

Offender Ethnicity and Juvenile Court Referrals to Substance Abuse Services

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The Organizational Response to Persons with Mental Illness Involved with the Criminal Justice System

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Abstract

Courts play a critical role in facilitating access to alcohol, drug, and mental health services for juvenile offenders. This research examines the court's decision to refer offenders to A&D services and whether offender ethnicity affects this rehabilitative response. Results suggest ethnicity has no effect on treatment recommendations independent of its relationship to other variables. Rather, ethnicity modifies the effect offense type has on the treatment referral decision. Specifically, Blacks arrested for A&D offenses are significantly less likely than their White counterparts to be referred to care. Distinctions in drug laws seem to limit access to A&D services for Blacks.

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Juvenile detention facilities have come under increasing legal pressure to provide mental health services to detainees, and mental health clinicians may be asked to design and implement programs in detention facilities. However, there is little consensus on what types of services should be provided, and virtually no data on the effectiveness of such services in a detention setting. The objective of this article is to provide an overview of the existing literature on mental health services in juvenile detention and to make suggestions about future research needs. Therefore, incorporating substance abuse screening and treatment into correctional services is very critical. In spite of the preponderance of evidence to justify a need for such, a significant proportion of youth correctional centers around the world lacked integrated substance abuse screening and treatment services (Snyder & Sickmund, 2006; Young et al. Hence, a higher prevalence of substance use disorder is expected among populations of serious offenders compared with the case in the present study where youth correctional populations are mostly minor/status offenders. Penalties for juvenile offenders. Juveniles aged 12 to 17 who commit an offence are penalised under juvenile criminal law. The court may also apply juvenile criminal law to adults aged 18 to 22 years. No prosecution of children under 12. Children under the age of 12 cannot be prosecuted. Some juveniles require intensive treatment and counselling to avoid repeat offending, for instance because they suffer from a behavioural disorder. In such cases the court can impose a 'PIJ order' for placement in a youth protection and custody institution. A PIJ order is valid for at least three years and may be extended to a maximum of seven years. During the final year, the juvenile is allowed out under certain conditions (conditional lifting of the order). agency refer students who they think have a drug abuse problem to the agency in search of assistance. 1. A series of meetings between year co-ordinators, teachers and students occur before they are referred to the agency to seek assistance. If the conclusion of the meetings is that the program is best for the student then the go ahead is given for the student to commence. 3. SCHOOL REFERRAL. 1. For an adolescent i.e. under 18, a court date is set to determine the next course of action where a judge will rule a sentence depending on the circumstances of the situation and its severity. 2. The courts may offer a range of consequences including seeking rehabilitation as part of conditions and as an alternative to being sentenced to time in a juvenile correction facility. To continue the shift toward juvenile offender rehabilitation, how systems of care intervene is of greatest import. There is also substantial evidence for a relationship between substance use disorders and delinquency, as well as continued aggression into adulthood for substance abusing youth [28,48]. According to Angold and Costello (1993), co-morbidity, or the presence of more than one mental disorder, is common among adolescents with mental disorders [49], and approximately two-thirds of juvenile offenders meet the criteria for two or more disorders [45,46,47,50]. The program aims to restructure juvenile offenders' thinking and teach pro-social cognitive skills by incorporating various cognitive approaches.

