U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

OJJDP
Jeff Slowikowski, Acting Administrator
April 2010
JUVENILE JUSTICE BULLETIN
Office of Justice Programs Innovation • Partnerships • Safer Neighborhoods *www.ojp.usdoj.gov*

Youth's Needs and Services

FINDINGS FROM THE SURVEY OF YOUTH IN RESIDENTIAL PLACEMENT

Andrea J. Sedlak and Karla S. McPherson

The Survey of Youth in Residential Placement (SYRP) is the third component in the Office of Juvenile Justice and Delinquency Prevention's constellation of surveys providing updated statistics on youth in custody in the juvenile justice system. It joins the Census of Juveniles in Residential Placement and the Juvenile Residential Facility Census, which are biennial mail surveys of residential facility administrators conducted in alternating years. SYRP is a unique addition, gathering information directly from youth through anonymous interviews. This bulletin series reports on the first national SYRP, covering its development and design and providing detailed information on the youth's characteristics, backgrounds, and expectations; the conditions of their confinement; their needs and the services they receive; and their experiences of victimization in placement.

This bulletin describes key findings from the first Survey of Youth in Residential Placement about the needs and service experiences of youth in custody. SYRP surveyed youth about their psychological state, substance abuse problems, their needs, and the services their facilities provided to them. Specifically, this bulletin details youth reports regarding:

- Their overall emotional and psychological problems and the counseling they receive in custody.
- Their substance abuse problems prior to entering custody and the substance abuse counseling they receive in their facility.
- Their medical needs and services.
- Their educational background and the educational services the facility provides to them.

SYRP's findings are based on interviews with a nationally representative sample of 7,073 youth in custody during spring 2003, using audio computer-assisted self-interview methodology.[1] Researchers analyzed youth's answers and assessed differences among subgroups of youth offenders in custody based on their age, gender, and placement program (i.e., detention, corrections, community-based, camp, or residential treatment facilities). When other studies offered corresponding data about youth in the general population, analysts compared these data to the SYRP results for youth in custody. For more information, see the sidebar "Surveying Youth in Residential Placement: Methodology."

A Message From OJJDP

In undertaking a thorough assessment of juvenile offenders in custody, it is not sufficient to examine their conditions of confinement or even the histories and characteristics of the offenders. It is also necessary to consider their needs and the services that address them.

OJJDP's Survey of Youth in Residential Placement (SYRP) is the first comprehensive national survey to gather information about youth in custody by surveying the detained offenders.

This bulletin draws on SYRP's findings to take a closer look at the needs of youth in residential placement and the services they receive. In the process, it reports on the psychological and substance abuse problems experienced by youth in custody and the mental health and substance abuse counseling they receive to address them, as well as other medical needs and services. The bulletin also describes the educational background of youth in residential placement and the schooling they receive while in confinement.

The findings reported in this bulletin describe how youth's needs have been addressed and indicate areas in which services could be improved. SYRP found substantive needs in each of the areas it examined—mental health, substance abuse, health care, and education.

It is OJJDP's hope that the information provided in these pages will contribute to strengthening policies and enhancing practices to better serve the needs of youth in residential placement.

Access OJJDP publications online at *www.ojp.usdoj.gov/ojjdp*

SYRP provides the first nationally representative findings on the needs of the population of youth who are in custody because they are charged with or adjudicated for offenses.[2] These findings are also unique because they come from youth self-reports. The results in this bulletin reveal substantial needs in all four domains that SYRP examined—mental health, substance abuse, health care, and education. (See the list of research questions on p. 8.)

Surveying Youth in Residential Placement: Methodology

The Survey of Youth in Residential Placement (SYRP) is the only national survey that gathers data directly from youth in custody, using anonymous interviews. The Office of Juvenile Justice and Delinquency Prevention designed the survey in 2000 and 2001. SYRP surveys offender youth between ages 10 and 20. It draws a nationally representative sample from state and local facilities that are identified by the Census of Juveniles in Residential Placement and Juvenile Residential Facility Census surveys.

SYRP interviewed youth from a selection of 205 eligible, responsive facilities listed on the census as of September 2002. The survey team interviewed 7,073 youth between the beginning of March and mid-June 2003. Surveys were electronic and used an audio computer-assisted self-interview system to ask questions and record answers.

When using this system, youth wear headphones and hear a prerecorded interviewer's voice read the words on the screen. Youth indicate their response choice by touching it on the screen. The computer program automatically navigates to the next appropriate question based on the youth's earlier answers, storing all the data anonymously and securely.

Statisticians assigned weights to reflect the sampling probabilities of the facility and the youth respondents and to adjust for nonresponse. In this way, the survey of 7,073 provided accurate estimates of the size and characteristics of the national youth offender population in custody (estimated as more than 100,000 youth).

Mental Health

In recent years, the juvenile justice and mental health fields have increasingly recognized the scope of the mental health needs of youth involved in the juvenile justice system and the inadequacy of services to meet these needs (Mears, 2001). As a result, standardized screening instruments have gained wide acceptance, more service providers have turned toward evidence-based treatment approaches, and more juvenile justice and mental health agencies have collaborated to devise solutions (Skowyra and Cocozza, 2006, 2007).

SYRP shows that youth in residential placement report problems in many mental and/or emotional areas. Although the SYRP questions about mental and emotional symptoms are not diagnostic of specific mental health disorders, they indicate the general scope of self-reported problems in a number of domains. Most SYRP questions on recent symptoms derive from the Massachusetts Youth Screening Instrument (MAYSI) (Grisso et al., 2001; Grisso and Barnum, 2006).[3]

SYRP answers show that problems with anger are especially prevalent within this population, with more than 60 percent of youth reporting that they were easily upset, quick to lose their temper, and often angry (table 1). This is consistent with the fact, reported in *Youth's Characteristics and Backgrounds: Findings from the Survey of Youth in Residential Placement* (Sedlak and Bruce, forthcoming), that 43 percent of youth are currently in placement for a violent offense (i.e., murder, rape, kidnapping, robbery, or assault). Symptoms of depression and anxiety are also common, with 51 percent of the custody population reporting that nervous or worried feelings have kept them from doing what they want to do over the past few months, and 52 percent indicating that they feel lonely "too much of the time." Additionally, 48 percent of the population scored in the "caution" or "warning" range on SYRP's version of the MAYSI Depressed-Anxious Scale.[4]

Suicide is the third leading cause of death among adolescents, and a prior suicide attempt is the single most important risk factor for death by suicide (Wintersteen, Diamond, and Fein, 2007). One-fifth of youth in placement admit having two or more recent suicidal feelings, which MAYSI classifies as "caution" and "warning" range scores. The prevalence of past suicide attempts (22 percent) is more than twice the highest rate for their peers in local surveys of the general youth population and nearly quadruple the rate in national samples.[5]

The majority of youth responding to this survey (70 percent) report some type of past traumatic experience (table 1), which may include physical or sexual abuse. Nearly one-third (30 percent) indicate some history of prior abuse, whether frequent or injurious physical abuse, sexual abuse, or both (figure 1). SYRP data also indicate significant correlations between youth's histories of past abuse and the suicide-related indicators, both their recent suicidal feelings and their past suicide attempts.

Mental Health Services

Mental health services in the form of evaluation, ongoing therapy, or counseling are nearly universally available in the facilities, with 97 percent of youth living in places that provide one or more of these services either inside or outside the facility.[6] However, despite the relatively high suicide risk in the placement population, individual screening for suicide risk is not common. More than one-fourth (26 percent) of youth are in facilities that do not screen all youth for suicide risk. Despite the importance of early identification, 45 percent of youth are in facilities that fail to screen all youth within 24 hours and 26 percent are in facilities that do not screen any youth at intake (first 24 hours).

Screening for general mental health needs is also limited. Less than half (47 percent) of youth are in facilities that provide mental health evaluations or appraisals for all residents. Youth are equally likely to receive counseling in their current facility regardless of their answers about their recent mental and emotional problems or previous traumatic experiences. Slightly more than half (53 percent) of youth in custody say they have personally met with a counselor at their current facility to help them contend with their feelings or emotional problems. Those who received counseling report relatively frequent sessions, and 80 percent consider their counseling to be "very" or at least "somewhat" helpful. Of those youth who have not met with a counselor, one-fifth (20 percent) say it is because they do not know how to arrange to talk to a counselor.

Table 1: Youth's Mental and Emotional Problems and Traumatic Experiences

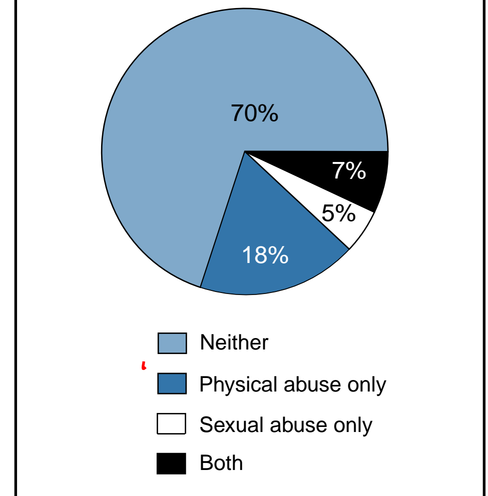
Question:* ("Have you. . .")	Percentage of Youth in Custody
Attention Problems	
…had a hard time paying attention at school or work?	45
…had a hard time staying organized or getting everything done?	41
…been unable to stay in a seat or where you were supposed to stay?	32
Hallucinations	
…seen things other people say are not really there?	14
…heard voices other people can't hear?	12
Anger	
…been easily upset?	68
…lost your temper easily or "had a short fuse"?	61
…felt angry a lot?	61
…hurt or broken something on purpose, just because you were mad?	30
Anxiety	
…had nervous or worried feelings keep you from doing things you want to do?	51
…had nightmares that are bad enough to make you afraid to go to sleep?	17
Isolation/Depression	
…felt lonely too much of the time?	52
…felt that you don't have fun with your friends anymore?	32
Trauma	
…had something very bad or terrifying happen to you?†	70
…seen someone severely injured or killed (in person—not in the movies or on TV)?†	67
…had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	32
Suicide Related	
…felt like life was not worth living?	26
…wished you were dead?	20
…felt like hurting yourself?	16
…felt like killing yourself?	15
…tried to kill yourself?†	22

Notes: Facility concerns prevented asking the suicide-related questions of 120 sample youth (representing 3 percent of the population of youth in custody). Between 11 and 131 sample youth refused or answered "don't know" in response to these questions (representing less than 2 percent of the population in custody). In each case, the percentage given is based on youth who provided substantive answers.

* Except as noted, questions asked youth about their recent feelings and experiences (i.e., "In the past few months have you. . .").

† These questions ask youth about their lifetime experiences (i.e., "Have you EVER, in your whole life. . .").

Figure 1: Youth's Experiences of Prior Sexual or Physical Abuse



Many youth do not receive counseling from qualified mental health providers. Seventy-seven percent of youth are in facilities where trained mental health professionals provide ongoing therapy to some youth, but 88 percent of youth reside in facilities where some or all counselors are not mental health professionals. Additionally, the qualifications of staff conducting suicide screenings are generally even lower. More than one-fourth (27 percent) of youth are in places where the staff conducting suicide screening are untrained, while a little less than one-third (31 percent) are in facilities that assign only mental health professionals to this important screening function.

Overall, current mental health services for youth in custody still fall short of key recommendations for practice, which suggest that all youth offenders receive suicide risk and other mental health screens and that all mental health screens and assessments be administered by properly trained staff (National Commission on Correctional Healthcare, 2004; Skowyra and Cocozza, 2006, 2007). Any movement toward this goal would constitute a major improvement in the juvenile custody system (Desai et al., 2006).

Substance Abuse

Researchers have documented a significant relationship between drug use and serious delinquent behavior (Huizinga et al., 2000). SYRP results indicate that youth offenders in custody use drugs and

alcohol at higher rates than the general population (table 2). Nearly three-fourths (74 percent) of youth in custody have tried alcohol, compared to 56 percent of youth in the general population.[7] Additionally, 84 percent of youth in custody admit using marijuana, compared to 30 percent of youth in the general population. Rates of other drug use are also significantly higher for youth in custody; 50 percent admit trying illegal drugs other than marijuana—nearly double the rate of experimentation of their general population peers (27 percent).

More than half of youth (59 percent) say they were drunk or high on drugs several times a week or more during the months before they were taken into custody. Two-thirds of youth in custody (68 percent) report problems related to this substance use, such as getting into trouble while they were high, not meeting their responsibilities, or having a blackout experience.[8]

Substance Abuse Counseling

Despite the high rate of substance-related problems, nearly one-fifth (19 percent) of youth in custody are in facilities that do not screen any youth for substance use problems and more than one-third (36 percent) are in facilities that screen some, but not all, youth (table 3).

Although screening tools have proliferated (McBride et al., 1999), only 50 percent of youth in custody are in places that use standardized assessment tools to identify youth with substance use problems. While most youth are in facilities that conduct urine tests to identify drug problems in certain circumstances, only about one-third of youth are in facilities that test all youth—29 percent of youth are in facilities that test youth upon arrival, 37 percent of youth are in facilities that test residents at random during their stay, and 22 percent of youth are in facilities where they are tested each time they reenter.

Additionally, SYRP data show that facilities more commonly provide substance abuse counseling to youth who report substance abuse problems and that youth who report substance-related problems are more likely to receive frequent substance counseling sessions when their problems are more severe. However, only 62 percent of youth who report four or more recent substance-related problems

Table 2: Lifetime Use of Alcohol and Drugs by Youth in Custody and in the General Population

Measure	Percentage of Youth in Custody	Percentage of 12- to 20-Year-Olds in the General Population
Alcohol and drug use		
Alcohol only	3	21
Drugs only	13	5
Alcohol and drugs	72	35
Neither	12	39
Lifetime substance use		
Alcohol	74	56
Marijuana or hashish	84	30
Cocaine or crack	30	6
Ecstasy	26	6
Crystal meth	22	2
Acid or LSD	19	4
Inhalants	19	12
Heroin	7	<1
Other illegal drug	23	NA
Any illegal drug	85	40
Any illegal drug other than marijuana	50	27

Notes: Estimated percentages are rounded to the nearest whole percentage. General population percentages are computed from the National Survey on Drug Use and Health, 2003, at the Substance Abuse and Mental Health Data Archive Online Data Analysis System. For more information, see http://webapp.icpsr.umich.edu/cocoon/SAMHDA/DAS3/00064.xml.

Table 3: Youth in Custody by Their Facility's Practices for Screening Youth To Identify Substance Abuse Problems

Facility Screening Practice	Percent
Who does the facility screen? When?	
All youth, definitely within 24 hours	27
All youth, at least some in 24 hours	13
All youth, none in 24 hours	24
Some youth, some in 24 hours	7
Some youth, none in 24 hours	10
No youth	19
What screening methods are used? *(all that apply)*	
Staff-administered questions/interview	63
Standardized self-report instruments	50
Visual observation, medical exam, drug tests	47
Self-report checklist inventory	41
Records of previous tests, treatments	5

say that they have received substance abuse counseling in their current facility. Figure 2 illustrates the relationship between the severity of youth's substance abuse problems and whether they received counseling.

The standards of substance abuse treatment or counseling range widely. A comprehensive, reliable assessment is just a first step (McBride et al., 1999). Effective intervention requires that the case manager use the assessment to guide the development of a comprehensive treatment plan. A plan works best when a case manager ensures that the youth receives the appropriate services on schedule and remains engaged in the treatment process.

Less than two-thirds (64 percent) of youth are in facilities that develop individualized substance abuse treatment plans, and less than half (47 percent) are in facilities that assign case managers to oversee and monitor plan compliance. Youth who reported the highest need for substance abuse counseling gave their counseling sessions the poorest ratings.[9] Youth who reported that they were "high" several times a week or more often before their current custody rarely rated their substance abuse counseling as "very helpful" (35 percent vs. 51 percent of other counseled youth). More of these youth rated their substance abuse counseling as "not very helpful" compared to other youth in custody who received substance abuse counseling (28 percent vs. 16 percent).

Health Care

SYRP findings indicate that more than two-thirds (69 percent) of youth offenders in custody have some type of healthcare need. More than one-third (37 percent) reported that they needed dental, vision, or hearing care. More than one-fourth of those interviewed needed care for illness (28 percent), injury (25 percent), or some other physical healthcare need not listed in the SYRP interview (29 percent).[10] For specific needs of youth in different types of facility programs, see figure 3.

Healthcare Services

Despite the recent attention to the health needs of incarcerated youth, there is no universal standard of care. SYRP findings show that the unmet needs of the population in custody are significant. More than one-third (36 percent) of youth who reported one or more types of healthcare needs say they did not receive all the care they needed. Unaddressed dental, vision, and hearing needs were more frequent (32 percent of those with these needs), compared to unmet healthcare needs in other areas (26 percent of youth needing care for illness, 28 percent of those with an injury needing medical attention).

Education

The link between education and delinquency problems is well established. Youth with low commitment to school are at risk for delinquency (Wasserman et al., 2003; Hawkins et al., 1998). Researchers have documented that youth with educational difficulties have a heightened risk of behavior problems (Byrd, Weitzman, and Auinger, 1997), violence (Borowski, Ireland, and Resnick, 2002), and crime (Levitt and Lochner, 2001; Lochner and Moretti, 2004). SYRP's findings reveal the extent of educational deficits in the national population of youth in juvenile justice custody.

Youth in custody have a high nonenrollment rate (21 percent) at the time they enter custody, more than four times the rate of peers in the general population (5 percent). Nearly one-half (48 percent) of youth in custody are currently functioning below the grade level appropriate for their age, compared to 28 percent of youth in the general population (U.S. Census Bureau, 2005).

Figure 2: Percentage of Youth Who Receive Substance Abuse Counseling as a Function of Their Recent Substance Abuse History and Substance Use

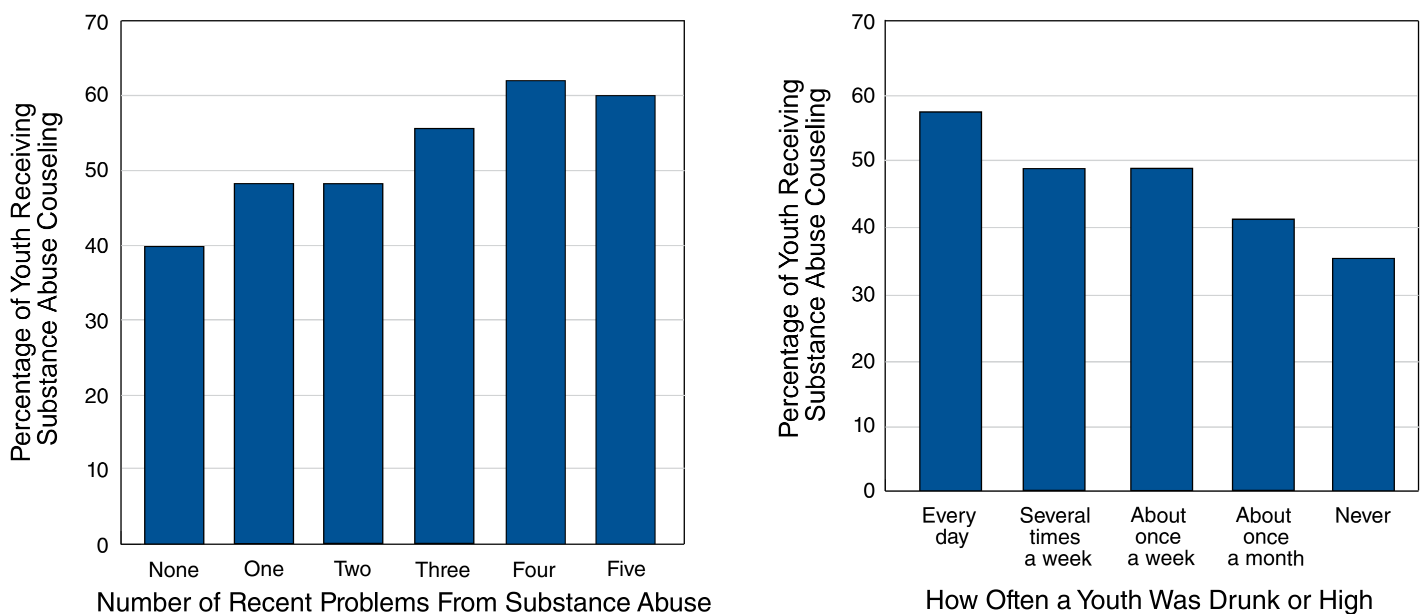
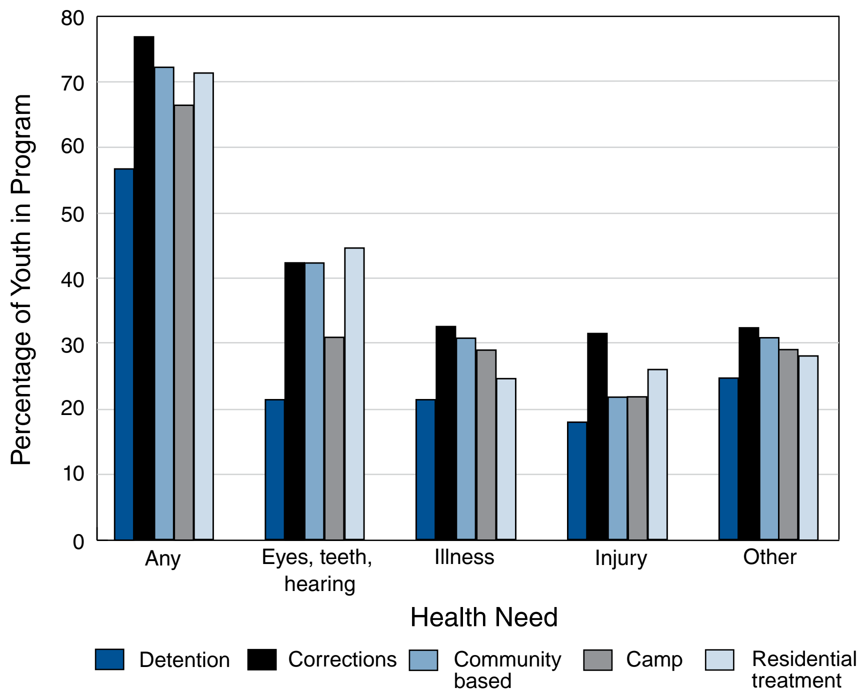


Figure 3: Health Needs of Youth in Different Programs



The majority (61 percent) of youth in custody say they were expelled or suspended during the year before they entered custody, which is dramatically higher than the rate of less than 8 percent observed in the general population (U.S. Department of Education, 2007). Also, 25 percent of youth in custody report that they were held back a year in school, compared to 11 percent in the general population of youth (Lugaila, 2003).

Education Services

A typical school day is 6 to 7 hours long (U.S. Department of Education, 2003), but less than half (45 percent) of youth offenders spend at least 6 hours a day in school. Only 51 percent of all youth in custody think that their facility has a good school program, but 58 percent of those who attend school for at least 6 hours a day consider their facility's school program good. Nonetheless, SYRP indicates that the majority (92 percent) of youth attend school when in custody. This differs from their situation at the time they entered custody, when 21 percent were not enrolled at all and 61 percent were suspended or expelled in the previous year. In addition, more than one-fifth (22 percent) of youth 16 or older who are in a facility for at least 180 days report earning their high school credentials during their time in custody.

Nearly one-third (30 percent) of youth in custody say they were diagnosed with a learning disability. This rate is more than seven times that of learning disabilities observed in the general population (U.S. Department of Education, 2005). According to the Federal Individuals with Disabilities Education Act, learning-disabled youth offenders must be identified, even in short-term facilities, and given special education and related services when eligible (Burrell and Warboys, 2000). Current educational services for youth in custody need improvement to meet this goal. Youth's self-reports in SYRP show that less than one-half (46 percent) of those with a diagnosed learning disability are attending a special education program while in custody.

Females in Custody

The needs of female offenders differ from those of males, as do the services they receive. SYRP's findings on the national population in custody validate findings in local populations that show that female offenders in placement have more mental health and substance use problems (Hubbard and Pratt, 2002; Teplin et al., 2002) and worse abuse histories (Blum, Ireland, and Blum, 2003; Hennessey et al., 2004).

Higher percentages of females report an above-average number of mental or emotional problems and traumatic experiences, compared to males (figure 4). Moreover, females reveal nearly twice the rate of past physical abuse (42 percent vs. 22 percent), more than twice the rate of past suicide attempts (44 percent vs. 19 percent), and more than four times the rate of prior sex abuse (35 percent vs. 8 percent) as males.

Female juvenile offenders are more commonly placed in residential treatment programs (compared to other types of programs), and nearly all youth in residential treatment programs are in facilities that provide onsite mental health services. Nevertheless, SYRP found no differences in the percentages of males and females who report receiving counseling in their facilities. The reasons youth give for why

The Survey of Youth in Residential Placement

Further information about the Survey of Youth in Residential Placement can be found in the *Survey of Youth in Residential Placement: Technical Report* and other bulletins in this series, which include:

- *Introduction to the Survey of Youth in Residential Placement.*
- *Youth's Characteristics and Backgrounds: Findings From the Survey of Youth in Residential Placement.*
- *Conditions of Confinement: Findings From the Survey of Youth in Residential Placement.*
- *Nature and Risk of Victimization: Findings From the Survey of Youth in Residential Placement.*

For more complete results of the survey findings on youth's needs and services, go to: www.syrp.org.

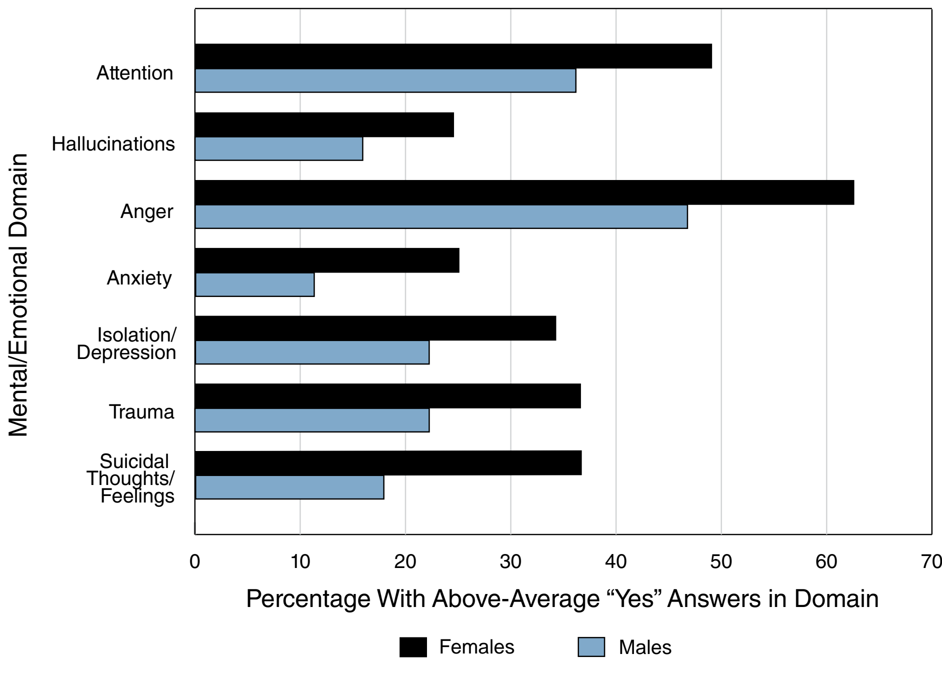


Figure 4: Percentage of Males and Females With Above-Average Numbers of "Yes" Responses to Mental and Emotional Survey Questions

they do not receive counseling were also similar for both genders. More females receive individual counseling (85 percent vs. 67 percent) and fewer receive group counseling (40 percent vs. 49 percent). Females also give their counseling less positive ratings.

Females report significantly more drug experience than males, with 91 percent saying they had used at least one of the drugs listed (including marijuana, cocaine/crack, ecstasy, meth, heroin, inhalants, and an "other illegal drug" category) compared to 87 percent of males. More females than males report using nearly every substance listed and 47 percent (compared to 33 percent of males) report having ever used four or more of the listed substances. Although males and females use drugs and/or alcohol at the same frequency just before entering custody, more females report recent substance-related problems (71 percent vs. 67 percent). Notably higher percentages of females report that using drugs or alcohol kept them from meeting their responsibilities (46 percent of females vs. 37 percent of males) and report having a recent blackout experience (41 percent of females vs. 33 percent of males).

Despite females' greater substance abuse problems, they are often housed in facilities that provide less access to substance abuse treatment. In comparison to males, fewer females are housed in facilities that offer substance-abuse education (77 percent vs. 88 percent), provide specialized units for substance-abusing youth (7 percent vs. 19 percent), or offer ongoing treatment for substance abuse (75 percent vs. 84 percent). While similar percentages of males and females say they have directly received substance abuse counseling while in custody, a larger percentage of females report having had more than one type of counseling—various combinations of group, individual, or family sessions (38 percent vs. 26 percent).

Females in custody have different healthcare needs than males in custody. Males more commonly need treatment for injuries, but females have greater healthcare needs in other areas: illness (33 percent of females vs. 27 percent of males) and vision, dental, and hearing (44 percent vs. 35 percent). More females take regular medication compared to males (56 percent vs. 34 percent), generally to treat emotional or mental problems (59 percent). Additionally, females are less likely to report that they receive all the care they need (59 percent of females vs. 65 percent of males).

Education is the only area where females in custody do not exhibit greater needs than their male counterparts. More males are below grade level (50 percent of males vs. 41 percent of females), more males have been expelled (29 percent vs. 23 percent), and more males say they have been diagnosed with a learning disability (31 percent vs. 25 percent). Males and females attend school in custody and earn high school credentials at equal rates; however, more males than females receive job training (20 percent vs. 13 percent). More females receive no educational service beyond their regular school hours (57 percent vs. 45 percent).

Conclusion

SYRP provides a unique perspective on circumstances of juveniles in custody because it asks youth offenders about their mental, emotional, and physical problems and whether they are getting the services they need. It places youth's needs in context by combining their answers with what facility administrators report about their screening protocols and the services provided at the facilities. The results reveal a broad range of needs in the custody population, show the extent to which existing services address these needs, and identify a number of areas in which improvements should be made.

Many important research questions about youth in custody remain unanswered. These include:

- Did youth receive any mental health or substance abuse treatment before they entered custody? What are their treatment needs when they are released from custody? Is there continuity in the services they receive after returning to the community?
- What percentage of youth with prior physical or sexual abuse had contact with the child protective services system because of that abuse? What percentage of youth had contact with the child protective services system for other reasons (e.g., caretaker neglect, incapacity, or absence)?
- When youth attend school in custody, what kind of curriculum do they receive? Does it coordinate with the course of study they would get in their home school? How do they score on basic literacy and mathematical skills?

- What healthcare needs do youth have when they enter custody? What injuries or illnesses do they acquire during their time in custody? How did they obtain health care before they entered custody? Did they have health insurance? What healthcare coverage will they have after release from custody?

The following recommendations are based on SYRP's findings in this bulletin. They indicate several ways in which policies and programs could better address the needs of youth in custody:

- **Improve coverage of mental health services.** SYRP findings suggest that mental health services are not reaching the youth who need them. Although mental health services are generally available across facilities, nearly half of youth have not met with a counselor at their current facility and less than half are in facilities that provide mental health evaluations or appraisals for all residents. Additionally, these appraisals seem to make little difference for

SYRP Research Questions Addressing Youth's Needs and the Services They Receive in Custody

General Research Question	Specific Research Questions
What are youth's emotional and psychological problems and what counseling have they received?	◆ What is the incidence of youth's recent problems with anger, isolation, anxiety/fearfulness, and other psychological difficulties? ◆ What are their prior experiences of abuse? How do females and males differ in their prior abuse experiences? How does the prevalence of prior physical and sexual abuse among youth in placement compare with that in the general population? ◆ What percentages report prior suicide attempts and/or recent suicidal thoughts or feelings? What are the differences between females and males in placement? How does this compare with their age peers in the general population of youth? ◆ Have they received any counseling in their current facility? If so, what is its format, frequency, and when did they last see a counselor? How helpful do youth think their psychological counseling is? ◆ What are their facility's practices on screening and evaluating residents for suicide risk and other mental health needs?
What are youth's problems with drugs and/or alcohol?	◆ What is the youth's history with drug and/or alcohol use? How does this compare with use in the general population? ◆ How frequently were they using drugs and/or alcohol at the time they were taken into custody? ◆ What problems did they experience from their substance use (e.g., blackouts, failure to meet responsibilities) before coming into custody? ◆ Have they received any drug/alcohol counseling in their current facility? If so, what is its format, frequency, and when did they last see that counselor? How helpful do youth think their substance abuse counseling is? ◆ What substance abuse services does their facility provide? Does their facility use substance abuse treatment professionals? ◆ What are their facility's practices on screening and evaluating residents for substance abuse problems?
What are youth's medical needs, and what services have they received in their current facility?	◆ What percentage of youth report needs for medical care due to illness, injury, or problems with eyes, teeth, hearing, or other physical conditions? ◆ Did they receive the care they needed? If not, why not? ◆ Are they on any regular medication? What is the medication for? Does the facility have outside medical professionals prescribe and/or monitor psychotropic medications for their residents?
What educational services have youth received in their current facility?	◆ What percentage of youth are attending school in placement? How many hours do they attend? What kind of educational program(s) are they attending? ◆ What percentage of those with a diagnosed learning disability are in a special education program? ◆ What percentage of youth feel that their facility has a good school program?

whether a youth receives counseling—youth are equally likely to receive counseling in their current facility regardless of their answers about their recent mental and emotional problems or previous traumatic experiences.

- **Raise standards for the qualifications of mental health providers.** SYRP documents considerable unevenness in the qualifications of mental health providers. Nearly 9 in 10 youth (88 percent) are in facilities where staff who counsel youth about their mental health problems are not mental health professionals. Youth whose survey answers indicate a need for counseling give poorer ratings to any counseling they do receive.
- **Target substance abuse counseling and treatment more effectively.** SYRP documented extensive substance abuse problems in the custody population, but existing intervention and treatment programs are not serving large sectors of youth who need them. Only about half of youth who report recent problems related to drug or alcohol use have received substance abuse counseling in their current facility.
- **Provide more comprehensive substance abuse interventions and use more qualified substance abuse service providers.** Substance abuse education and counseling are widely available, with the large majority of youth held in facilities that offer these services. However, less than two-thirds of youth are in facilities that develop specific treatment plans, less than half are in facilities that assign a case manager to oversee youth's substance treatment, and just one in six youth are in living units specialized for substance abuse problems. Moreover, three in five youth are in facilities where noncertified counselors offer substance abuse counseling, whereas less than one-fourth of youth are in facilities where certified professionals provide all substance abuse treatment.
- **Obtain systematic information on youth's educational needs and services in placement and define more specific minimum standards.** Little information is available on how facilities address the educational needs of youth in custody—what curriculums they use, whether they match what youth would receive in their community, and whether they assess and target materials and assignments to individual youth's needs. SYRP findings suggest that most youth in custody spend fewer hours in school than their peers in the general population. In addition to increasing general education services, facilities should expand special education services. Although youth in custody have seven times the rate of diagnosed learning disabilities compared to youth in the general population, less than half receive a special education program while in custody.

Overall, the SYRP results presented in this bulletin illuminate ways that the juvenile justice system could improve programs and living environments for youth in custody. Continuing research on this topic would clarify how treatment and education programs might better address youth's needs and improve their mental and physical health, which could help to reduce recidivism.

WesDax: Providing Survey of Youth in Residential Placement Data Online

WesDax is an online query and analysis system that allows users to construct their own results from the Survey of Youth in Residential Placement. The system is designed for audiences without technical or statistical expertise, including policymakers, service providers, and the general public.

The WesDax system:

- Operates in a standard Web browser and requires no special software.
- Offers a tutorial for new users, including a glossary of terms.
- Computes accurate totals and percentages.
- Can provide statistical measures of precision (in the form of standard errors or confidence intervals).

To use WesDax, see the "Online Analysis" link at www.syrp.org.

Endnotes

1. See the sidebar "Research Questions Addressing Youth's Needs and the Services They Receive in Custody," which lists the research questions that guided the design of survey items related to the topics reported here.

2. Not all youth in custody have been charged with or adjudicated for offenses. Some have been placed in custody because of health and safety concerns (e.g., keeping them away from abusive parents or guardians).The focus of the SYRP study was on youth who were placed in custody as the result of an offense.

3. MAYSI is a 52-question survey designed to help juvenile justice facilities identify youth with special mental health needs.

4. MAYSI's Depressed-Anxious Scale is a nine-question scale that asks youth about their symptoms of depression and anxiety

to determine whether they require mental health treatment for these problems. SYRP included only part of this MAYSI scale (six of the nine items). The percentage of "caution" and "warning" scores would be even higher if SYRP had asked all nine MAYSI items in this domain. SYRP youth received "caution" scores if they answered yes to three of the Depressed-Anxious items or to two items in the section related to suicide; they received "warning" scores if they answered yes to six of the Depressed-Anxious items or to three or more of the suicide items.

5. Rates of 3 percent to 10 percent have been reported for local general population samples (Andrews and Lewinsohn, 1992; Lewinsohn, Rohde, and Seeley, 1996; Reinherz et al., 1995; Meehan et al., 1992; Safer, 1997; Shaffer et al., 1990; and Velez and Cohen, 1988). The two waves of the National Comorbidity Study (NCS–1 and NCS–R) show a rate of 6 percent for ages represented in SYRP (Harvard School of Medicine, 2005).

6. The authors supplemented the information the youth gave in their SYRP answers with information regarding security, services, and staffing that the facility administrators provided. Combining these sources provides a comprehensive view of the needs and experiences of youth in residential placement, the available services, and resources provided in response to those needs.

7. The authors computed all general population percentages in this section using data for 12- to 20-year-olds from the National Survey on Drug Use and Health, 2003, at the Substance Abuse and Mental Health Data Archive Online Data Analysis System, at http://webapp.icpsr.umich.edu/cocoon/SAMHDA/DAS3/00064.xml.

8. A blackout is a period of memory loss for events that occurred while a person was intoxicated (White, 2003). Alcohol-related blackouts are common in adolescents who are clinically diagnosed with alcohol dependence and abuse (Martin et al., 2007).

9. SYRP responses are based on youth reports. A youth's perception regarding the effectiveness of his or her counseling may not accurately reflect its true effectiveness.

10. Although SYRP did not inquire about the specific nature of illness or injuries, some research (Morris, 2005) suggests youth in custody face sexually transmitted infections, hepatitis, tuberculosis, orthopedic problems, gastrointestinal disorders, cancer, and dermatologic difficulties.

References

Andrews, J.A., and Lewinsohn, P.M. 1992. Suicidal attempts among older adolescents: Prevalence and co-occurrence with psychiatric disorders. *Journal of the American Academy of Child and Adolescent Psychiatry* 31:655–662.

Blum, J., Ireland, M., and Blum, R.W. 2003. Gender differences in juvenile violence: A report from Add Health. *Journal of Adolescent Health* 32:234–240.

Borowski, I.W., Ireland, M., and Resnick, M.D. 2002. Violence risk and protective factors among youth held back in school. *Ambulatory Pediatrics* 2(6):475–484.

Burrell, S., and Warboys, L. 2000. *Special Education and the Juvenile Justice System.* bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Byrd, R.S., Weitzman, M., and Auinger, P. 1997. Increased behavior problems associated with delayed school entry and delayed school progress. *Pediatrics* 100(4):654–661.

Desai, R.A., Goulet, J.L., Robbins, J., Chapman, J.F., Migdole, S.J., and Hoge, M.A. 2006. Mental healthcare in juvenile detention facilities: A review. *Journal of the American Academy of Psychiatry Law* 34:204–214.

Grisso, T., and Barnum, R. 2006. *Massachusetts Youth Screening Instrument, Version 2 (MAYSI–2): User's Manual and Technical Report, 2006 Revised Edition.* Sarasota, FL: Professional Resource Press.

Grisso, T., Barnum, R., Fletcher, K.E., Cauffman, E., and Peuschold, D. 2001. Massachusetts Youth Screening Instrument for mental health needs of juvenile justice youths. *Journal of the American Academy of Child and Adolescent Psychiatry* 40(5):541–548.

Harvard School of Medicine. 2005. National Comorbidity Survey (NCS) and National Comorbidity Survey Replication (NCS–R). Available online: www.hcp.med.harvard.edu/ncs.

Hawkins, J.D., Herrenkohl, T., Farrington, D.P., Brewer, D., Catalano, R.F., and Harachi, T.W. 1998. A review of predictors of youth violence. In *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions,* edited by R. Loeber and D.P. Farrington. Thousand Oaks, CA: Sage Publications, Inc., pp. 106–146.

Hennessey, M., Ford, J.D., Mahoney, K., Ko, S.J., and Siegfried, C.B. 2004. *Trauma Among Girls in the Juvenile Justice System.* Los Angeles, CA: National Child Traumatic Stress Network.

Hubbard, D.J., and Pratt, T.C. 2002. A meta-analysis of the predictors of delinquency among girls. *Journal of Offender Rehabilitation* 34:1–13.

Huizinga, D., Loeber, R., Thornberry, T.P., and Cothern, L. 2000. *Co-Occurrence of Delinquency and Other Problem Behaviors.* bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Levitt, S.D., and Lochner, L. 2001. The determinants of juvenile crime. In *Risky Behavior Among Youths: An Economic Analysis,* edited by J. Gruber. Chicago, IL: University of Chicago Press, pp. 327–373.

Lewinsohn, P.M., Rohde, P., and Seeley, J.R. 1996. Adolescent suicidal ideation and attempts:

Prevalence, risk factors, and clinical implications. *Clinical Psychology: Science and Practice* 3:25–46.

Lochner, L., and Moretti, E. 2004. The effect of education on crime: Evidence from prison inmates, arrests, and self-reports. *American Economic Review* 94(1):155–189.

Lugaila, T.A. 2003. *A Child's Day: 2000 (Selected Indicators of Child Well-being).* Household Economic Studies. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau.

Martin, C.S., Kaczynski, N.A., Maisto, S.A., Bukstein, O.M., and Moss, H.B. 2007. Patterns of DMS–IV alcohol abuse and dependence symptoms in adolescent drinkers. *Journal of Studies on Alcohol* 56(6):672–680.

McBride, D.C., VanderWaal, C.J., Terry, Y.M., and VanBuren, H. 1999. *Breaking the Cycle of Drug Use Among Juvenile Offenders.* Technical Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Mears, D. 2001. Critical challenges in addressing the mental health needs of juvenile offenders. *Justice Policy Journal* 1(1).

Meehan, P.J., Lamb, J.A., Saltzman, L.E., and O'Carroll, P.W. 1992. Attempted suicide among young adults: Progress towards a meaningful estimate of prevalence. *American Journal of Psychiatry* 149:41–44.

Morris, R.E. 2005. Healthcare for incarcerated adolescents: Significant needs with considerable obstacles. *Virtual Mentor, American Medical Association Journal of Ethics* 7:3.

National Commission on Correctional Healthcare. 2004. *Standards for Health Services in Juvenile Detention and Confinement Facilities.* Chicago, IL: National Commission on Correctional Healthcare.

Reinherz, H.Z., Giaconia, R.M., Silverman, A.B., Friedman, A., Pakiz, B., Frost, A.K., and Cohen, E. 1995. Early psychosocial risks for adolescent suicidal ideation and attempts. *Journal of the American Academy of Child and Adolescent Psychiatry* 34:599–611.

Safer, D.J. 1997. Self-reported suicide attempts by adolescents. *Annals of Clinical Psychiatry* 9:263–269.

Sedlak, A.J., and Bruce, C. Forthcoming. *Youth's Characteristics and Backgrounds: Findings from the Survey of Youth in Residential Placement:* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Shaffer, D., Vieland, V., Garland, A., Rojas, M., Underwood, M., and Busner, C. 1990. Adolescent suicide attempters: Response to suicide-prevention programs. *Journal of the American Medical Association* 264(24): 3151–3155.

Skowyra, K., and Cocozza, J.J. 2006. *A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System.* Delmar, NY: National Center for Mental Health and Juvenile Justice.

Skowyra, K., and Cocozza, J.J. 2007. *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System.* Delmar, NY: Policy Research Associates, Inc.

Teplin, L.A., Abram, K.M., McLelland, G.M., Dulcan, M.K., and Mericle, A.A. 2002. Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry* 59:1133–1143.

U.S. Census Bureau. 2005. Single grade of enrollment and high school graduation status for people 3 years old and over, by age (single years for 3 to 24 years), race, and Hispanic origin: October 2003 (table 2 at school enrollment—social and economic characteristics of students: October 2003, detailed tables). Washington, DC: U.S. Census Bureau, Population Division, Education and Social Stratification Branch.

U.S. Department of Education. 2003. *The Educational System in the United States: Case Study Findings.* Washington, DC: U.S. Department of Education; National Institute on Student Achievement, Curriculum, and Assessment; Office of Educational Research and Improvement.

U.S. Department of Education. 2005. *26th Annual (2004) Report to Congress on the Implementation of the Individuals with Disabilities Education Act, vol. 1.* Washington, DC: U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs.

U.S. Department of Education, Office for Civil Rights. 2007. Civil rights data collection: 2004. *Digest of Education Statistics, 2007.* Washington, DC: U.S. Department of Education.

Velez, C.N., and Cohen, P. 1988. Suicidal behavior and ideation in a community sample of children: Maternal and youth reports. *Journal of American Academy of Child and Adolescent Psychiatry* 27:349–356.

Wasserman, G.A., Keenan, K., Tremblay, R.E., Coie, J.D., Herrenkohl, T.I., Loeber, R., and Petechuk, D. 2003. *Risk and Protective Factors of Child Delinquency.* Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

White, A.M. 2003. What happened? Alcohol, memory blackouts and the brain. *Alcohol Research and Health* 27:186–196.

Wintersteen, M.B., Diamond, G.S., and Fein, J.A. 2007. Screening for suicide risk in the pediatric emergency and acute care setting. *Current Opinion in Pediatrics* 19:398–404.

U.S. Department of Justice
Office of Justice Programns
Office of Juvenile Justice and Delinquency Prevention

Washington, DC 20531

Official Business
Penalty for Private Use $300

PRESORTED STANDARD
POSTAGE & FEES PAID
DOJ/OJJDP
PERMIT NO. G–91

Bulletin

NCJ 227728

Acknowledgments

Andrea J. Sedlak, Ph.D., Vice President and Associate Director of Human Services Research at Westat, is Project Director of the Survey of Youth in Residential Placement (SYRP). Karla S. McPherson, Ph.D., is a Senior Study Director at Westat and SYRP Analyst. Other Westat staff who made key contributions to the study included David Cantor, Ph.D., John Hartge, John Brown, Alfred Bishop, Gary Shapiro, Sheila Krawchuk, Carol Bruce, Ph.D., Monica Basena, Kristen Madden, and Ying Long, as well as many other dedicated Westat staff, too numerous to name here.

The National Council on Crime and Delinquency (NCCD) assisted during the SYRP design and preliminary analyses under a subcontract to Westat. Contributing NCCD staff included Madeline Wordes, Ph.D., Eileen Poe-Yamagata, and Christopher J. Hartney.

Several OJJDP program managers provided support and guidance over the course of the project: Joseph Moone, Barbara Allen-Hagen, and Janet Chiancone. Many members of the SYRP Advisory Board offered constructive advice at critical points. Finally, this study would not have been possible without the generous cooperation of the many state directors and hundreds of local facility administrators who provided the information, space, and staff support needed to conduct the survey and the thousands of youth who agreed to participate and contributed their time and the details of their lives and experiences in answering the SYRP questions.

This bulletin was prepared under grant number 2001–JR–BX–K001 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.

Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART).