilheaney, 2021). One initiative which currently exists in Ireland, and which could be adapted to prevent those with a mental health disorder from entering the youth justice system, is the Garda Youth Diversion Programme (GYDP). The GYDP could enable members of An Garda Siochana to use their discretion to divert those who have

committed a non-serious, low level offence, and who are suspected of having a mental health disorder, away from the youth justice system and towards mental health treatment services (Finnerty & Gilheaney, 2021). By doing so, the Gardai would avoid contributing to the criminalisation of the mentally ill.

Conclusion

It is imperative that the mental health needs of incarcerated youth are identified and met. Additionally, the assessment and treatment of mental health disorders would significantly reduce the serious and debilitating effects that these disorders have on the emotional, cognitive, social and developmental functioning of the young person (Hayes & O'Reilly, 2007). International research has indicated that the presence of mental health disorders can contribute to misbehaviour during detainment and as a result, interfere with rehabilitation (Wasserman et al., 2003). In addition to this, young people who present with mental health disorders may be doubly disadvantaged within the youth justice system whereby the symptoms which are displayed may prove to be problematic and, in the case of those who are not diagnosed, may result in incorrect interpretations in terms of engagement and attitude (Usher et al., 2013). This makes young people who have a mental health disorder more vulnerable than others within the system. Effective intervention would, therefore, reduce misbehaviour and their vulnerability, making them more receptive to rehabilitation (Hayes & O'Reilly, 2007). Furthermore, research has highlighted that it would also reduce future contact with the justice system, ultimately reducing recidivism (Hayes & O'Reilly, 2007).

Chapter 2 – Methodology

Research Question and Sub-Questions

The purpose of this research is to investigate how youth justice systems across a number of jurisdictions have responded to the incarceration of young people with mental health disorders. These responses will be examined in the context of three jurisdictions: the United States, England and Wales, and Ireland. The presence of a large number of young people with significant mental health issues within the youth justice system raises two important questions. Firstly, what does the presence of these mentally ill youth tell us about the aims and objectives of the justice system? Secondly, what does the presence of these mentally ill youth mean for the operation of the justice system? This research aims to address these questions.

Project Aims and Objectives

As mentioned above, the aim of this research is to investigate how jurisdictions, namely the United States, England and Wales, and Ireland, have responded to the incarceration of young people with mental health disorders. There are two primary objectives which are associated with this research. Firstly, in order to understand what the presence of mentally ill youth within the justice system tells us about the aims and objectives of the system, it is necessary to explore how the system has responded to this cohort. This will involve an examination of the prevalence rates and any formal screening and assessment tools which have been developed for use with this cohort. This is important as it will determine whether the system seeks to identify the needs of these youth or whether it is merely concerned with their offending behaviour. Secondly, in order to understand what the presence of mentally ill youth within the justice system means for the operation of the system, it is necessary to analyse the current practices and interventions which are in place to treat these young people during their time in the justice system, and to explore the type of language used and attitudes displayed towards these youth while in the system. This is important as it will determine whether the language used and attitudes displayed relate to the punishment of young offenders, or to identifying and treating their mental illness.

Method Chosen to Answer the Questions and Achieve the Aims and Objectives

The methods which were adopted for this research were a comprehensive literature review and a thematic analysis of key policy documents.

Desk Based Research

For the purpose of this research, the chosen method was desk based research. This involved a review of secondary data, in the form of a literature review, and the collection of primary data, in the form of a thematic analysis of key policy documents. In terms of the literature review, desk based research was conducted in order to gather pre-existing data from previous research studies. In terms of the thematic analysis, desk based research was conducted in order to collect primary data, in the form of policy documents. There are a number of strengths and limitations which are associated with the use of desk based research. In relation to its strengths, the accessibility of data from previous research has made desk based research appealing among academics (Largan & Morris, 2019). A significant volume of both qualitative and quantitative data is readily available in a variety of locations, such as university libraries and online databases, making it faster to collect and analyse data (Tight, 2019).

In comparison to primary research, desk based research is more time and resource efficient (Tight, 2019). Additionally, desk based research can provide academics with the opportunity to identify issues which were not addressed in the primary data (Yorke, 2011). However, despite its strengths, there are some limitations associated with the use of desk based research. The main limitation of this relates to a lack of control over the data. Based on the fact that the researcher has not been involved in the primary research, some aspects of the data may not be specifically relevant to the research question (Yorke, 2011). It is also essential that the researcher ensures that the data is both reliable and valid in order to explore the research questions in an effective manner (Largan & Morris, 2019).

After considering both its strengths and limitations, desk based research was deemed to be the most appropriate method, based on the fact this research fully relied on data which had been produced by scholars, governmental bodies, and youth detention facilities including Oberstown Children Detention Campus in Ireland, Parc Young Offenders Institution in Wales, and Santa Clara County Juvenile Hall in California. There are two main justifications for the use of desk based research. Firstly, as this research focused on the responses to youth with mental health disorders, not only in Ireland, but also in the United States and England and Wales, accessibility to data from these two jurisdictions was necessary. Desk based research facilitated access to a large volume of international data from both the United States

and England and Wales. Secondly, based on the time limitation to conduct the research, desk based research was considered to be the most efficient method.

Literature Review

A literature review can be described as a critical evaluation of existing literature on a specific topic. Consequently, data collection is a crucial aspect of the research process. For the purpose of the literature review, this research involved the collection of empirical evidence from a number of sources including books, journal articles, government bodies and other relevant agencies. In order to gather the relevant sources for this research, a number of databases were searched. These databases included Sage, Hein Online, Research Gate, Google Scholar and Maynooth University Library. Initially, thousands of results were produced by a search of these databases. The number of results ranged from approximately 3,000 on the Maynooth University Library online database, to approximately 625,000 on Google Scholar. Unfortunately, a significant number of these results would not be relevant to the chosen research topic. In order to filter these results, a number of key words were used when searching through the databases for relevant sources. These key words included 'mental health', 'youth justice system', 'screening and assessment', 'mental health treatment' and 'prevalence'. Filtering the search with the use of the key words listed above enabled the selection of the most relevant sources for the research question. In order to reduce the possibility of bias and to produce a reliable research project, a wide variety of sources were collected from the databases mentioned above. The total number of sources included was 101.

Policy Document Analysis

In order to investigate how jurisdictions have responded to the incarceration of young people with mental health disorders, policy documents were collected from three main sources: Oberstown Children Detention Campus in Ireland, Parc Young Offenders Institution in Wales, and Santa Clara County Juvenile Hall in California. Each of these youth detention facilities produce annual reports. For the purpose of this research, annual reports for 2017, 2018 and 2019, from each of the three facilities, were selected. As such, a total of nine annual reports were selected. These documents were selected due to the fact that they each outlined strategies for dealing with young offenders who have a mental health disorder and are incarcerated, and so, were useful for drawing comparisons between the jurisdictions. Furthermore, the documents were selected for the years 2017, 2018 and 2019 based on the

fact that this research aimed to investigate how jurisdictions had been responding to the incarceration of youth with mental health disorders prior to the COVID-19 pandemic.

Thematic Analysis

A thematic analysis was conducted in order to analyse the data from the youth detention facilities' annual reports. Thematic analysis is a method for analysing qualitative data, which identifies, analyses and reports repeated patterns within a dataset (Braun & Clarke, 2006). Although it is a method for describing data, it also requires interpretation in relation to the selection of codes and generation of themes (Braun & Clarke, 2006). One distinguishing feature of thematic analysis is its ability to be used across a wide range of theoretical frameworks and its ability to be applied to a variety of research questions (Kiger & Varpio, 2020). It is a powerful method to adopt when seeking to understand experiences, thoughts, or behaviours across a set of data (Braun & Clarke, 2012).

Similar to other analytic methods, there are advantages and disadvantages of conducting thematic analysis. In terms of its advantages, thematic analysis is relatively simple to learn and apply, especially for first time researchers (Kiger & Varpio, 2020). Thematic analysis is a strong method, enabling researchers to summarise, highlight the key features of, and interpret a wide variety of data sets (Kiger & Varpio, 2020). Most notably, thematic analysis offers significant flexibility in terms of the types of research questions which it can address, the types of data and documents which can be examined, the amount of data which can be analysed, and the ability to analyse data using an inductive approach or deductive approach (Clarke & Braun, 2013). Although it is viewed as an advantage, the flexibility of thematic analysis has also been viewed as a disadvantage, with some believing that it is not a rigorous method (Clarke & Braun, 2013). Additionally, given its flexibility, some researchers may find it challenging to determine which aspects of the data they should focus on or which theoretical framework they should adopt (Braun & Clarke, 2006). Arguably, thematic analysis has been more prone to inconsistent or improper use of terminology in comparison to other methods which have less flexible frameworks (Braun & Clarke, 2006). To counteract this problem, a rigorous approach to validating codes and themes is necessary.

After considering both its advantages and disadvantages, thematic analysis was deemed to be the most appropriate analytic method for this project. Thematic analysis is said to be suitable for research that seeks to understand the views, perceptions and experiences of

individuals or groups (Caulfield & Hill, 2014). Based on the fact that this research aimed to understand how young people with mental health disorders experience the criminal justice system, thematic analysis was deemed to be the most appropriate method. Additionally, thematic analysis was an appealing method due to its flexibility to work with the research questions and its applicability to a deductive approach to the analytic process (Clarke and Braun, 2013).

Research Approach

Prior to conducting the thematic analysis, it is important to understand what the term 'theme' means in relation to this method. According to Braun and Clarke (2006), a theme can be defined as a patterned response or meaning which can be derived from the data that is informing the research question. In comparison to a category, a theme is more abstract, requiring a greater degree of interpretation and integration of the data (Nowell et al., 2017). Within thematic analysis, a theme can be classified as semantic, meaning that it will address the more explicit meanings of the data, or latent, meaning that it will address the deeper, underlying meanings, assumptions or ideologies of the data (Boyatzis, 1998). Additionally, it is possible to employ an inductive or deductive approach when identifying themes (Braun & Clarke, 2012). An inductive approach acquires themes based on the researchers data (Varpio et al., 2020). In contrast, a deductive approach derives themes from a pre-existing theory, framework or researcher-driven focus (Varpio et al., 2020). For the purpose of this research, a semantic, deductive approach was adopted. The semantic aspect relates to a necessity to address the explicit content on the current practices and interventions for treatment in these jurisdictions. The deductive aspect relates to the fact that the data will be analysed according to the chosen theoretical framework, the criminalization hypothesis.

Theoretical Framework: The Criminalization Hypothesis

The chosen theoretical framework for this research was the criminalization hypothesis. As previously discussed, the disproportionate number of youths with serious mental health disorders within the justice system is a significant, complex issue. The criminalization hypothesis has acted as a longstanding explanation for their disproportionate representation within the system. According to this hypothesis, the deinstitutionalisation of psychiatric units and the underfunding of mental health treatment services has resulted in the criminalization of mentally ill youth, whereby youth detention facilities have been faced with the task of addressing their complex needs (Ringhoff et al., 2012). The criminalization hypothesis was

deemed to be the most suitable theoretical framework upon which to base this research, due to the fact that this research aimed to understand what the overrepresentation of youth with mental health disorders within the justice system tells us about the aims and objectives of the system and also, what it means for the operation of the system. Having this hypothesis underpin the research enabled an understanding of what must be done in order to reduce the overrepresentation of these vulnerable young people within the justice system.

Discussion on How Thematic Analysis was Implemented

There are many different guides on how to conduct thematic analysis. This thematic analysis focused on the method, as outlined by Braun and Clarke (2006), due to the fact that it is one of the most widely adopted guides. Their method of thematic analysis consists of six phases. The first phase of thematic analysis is familiarisation with the data. It typically entails active, repeated reading of the data (Braun & Clarke, 2006). Caulfield and Hill (2014) argued that this step is essential in order to prevent a meaningless evaluation of the data. Reading through the data several times provided me with a strong understanding of the data and the foundation to complete subsequent phases. The second phase of thematic analysis is the generation of initial codes. Boyatzis (1998) defined a code as an element of the raw data which can be assessed in a meaningful way in relation to the research question. A code should be well defined so as to avoid overlapping with other codes and fit within a wider coding framework/template which guides the coding process (Nowell et al., 2017). As previously mentioned in relation to the research approach, this research adopted a semantic, deductive approach to coding. For the purpose of this research, coding was conducted manually. This involved labelling the data with relevant codes and noting connections between the data which may lead to the development of a theme. Similar codes were highlighted in the same colour.

Once the entire data set was coded, the search for themes began. This is the third phase of thematic analysis, involving an examination of the coded data in order to identify potential themes of greater significance (Braun & Clarke, 2006). The process of identifying themes is an active and interpretive process. Themes do not simply emerge from the data but instead, are constructed by analysing, combining, comparing and mapping how codes may relate to one another (Kiger & Varpio, 2020). Similar to the coding process, each theme was highlighted in a different colour. As this research adopted a deductive approach, the theoretical framework, the criminalisation hypothesis, informed the construction of themes.

At this stage, all themes were noted, regardless of whether or not they appeared to be directly related to the research question and the quantity of data under them. There is no threshold for the volume of data required to constitute a theme (King, 2004). However, until the themes were reviewed, there was uncertainty around which themes would be kept, discarded or modified for the final analysis.

The fourth phase of thematic analysis is the reviewing and refining of themes. According to Braun and Clarke (2006), this phase involves two levels of analysis. Firstly, the coded data which has been placed within each theme must be reviewed in order to ensure it is an accurate fit (Kiger & Varpio, 2020). At this point, the data can be re-organised, and the themes can be modified in order to better reflect the coded data (Kiger & Varpio, 2020). Secondly, the individual themes are reviewed to determine if they fit meaningfully within the data sat and whether the thematic map is accurate in representing the entire body of data (Braun & Clarke, 2006). In order to achieve this, the entire data set was re-read, re-examining themes and recoding for additional data which falls under these themes.

The fifth phase of thematic analysis involves the creation of a definition and description of each theme (Braun & Clarke, 2006). The names of the themes which are to be included in the final report are reviewed, followed by the creation of a coherent narrative relating to how and why the coded data within each theme provides unique insights and contributes to the overall understanding of the larger research question (Braun & Clarke, 2012). The sixth and final phase of thematic analysis involves writing up the final report and a description of the findings. King (2004) proposed that this phase is simply a continuation of the analysis and interpretation of data which has already happened. The final report should provide a clear, concise account of how the data has been interpreted and why the selection of themes and interpretation of data is important and accurate (Braun & Clarke, 2012). The use of narrative descriptions and representative data extracts will provide a rich description of how the researchers explanation fully answers the research question (Kiger & Varpio, 2020).

Codes	Themes
• Emotional factors • Complex, unmet needs • Criminogenic risk factor	Young offender profiles
• Tools to identify mental health needs • Combatting high prevalence • First step towards effective intervention	Screening and assessment upon entry to the youth justice system
• Holistic, multi-agency response • Lack of prior treatment • Different levels of intervention	Mental health treatment services and interventions once in the system

Table 1: Codes and themes that emerged from the data.

Any Issues Faced and How They Were Overcome

Throughout the research process, there were a number of issues which arose. Firstly, this research was not funded. Furthermore, as this research was conducted as part of my master's degree, the amount of time to complete the research was limited. In order to combat these issues, a desk based research method was adopted. This is because desk based research is time and resource efficient (Tight, 2019). Additionally, primary research was not a suitable method based on the fact that this research focused on children and adolescents, who were under the age of 18, had a diagnosis of a mental health disorder and were in youth detention. Ethically, it would not be possible to conduct interviews, surveys or questionnaires with these youth. Although first-hand information relating to their experiences would have further strengthened the findings, it was concluded that the findings were reliable and valid, based on the fact that a notable amount of research had previously been conducted in the area. Finally, the majority of this research was conducted through the use of online databases as access to Maynooth University Library was limited. However, this was not a significant issue because, as previously mentioned, a large volume of data relating to this topic is readily and easily available online.

Ethical Issues

Due to the methods that were used to conduct this research and the fact that the data collected is in the public domain, ethical approval was not required.

Chapter 3 – Findings

Introduction

The aim of this research was to investigate how jurisdictions, namely, the United States, England and Wales, and Ireland, have responded to the incarceration of young people with mental health disorders. Furthermore, this research aimed to understand what the presence of mentally ill youth in the justice system tells us about the aims and objectives of the system, and what it means for the operation of the system. As previously outlined in Chapter 2, policy documents were gathered from three youth detention facilities: Oberstown Children Detention Campus in Ireland, Parc Young Offender Institution in Wales, and Santa Clara County Juvenile Hall in California. These documents were gathered with the intention of conducting a thematic analysis in order to identify similarities or differences in relation to how each jurisdiction has responded to mentally ill youth within their justice system. The following chapter will present the findings of the thematic analysis. This chapter will discuss three key themes, namely, young offender profiles, screening and assessment upon entry to the youth justice system, and mental health treatment services and interventions once in the system, all of which emerged from the thematic analysis. Each of these themes will be discussed in relation to each jurisdiction and areas of convergence and divergence will be highlighted. The data in this chapter will form the basis of the following discussion chapter.

Current Practices and Interventions for Mental Health Treatment in the United States

Young Offender Profiles

Emotional factors are one of the top criminogenic risks for incarcerated, young males and females. In 2017, 62 per cent of young males in Santa Clara County Juvenile Hall were experiencing depression, low self-esteem, anxiety and impulse control (Probation Department, Research and Development Unit, 2017). In comparison, 70 per cent of young females were experiencing these same emotional issues (Probation Department, Research and Development Unit, 2017). In 2018, the number of young males experiencing these emotional issues increased to 63 per cent, while the number of young females experiencing these emotional issues increased sharply to 81 per cent (Probation Department, Research and Development Unit, 2018). In 2019, the number of young males experiencing these emotional issues decreased again to 62 per cent, while the number of young females experiencing these

emotional issues increased further to 82 per cent (Probation Department, Research and Development Unit, 2019).

In line with international findings, this data indicates that there is a higher rate of mental health disorders among young females than there is among young males. Furthermore, the annual report for 2019 found that 43 per cent of young females had previously experienced abuse, neglect and trauma (Probation Department, Research and Development Unit, 2019). This was in comparison to only 21 per cent for young males (Probation Department, Research and Development Unit, 2019). Therefore, these figures support the argument that the higher rate of mental health disorders among young females may be attributed to their increased likelihood of having a history of trauma and having experienced adverse childhood experiences (Shufelt & Cocozza, 2006).

Screening and Assessment Upon Entry to the Youth Justice System

Arguably, the high prevalence rate of mental health disorders among children and adolescents in the youth justice system may be indicative of a lack of adequate screening and assessment tools for those entering the system (Kutcher & McDougall, 2009). Such high prevalence may be combatted with the introduction of effective screening and assessment tools. The purpose of screening is to identify young people who require immediate attention for their mental health needs, and those who are at increased likelihood of requiring special attention in the future (Vincent, 2012). In California, all youth who are admitted to Santa Clara County Juvenile Hall are screened for mental health needs within the first 24 hours of admission (Probation Department, Research and Development Unit, 2018). This screening involves an interview with the young person, a review of any past mental health treatment services which have been received, and the administration of an evidence-based screening tool known as the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2) (Probation Department, Research and Development Unit, 2018). The MAYSI-2 was designed specifically for use in youth detention facilities, with the intention that it would be administered by staff within the first 48 hours of the young person's admission into custody (Grisso & Barnum, 2006). Evidently, the Juvenile Hall in Santa Clara County is meeting this requirement as screening is completed within the first 24 hours of the young person's admission into the facility. A significant number of young people are receiving screening whereby 1,100 youth received mental health screening in 2018 alone (Probation Department, Research and Development Unit, 2018).

The purpose of assessment is to gain a more comprehensive, individualized profile of the young person and their specific needs (Office of Juvenile Justice and Delinquency Prevention, 2017). Assessment is typically performed with selective youth who display a greater level of mental health needs (Vincent, 2012). In many cases, these needs are first identified through screening (Office of Juvenile Justice and Delinquency Prevention, 2017). Mental health assessments must be administered by specialised clinicians and typically take longer to complete than screening processes (Vincent, 2012). In Santa Clara County, the Juvenile Assessment Intervention System (JAIS) is used to identify the risks and criminogenic needs of the young person (Probation Department, Research and Development Unit, 2019). While the purpose of the JAIS is to measure the likelihood that a young person will reoffend, youth are assessed according to their criminogenic needs such as emotional factors (Probation Department, Research and Development Unit, 2019). Emotional factors, such as mental health disorders, have previously been found to increase the likelihood of recidivism (Reich, 2014). Addressing any emotional issues will improve the mental health of these youth and reduce recidivism, thereby meeting the goal of the JAIS.

Mental Health Treatment Services and Interventions Once in the System

The disproportionate number of young people with mental health disorders within the justice system is indicative of a need for different levels of mental health intervention with a variety of treatment options. The youth justice system in the United States has adopted two interventions which are underpinned by Cognitive Behavioural Therapy (CBT). The first intervention is functional family therapy. Functional family therapy is a family-based prevention and intervention programme which aims to decrease risk factors and increase protective factors for those, aged 11 to 18, who have a mental health disorder and are at risk for future delinquent behaviour (Office of Juvenile Justice and Delinquency Prevention, 2017).

The second intervention is multisystemic therapy. Multisystemic therapy is another intensive, family-based intervention which is designed to help young people, aged 12 to 17, who have displayed serious clinical issues including substance abuse and severe criminal activity (Probation Department, Research and Development Unit, 2019). It aims to assess the origins of the behavioural issues and transform the young person's ecology in order to increase prosocial behaviour while minimising antisocial behaviour (Office of Juvenile Justice and Delinquency Prevention, 2017). Both of the interventions mentioned above can

adopt a home-based model of delivery in order to reduce any barriers which may be preventing families from accessing the services (Office of Juvenile Justice and Delinquency Prevention, 2017). It could be argued that, as a result, these interventions should be implemented upon the young person's release from detention, thereby improving their mental health issues and reducing the likelihood of recidivism.

Current Practices and Interventions for Mental Health Treatment in England and Wales

Young Offender Profiles

Similar to the United States, emotional factors were reported to be a major precursor of criminality for young people in England and Wales. In 2017, a survey which was conducted in Parc Young Offender Institution found that, of the 39 young males who completed the survey, 29 per cent stated that they had a mental health disorder (HM Chief Inspector of Prisons, 2017). In 2018, this survey found that, of the 31 young males who completed the survey, 32 per cent stated that they had a mental health disorder (HM Chief Inspector of Prisons, 2018). In 2019, this survey found that, of the 33 young males who completed the survey, 39 per cent stated that they had a mental health disorder (HM Chief Inspector of Prisons, 2019). In comparison to an estimated prevalence of 17 per cent among the general population (National Health Service, 2021), these figures clearly support the argument that young people with mental health disorders are disproportionately represented within the youth justice system.

Screening and Assessment Upon Entry to the Youth Justice System

Similar to the United States, the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2) has been adopted for use as a screening tool in England and Wales (Lennox et al., 2015). In PARC Young Offender Institution, and all Young Offender Institutions, a specialised youth justice health needs assessment tool, known as the Comprehensive Health Assessment Tool (CHAT), allows for the holistic assessment of young people's mental health needs (HM Chief Inspector of Prisons, 2022). In comparison to the United States, specifically Santa Clara County Juvenile Hall, who complete their screening and assessment within the first 24 hours of admission, PARC Young Offender Institution conduct the CHAT assessments within the first week of admission. Despite the extended time taken to complete the screening and assessment, an unannounced inspection of this facility in 2022 found that

these screenings and assessments were being completed to a high standard (HM Chief Inspector of Prisons, 2022).

Mental Health Treatment Services and Interventions Once in the System

At Parc Young Offender Institution, there is a high demand for mental health treatment services. All children and adolescents at Parc receive access to a multidisciplinary specialist health service. While mental health issues are identified promptly through the MAYSI-2 and CHAT screening and assessment processes, the presence of a regional mental health nurse also facilitates early identification and continuity of care for young males with mental health needs (HM Chief Inspector of Prisons, 2019). Young males who are detained in Parc also have access to the Wales Forensic Adolescent Consultation and Treatment Service (FACTS), who provide psychologically informed interventions to meet complex mental health needs (Independent Monitoring Board, 2018).

There are a number of specific interventions which have been employed to treat these youth during their time in the justice system. Again, similar to the United States, Young Offender Institutions use functional family therapy as a form of mental health intervention. Also similar to the United States is the use of multisystemic therapy. In England and Wales, multisystemic therapy has been successful, not only in the treatment of mental health disorders, but also in supporting improvements in drug and alcohol misuse (Lennox & Khan, 2012). This is important as mental health disorders and substance abuse disorders are often co-occurring in youth who offend (Shufelt & Cocozza, 2006). More complex cases involving young people who are on medication and who have a diagnosis of a serious mental health disorder are managed according to the Care Programme Approach (Royal College of Paediatrics and Child Health, 2019).

The situation in Ireland

Young Offender Profiles

Young people who are referred to Oberstown have experienced significant personal and social adversity, typically displaying high levels of unmet, complex mental health needs. Throughout the first quarter of 2017, there were 69 young people detained in Oberstown (Oberstown Children Detention Campus, 2017). All 69 of these youth were male. An overview of the characteristics of these males indicated that, of these 69, 38 had a mental health disorder (Oberstown Children Detention Campus, 2017). This means that 55 per cent

of those who were held in detention during this period had a diagnosable mental health disorder. Throughout the first quarter of 2018, there were 92 young people detained in Oberstown (Oberstown Children Detention Campus, 2018). Of these 92, 88 were male and four were female. Similar to the previous year, 52 per cent of these 92 young people had a mental health disorder (Oberstown Children Detention Campus, 2018). Throughout the first quarter of 2019, there were 75 young people detained in Oberstown (Oberstown Children Detention Campus, 2019). Of these 75, 72 were male and three were female. 2019 witnessed a decrease from the previous two years, whereby only 41 per cent of young people had a mental health disorder (Oberstown Children Detention Campus, 2019). In comparison to an estimated prevalence of 15.6 per cent among the general population (Lynch et al., 2004), these figures clearly indicate an over-representation of young people with mental health disorders in the Irish youth justice system.

Screening and Assessment Upon Entry to the Youth Justice System

Oberstown Children Detention Campus operates according to a five pillar framework of care, known as CEHOP (Oberstown Children Detention Campus, 2018). The five pillars of CEHOP are: Care, Education, Health, Offending Behaviour and Preparation for Leaving (Oberstown Children Detention Campus, 2018). For the purpose of this research, the relevant pillar was Health. Following intake to the facility, the young person is screened in order to identify their specific mental health needs. Similar to the United States and England and Wales, this screening involves the administration of an evidence-based tool known as the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2). (Oberstown Children Detention Campus, 2019).

Following this screening, all clinical and therapeutic services are made available to children and adolescents through Tusla's Assessment Consultation Therapy Service (ACTS) (Oberstown Children Detention Campus, 2017). Tusla's ACTS operate as part of a multidisciplinary team, providing clinical and therapeutic services to youth who are referred to them, based on a mental health screening (Oberstown Children Detention Campus, 2017). Prior to commencing treatment, Tusla's ACTS will conduct an assessment with the young person in order to understand their mental health needs, how they would like to improve their mental health, what their concerns are, and what difficulties, including mental health difficulties, resulted in their incarceration (Tusla, 2022). The screening and assessment tools

which are in operation at Oberstown are paving the way towards effective mental health intervention for youth.

Mental Health Treatment Services and Interventions Once in the System

Young people who are detained in Oberstown have a variety of complex mental health needs, typically requiring a holistic, multi-agency response. Operating in accordance with the CEHOP framework, Oberstown aims to deliver the best possible mental health treatment for each young person. Based on their screening and assessment results, each young person at Oberstown will receive an individual and comprehensive plan for their mental health treatment (Oberstown Children Detention Campus, 2017). Along with Tusla's ACTS, which was discussed in the paragraph above, the National Forensic Child and Adolescent Mental Health Service (FCAMHS) are also responsible for providing psychiatric services to young people in Oberstown (Oberstown Children Detention Campus, 2017). In 2019, FCAMHS and ACTS received a total of 109 referrals of young people to their therapeutic services.

There are numerous intervention programmes which have been developed in order to assist the young person in addressing the factors associated with their offending behaviour. One such programme is the Decider Life Skills Programme (Oberstown Children Detention Campus, 2018). This programme is based on Cognitive Behavioural Therapy (CBT), enabling youth to develop effective coping skills and build resilience, in the hope that they will be capable of managing future impulsive behaviour (Oberstown Children Detention Campus, 2018). One cohort of young people who would benefit from this programme is those with ADHD. Young people with ADHD comprise approximately 13 to 30 per cent of the youth justice population (Underwood & Washington, 2016). Based on the fact that impulsivity is a primary symptom of ADHD, this programme could aid young people in learning to control their impulsive behaviour.

Conclusion

The findings which have been presented within this chapter suggest that there has been significant progress in international efforts to address mental health needs among young people who offend. Firstly, in each of the three jurisdictions, there was a significant number of young offenders who were suffering from mental health disorders. In line with international findings, mentally ill youth were disproportionately represented within the justice system. While the data showed that prevalence rates in the United States and Ireland were relatively high, the lower, but still significant, prevalence rate in England and Wales

could likely be attributed to the limited number of youths who participated in the survey. Secondly, it is evident that each of the three jurisdictions have developed effective screening and assessment tools for those entering the system. The use of evidence based screening tools, such as MAYSI-2, highlights the strive towards identifying young people who are in a high risk or crisis state and who require immediate mental health intervention. Although different assessment tools are used across the jurisdictions, they all act as comprehensive forms of assessment to determine mental health needs. Finally, based on the findings above, it is evident that the United States, and England and Wales, have adopted similar mental health intervention programmes, all of which are underpinned by Cognitive Behavioural Therapy (CBT). Although Ireland has developed the Decider Life Skills Programme, which is similarly based on Cognitive Behavioural Therapy (CBT), its youth justice system may further benefit from the introduction of functional family therapy and multisystemic therapy for youth upon release.

Chapter 4 – Discussion

Introduction

The purpose of this research was to examine how youth justice systems across a number of jurisdictions have responded to the incarceration of young people with mental health disorders. This research aimed to explore these responses through two main questions. Firstly, what does the presence of mentally ill youth within the justice system tell us about the aims and objectives of the system? Secondly, what does the presence of mentally ill youth within the justice system mean for the operation of the system? The previous chapter presented the findings of this research. This chapter will discuss these findings in more detail, with the intention of uncovering what they mean in terms of the aims and objectives and overall operation of the youth justice system.

Young People and Mental Health: Does This Change the Aims and Objectives of the System?

This research identified three key similarities among the youth justice systems in the United States, England and Wales, and Ireland. Firstly, each jurisdiction is facing a similar struggle in terms of the high prevalence of mental health disorders among youth in the system. Secondly, each jurisdiction has taken significant steps in relation to adopting similar screening and assessment tools for those entering the youth justice system. Thirdly, these jurisdictions have made notable progress in relation to adopting similar mental health interventions and programmes for those who are housed in youth detention facilities. Arguably, these findings have an impact on the aims and objectives of the youth justice system.

What is the Traditional Aim of the Youth Justice System?

While some youth justice processes may be similar to those of the adult criminal justice process, the most notable difference between the two is that the youth justice system operates based on the premise that young people are fundamentally different from adults, in terms of their level of accountability and potential for successful rehabilitation (McAlister & Carr, 2014). In comparison to the adult criminal justice system, where a guilty verdict for a serious crime will result in incarceration, the youth justice system strives to avoid incarceration and instead, seeks to divert youth from the justice system (Cuellar et al., 2006). For those who are housed in youth detention facilities, the traditional aims of the justice system have included a

strive towards skill development, rehabilitation, addressing of individualised needs, and the provision of support for the reintegration of youth into society upon release (Newburn, 2017). Evidently, across each of the jurisdictions which were examined, the youth justice system has adopted a more rehabilitative approach than that of the adult criminal justice system.

Meeting the primary goal of the youth justice system would result in the young person learning from their experience, without being exposed to the severity of the adult criminal justice system, altering their life course going forward, and having no future contact with the justice system. However, since the late 1980's, youth justice practitioners have reported that an increasing proportion of the youth justice population have mental health disorders (Grisso, 2004). While there are several possible explanations for this increase, one longstanding explanation for this is the criminalization hypothesis (Ringhoff et al., 2012). The criminalization hypothesis posits that the increased proportion of those with mental health disorders within the youth justice system can be attributed to a lack of adequate mental health treatment services (Ringhoff et al., 2012). Consequently, mentally ill youth have been criminalised, whereby the youth justice system has been faced with the task of addressing their complex needs (Rosado & Shah, 2007). Arguably, the aims of the youth justice system have had to adapt in order to meet the mental health needs of these vulnerable youth.

What is the Contemporary Aim of the Youth Justice System?

Contemporary youth justice is comprised of multiple modes and layers of governance (Muncie, 2006). Current aims of the youth justice system have been centred around the prevention of offending through risk management (McAlister & Carr, 2014). However, such an approach has been argued to be illustrative of the multiple and contradictory rationales of youth justice policy (McAlister & Carr, 2014). Risk identification and management operate according to the premise that early intervention in the lives of those who display risk factors will prevent offending (Case, 2006). From a mental health perspective, early interventions may be beneficial for the young person and society but are questionable in terms of their welfare ethos (Haydon et al., 2012). While the exact correlation between mental health disorders and youth offending behaviour is complex and difficult to pinpoint, a large body of research has noted mental illness as a precursor for youth criminality (Underwood & Washington, 2016). As such, mental health disorders would be considered a risk for youth offending. Thus, the issue with risk identification and management lies in the fact that targeting youth with mental health disorders is stigmatising and criminogenic.

The Aim of Youth Justice

The structure and operation of contemporary youth justice is complex. It is notably more complex than traditional criminal justice, due to the position of the young person within the system. At a basic level, youth justice can be divided into two models: welfare and justice (Case, 2018). The justice model places an emphasis on accountability and responsibility whereby formal prosecution is the main method to address the offending behaviour (Case, 2018). There are several negative aspects of the justice model, including its inflexibility and tendency to view all individuals as the same before the law, thereby failing to account for differences in age, gender, ethnicity and mental frailty (Kilkelly, 2006). In contrast, the welfare model places an emphasis on the needs of the young person, striving to identify and address the underlying cause of the offending behaviour (Case, 2018). However, there are also several negative aspects of the welfare model, including weak due process and indeterminate sentencing (Kilkelly, 2006). Moreover, it is important to note that the traditional welfare model was not concerned with mental health, but instead, reformulating a better individual (Kilkelly, 2006). It is only in recent decades that the welfare model has begun to incorporate elements of wellness and mental health into its approach.

Traditionally, the youth justice system in the United States adopted a welfare-based approach to dealing with young offenders, focusing on their needs and rights as opposed to punishing them (Garascia, 2005). However, a dramatic spike in youth violent delinquency in the late 1980's resulted in the youth justice system shifting its aim towards public protection (Fried & Reppucci, 2001). This shift was underpinned by a punishment and criminalisation perspective (Fried & Reppucci, 2001) and was a stark contrast from the welfare-oriented approach which had previously existed. During the 1990's, a significant number of states across the US began to experience a decline in adequate mental health treatment services for young people, whereby the youth justice system was used to bridge the gap in the availability of services (Grisso, 2008). Consequently, the youth justice system in the United States experienced a shift back towards a more welfare-based approach to care. Once again, the aims of the youth justice system were premised on the needs, specifically mental health needs, of the young person.

Similar to most Western jurisdictions, and for a greater part of the 20th century, penal welfarism characterised the youth justice system in England and Wales (Muncie & Goldson, 2006). However, by the 1960's, the ideologies underpinning penal welfarism were being

criticised as stigmatising and criminogenic, drawing youth who were at risk of offending into the system at an earlier age and thus, having a net-widening effect (Muncie & Goldson, 2006). As a result of these criticisms, a justice-based model of correction emerged. This justice-based model favoured proportionality of punishment to the crime, minimal intervention and diversion (Goldson, 2018). This approach appeared to be successful as between 1981 and 1992, the number of youths within the system reduced dramatically (Goldson, 2018). Unfortunately, this was short lived as by the early 1990's, language of justice and rights, and individual responsibility had begun to emerge, whereby incarceration was reintroduced as the main method to prevent reoffending (Decker & Marteache, 2017). Between 1992 and 2001, this emphasis on incarceration resulted in an 800 per cent increase in the number of youths sentenced to custody (Goldson, 2018). Unsurprisingly, a significant number of those incarcerated would present with a mental health disorder. The Mental Health Foundation (2002) found that young offenders in England and Wales were three times more likely to experience a mental health disorder than their non-offender counterparts. Over the past two decades, the youth justice system in England Wales has adopted a welfare-based approach to combat the over-representation of this vulnerable cohort within the system.

Similar to that of England and Wales, the Irish youth justice system has a longstanding history of welfarism. The enactment of the *Children's Act 1908* resulted in more than a separate youth justice system, whereby it also gave statutory foundation to a model which understood children and adolescents as in need of different treatment to adults (Kilkelly, 2006). This model still persists in Ireland today. However, some elements of the 1908 Act were stigmatising and criminogenic. The *Children Act 2001* was the first piece of progressive legislation to be implemented in Ireland since the 1908 Act (Kilkelly, 2014). The core ethos of the 2001 Act is the use of detention as a last resort whereby understandings of how best to intervene in the case of youth offending behaviour has undergone a significant shift and consequently, the number of those in detention has decreased (Kilkelly, 2014). Despite this, the number of youths presenting with serious mental health disorders within the Irish youth justice system has remained significant. As a result, the Irish youth justice system has had to amend its aims in order to meet the needs of vulnerable young people within its care.

While the youth justice systems in the United States and England and Wales have experienced periods which were characterised by punitiveness, their core aims, similar to

Ireland, have remained welfare based. Undoubtedly, the presence of mentally ill youth within the justice system has transformed the aims of the system.

The Aim of Youth Justice When a Young Person is Mentally Ill

As noted above, the aims of the youth justice system have had to adapt in order to meet the complex, mental health needs of vulnerable, young offenders. While traditional aims such as rehabilitation, addressing of individualised needs, and the provision of support for reintegration upon release remain evident, the youth justice system has had to initiate efforts to develop evidence-based screening and assessment tools to identify mental health needs among this cohort. From this, evidence-based mental health treatment interventions and programmes have been developed. There are two main reasons as to why the youth justice system should be striving to identify and address mental health needs among this cohort. Firstly, young people have a right to receive treatment (Grisso, 2004). Two aims of the youth justice system, rehabilitation and crime prevention, highlight the importance of mental health identification and treatment, especially as mental health can be a precursor for criminality (Underwood & Washington, 2016). However, whether the youth justice system is the correct place for this cohort to exercise their right to treatment remains questionable.

Secondly, and as has been mentioned above, mental health disorders are sometimes linked to offending behaviour (Grisso, 2004). Addressing the underlying cause of offending behaviour is one of the primary goals of the youth justice system (McCormick et al., 2017). If mental health disorders are understood to be an underlying cause of criminality, then the emphasis on rehabilitation and crime prevention would indicate a need for mental health screening, assessment, and treatment, in youth detention facilities (McCormick et al., 2017). However, this is a simplistic argument because, as previously discussed, many youths who have a mental health disorder do not offend. Therefore, there is a need for greater understanding of the intersection between mental health disorders and offending behaviour in order to truly understand how to advance this space.

The above suggests that the aims and objectives of the youth justice system have changed. The lines between intervening in offending behaviour and providing mental health treatment appear to be blurred. Therefore, it may be argued that the contemporary youth justice system is a quasi-mental health service, the implications of this being to criminalise an already vulnerable group of young people with mental health difficulties.

Mentally Ill Young People in the Justice System: Altering its Operational Framework?

Given the high prevalence of young people with mental health disorders within the youth justice system, it would be in the systems best interests to identify and treat mentally ill youth. Furthermore, the identification and treatment of mental health disorders among this cohort aids rehabilitation, reduces future contact with the justice system, and ultimately, reduces recidivism (McAra, 2010). Arguably, the presence of mentally ill youth within the justice system had resulted in the system altering its operational framework in order to meet their complex needs. The following paragraphs will examine how the youth justice system has adapted its operational framework in order to deal with mentally ill youth.

Do Traditional Methods of Punishment Work for Mentally Ill Young Offenders?

Over the past two decades, the reliance on the youth justice system to meet the mental health needs of young offenders has increased significantly. Due to this reliance, a wide body of research has been conducted in order to examine the effectiveness of various interventions and treatment programmes. Exacting punishment in the best interest of public safety has long been conflicted with providing treatment in the best interest of the young person's individual needs (Steinberg et al., 2004). It is this conflict which has framed the delivery of services within the justice system, and which can, ultimately, hinder the young person's ability to receive mental health treatment (Steinberg et al., 2004). From the punishment perspective, it is presumed that young people make deliberate choices to engage in criminal activity and thus, should be held accountable for their actions, regardless of their age, cognitive abilities or psychosocial maturity (Feld, 1998). This perspective posits that the experience of severe sanctions will deter the young person from offending in the future (Feld, 1998). However, there is significant evidence that traditional methods of punishment are less effective than rehabilitative methods, particularly for those with mental health disorders (Hovey et al., 2017).

Within the justice system, there are youth whose development has been characterised by disadvantage and whose considerable mental health issues highlight the need for treatment as opposed to punishment (Hovey et al., 2017). In terms of its use with mentally ill youth, punishment has the potential to impede a young person's engagement with treatment thus, hindering their rehabilitation and further worsening their already poor mental health (Underwood & Washington, 2016). Moreover, contrary to traditional beliefs, a punitive approach to responding to crime neither reduces recidivism nor preserves public safety

(Steinberg et al., 2004). Based on this evidence, the provision of mental health treatment should take precedence over punishing the young person. In comparison to punishment, meeting the mental health needs of young offenders has an increased likelihood of reducing recidivism, thus maintaining public safety.

Does Rehabilitation Work for Mentally Ill Young Offenders?

The rehabilitative potential of mentally ill young offenders should be at the forefront of the forensic mental health debate (Wills, 2011). Without rehabilitation, these youth will mature, and their mental health disorders and offending behaviour may persist into adulthood. Mentally ill youth should be rehabilitated in a safe environment which offers assessment, and where applicable, treatment (Teplin et al., 2002). Given the evidence that punishment does not work for mentally ill young offenders, it would appear that rehabilitative responses to youth delinquency are better suited to meeting the needs of those with mental health disorders. However, the problem which arises is that rehabilitation in the justice system has traditionally meant changing an offender and bad person into a non-offender and good person. This understanding does not encompass mental health unless mental health is aligned with offending and being a bad person. Thus, this highlights the complex relationship between offending behaviour and mental illness, and how the system has had to change its traditional operational approach in order to incorporate mental health recovery into its rehabilitation toolkit.

Young offenders whose mental health needs have previously been identified and addressed are more likely to benefit from rehabilitation than those whose mental health needs have not been identified and addressed (Wills, 2011), thus highlighting the importance of effective screening and assessment tools in the rehabilitation of young offenders. This research revealed that the United States, England and Wales, and Ireland, have implemented similar, evidence-based screening and assessment tools for young people entering the justice system. In terms of treatment, Cognitive Behavioural Therapy has been identified as an effective model for the rehabilitation of young offenders (Underwood & Washington, 2016). Based on the findings of this research, the United States, England and Wales, and Ireland, have similarly implemented cognitive behavioural based interventions and programmes, thus highlighting their strive towards the provision of effective mental health treatment services for young offenders.

Overall, there are two main reasons why rehabilitation works with mentally ill young offenders. Firstly, rehabilitation that addresses mental health issues can alleviate the suffering which is associated with having a mental health disorder. For young offenders, rehabilitation can improve their subjective well-being and reduce their symptomology (Morgan et al., 2012). Secondly, rehabilitation can reduce criminal recidivism, in terms of return to the justice system with a new conviction or parole revocation, once released into society (Morgan et al., 2012). These findings highlight that the operational nature of rehabilitation appears to have changed from producing a better, industrious and non-offending individual, to producing a mentally sound, industrious and non-offending individual.

How does the Youth Justice System Operate when Dealing with Mentally Ill Young Offenders?

Unsurprisingly, the presence of mentally ill youth within the justice system has had significant consequences for the operation of the systems in the United States, England and Wales, and Ireland. Although the youth justice system is not the sole provider of mental health services for young people, it has transformed its operation so much so that it is now focused on meeting their complex needs.

Although it has experienced periods of punitiveness in terms of its approach to young offender management, the youth justice system in the United States now operates according to a more welfare oriented framework. Across the United States, several states have developed and implemented programmes within their youth justice systems to address mental health concerns among the young offender population (Underwood & Washington, 2016). The generation of specialised courts to serve young people with mental health needs was a significant moment in terms of how the youth justice system transformed its operation to deal with these youth. These specialised courts can act as a diversionary model, whereby diversion at an early stage of the justice process has become a promising prevention intervention (Underwood & Washington, 2016).

Similar to the United States, the youth justice system in England and Wales has also been characterised by periods of punitiveness but currently, adopts a welfare based approach to dealing with mentally ill youth. Across England and Wales, the use of the formal youth justice system and custody are a last resort (Lennox & Khan, 2012). For mentally ill youth, being processed through the youth justice system has the potential to worsen their existing mental health issues and increase their likelihood of future offending (Petrosino et al., 2010).

The youth justice system in England and Wales now operates to reduce the number of mentally ill youth entering the system. Youth Offending Teams and diversion screening initiatives are now located at the gateway to the justice system, whereby there is collaboration with the police and the courts to assess mental health needs and divert the young person away from the justice system and towards mental health treatment services (Lennox & Khan, 2012). A specialised court, similar to that of the United States, would be beneficial in the treatment and diversion of mentally ill youth in England and Wales.

From an Irish perspective, the youth justice system was traditionally welfare-based. In comparison to the United States and England and Wales, the Irish youth justice system was slower to recognise the significant and complex needs of mentally ill young offenders. However, since its recognition, Ireland has made notable progress to screen and assess youth upon entry to the system. What is missing, however, is a drive towards the diversion of mentally ill youth away from the justice system and towards more suitable interventions. As noted previously, specialised courts would be appropriate in an Irish context based on the fact that the challenges which were prominent in the United States in the 1990's are similar to the challenges that the Irish criminal justice system are currently experiencing, for example, the inappropriate detention of youth with mental health disorders (Finnerty & Gilheaney, 2021).

While models of justice have changed in the United States, and England and Wales, all three jurisdictions which were examined for the purpose of this research operate according to a welfare-oriented framework that incorporates contemporary elements of treatment. Following an examination of how each system operates, it could be argued that the implementation of diversion mechanisms for mentally ill young offenders would reduce the reliance on the justice system to meet their complex needs.

Conclusion

This research identified three key findings. Firstly, the prevalence of mental health disorders within the youth justice system was exceedingly high across all three of the jurisdictions. Secondly, each jurisdiction has made significant progress in the development of effective screening and assessment tools. Thirdly, each of the three jurisdictions have adopted similar cognitive behavioural based therapies for the treatment of mentally ill young offenders. Evidently, the youth justice systems in the United States, England and Wales, and Ireland, share the assumption that young people who offend are fundamentally different from adults who offend, requiring a welfare-based approach to care. Overall, these findings raise one

important question: is the youth justice system a place where youth who offend can receive mental health services? While initially ill-equipped to handle youth with mental health disorders, the youth justice systems in each jurisdiction have made notable efforts to identify, address and treat mental health disorders among this cohort. Despite this, society should not rely on the youth justice system to respond to broad issues such as the association between youth mental health and crime. Furthermore, placing mental health resources within the youth justice system generates the potential to criminalise mentally ill youth, or place them in a restrictive form of care in order to access the best services. As such, more funding needs to be allocated to community mental health services, thus reducing youth contact with the justice system overall.

Conclusion

The purpose of this research was to examine how youth justice systems have responded to the incarceration of young people with mental health disorders. Prior to the late 1980's, there were virtually zero studies examining the prevalence of mental health disorders among young people who offend (Penner et al., 2011). Since then, it has been well established that young people with mental health disorders are statistically significantly overrepresented within the youth justice system (Underwood & Washington, 2016). This overrepresentation, referred to as the criminalisation of the mentally ill (Ringhoff et al., 2012), has led youth justice systems all around the world to initiate efforts to improve the identification and treatment of mental health disorders among this vulnerable cohort (Shufelt & Cocozza, 2006).

This research examined these responses through two main questions. Firstly, what does the presence of mentally ill youth within the justice system tell us about the aims and objectives of the system? Secondly, what does the presence of mentally ill youth within the justice system mean for the operation of the system? Given the existing research which has previously been conducted in relation to the mental health of young offenders, the aim was to focus solely on the prevalence of mental health disorders among this cohort, the current screening and assessment tools in place to identify their mental health needs, and the current practices and interventions for treating these youth during their time in the justice system. This research addressed the two questions above in a comparative manner, whereby three key similarities were uncovered.

The first similarity relates to the problem which was being faced by each jurisdiction: the exceedingly high prevalence of those with mental health disorders within the youth justice system. The prevalence of mental health disorders among young offenders is typically estimated to be 50 to 75 per cent (Teplin et al., 2013), but has been found to range anywhere from 25 per cent (Rohde et al., 1997), to 85 per cent (Robertson et al., 2004). As has previously been noted, the findings of this research correlate with these figures whereby in 2019, prevalence rates ranged from 39 per cent of youth in England and Wales (HM Chief Inspector of Prisons, 2019), to 41 per cent of youth in Ireland (Oberstown Children Detention Campus, 2019), and finally, to 62 per cent of young males and 82 per cent of young females in the United States (Probation Department, Research and Development Unit, 2019).

Continuous research in relation to the mental health of young offenders has highlighted general prevalence rates, as well as demographic differences and variations in

rates internationally. While these prevalence studies have facilitated a better understanding of the pervasiveness of this issue, this research proposes recommendations for future prevalence studies. Although tentative conclusions may be drawn about the prevalence of mental health disorders in the young offender population, variability in the prevalence estimates of specific mental health disorders are currently too high to determine the relative prevalence of different disorders among this cohort (Penner et al., 2011). As such, this requires further examination. Additionally, future research should aim to examine the nature of mental health disorders in children and adolescents. Longitudinal studies focusing on the evolution of mental health disorders in youth over time, along with an exploration into which mental health disorders may result in persistent issues into adulthood, would reveal whether prevalence rates decrease as the young person progresses into adulthood. This would be an important finding in terms of the developmental trajectory of mental health disorders in young people.

The second similarity relates to the notable advancements in the development of effective screening and assessment tools for those entering the youth justice system. Given the evidence that a significant proportion of the young offender population have a mental health disorder, it is in the youth justice systems best interests to identify mentally ill youth upon entry to the justice system. The United States, England and Wales, and Ireland, have similarly adopted the use of an evidence based screening tool, known as the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2). Current guidelines relating to the administration of this tool recommend that all young people are screened within the first 24 hours of their admission to custody (Wasserman et al., 2003). While Santa Clara County Juvenile Hall in California and Oberstown Children Detention Campus in Ireland have met this requirement, Parc Young Offender Institution in Wales have lagged behind, screening youth within the first week of admission to custody (HM Chief Inspector of Prisons, 2019). It is recommended that, in order to meet the administration guidelines, Parc should begin screening young people for mental health needs within the first 24 hours of admission.

The assessment tools which have been implemented for use with young offenders vary between the three jurisdictions. Each youth justice system has developed effective assessment tools, including the Juvenile Assessment Intervention System (JAIS) in the United States, the Comprehensive Health Assessment Tool (CHAT) in England and Wales, and Tusla's Assessment Consultation Therapy Service (ACTS) in Ireland. However, since most evidence based intervention programmes are applicable to specific disorders, the diagnosis of mental health disorders should be incorporated into the assessment process in

order to develop appropriate treatment plans for youth (Wasserman et al., 2003). This is important as many young people, particularly those from minority ethnic backgrounds, are less likely to have had their disorder diagnosed prior to involvement in the justice system (Staudt, 2003).

However, it is important to note that screening and assessment tools may fail to detect mental health issues in newly admitted youth. Furthermore, admission to a youth detention facility may lead to the onset of mental health issues in young people (Office of Juvenile Justice and Delinquency Prevention, 2017). This is primarily due to environmental stressors such as overcrowding and separation from support systems including family and friends (Office of Juvenile Justice and Delinquency Prevention, 2017). Therefore, while mental health screening and assessment upon intake to the youth justice system is crucial, it is also vital that the monitoring of the young person's mental health continues throughout their detention period (Penner et al., 2011).

The third similarity relates to the significant progress in the development of mental health treatment intervention programmes. An examination of the mental health treatment interventions and programmes across the three jurisdictions found that CBT-based interventions were most popular for use among a wide range of young offender groups. While such interventions may produce positive results, there remains a need to develop mental health treatments according to certain demographic variables such as ethnicity and gender. In relation to ethnicity, international research has revealed the cultural disparities which exist in access to mental health treatment in the youth justice system. Previous research has suggested that a lack of practitioners from minority ethnic backgrounds may act as a barrier to mental health treatment for justice involved youth (Copeland, 2006). Additionally, factors such as cultural bias and stigma can have an impact on mental health diagnoses, understanding of treatment services, and ultimately, engagement with services (Danzer et al., 2016). Providing these youth with access to mental health treatment is vital, especially as they are less likely than their white counterparts to have received treatment in the community prior to incarceration (Staudt, 2003). In order to combat these issues, youth justice systems across the three jurisdictions must develop culturally specific interventions. The recruitment of practitioners from minority ethnic backgrounds, provision of information on the effects of cultural trauma and further research into the cause of racial disparities within the youth justice system would pave the way for the development of culturally specific interventions for minority ethnic youth.

Similarly, previous research has highlighted the gender disparities which exist in access to mental health treatment within the youth justice system. In comparison to young males, young females are more likely to have experienced a history of trauma, abuse, and neglect, and consequently, are more likely to present with internalising disorders such as post-traumatic stress disorder (PTSD) (Teplin et al., 2006). Despite this evidence, numerous studies have revealed that the mental health needs of these young females are not being appropriately addressed within the youth justice system (Edelman & Watson, 2013). Due to the historically male dominance within the youth justice system, there is a lack of gender specific interventions and resources for young females (Lennon-Dearing et al., 2013). Further research in this area, increased staff training and awareness, and additional funding for female specific interventions would bridge the gap in services available to these youth within the justice system.

Based on this research, it could be posited that the youth justice systems in the United States, England and Wales, and Ireland, operate according to one shared assumption: young people who commit an offence are fundamentally different to adults who commit an offence. This research aimed to answer two main questions: what the presence of mentally ill youth within the justice system tells us about the aims and objectives of the system, and what the presence of mentally ill youth within the justice system means for the operation of the system. The findings suggest that the system has been redefined in terms of its aims and objectives whereby there is now a strong emphasis upon identifying those with mental health issues and thereafter, providing appropriate interventions and services. This is contrary to the traditional punishment approach which existed. Moreover, the operational nature of the youth justice system has been transformed to meet the needs of this complex cohort, thereby redefining the system as a whole.

However, in answering these questions, two further concerns arose. Firstly, answering these questions raised concerns around the youth justice systems ability to address, not only the mental health needs of young offenders, but criminogenic risk factors associated with youth delinquency. The intersection between mental health and the youth justice system represents a challenging issue for policymakers and practitioners alike, based on the fact that the exact correlation between mental health issues and youth delinquency is not clear (Schubert & Mulvey, 2014). While research has revealed that there are shared risk factors for mental health issues and youth justice system involvement, it has not been conclusive about whether mental health issues increase the likelihood of youth justice system involvement or

whether youth justice system involvement increases the onset of mental health disorders among young offenders (Copeland et al., 2007).

Moreover, of the studies which have examined the relationship between mental health disorders and youth offending behaviour, most have been focused on externalising disorders (Barrett et al., 2014), failing to consider the relationship between youth offending and internalising disorders. In general, further research is required to investigate the link between mental health disorders and youth criminality. Longitudinal studies may be able to uncover why some mentally ill youth engage in criminal activity while others do not. Such studies may also be able to pinpoint the exact correlation between mental health disorders and problematic, delinquent youth behaviour.

The other concern which arose related to whether the youth justice system is the place where young people who offend should receive mental health services. Responding to the mental health needs of young offenders requires the generation of more treatment services within the youth justice system (Grisso, 2008). To a certain extent, it makes sense that the youth justice system would be the place where society focuses its efforts to treat young offenders with mental health disorders. However, placing a large majority of mental health resources into the youth justice system is problematic. There are two reasons behind this. Firstly, it has the potential to criminalize and stigmatise youth with mental health issues, placing them in the most restrictive form of care (Underwood & Washington, 2016). Secondly, if funding for youth mental health is solely allocated to the justice system, it hinders the community's ability to develop community-based mental health services (Underwood & Washington, 2016). As such, current reasoning now suggests that the role of the youth justice system should be narrowed, whereby there should be collaboration with the broader community to meet the mental health needs of this vulnerable, young cohort.

Overall, this research found that, while the prevalence of mental health disorders within the youth justice system remains consistently high, positive advancements were made across each of the three jurisdictions to identify, address and treat mentally ill young offenders. While the presence of mentally ill youth within the justice system has had an impact on the aims and objectives, and operation, of the system, each jurisdiction which was examined had adapted well. This research recommends further investigations into the prevalence of mental health disorders among this cohort, along with the development of culture and gender specific interventions to address the discrepancies in treatment. It has been

suggested that the mental health needs of young offenders must become the collective responsibility of the wider community and that access to mental health services should not be through the youth justice system but rather, through non-justice community services, thus redefining the role of the youth justice system once again (Underwood & Washington, 2016). While the youth justice system will still be required to complete screening and assessment procedures, it should aim to divert youth, thus resulting in a collaborative approach to care between the justice system, mental health system, and child protection system.

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