



Mental Health and Female Offenders in the Custody of the Oregon Youth Authority April 2002

National Overview

On any given day, more than 106,000 teens are in custody in U.S. juvenile facilities. As welfare reform, managed care, and a shrinking public healthcare system limit access to services, many poor and minority youth with psychiatric disorders may “increasingly fall through the cracks into the juvenile justice system” that is poorly equipped to help them, concluded researchers in a multi-year study funded by a variety of federal agencies. Conducted in the Chicago area by researchers from Northwestern University and the University of Chicago, a study of teens in juvenile detention randomly selected 1,829 African American, non-Hispanic white, and Hispanic teens admitted to the Cook County Juvenile Temporary Detention Center over a four-year period.¹ The study is reported by the National Institute of Mental Health to be the largest and most methodologically sophisticated study of its kind.

This federally funded study found that even when conduct disorder diagnosis - common in this population - was excluded, nearly 60% of males and more than 75% of females in juvenile detention had at least one psychiatric disorder. This is five times the estimated 15% of youth in the general population thought to have a psychiatric illness. Rates of psychiatric disorder combined with substance abuse disorders were also gathered by ethnicity and gender. The only categories in which boys showed higher rates than girls were “manic episodes,” psychotic disorders, and substance abuse disorders.

The Oregon Youth Authority - History of the Mental Health Gap Survey

In the year 2000, the Oregon Youth Authority undertook a somewhat similar study of the prevalence of mental health disorders of offenders in its custody. April 1, 2000, was the snapshot in time used for gathering data regarding the placement, diagnosis, and needs of all youth in the study.

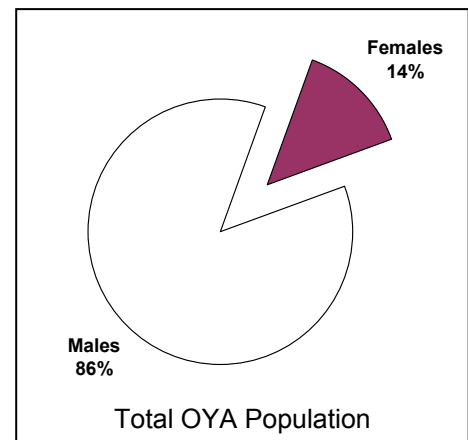
The focus was on two initial goals:

- 1) to determine the prevalence of diagnosed mental illness in the Youth Authority's population – both in correctional facilities and under community supervision; and
- 2) to identify gaps in services for youth suffering from diagnosed mental disorders and substance dependency/abuse.

Conduct disorder was excluded to ensure that non-behavioral Axis I diagnoses were captured as the primary mental health issues. The findings of the 2000 survey were instrumental in providing data validating the previously held belief of high prevalence of mental illness within incarcerated populations and the gender differences in mental health needs. The survey showed that while females comprised only 11% of the correctional facility population, the need for individual and group therapy, combined with the use of psychotropic medications for depressive disorders was close to twice the rate for males. Based on the findings of the survey, a concerted effort was begun to enhance mental health interventions for all youth, with an emphasis on the needs of young women. The agency increased the number of Qualified Mental Health Professionals (QMHPs) to work individually with girls. QMHPs facilitate small groups, including symptom management, survivor skills for those having experienced abuse, domestic violence, and dealing with post-traumatic stress disorder.

The 2002 Mental Health Gap Survey

A second Mental Health Gap Survey was authorized in 2002 to provide comparative data exploring possible changes in population, mental health needs, and gaps in services. This survey provided a two-year cumulative base of information allowing the Youth Authority to better measure the effectiveness of current interventions and enhanced services for both males and females in youth correctional facilities and on community supervision.



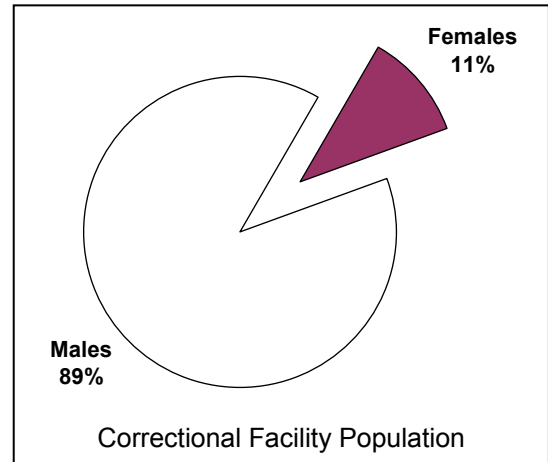
The Youth Authority's 2002 Mental Health Gap Survey shows a slightly higher rate of incidence of psychiatric disorders among youth in the agency's correctional facilities than the Chicago Study of detention youth. This does not seem an unreasonable finding, given the differences between short-term detention youth and longer-term incarcerated youth.

Of the 2,359 youth in custody on April 1, 2002, female offenders between the ages of 12 and 25 comprised 14% of the Youth Authority's entire offender population. Females

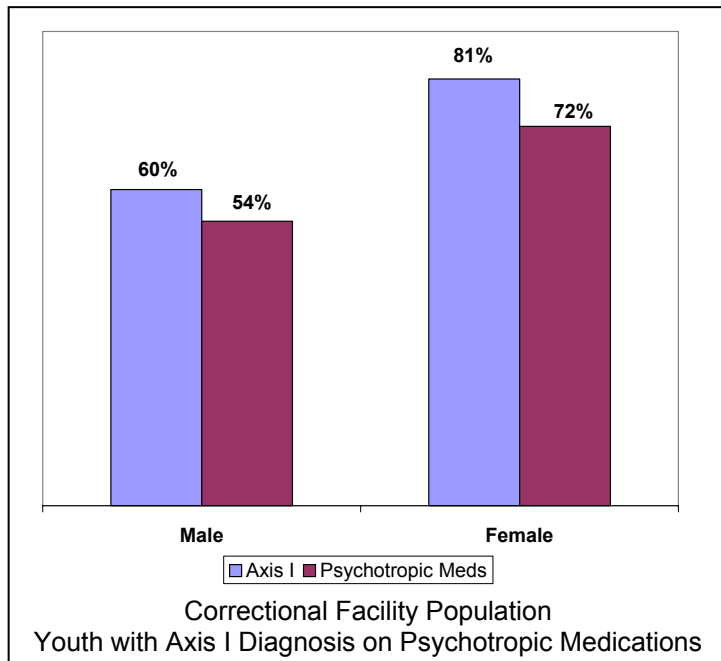
made up 11% of the population in correctional facilities – at the Hillcrest Youth Correctional Facility in Salem and at the Corvallis House Young Women’s Transition Program. The mental health needs of female offenders in both correctional facilities and under community supervision showed distinct differences from their male counterparts: in type, degree of severity, and co-morbidity (the combination of mental health and substance dependency/abuse disorders).

Females Incarcerated in Correctional Facilities

Facility staff and clinicians reported on 1,070 offenders (115 females and 955 males). The average profile of an incarcerated female offender revealed a 17-year-old Caucasian adjudicated on a person-to-person offense. The male incarcerated offender, on average, was 18 years of age, Caucasian, and had been adjudicated on either a sex offense (44%) or a person-to-person offense (26%).

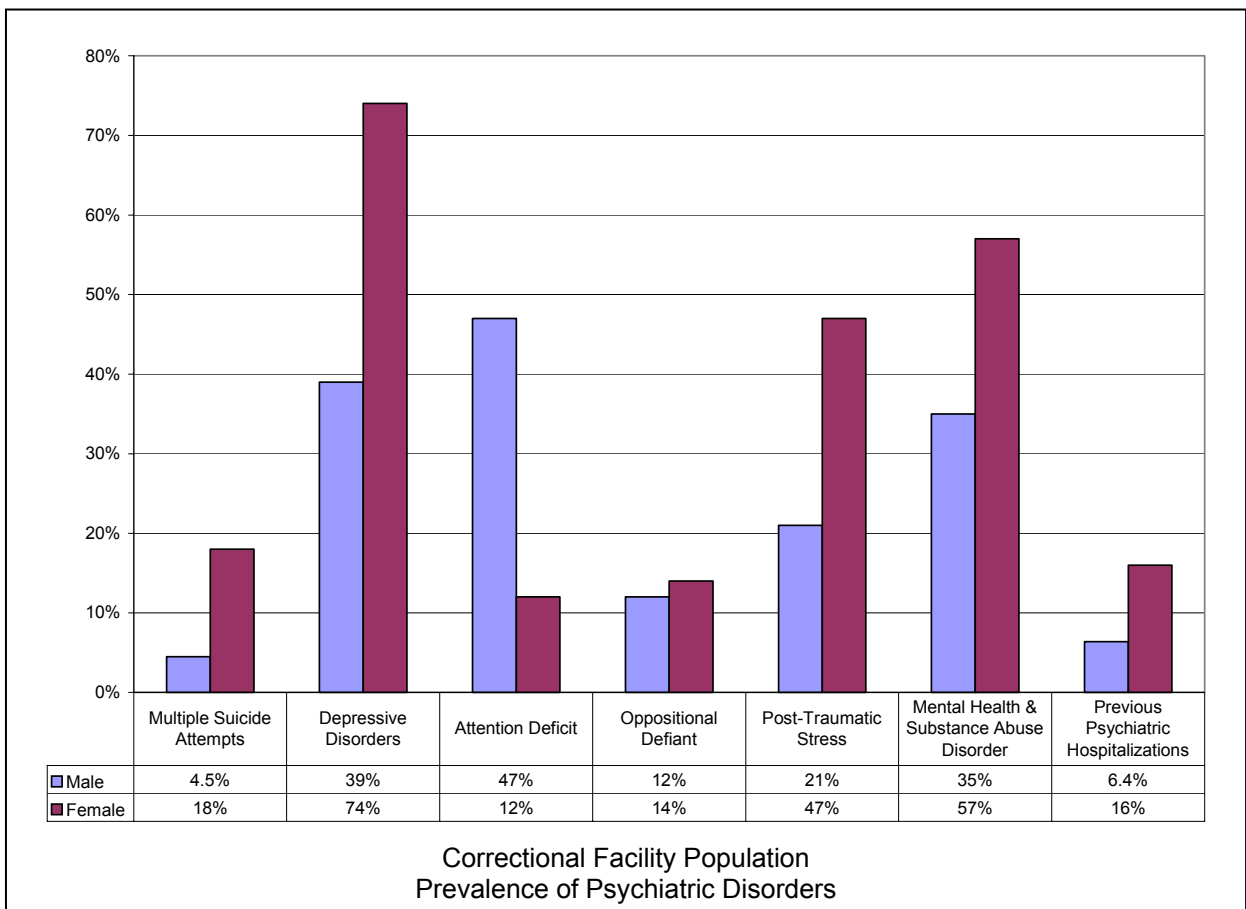


Approximately 81% of female offenders in correctional facilities met the psychiatric requirements for an Axis I clinical diagnosis (excluding conduct disorder). This percentage was significantly higher than the 60% of male offenders. Of the 81% of females with an Axis I diagnosis, 72% were on a psychotropic medication as a part of their treatment regime, as opposed to 54% of diagnosed males. Young women in close custody were more likely to have had multiple suicide attempts (18%), previous psychiatric hospitalizations (16% within the last two-plus years) and a family history that included mental health needs. Only 9% of the diagnosed young women claimed no history of sexual, physical or emotional abuse.



Almost 75% acknowledged sexual abuse, and 39% experienced sexual, emotional and physical abuse.

One of the clearest differences between male and female offender mental health issues was illustrated in the cluster of common disorders by gender. Almost three-fourths of female offenders were diagnosed with a depressive disorder, with post-traumatic stress disorder the second most frequently diagnosed (close to one-half). Conversely, only slightly more than one-third of males in close custody had a depressive disorder as a primary diagnosis. Over 57% of females in close custody had co-occurring substance abuse and mental health disorders. This finding contradicts a commonly held view that male offenders have higher rates of co-occurring disorders than female offenders. Attention deficit disorder shows another area of great disparity with 47% of males with the diagnosis compared to only 12% of females.



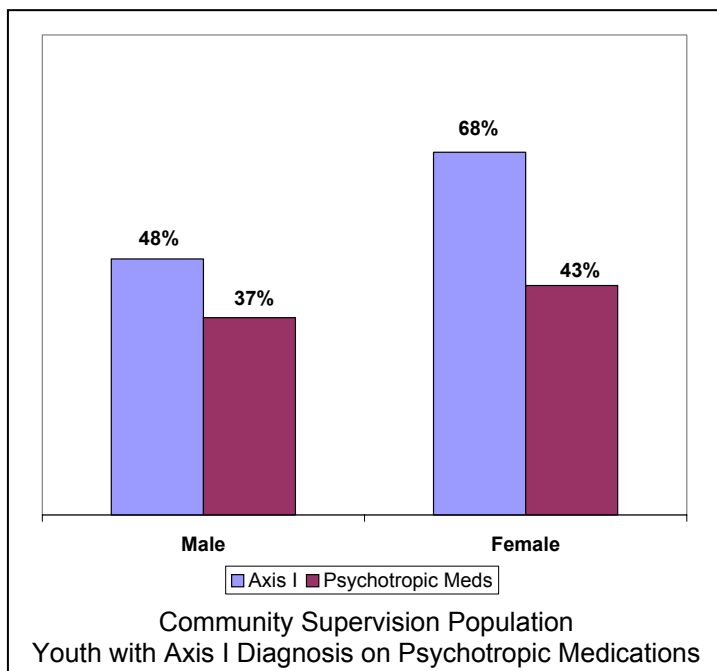
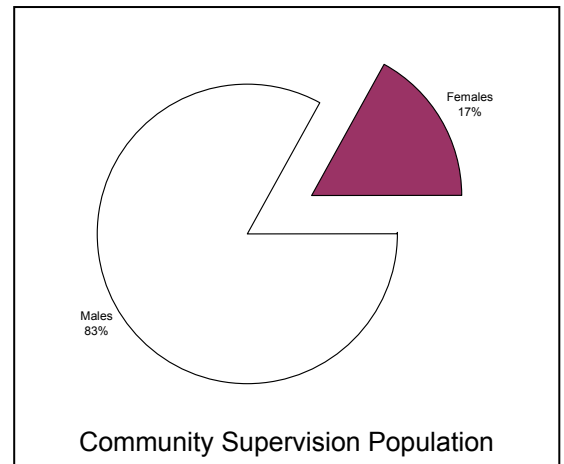
Females Under Community Supervision

Several important differences become apparent when comparing young women under community supervision to those incarcerated: lower rates of abusive experiences, fewer previous psychiatric hospitalizations or suicide attempts, along with lower levels of diagnosed mental health conditions.

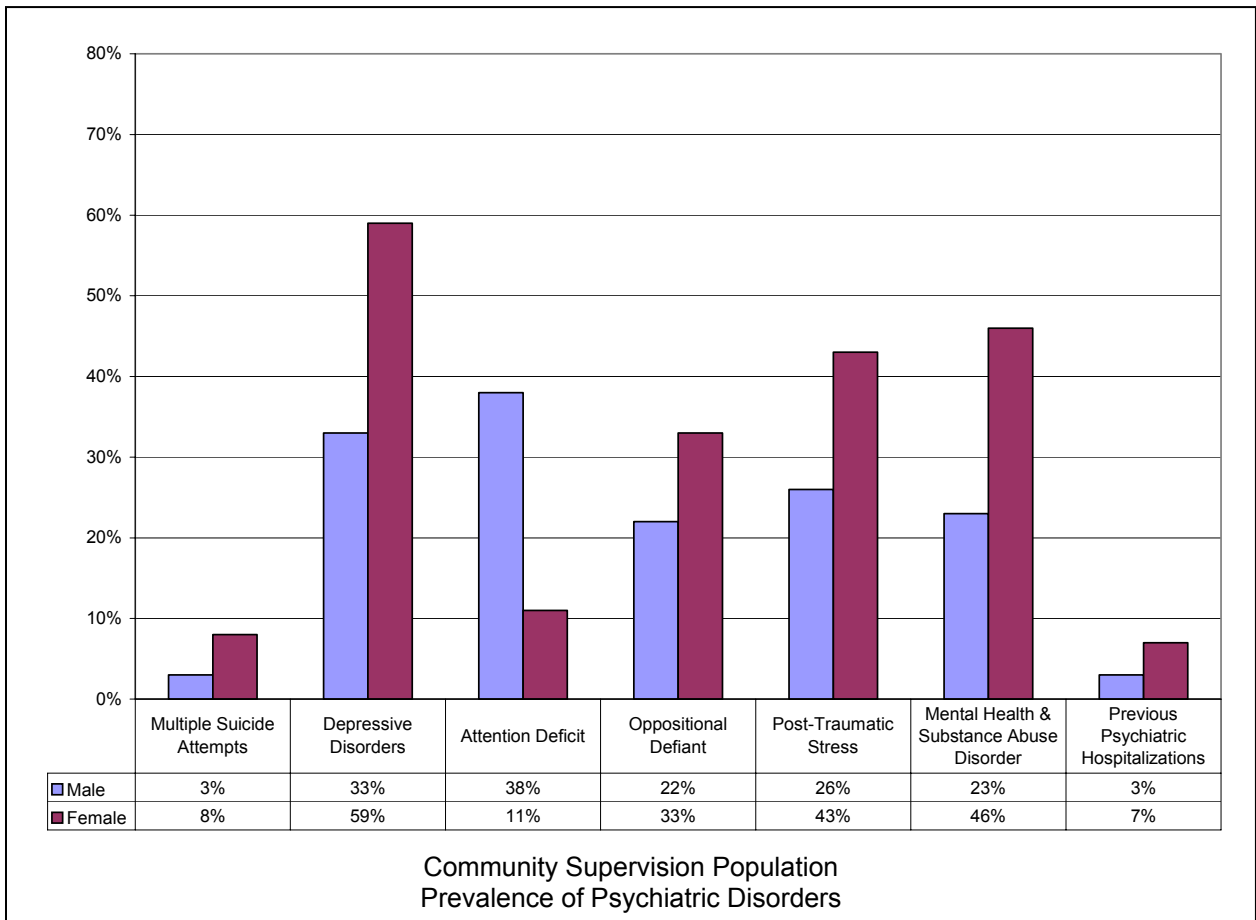
Parole and probation officers reported on 1289 offenders under community supervision (223 females and 1,066 males).

The typical female under community supervision was a 16-year-old Caucasian who committed one or more property offenses. The typical male under community supervision was a 17-year-old Caucasian who committed multiple property offenses.

While diagnostic similarities exist between genders, several disparities were also evident. Over 68% of females under community supervision on April 1, 2002, were diagnosed with an Axis I mental health disorder (excluding conduct disorder), while fewer than 48% of males under supervision were diagnosed. Depressive disorders comprised the primary Axis I diagnosis for these young women, with post-traumatic stress disorder a close second. Over 43% of females were on psychotropic medications compared with 37% of the males.



Almost half of the young women under community supervision had substance abuse and mental health diagnoses (46%) a figure almost that of incarcerated young women (57%). Approximately 8% had made multiple suicide attempts in the three years prior to April 1, compared to 16% of incarcerated female offenders. Both females and males under community supervision had significantly lower rates of diagnosed mental health and substance abuse conditions.



Summary

Both Oregon Youth Authority studies have confirmed the view of juvenile corrections professionals and others that most delinquent females (as well as males) have a multiplicity of issues beyond criminality. Mental health and substance abuse treatment needs dramatically exceed those of the general population. As the agency prioritizes effective use of resources, a critical component will continue to be the refinement of evidenced-based behavioral health treatment with this complex population.

¹ Teplin, Linda, et. al. "Psychiatric Disorders in Youth in Juvenile Detention", Archives of General Psychiatry, 2002. 59:1133-1143.

Sources: Mental Health Services Availability/Gap Assessment Survey, April 2000
 Program Office, Oregon Youth Authority
 Mental Health Services Availability/Gap Assessment Survey, April 2002
 Treatment Support Section, Oregon Youth Authority