

# Using Systems of Care to Reduce Incarceration of Youth with Serious Mental Illness

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**Abstract** Youth with serious mental illness come into contact with juvenile justice more than 3 times as often as other youth, obliging communities to expend substantial resources on adjudicating and incarcerating many who, with proper treatment, could remain in the community for a fraction of the cost. Incarceration is relatively ineffective at remediating behaviors associated with untreated serious mental illness and may worsen some youths' symptoms and long-term prognoses. Systems of care represent a useful model for creating systems change to reduce incarceration of these youth. This paper identifies the systemic factors that contribute to the inappropriate incarceration of youth with serious mental illness, including those who have committed non-violent offenses or were detained due to lack of available treatment. It describes the progress of ongoing efforts to address this problem including wraparound and diversion programs and others utilizing elements of systems of care. The utility of systems of care principles for increasing access to community-based mental health care for youth with serious mental illness is illustrated and a number of recommendations for developing collaborations with juvenile justice to further reduce the inappropriate incarceration of these youth are offered.

**Keywords** Mental illness · Juvenile justice · Systems of care

## Introduction

Between 5 and 9% of all children meet the criteria for serious emotional disturbance, including serious mental illness (Friedman et al. 1996), yet as few as 10% of youth with serious mental illness receive adequate treatment (USDHHS 2000). Serious mental illnesses are classified as brain disorders by the National Institute of Mental Health, just like epilepsy and autism, and are distinguished from other mental disorders such as anxiety, adjustment, attention, or conduct disorders by the amount of impairment, including cognitive impairment, caused.<sup>1</sup> Without treatment, these illnesses impair youths' ability to discern reality from delusions or hallucinations which dramatically affects their social, academic, and occupational development. Yet the symptoms of serious mental illnesses, which include problems with judgment and insight, are highly treatable with proper medication and social supports.

<sup>1</sup> There are three definitions of serious mental illness most often used for clinical and policy purposes with regard to youth (Narrow et al. 1998). Public Law 102–321, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992 defined serious mental illness as a 12-month disorder, other than a substance use disorder, that meets DSM-IV criteria that causes “serious impairment” which a SAMHSA advisory group defined as equal to a Global Assessment of Functioning (GAF) score of 60 or less (Epstein et al. 2004). The US Senate Committee on Appropriations in the 1993 appropriations bill for the Department of Health and Human Services defined severe mental illness as those disorders with psychotic symptoms including “schizophrenia, schizoaffective disorder, manic depressive disorder, autism, as well as severe forms of other disorders such as major depression, panic disorder, and obsessive compulsive disorder.” Public Law 94–142, the Individuals with Disabilities Education Act (IDEA), originally passed in 1975, developed a definition of emotional disturbance for use in educational settings, but which has been criticized for its vagueness and outmoded terminology (Narrow et al. 1998).

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