

Assessments often miss mental health issues for youth on probation

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Credit: University at Buffalo

An assessment tool used by many jurisdictions within the juvenile justice system that is intended to help recognize the effects of adversity and trauma in children's lives is not the best means of evaluating mental health problems faced by at-risk youth, according to new study by a University at Buffalo social work researcher.

The groundbreaking research, which lead author Patricia Logan-Greene believes is among the first to connect the adverse childhood experience

(ACE) assessment for juveniles on probation to [mental health problems](#), could help improve the justice system's responses to court-involved youth, especially those who have experienced maltreatment and trauma.

"The United States continues to have a massive [juvenile justice](#) system that does not, generally speaking, serve youth well," says Logan-Greene, an assistant professor in UB's School of Social Work. "We suspect that the way mental [health](#) is often assessed in the juvenile justice system is missing many mental health problems – in particular with disadvantaged youth."

The number of youth on probation is a far larger group than those who are incarcerated or in treatment facilities. Yet most of the research literature is on that smaller population.

"We may have identified a gap," says Logan-Greene. "The court assessment asks whether youth have ever been diagnosed with a mental illness. That question makes a lot of big assumptions like equal access to health care and equal desire to access [mental health care](#), which has a lot to do with stigma.

"A better [assessment tool](#) would address symptomology," she says.

The problems faced by youth on probation are widespread, according to Logan-Greene. The vast majority have histories of child abuse, family dysfunction and [social disadvantage](#).

"Only 25 percent have no history of abuse," she says. "One of my elevator speeches argues against punitive responses for youth with histories of trauma."

Although most jurisdictions do assess mental health, these are not necessarily good assessments – and some jurisdictions aren't assessing

for this at all. A single question to capture all aspects of mental health simply isn't sufficient.

"While the adverse childhood experience tool has done wonderful things to help us recognize the importance of adversity and trauma in children's lives, there is still room for improvement," she says. "For instance, there is nothing in the ACE tool about childhood poverty, and we know from previous research that childhood poverty is deeply damaging."

In the current study, Logan-Greene and her co-authors Robert L. Tennyson and Paula S. Nurius, both from the University of Washington, and Sharon Borja, University of Houston, divided their assessment of childhood adversity into [childhood maltreatment](#), family dysfunction including substance abuse, family history of mental illness, physical health problems with the family, and social disadvantage, using a diverse sample of more than 5,300 youth on probation.

The findings suggest a clear connection between [childhood maltreatment](#) and mental health problems. Although there did not appear to be a relationship between social disadvantage and mental health problems, there was a connection between mental health and the symptoms of social disadvantage such as coping problems, social isolation and what the authors call aspirations or the measure of hope for the future.

"Because social disadvantage did have a negative effect on those indicators we suspect the court assessments are not picking up what are probably undiagnosed and untreated [mental health](#) problems among disadvantaged [youth](#)," Logan-Greene says.

Provided by University at Buffalo

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