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Gaps in the Mental Health System, Justice System and the  
Transition to Adulthood: An Analysis of Unmet Needs

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Gaps in the Mental Health System, Justice System, and the Transition to Adulthood:  
An Analysis of Unmet Needs

Maria Antoinette Gremli Sanders  
Educational Leadership Doctoral Program

Submitted in partial fulfillment  
of the requirements of  
Doctor of Education

National Louis University  
June 2020

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## ABSTRACT

More than two million adolescents and young adults are interconnected with the justice system every year. An alarming number of transitional age young adults (ages 17-25 years) in the United States justice system suffer with serious emotional problems that have at least one diagnosable mental health illness. The multiple needs for rehabilitation among these young adults have often gone unmet, and thus, they have become an extremely vulnerable subgroup in the justice system.

The purpose of this study was to explore issues of disparity within mental health services, the justice system, and the unmet needs of transitional age young adults. I utilized a qualitative methodology in this study to conduct surveys and interviews with professionals in mental health services. The results of this study suggested that possible solutions to meeting the needs of transitional age young adults with mental health concerns who have any association with the judicial system include federal funding to provide resources and services for mental health assistance in addressing their needs.

## PREFACE

This research study of transitional age young adults, mental health services and the justice system has been developed to identify the gaps and unmet needs of young adults coping with mental health disorders. My recommendations were developed after carefully considering the outcomes of my interviews with mental health care professionals who have been in contact with transitional age young adults intertwined with the justice system. I intend that this guideline will be useful in the identification and management of mental health disorders and the integration of care for transitional age young adults in contact with the justice system.

Additionally, through this research study, I hope to demonstrate that mental health care systems have made some progress in creating treatments and programs for mental health illnesses among transitional age young adults, but there are several significant gaps still exiting. I made a number of recommendations specifically to address gaps in the existing services, and I aim to use this study to assist transitional age young adults with mental health disorders by identifying treatment and multi-systematic therapy approaches to assist in their mental health needs.

As a society, we want our children to be safe, healthy, happy, and connected to others in a positive, loving manner. As a parent, I do whatever I can to ensure those outcomes for my children. Professionals who work in the mental health services share the same goals for the young adults and families they serve. Researching and writing this dissertation has been beneficial to me and has enhanced my knowledge and skill development in areas ranging from mental health services to the justice system. Furthermore, I am truly thankful and appreciative to the mentors and their valuable inputs

inside and outside this program whose great sources of wisdom and guidance during times have helped when I struggled in developing and improving my leadership skills. The significance of this research study to the body of research is its aim to identify gaps and unmet needs/services to raise awareness among mental health service providers about young adults in the judicial system. A lesson which I have learned through personal and professional experience is that successful leaders do not know everything and may not always realize that they are deficient in understanding. There are always “aha” moments.

## ACKNOWLEDGMENTS

A special thanks and deepest gratitude to Dr. Carla Sparks (my guardian angel). You are the light that shone in the moments of confusion, helping and guiding me towards my Education Doctorate. You were the one who, in the transition period from one school to another, made it easier. Your patience, encouragement, and insight have been invaluable to this project. There is no one like you anywhere. (COPIOUS- abundant in quantity). I would like to acknowledge Dr. Dawn Coffin for helping me to be a better writer by providing insightful guidance and input. To the ‘Musketees,’ Trudy and Linda, without whose courage and determination throughout this research, success would not have been possible. One for all, and all for one. We ride together, we graduate together.... doctors for life. I would like to acknowledge and thank the ladies of Mental Health Services, whose invaluable time and help, provided data for this research study. For their commitment and continued dedication to mental illness. My sincerest gratitude to the faculty and staff of National Louis University for giving me the opportunity to continue my journey to this new chapter of my life. To Charlotte, my editor for your invaluable input and making my dissertation perfect, thank you so much. Thank you all.

## DEDICATION

To my children Kristopher and Emelia, my love for you is to the moon and beyond. You both have fought many obstacles in your lives and endured. A special feeling of admiration to my loving son Kristopher; you are my white knight in shining armor. Your strength and resilience to face all your adversities in battling the ferocious dragon, and to still have the strength to move forward every day and continue to fight gave me the inspiration and vision to choose this research study. You are my hero. Emelia, my headstrong daughter, you have the strength of a lioness; I admire your drive and determination to face life head on.

To Kurt, your love and commitment to me throughout this journey has helped me to stay grounded, and I thank you for all the cooked dinners. My love for you is like the blue Caribbean Sea.

To my parents, Peter and Bedia Gremli, for giving me life and whose words of encouragement and tenacity continuously sing in my ears. I love you both very much. Marcus and Marlon, my brothers, much love.

My aunts, Mary, Sophia, Sarah, and Lisa, you are all very special and have been by my side throughout this journey. You are the best cheerleaders; much love. To my uncle Christopher and grandmother Emelia in heaven, you would be so proud of me. I know you are watching over me. To my entire family, too many to mention, thank you all.

I give special thanks to my dear friends, Lorette Johnson, (friend for over 25 years) Dave, Janet and Kevin Wheatle, for being my strong supporters throughout the

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Figure 1. Number of diagnoses among transitional age young adults  
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## **CHAPTER ONE**

### **Introduction**

The mental health services and the justice system in the United States have been involved in an on-going struggle with the inherent tension between their roles in bringing about constructive behavior change in transitional age young adults with mental health issues who commit criminal violations. Unfortunately, the justice systems have methods for controlling behavior, such as community supervision and custodial care, though these are not always used effectively and efficiently to help young adults with mental health problems. The lack of acceptance and understanding of mental health illness has led to imprisonment of transitional age young adult individuals suffering from psychiatric disorders. While there has been a consensus among mental health professionals, justice system professionals, and the general public that the current system is a failure, there have been few attempts to address and resolve the situation. Due to the lack of government funding for mental health services, attempts to rectify the problems are often short lived (U.S. Department of Health and Human Services, 2009, 9).

### **Background**

In recent years, mental illness in the justice system has become a significant and major contributor to the prevalence of disability and healthcare costs in the United States public health system. The World Health Organization (2004) projected that the mental illness depression would become the second leading cause of disability in 2020. Worldwide, other mental health disorders such as bipolar disorder, schizophrenia, and substance use disorders are among the most common causes of disability, accounting for 30.8% of the total disability and 12.3% of the total burden of disease (World Health

Organization, 2004). There is rising need for mental health services for transitional age young adults; unfortunately, many of these young adult individuals with mental illness disorders go untreated.

### **Problem Background**

According to reports gathered from the Bureau of Justice Statistics (BJS) (2006), more than half of transitional age young adults (the developmental stages that span between late adolescence and young adulthood) who are incarcerated have some form of mental health issues. Unfortunately, many conditions linger or worsen without any form of treatment. In the justice system, mental health symptoms in transitional age young adults were determined by two measures: a recent history that was identified within 12 months prior to incarceration or a recent clinical diagnosis and/or treatment by a mental health professional. Mental disorders criteria are based on specific guidelines and refer to a clinical psychological syndrome or significant behavior patterns that occur in individuals with mental health disorders (Cohen et al., (2003).

According to the data collected by BJS (2006), more than two-fifths of transitional age young adults with mental health challenges in prisons (43%) and over half in jails (54%) were charted with mental health symptoms that met the criteria associated with significant risk of pain, distress, disability, depression or loss of freedom. Approximately 53% of transitional age young adults were documented with symptoms of depression, and an estimated 39% of transitional age young adults were reported with symptoms of psychotic disorder that met the criteria. The percentage of transitional age young adults with mental health problems in the justice system is estimated as follows: federal - any mental health issues 45%, symptoms 40%; state - any mental health issues

56%, symptoms 49%; and, local jails - any mental health issues 64%, symptoms 60%. A population research study examined and compared mental health illness and crime, and thus established a clear understanding of the relationship and complexity in transitional age young adults (Vinkers et al., 2011). One researcher said, “I think it’s important for us as a society to remember that the youth within juvenile justice systems are, most of the time, youths who simply haven’t had the right mentors and supports around them—because of circumstances beyond their control” (Kilcher, 2012). Many young adults have a difficult time navigating from puberty to adulthood. Amidst all this confusion, the transitional age young adult individual is also facing life’s ordeal of developing and wrangling with the ability to visualize the world and their environment (community, social, and home life). Many young adults are dislocating from their family by indulging in more time with peer association (Perry & Pauletti, 2011).

Mental illness is defined as “a disorder that affects your mood, thinking, and behavior” (Mayo Clinic Staff, 2015). Hence, the understanding of mental health challenges within the justice system may guide stakeholders in addressing the core issues and improving the overall quality of life for transitional age young adults with mental health challenges. The importance of the developmental period in transitional age young adults extends to the rate of the seriousness and risk of mental illness. By their early 20s, a vast majority of transitional age young adults suffer an onset of mental health illness. When any type of severe mental health illness reaches its peak, it causes significant dysfunctional impairment to the individual (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012).

Through evidence-based studies, numerous other researchers have surmised that

in the United States, the judicial system frequently neglects the constraints that are visible and abstains from addressing the multiple unmet needs of transitional age young adults (Teplin et al., 2002). Transitional age young adults (refers to young adults ages 17-25 years) have the highest vulnerability rates of mental health problems (Substance Abuse and Mental Health Services Administration, 2012) and have become an extremely vulnerable subgroup in the justice system. However, this age group encounter multiple transitional periods during their developmental stages of their lives. Additionally, a significant number of young adults who are the predominant focus in the justice system generally falls between the ages of 17 through 25 years (Davis & Vander Stoep, 1997). This study provides an overview of issues in the mental health system that transpires with the mental health of transitional age adult youths in coping with the mental health needs with policymakers, mental health professional/practitioners and the justice system.

Due to the substantial number of transitional age young adults who are involved with the justice system, it is paramount that the system be well-informed on the significant changes that occur in the educational and vocational roles of these individuals including changing social networks, and reduced family influence, which are fundamental to this age group (Arnett, 2000). This developmental stage, even for the most well-adjusted youth, has produced challenges in making long-term decisions about transitioning from their families to independent living and career decision situations (Institute of Medicine & National Research Council, 2014).

All transitional age young adults with symptoms of mental health issues who are avoiding being a client of the justice system, should complete any normative transitions of schooling and vocational training available. They should also obtain some sort of

gainful employment which plays a complex interaction between the individual and their families along with the availability of mental health assistance and opportunities. At the present time, I am a teacher in an Emotional/ Behavioral Disorders (E/BD) and Exceptional Student Education (ESE) school environment. I provide quality support services that support effective learning opportunities for students with some form of disability. The students I support range in ages 6 to 22 and have met the eligibility requirements to receive special education services, which include educational and behavioral support. However, recognizing which educational programs and techniques will be the most effective is only one part of the equation. As students age out of the public school system at 22 years of age, more research is required to comprehend where the gaps in services lie among various age groups to better accommodate the needs of adult youths as they age.

The justice system is not designed to provide individuals with mental health treatment; but to ensure public safety and promote justice. The overwhelming number of transitional age youth with mental illness has prompted a significant escalation of mental health courts in the last decade. Mental health courts (MHCs) specialize in treatment-oriented and problem-solving approaches to diverting mentally ill individuals away from the justice system and into court-mandated, community-based treatment programs. Such courts were developed to address the large number of individuals with mental illnesses who encounter the justice system. The goal of the mental health courts is to reduce recidivism and decrease the amount of contact that mentally ill individuals have with the justice system by interconnecting them to services and treatment programs to improve their social functioning. MHCs have exhibited successful outcomes despite little

heuristic evidence (Steadman & Redlich, 2006).

The target population of mentally ill transitional age young adults who qualify for mental health services are usually referred to MHCs by judges, defense attorneys, service providers, or family members. Participation in the mental health court treatment program is voluntary, but usually contingent upon a plea of guilty. The eligibility criteria for an individual's participation in an MHC varies by program. Individuals diagnosed with a severe mental illness, such as schizophrenia or bipolar disorder, are eligible to participate. However, some courts may limit eligibility only to persons with a mental illness for which there is a known treatment (Steadman & Redlich, 2006).

In 1997, in the United States evidence indicated that there were four mental health courts which were implemented for the collaboration between the justice system and mental health agencies. Although 250 courts were in operation, most of them served only adults with mental health issues (Alquist & Dodd, 2009). In 2001, the first transitional age young adult mental health court was established in Santa Clara County, California. In present times, more than a dozen mental health courts are operating in Florida, California, Ohio, and Washington with an increased number of them in development to serve the increasing number of transition age young adults. The courts have encountered the realization that the judicial system has become surrogate mental facilities. It is safe to assume that at least one out of every five young adults in the justice system has some form of diagnosed serious mental health challenges with unmet needs.

The transitional age young adults with both undiagnosed and diagnosed mental health problems is on the rise. These young adults involved in the justice system make this research timely when examining the increasing rate of transitional age young adults

who participate in the mental health courts, related service systems, and diversion programs. The relevant service systems that serve this population are:

- (a) Child Welfare - Frequent current or historical involvement due to abuse or neglect; in severe cases, young adults are removed from family of origin early and relocated with group home or foster family;
- (b) Special Education - Judicial system consists of young adults with high rates of cognitive delays, learning disabilities, and/or emotional/behavioral problems which affect their ability to function intellectually and learn in the low-average to average range;
- (c) Mental Health - High rates of mental and behavioral health issues for transitional age young adults who also experience the onset of other severe mental illness (e.g., bipolar and schizophrenia); at age 18, these young adults sometimes become ineligible for continued care and fail to qualify for adult mental health services due to qualifying criteria; transitional age young adults sometimes encounter loss or change in their health care coverage upon reaching an adult age (e.g., the legal guardian is unwilling or unable to carry the young adult on insurance coverage); many adult mental health service providers lack the specialized training for transitional age young adults; after a young adult reaches 18 years of age, the privacy protection law changes in protecting health information (e.g., therapists struggle to preserve transitional age young adults' family members in mental health treatment);
- (d) Vocational Rehabilitation - Goals of vocational rehabilitation systems are to assist and create individualized employment plans; educate for job readiness

and on-the-job training; assist with employment applications, seeking, and retention; transitional age young adults with mental health problems encounter a wide disparity in efficacy and quality of vocational rehabilitation programs; transitional age young adults involved with the justice system face many additional challenges such as lacking the basic skills necessary for employment (e.g., interactions with authoritative figures have been punitive rather than professional, little or no job experience, lack of professionalism skills);

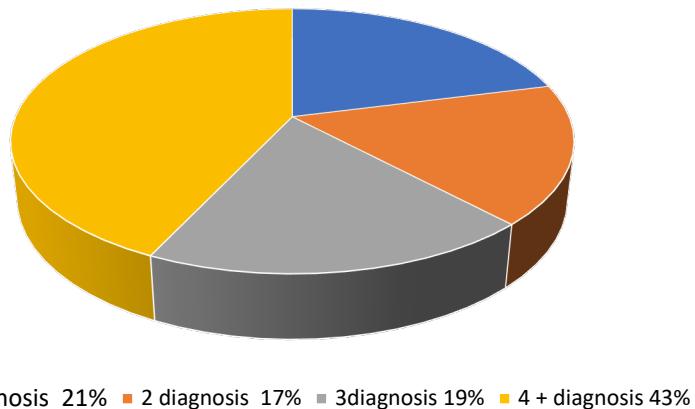
- (e) Housing Authority - Barriers of employment can lead to difficulty obtaining housing; public housing applications can be a difficult process and cannot be submitted until age 18; transitional age young adults who recidivate and receive a felony conviction may be permanently denied public housing.

(Substance Abuse and Mental Health Services Administration, 2012)

### **Purpose of Study**

The purpose of my study is to explore issues of disparity within the mental health service, justice system, and the unmet needs of transitional age young adults. More than two million adolescents and young adults have been interconnected with the justice system every year (Puzzanchera, 2009). Researchers Shufelt and Cocozza (2006), stated a great number of adult youths (20-25%) suffer with serious social and emotional mental health disorders. In the United States, at least 65-70% of transitional age young adults experience at least one diagnosable mental health problem (Abram, Teplin, McClelland, & Dulcan, 2003). Additionally, a striking observation is that over 60% of young adults were diagnosed with three or more mental health disorders. Figure 1 illustrates the

number of diagnoses among transitional age young adults with at least one disorder (Abram et al., 2003).



*Figure 1.* Number of diagnoses among transitional age young adults with at least one mental health disorder (Source: Abram et al., 2003)

Mental health determinants are significantly underrepresented in the United States justice system with over half of its transitional age young adults in the system experiencing at least one diagnosable mental illness (Heretick & Russell, 2013). The judicial system is a conglomerate of professionals and organizations, to include the courts and law enforcement, serving young individuals who have been convicted of crimes and have some form of mental illness (Cornell University Law, 2016). Major critical issues the mental health service and the justice system encounter involve transitional age young adults with mental health problems.

The involvement with these multiple systems is the rule rather than the exception for transitional age young adults in the justice system, especially those with mental health challenges. For example, one in five transitional age young adults involved in mental health systems are also intertwined with the justice system (Cauffman et al., 2005 ). In a report from the Institute of Medicine (IOM) and National Research Council (NRC)

(2014), current programs and policies for this particular age group are oftentimes inadequately coordinated, fragmented, and unprepared for their specific mental and developmental needs. An incredible challenge that transitional age young adults encounter is navigating these two systems and confronting their multiple psychosocial problems.

### **Research Questions**

The primary research questions to be addressed are:

1. What services can transitional age young adults with mental health issues use to help them resolve or mitigate their mental health issues before or after coming out of the justice system?
2. What are unmet needs that affect young adults with mental health issues that would prevent any use of mental health services?
3. What barriers do young adults with mental health issues face?
4. Who are at the greatest risk of encountering those barriers?

My research builds on the current mental health services research. Researchers have conducted studies to inform all stakeholders in mental health services and the judicial system how to better confront the needs of transitional age young adults to better understand and identify mental health problems and mental health program services (Hill et al, 2010). By identifying and addressing the best techniques needed to address the mental health needs of young adults, significant pathways can be provided for all parties involved. Unfortunately, little is known about the psychosocial dynamics of young adults transitioning from adolescence to adulthood. In the past several years, information about transitional age young adults' mental health conditions has become a considerable focus

of mental health services and the justice system (Hill et al., 2010) With this focus, professionals in mental health services and the justice system are in an advantageous position to better assist young adults with their mental health issues, unmet needs and to minimize the likelihood of recidivating. Acknowledging techniques and programs is beneficial and effective, but that is only one part of the equation.

To understand where the significant gaps in the system exist, additional research is necessary to better address the unmet needs of young adults. My research may prove to be useful by introducing and providing information about mental health programs that can be utilized by the community and other stakeholders involved to fill in the gaps in services and systems. The purpose of my study is to identify the gaps in mental health services and the justice system by answering the overarching research question: What are the gaps in mental health services, the justice system and the unmet needs of transitional age young adults?

### **Definition of Terms**

The following definitions of key terms clarify some of the pertinent vocabulary and mental health diagnostical terminology that I used throughout this research study. I also included the associated incidence of these illnesses among young adults. The terms include: transitional age young adults, mental illness, Schizophrenia, Bipolar Disorders, Depressive Disorder, Posttraumatic Stress Disorder (PTSD), and Borderline Personality Disorder.

**Transitional age young adults:** Individuals, between ages 17 to 24, who have difficulty transitioning into independent adulthood due to the complexity of their needs. They encounter many challenges such as the lack of a stable support system and mental

health illness. They are also referred to as "youth in transition," and "youth aging out." This transitional age group undergo many challenges on the journey to adulthood. A challenge for federal programs is finding resources and support for transitional age young adults with mental health disabilities who drop out of the school system and are released from judicial facilities (National Alliance on Mental Illness, 2020, paras 2-3).

**Mental illness:** According to the National Alliance on Mental Illness, mental illness is "a diagnosis that develops mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands and routines." A monograph was created entitled "People with Mental Illness in the Criminal Justice System: A Cry for Help," and will be published and available soon to the public, mental health providers, and the justice system with the help of the American Psychiatric Foundation. The overall demographics of the justice system are devastating. Within a one year period, two million arrests in the U.S. involved individuals with serious mental illness, 900,000 are in some type of community control and 550,000 individuals with serious mental illness are in jails and prisons. The justice system is woefully understaffed and often poorly educated about the needs of individuals with mental health illness (2014, para 3).

Mental health disorders are common in young adults. Fifty percent of mental health disorders develop by age 14, and 75% by age 24. Mental illness may be caused by one or a combination of any of the following: biochemical imbalances, genetic factors, and environmental stress which result in psychological and emotional symptoms (American Psychiatric Association, 2000).

**Schizophrenia:** Schizophrenia is a severe and chronic disabling brain disorder

that affects the emotional and cognitive functions. These dysfunctions include hallucinations, delusions, disorganized speech, and catatonia. Schizophrenia also affects an individual's inferential thinking, language and communication perception, productivity and fluency of thoughts and speech, behavioral functions, suicide and attention. It is associated with impairment of social and occupational functioning. In the United States, schizophrenia affects approximately 1% of young adults, ages 17 years in males and 25 years in females (American Psychiatric Association, 2000).

**Bipolar disorders:** Bipolar disorders are identified as a combination of mixed states of depressive, manic, hypomanic, and dysthymic that negatively affect the ability to function on daily tasks. These disorders display symptoms such as unusual mood shifts, a decrease or increase of energy activity levels. Another type of bipolar disorder may also include psychotic behaviors associated with substance abuse. An estimate of 10-15% of individuals who are in their twenties diagnosed with this disorder commit suicide (American Psychiatric Association, 2000).

**Depressive disorder:** Depressive disorder is a major disabling illness that affects both male and female young adults in their mid-twenties. It prevents an individual from performing normally and is described by general emotions of hopelessness, pessimism, guilt, worthlessness, helplessness, irritability, restlessness, loss of interest in activities once pleasurable, fatigue, difficulty concentrating and making decisions, insomnia or excessive sleeping, overeating or appetite loss, and thoughts of suicide (American Psychiatric Association, 2000).

**Posttraumatic Stress Disorder (PTSD):** PTSD is brought on by exposure to an extreme traumatic stressor. This often involves the actual act of or being threatened by

death and self-injury or to another individual. This results in emotions of helplessness, intense fear, or horror. Many symptoms associated with this disorder are flashbacks, insomnia, irritability, hostility, aggressive behaviors, reoccurring nightmares, avoidance of events associated to the trauma, detachment or estrangement from others, psychic numbing, hyper-vigilance, and difficulty concentrating. PTSD can develop at any age and be the result of one major traumatic event or the accumulation of minor traumas. The duration and severity symptoms vary in each individual (American Psychiatric Association, 2000).

**Borderline Personality Disorder:** Borderline personality disorder generally appears in early young adults and is associated with a pervasive pattern of self-image, instability in interpersonal relationships, and a display of chronic emotions of emptiness. These young adult individuals endure an intense fear of abandonment and demonstrate self-harming and impulsive behaviors. In the United States, approximately 1.6% of young adults are impacted by borderline personality disorder (American Psychiatric Association, 2000).

### **Significance of the Study**

The significance of this research study is its aim to identify gaps and unmet needs/services to raise awareness among mental health service providers about young adults in the judicial system. I conducted research related to existing programs to discover where to fill in the gaps. I aimed to explore how these gaps were generated in mental health services and what mental health providers observed in mental health services offered to transitional age young adults involved with the justice system.

I conducted interviews regarding various aspects of mental health agencies to

determine which areas of mental health services were not working effectively. Many health institutions view clients through a professional lens with a holistic view and focus on the current study of their issues within systems. Future researchers may discover that there are several individual, societal, and environmental influences contributing to transitional age young adults' involvement in the justice system (i.e. gender, mental health diagnoses, culture, economic status and prevalence of violence within their community). Many researchers have formed theories to demonstrate the circumstances that occurred in the lives of transitional age young adults were environmental, personal, and social in nature (Substance Abuse and Mental Health Services Administration, 2012).

More than two million adolescents and young adults are interconnected with the justice system every year (Puzzanchera, 2009). Researchers have shown that a great number of transitional age young adults (20-25%) suffer with serious emotional problems and 65-70% in the United States have at least one diagnosable mental health problem (Cocozza & Shufelt, 2006). Many other researchers have also observed that in the United States, the judicial system has often neglected the barriers that are present and refrained from addressing the multiple needs of such young people for rehabilitation (Teplin et al., 2002). Transitional age young adults have high vulnerability rates of mental health problems and have become an extremely vulnerable subgroup in the justice system (Substance Abuse and Mental Health Services Administration, 2012). This age group often encounters multiple transitional periods during the developmental stages of their lives. Additionally, a significant number of young adults who are the predominant focus in the justice system generally fall between the ages of 17 through 25 years (Davis & Vander Stoep, 1997). My study explored the disparities within the mental health system, the justice system, and the unmet needs of transitional age young

adults.

The relevancy of the justice system issues is enrooted in the National Association of Social Workers (NASW) Code of Ethics through the principles of service and social justice (National Association of Social Workers, 1999). These professionals have a duty to advocate for the vulnerable populations of young adults with mental health diagnoses in the justice system. There is a need for crucial work in research into the evolution of mental health services for this populace. Additionally, there are vital and fundamental domains of the United States justice system that do provide mental health services such as case management, counselors and probation officers (Polowy et al., 2010). Research studies have been carried out to improve identifying mental health programs that meet the needs of transitional age young adults involved in the justice system. However, it is essential to identify which techniques and programs are beneficial at addressing the mental health needs of transitional age young adults.

The Substance Abuse and Mental Health Services Administration (2012) recommended healthier alternatives such as early intervention and treatment rather than detaining young adults with behavioral and mental health conditions in U.S. justice systems. SAMHSA also recommended that for the fiscal and human cost to reduce as well as the arrest of repeated young adult offenders with behavioral health issues, there ought to be continual access to mental health support services. For instance, behavioral health systems must be made more available and accessible to these young individual adults in the justice systems. SAMHSA approaches the work through:

- Identifying individuals with mental and substance abuse disorders.

- Diversion and transition from the justice system to home environment and community-based treatment.
- Using evidence-based information to offer transitional age young adults successful intervention treatment provided in confinement environments.

Contingencies must be made in training mental health guidelines, adapting information, and presenting information for law enforcement officers, family court judges, and judicial decision-makers involved in behavioral health systems.

### **Summary**

Crossing the threshold of mental health barriers may create a remarkable improvement and a significant attempt in providing the assistance that transitional age young adults require to ameliorate their mental health issues and reduce the likelihood of them recidivating to the justice system. Even so, the most effective and essential factor of the equation is to recognize which techniques and programs are efficacious. Hence, to better understand where the barriers lie, extensive research is required. Effective research can then be applied to existing programs in discovering where to fill in the gaps. My research is geared to answer the research question regarding what created these gaps in mental health service. There are still many unidentified gaps that mental health service providers observed in the mental health care that is offered to transitional age young adults in the justice system. These gaps include lack of coordination, lack of communication, inaccurate diagnosis of the transitional age young adults, and lack of services.

Substantial transformation and improvement of services for transitional age young adults in mental health programs and justice systems are essential to ensure successful

metamorphoses to adulthood. An overarching concern is the necessity for the development of appropriate interventions, program services, and policies. Factors to consider are the differentiated age group with changes between adolescents and adults. Extensive research is required to address and identify the barriers and shortcomings between the community, mental health services and the justice system, that hinder the effectiveness of screening and assessment tools which are essential in working with transitional age young adults.

## **CHAPTER TWO**

### **Review of the Literature**

A guiding quote for my research, and in my opinion a guiding principle for the mental health services community, articulates my understanding of the interconnectedness of mental health issues, mental health illness sufferers, loved ones and extended family, and the mental health services administrators, practitioners, care givers, justice system, and our greater community.

People with serious mental illness are not ill in isolation. The lives of people with serious mental illness are inextricably involved with the lives of those they love and care for, and the lives of those who love and care about them (Mental Health Commission, 1998, p. 9).

Within the context of this interrelationship of the lives of the ill and the greater community, this section provides an overview analysis of the disparity and the unmet needs of transitional age young adults within both mental health services and the justice system. More than two million adolescents and young adults have been interconnected with the juvenile justice system every year (Puzzanchera, 2009). Researchers studied a great number of transitional age young adults (20–25%) who suffer with serious emotional problems and 65–70% in the United States who have at least one diagnosable mental health problem (Cocozza & Shufelt, 2006).

A significant number of young people involved in the justice system are considered transitional age young adults between 17–25 years of age. In the United States, a staggering number of transitional age young adults in the justice system experience some type of diagnosable mental health prognosis. Researchers conducted

various studies to determine the relationship between the mental health of transitional age young adults and the justice system. Burke et al. (2015) detected through their qualitative research that one in ten transitional age young adults was diagnosed with one mental health issue. One of the primary and intrinsic purposes of this literature review is to encapsulate and outline the distinct needs of transitional age of young adults with mental health disorders who are entangled within the justice system, and additionally, to identify the multiple but limited service systems offered relevant to this group. The research findings reviewed revealed a lack of research data that specifically addresses transitional age young adults and the added variable of justice system interactions. In other research performed, researchers Heretick and Russell (2013) stated that in the judicial system involving adolescents, approximately less than half of transitional age young adults will more than likely recidivate following their first involvement with the judicial system. However, existing programs significant to transitional age young adults with mental health conditions were highlighted and focused on the relevance of the unique milestones of the transitional age, including completing one's education, working towards vocational goals, and transitioning from one's family of origin to more independent living situations.

Many other researchers, through evidence-based studies, have also observed that in the United States the judicial system often neglects the barriers that are present within the system and refrain from addressing the multiple needs of such young people for rehabilitation (Teplin et al., 2002). Transitional age young adults have the highest vulnerable rates of mental health problems (Substance Abuse and Mental Health Services Administration, 2012) and have become an extremely vulnerable subgroup in the justice system. Additionally, a significant number of young adults who are the predominant

focus of the justice system generally fall between the ages of 17 through 25 years (Davis & Vander Stoep, 1997). However, this age group encounters multiple transitional periods during this developmental stage of life. This study provides an overview of issues in the mental health system that transpire to add challenges for transitional age young adults who are coping with mental health needs. These mental health system issues involve policymakers, mental health professionals/practitioners and the justice system.

A substantial number of transitional age young adults are involved with the justice system, so the system needs to be well-informed about changes in the young adults' circumstances such as changing social networks and reduced family influence (Arnett, 2000). This developmental stage, even for the most well-adjusted young adults, has produced challenges in making long-term decisions about transitioning from their families to independent living and career decision situations (Institute of Medicine & National Research Council, 2014).

However, any transitional age young adults with mental health concerns who are avoiding being a client of the justice system should complete any normative transitions of schooling and vocational training. They should also obtain some sort of gainful employment which plays a complex interaction between the individual and their families along with the availability of mental health assistance and opportunities. Additionally, there are components that represent and affect the likelihood of transitional age young adults' involvement in mental health services and the justice system such as gender and race/ethnicity that create barriers for services.

## **Research Strategy**

I implemented numerous strategies in reviewing the relevant literature, integrating findings, and identifying areas for continued research study. Initially, several published research journals and papers were located through an online database. I investigated online journals in Psych INFO and PubMed for keywords and abstracts, such as the following:

- a) "mental health," or "mental disorder" or "mental illness"
- b) "transition age youth," or "transitional youth" or "adolescent" or "young adult"
- c) "juvenile justice" or "judicial system" or "criminal justice" or "criminal rehabilitation"

A reference guide and checklists of relevant research articles and journals pertaining to the subject of youth in mental health and the justice system were reviewed to identify applicable research manuscripts that may have been overlooked in the database search. An over-view of published peer-reviewed journals and written papers were also examined and noted. Whenever possible, research article papers with the most comprehensive and recent data were summarized. Due to time and space limitations, not all research data and articles that were identified are listed.

## **Scope of the Problem**

Mental health illness has become an increasingly undeniable and complicated issue in the justice system. Reports from the National Center for Mental Health (2004), indicated the justice system discovered that approximately 70 % of youth and adults in the justice system are beset with a mental health disorder. Among this number as many as 27 % of individuals are inflicted with a disorder so severe it significantly diminishes their

ability to function (Cocozza & Shufelt 2006). However, the extent of the mental health needs of young adults in the justice system are nebulous and uncertain. Standardized screenings that diagnose mental health disorders are not conducted until young adults are adjudicated and situated in an out-of-home placement. Within the justice system, many transitional age young adults who suffer with mental health challenges have been discovered to have a much higher suicide rate than other young adults in their age group (Lennon-Dearing et al., 2013). Additionally, extensive exploration was performed to uncover which mental health services are available for the rehabilitation of transitional age young adults and where these services are needed for them to rejoin society.

### **The Birth of Mental Health, Hospitals and Asylums**

A person diagnosed with mental illness may discover himself or herself in a whirlwind of a contradictory system and confusion of doctors, drug regimens, clinics, and institutions. It evokes the statement that the American mental health care system is broken. The painter (mental health system) does not paint an encouraging picture. The U.S. Department of Health and Human Services (2013), reported that one in five Americans experienced mental health issues; and one in ten young adults has suffered from depression. The adverse effects of suffering from a mental illness disorder involve significant health outcomes and quality of life changes. Individuals diagnosed with mental illness such as major depressive disorder, schizophrenia, and bipolar disorder live an average of 25 years less than other individuals without mental health illness. In the United States, a dynamic growth of the mental health and asylum system was witnessed in the nineteenth century. Many individuals diagnosed with serious mental health illness

have never received any form of consistent treatment. One of the most disturbing facts in the United States is the criminalization of mental illness among young adults.

Approximately a fifth of prisoners in the United States have one or more mental illnesses (U.S. Department of Health and Human Services, 2013). Many individuals with mental health illness are assigned to the judicial system because there are few mental health facilities available. The growing disappearance of asylums and psychiatric hospitals is part of an upward trend geared towards “deinstitutionalization” which now presents the fact that prisons and county jails have replaced those facilities. Presently, in the United States, the largest mental health facilities are Rikers Island, the Los Angeles County Jail and the Cook County Jail.

### **History of Mental Health Treatment**

Many cultures throughout history regarded mental illness disorders as caused by the supernatural or some form of demonic possession and religious punishment that could only be cured with religious purification rituals. However, in ancient Greek, Egyptian, Roman, and Indian documents, the treatment used for individuals with mental illness were techniques not rooted in superstition or religion. Hippocrates of Kos, also known as Hippocrates II (a Greek physician of the Age of Pericles, who is considered one of the most outstanding figures in the history of medicine) was a pioneer who treated mental health illness by focusing on changing the occupation or the environment of the mental health patient. Hippocrates would also create and dispense various types of herb concoction mixtures as medications (PBS, 2012).

In 1247, London’s Bethlehem Royal Psychiatric Hospital, more famously known as Bedlam, was founded. However, in the United States the development of asylums took

a little more time to manifest, due in part to the cost of operating expenses of these institutions, and so they were deferred as a responsibility for the state governments who were hesitant in accepting the financial burden of these institutions. More importantly, many severely ill individuals and mental health patients were sent and housed in the local jails because there were no other alternatives available (Cohen et al., 2003).

Throughout the 18<sup>th</sup> century, in the United States, mental illness continued to have conflicting effects and there were unsympathetic attitudes regarding mental illness disorders. This resulted in the stigmatization of individuals with mental health disorders which lead to unhygienic and degrading confinement. These individuals were treated and viewed as having disorders like the taming of wild animals and were tortured and beaten. Furthermore, the individuals with more severe cases of mental illness were driven from the community or killed. Other individuals with less severe symptoms were constrained and placed into madhouses, jails, and workhouses. Many mentally ill individuals spent many days incarcerated and shackled in facility basements where the conditions were damp and dismal (Whitaker, 2010).

In the early 19<sup>th</sup> century, many patients who appeared suddenly and were admitted into the asylums were diagnosed with acute symptoms in the hopes that doctors would be able to provide a cure. Whereas in the case of patients who were diagnosed and suffered with chronic illnesses such as advanced stages of neurosyphilis, alcoholism, dementia, epilepsy, Alzheimer's disease, and other mental health illnesses were cared for in their home communities (Larson, 2018)

The genesis of the modern mental health hospital was first developed by forward thinking reformers Dorothea Dix and Dr. Benjamin Rush. They advocated for a more

humane approach when they heard of the gruesome and appalling treatment of mentally ill individuals and inmates. This resulted in the creation and development of the asylum system in the United States. The first state mental hospital opened in 1848 in Trenton, New Jersey. This triggered the opening similar facilities across the country in 1850 with 3,500 patients. In the early 1900s, this number increased to roughly 140,000 (Torrey et al., 2012). The large number of people requiring mental health treatment expanded rapidly, and the capacity of the asylum system could not cater to the high volume. This resulted in the overcrowding of mental health facilities and the staff to patient ratios increased substantially, which made the quality of care suffer (Bartlett & Wright, 1999). The main purpose of asylums was to provide humane treatment which gave way to an ethos of mental health care management and the social services of mental illness to all patients (Rothman, 2002).

In the 1840s, activist Dorothea Dix lobbied for better living conditions for the mentally ill after witnessing the dangerous and unhealthy conditions in which many patients resided. Over a period of 40 years, Dix successfully persuaded the U.S. government to fund the building of 32 state psychiatric hospitals (PBS, 2012). The closure of state psychiatric hospitals in the United States was codified by the Community Mental Health Centers Act of 1963, and strict standards were passed so that only individuals “who posed an imminent danger to themselves or someone else” could be committed to state psychiatric hospitals. Many severely mentally ill individuals had been moved from psychiatric institutions to local mental health homes or similar facilities by the mid-1960s in the U. S. (Interlandi, 2012, para 5).

In 1883, the Oregon State Hospital for the Insane opened its doors and was known

to be one of the oldest continuously operated hospitals on the West Coast. In 1880, a population of 412 mental health patients occupied this hospital and increased its capacity in 1898 to 1,200 patients. By 1913, a second state hospital known as the Eastern Oregon State Hospital for mental health patients was opened and quadrupled in 1880. The first fifteen years, the Eastern Oregon State Hospital patient population tripled. This hospital was erected to alleviate the overcrowding at the Oregon State Hospital. However, the Eastern Oregon State Hospital in Pendleton quickly became over-populated. Oregon State Hospital was famous for its setting of Ken Kesey's novel, *One Flew Over the Cuckoo's Nest* (1962), and the filming location of the movie of the same name based on the book in 1975 (Larson, 2018).

Larson (2018) stated that many other states encountered the same issues of mental health illness and built smaller institutions to house patients. Unfortunately, in bigger hospitals the capacity of the influx of patients skyrocketed. An example in 1915 was New York's mental health inpatient hospital population that housed 33,124 patients, and by 1930 it grew to an oversized number of 47,775 mental health patients. As mental illness institutions and populations mushroomed, the treatment of mental illnesses began to evolve. Throughout the 19<sup>th</sup> century, doctors affixed their hopes in moral treatment and rehabilitation by exposing and implanting normal habits such as a working job in the hopes that it would help mental health patients in their recovery period. In the beginning of the early 20<sup>th</sup> century, doctors experimented with new treatments for mental illness rather than finding a preventive method for depression, schizophrenia and other mental illness. Many psychiatrists focused on the physiological origins for mental health disorders to find an alternative treatment for mental health illness (Larson, 2018).

### **Young adults with mental health issues and the judicial system – gender.**

Watson and Edelman (2013) observed that many transitional age young adult males were growing in increasing numbers in the justice system. However, they also stated transitional age young adult females are a fast-growing population and although the explanation continues to be uncertain, Watson and Edelman (2013) suggested that the correlation of young transitional age females in the justice system reflects the rise of domestic-related and non-serious mental health incidences. It was also observed that transitional age young adult females were more likely to be detained for non-violent incidents than their counterpart transitional age young adult males. For example, underage drinking, curfew violations and probation violations were represented by a population who were most probably at high risk for substance use disorders and mental health problems.

Many main factors for the anomalous behavior in transitional young adult females were typically connected to emotional, physical, and/or sexual abuse (Lennon-Dearing et al., 2013). Additionally, neglect and abuse were more prevalent especially in childhood for transitional age young adult females in the justice system. According to the Bureau of Justice Statistics, 73% of females in state institutions and 47% in federal institutions engaged regularly in the usage of drugs prior to incarceration (Mumola, 1999). Data suggested that as many as 80% of incarcerated females met the criteria for at least one lifetime psychiatric disorder (Teplin et al., 1996). Post-traumatic stress disorder (PTSD), bi-polar (depression), and substance abuse or dependence appeared to be some of the most common mental health issues for females.

Historically, it has been observed that sexual and physical vituperation, especially

in childhood, were more ubiquitous in transitional age young adult females than their male counterparts. Many researchers inferred that transitional age young female adults internalize their emotional condition of victimization which emplaces them in a higher liability for acquiring traumatic distemperatures such as schizophrenia and other developing mental health challenges (Lennon-Dearing et al., 2013).

As a result of a comorbidity of traumatic issues in childhood of abuse and substance abuse, researchers have concluded that mental health problems are higher in transitional age young adult females than males in the justice system. Additionally, the mental health needs of transitional age young adult females are not met, and many judicial system facilities are not prepared to address specifically the issues of mental health, internalization and serious trauma. Watson and Edelman (2013) recommended through further research that a reformation of the justice system to improve meeting the needs of transitional age young adults can better be served through the implementation of staff trainings, intervention programs, mental health laws/provisions, and improvements through legislation.

**Race/Ethnicity.** Minority transitional age young adults are substantially overrepresented in the justice system in the United States (Lennon-Dearing et al., 2013; Cochran & Mears, 2015). According to a 2010 report by the Department of Public Safety (2010) and the Bureau of Justice Statistics (2015), 46% of delinquency arrests represented minorities in the transitional age young adult group, and a total of 22% of the transitional age young adult population ages 17-20. Maschi et al. (2008), stated that minority transitional age young adults, especially African American (Black), were at a greater risk of been involved in the justice system than Caucasian (White) transitional age

young adults. This research discovered that African American (Black) transitional age young adults comprised 27% of the total number surveyed.

Additionally, minority transitional age young adults show a higher risk of being apprehended, being detained, appearing in court, held in confinement, having interactions with law enforcement, and not being offered mental health service options (Leiber & Peck, 2013; Cochran & Mears, 2015). Furthermore, African American (Black) transitional age young adults are less likely to receive mental health services. Research indicates that there is an overwhelming and alarming number of minority transitional age young adults lacking mental health services and there is an increased risk of suicide due to overcrowded justice system facilities (Desai et al., 2006). Although the exact antecedents of the major issues in mental health services are controversial, research authors recommend several avenues in which racial methods of transitional age young adult disparities in the justice system can be maneuvered to change public policy, mental health services efforts, and cultural diversity training for justice system staff and communities (Bilchik, 2008; Goodale et al., 2013; Leiber & Peck, 2013).

The overwhelming number of transitional age young adults with mental health illness has prompted an escalation of mental health courts in the last decade. Mental health courts have exhibited successful outcomes despite little heuristic evidence (Steadman & Redlich, 2006). In 1997, the United States showed evidence that there were four mental health courts that served the needs of transitional age young adults with mental health issues. These mental health courts were implemented for collaboration between the justice systems and mental health agencies; the justice system is not designed to provide individuals with mental health treatment, but rather to ensure

public safety and promote justice. While 250 courts were in operation, most of them served only adults with mental challenges (Alquist & Dodd, 2009). In 2001, the first transitional age young adult mental health court was established in Santa Clara County, California. In present times, more than a dozen mental health courts serve transitional age young adults in Florida, California, Ohio, and Washington, with an increased number of them in development to serve the increasing transitional age young adult numbers (Herman, 2005).

**The pitfalls of transitional age young adults, mental health problems and the justice system.** In previous years, prevalence rates of transitional age young adults with mental health issues have risen 29-40% between ages 18 and 25 (Newman et al., 1996; Substance Abuse and Mental Health Services Administration, 2012). The rate of mental health issues has peaked during the transitional age of youth to adulthood. (Substance Abuse and Mental Health Services Administration, 2012). The importance of the transitional age of youth to adults' developmental period lies not only in the key milestones of mental health disorders causing significant functional impairment, but also in the risk for impediments. Concurrently, the utilization of mental health services has declined sharply, presumably due to multiple barriers to care, including healthcare in the justice system and transition loss to adult service systems (Copeland et al., 2015). Similarly, transitional age young adults have the highest rates of problematic mental health issues and substance abuse compared to other age groups (Substance Abuse and Mental Health Services Administration, 2009).

For many young individuals, there are struggles during the transitional stage to adulthood such as mental health issues, health care coverage and loss of services. Thus,

the individual experiences multiple mental health disorders which results in consequential functional impairment that is more prevalent during the transition age than other developmental stage of growth (Osgood et al., 2010). The mental health services involvement and intervention programs for transitional age young adults have been identified as one of the most crucial functions in achieving a better quality of life for the growth of transitional age young adults (Zajac et al., 2015).

Adversity during the developmental stages of a transitional age young adult can derail or delay the achievement of normative transitions. Many transitional age young adults are at a disadvantage struggling with mental health issues and justice system involvement as they enter the transition to adulthood. Those from disadvantaged psychosocial backgrounds have experienced the highest risk for setbacks and multiple lifetime adversities such as poor relationships with family members poverty, negative peer association, school failure and/or dropout, lack of adult role models, and or entry into the justice system (Chung et al., 2005). Many disadvantaged transitional age young adults are not provided the necessary resources needed to overcome the substantial challenges that are encountered by multi-problem transition age youth.

**Transitional age young adults in the justice system.** Researchers have discovered that the most common mental health disorders among young adults in the justice system are anxiety disorders (e.g., posttraumatic stress disorder), disruptive behavior disorders (e.g., conduct disorder), and mood disorders (e.g., major depression) (Skowyra & Cocozza, 2007). Transitional age young adults in the justice system are referred to as “the perfect storm” of their developmental stage. Mental health diagnoses are a common problem with many young adults who also have a co-occurring substance

use disorder (Armstrong & Costello, 2002).

Because of the paucity of research on this age group, studies show that variations exist from what is discovered about the rates of mental health problems and the adolescent research studies. A study of transitional age young adults entering a non-residential justice system setting (e.g., probation) predicted that 45% of males and 50% of females are engaged in a diagnostic criteria study for a mental health disorders (Wasserman et al., 2005).

The success of transition age youth to adulthood oftentimes depends on emotional and financial support from families (IOM & NRC, 2014). For example, approximately 60% of “offenders” in the justice system had experiences with the involvement of child welfare due to some type of abuse, maltreatment indicating family disruption and discord (Langrehr, 2011). A research study of the National Survey of Child and Adolescent Well-being showed that 16% of young adults with a history of mental health disorder have been arrested.

Additional research displayed that approximately 45% were analyzed to be at risk for some type of mental health issue (Southerland et al., 2009). Consequently, the justice system programs are partly responsible for the welfare of many youth who have labyrinthian mental health needs (Cocozza & Skowyra, 2007). Additionally, for many transitional age young adults who metamorphosize to adulthood, to achieve a successful outcome would require dependence on the emotional and financial support of families beyond their adolescence stage. This can be an advantage that many justice-involved transitional age young adults do not have (Institute of Medicine & National Research Council, 2014). For example, many justice-involved youths have a high percentage rate

of family disruption and discord with the involvement of the child welfare system. Approximately 60% are “serious offenders” in the early stages of the juvenile detention history and have the involvement of child welfare services due to maltreatment (Langrehr, 2011).

In a study by Ryan and Testa (2005), the research findings demonstrated that approximately 16% of transitional age young adults during their adolescence who were placed in foster care had one form of involvement with the justice system or another. A National Survey of Child and Adolescent Well-being demonstrated that 16% of young adults who had a history of child welfare during their adolescence had been arrested, and approximately 45% of youth were assessed for risk of developing or having some type of mental health issue (Southerland et al., 2009).

**Critical issues the justice-involved transitional age young adults with mental health problems encounter.** A great number of transitional age young adults with mental health challenges who are involved in the justice system, especially during the transitional stages from adolescence to adulthood, are an extremely vulnerable subgroup. There are multiple problems and barriers that are faced in meeting the normative developmental milestones of the transition age; for example, the maturation into productive adults, educational success, and developing stable relationships. The current policies in the justice system are not well suited in meeting multiple mental health needs which can exacerbate issues. However, with the high prevalence and implementation of effective programming in this system for vulnerable youth with mental health issues and unmet needs, policymakers and mental health providers can make an impact. Substantial changes will be required in the justice and mental health systems to ensure successful

transitions to adulthood (National Institute of Corrections, 2013, p. 37).

### **Future Research Needs**

There are many unturned stones and gaps to fill related to transitional age young adults, mental health services, and the justice system; therefore, further research is required. It would be beneficial to seek more research in connection with types of multisystemic and wraparound services available to transitional age young adults within the justice system. Future researchers could emphasize the cultural and historical trauma that may have played an important factor in the involvement of transitional age young adults and mental health services. It would be helpful if future researchers recruited more participants with various mental health professionals and justice system officers to study the issues of transitional age young adults and the unmet needs.

### **Summary**

Many transitional age young adults with both mental health issues and justice involvement are a complex group, particularly during the vulnerable stages of transition to adulthood. There are a multitude of problems and barriers they encounter in dealing with normative developmental milestones during this age. Additionally, there are several weak links that are apparent in the evaluation of the mental health services and the justice system court, such as a lack of a comparison or control groups, nonrandomized control groups, and selection bias. Furthermore, there should be more research done to address the shortcomings and outcomes of mental health services and the justice system for transitional age young adults. For example, topics that need addressing include the maturation into productive adults, educational success, and developing stable relationships. The present practices and policies that are implemented in the judicial

system are not equipped to converge the multiple needs of these youth.

Over time this can exacerbate an existing and growing problem. However, given the high prevalence of youth with mental health issues, the educational, health, and justice systems can provide policymakers with the necessary data to make changes, and therefore, provide the opportunity to impact huge numbers of vulnerable youth through the implementation of effective programs. Thus, with substantial changes in the justice and mental health systems, we can ensure successful transitions from youth to adulthood.

Henceforth, there is a need for developmentally appropriate policies and interventions to be adopted. Many factors must be considered when differentiating this age group from their subgroups of adolescents and adults. An essential element that needs to be addressed is overcoming the barriers to services by effectively coordinating, collaborating and navigating with the various systems to assist in transitional age young adults to gain access to experienced providers that are versed in the specific needs of this age group. However, not many programs and policies support the underlying principles of transitional age young adults and mental health. The development of initiatives by both agencies may serve as a springboard for the implementation of programs and policies that are crucial for the welfare and the unmet needs of transitional age young adults in the justice and mental health systems.

## **CHAPTER THREE**

### **Methodology**

In this research study, I explored the disparity and stigma that surrounds transitional age young adults with mental health illness in the justice system. Today, there is a great need in understanding how to reduce this stigma and increase awareness of mental illness.

#### **Research Design**

My major objective is to answer the research questions regarding the disparity and gaps within the mental health services, the justice system, and the unmet needs of transitional age young adults. A first step in this analysis, is to understand the key factors that influence the demand for Mental Health Court (MHC) services and the important predictors such as price of services and health insurance coverage for different MHC services that are in demand. A significant number of young adults (17-25 years of age), were interconnected with mental health services and the justice system (Cocozza & Shufelt, 2006). The goal is to summarize the specific unmet needs of transitional age young adults with mental health conditions involved with the justice system.

I created qualitative interview questions (Appendix A) related to the participants' experiences to examine in detail the boundaries, limitations, unmet needs and gaps of mental health services offered to transitional age young adults in the judicial system as identified by mental health professionals. In this exemplum, participants crafted their experiences and narrated them to me. Narrative inquiry was the best method for my study because I heard mental health professionals' experiences, and the purpose of my study was to better understand the perceptions of the mental health workers related to the

phenomenon of the interrelationship between mental health services and the justice system among transitional age young adults. The participants' relayed their experiences to me as to how these experiences contributed to their daily lives and mental health services they provided.

For this study, I used open-ended questionnaires (Appendix A) for a more precise collection of data and to ensure accuracy. I designed my questions based on prior research methods on mental health services offered to transitional age young adults in the justice system. I directed my questions to focus on the current mental health services, the justice system, and perceived gaps within these services. The questions had a general focus on gender, culture, race, and systems effects on services for transitional age young adults. The questions enabled the participants to consider areas of response exploration without limitation within the parameter of specific and implicit responses.

## **Participants**

Researchers Crouch and McKenzie (2006) clearly stated that in any qualitative framework, the least number of participants in a research-based interview will facilitate a closer collaboration with the participants/respondents, hence resulting in a more highlighted, and in-depth study in a naturalistic atmosphere. This challenged me to further engage in the research study to establish relationships with the respondents.

This theoretical contemplation and approach helped me address the research questions and maintain a straightforward and realistic exchange of information. In order to collect data efficiently and ensure authenticity, I selected a total of three African American female participants with whom I worked in the educational environment and was familiar with their background experience in mental health. All participants had

extensive training and were certified in the field of mental health and had extensive knowledge of the justice system and how the process works with transitional age young adults. The participants included a mental health therapeutic mentor, and two mental health counselors. These participants did not receive any compensation, and I informed them they could withdraw from my study at any time without negative consequences. All participants shared the following characteristics:

1. Each worked in a mental health environment that dealt with various ages and stages of mental health. They primarily served transitional age young adults with mental health problems.
2. Each participant had extensive training and was certified in the field of mental health and had extensive knowledge of the process in the justice system.

I selected participants through the method of snowball sampling (Glen, 2014).

This is a process where one participant was contacted and referred another to the research study. I recruited the first participant through a professional work relationship, then the other participants were contacted by my first participant. I contacted all participants directly through telephone conversation explaining the process and determining their interest in my research. I preserved participants' anonymity by providing a *nom de guerre* to protect their identity. I recapitulated to each participant that their contribution to my study was voluntary and they could withdraw at any-time without any negative effects.

## **Data Gathering Method and Protection of Human Subjects**

Prior to interviewing participants, I provided consent forms to each participant to review, sign, and return (Appendix B). I emailed the forms to each participant for prior review. The participants were able to ask any questions and express concerns through email and via telephone. Once the consent forms were signed and returned in person or via email, I contacted the participants to schedule a convenient time to set up an interview session. I also provided the participant with a signed copy of the consent form and responses to the interview questions for their records. Interviews lasted up to 45 minutes and included 14 questions. The interviews were transcribed to ensure accuracy of the information I collected. This intercommunication of the interview sessions was kept confidential, and the identity of participants was not attached to the data collected during the interview.

My data collection consisted of open-ended online questionnaire, telephone conversations for collecting initial data, as well as face-to-face semi-structured interviews to acquire data on my chosen topic. The questions I asked on the online questionnaire and the interview questions were the same with the addition of follow-up questions during the semi-structured interviews (See Appendix A).

I utilized a non-directive approach to implement open-ended, face-to-face, semi-structured interviews creating an atmosphere of freedom for the participants to control the subject matter and the pace of the interview sessions. Additionally, I utilized a more direct form of questioning to the participant when any clarification was necessary. I created hand-written notations to document all information gathered from the interviews. Information that participants disclosed to me was not viewed in any part of my

transcriptions by parties other than the involved participants. I reviewed my transcripts with participants for additional input and accuracy. All interview transcripts were protected in a locked secure location. The participants were permitted the opportunity to inquire about any concerns or queries in reference to the study prior to signing the informed consent form (See Appendix B). The completed consent forms were stored in a secured location known only to me.

### **Research Questions**

Primary research questions were:

1. What services can transitional age young adults with mental health issues use to help them resolve or mitigate their mental health issues before or after coming out of the justice system?
2. What are unmet needs that affect young adults with mental health issues that would prevent any use of mental health service?
3. What barriers do young adults with mental health issues face?
4. Who are at the greatest risk of encountering those barriers?

### **Methodological Assumptions**

Creswell (2013) emphasized in other studies that a researcher should apply the participants' own words as evidence and work in a collaborative manner. This exploration can be used to develop conceptual frameworks, new theories, to expand upon existing ones and to generate new hypotheses in developing valid and reliable quantitative methods. Additionally, identifying the content and form of questions to be asked and identifying the target population through observation and interviews allows the participants to speak in their own voices, rather than conforming to terms and categories

imposed on them by others (Sofaer, 1999, p. 1105). By eliciting each participant's perspectives, qualitative methods serve to enhance the validity of data being collected because it enables the researcher to compare their own perception of reality with the perception of those who are being studied.

### **Limitations**

My expectations of this research granted allowance to the participants to answer open-ended questions honestly, which permitted for in-depth answers and exploration of various multifaceted aspects of the research topic. I continued on-going conversations with the participants with the belief that developing a professional relationship with them would result in their openness to share valuable information. All the participants served at various positions in mental health service and each had multiple years of experience in dealing with transitional age young adults with mental health problems. I paid the utmost attention during the data collection and analysis to ensure the participants' narratives were not taken out of context. I am a teacher at a school for young adults with mental health problems where the participants also had served, and so it was important for me to assure the participants in my study felt that they could answer their questions honestly without worrying about retribution. I informed the participants that they could refuse or decline to answer any questions if there was any discomfort or uncertainty. I assured the three participants that the purpose of my research was to provide researchers the ability to attain high-quality data for future research in the field of transitional age young adults with mental health issues in the justice system.

The limitations of this research were in the discovery and collection of data which were influenced by the researcher's own lens. As I am a special education teacher, and I

have a specific and unambiguous professional opinion based on observing the world of vulnerable individuals with mental health issues and how they are treated; this affects how I view the justice system. Another limitation was my inability to make sure other researchers could apply my research findings to utilize it in other areas of research or organizations beyond the boundaries of where and how I collected my data.

### **Data Processing and Analysis Plan**

Written questionnaires and interviews were used in collecting and recording data. I developed the questionnaire and utilized it to collect information about transitional age young adults with mental health issues involved in the justice system. I also desired to know what programs the mental health care services had to offer in assisting these transitional age young adults with mental health issues who had some type of association with the justice system. I emailed the questionnaire to each participant, and they received a telephone voicemail from me letting them know that the questionnaire was readily available via email (Appendix A).

During a 45-minutes face to face interview in a private location where the participants could not be overheard, I requested that the participants explain their answers and observations indicated on the questionnaire in a more elaborate way. I used a non-directive approach of interviewing by first sending via email open-ended questions, then holding a more personal in-depth interview in person permitting the participants independence to control the subject and pacing of the subject matter of the interview. Additionally, I used a more direct form of questioning for clarification of any answers given. I recorded hand-written notes during the face to face interviews, which were later typed into a Word document. The transcript was not shared or discussed with anyone

other than the individual participants in the study. I gave the participants opportunities to review the typed transcript for any discrepancies and for accuracy. All interview transcripts were protected in a locked, secure location, along with the signed informed consent forms from each mental health service participant.

### **Data Analysis Techniques**

Qualitative research requires the interpretation of data through coding data, which is essential in collecting and analyzing information. Stewart et al. (2017) stated that crystallization is the absorption and immersion in data and process. It starts in the planning stages and materializes throughout the collection of the data focusing mainly on building credibility and trust. “Crystallization allows the researcher to conduct a genuine and authentic study because it requires the researcher to study their role as a storyteller and artist-scientist” (p. 9). I used Microsoft Word to assist in coding and searching for themes after all the data was collected and compiled.

According to Nowell et al. (2017), thematic coding is the process of identifying information that shares common themes or ideas. They also stated that coding is a process whereby understanding the overall theme in the data set is established. When searching for themes, the ideal location to begin is with some predefined codes to guide and assist the analysis. However, the authors cautioned that beginning with too few predefined codes could result in researchers being overwhelmed by the amount and complexity of data. I explored and delved into the background, history, and current determinant factors associated with my study. I immediately processed the data and defined the codes after I collected all data from the participants. Furthermore, as a guide to my research, I utilized my research questions in assisting me to remain focused in my

narrative presentation.

Extant data is another piece of valuable data that I was able to capture in my study. Despite the demand to be cognizant in the distinctions of various data types, researchers emphasized it is important to treat extant data as they would any other data source (Birks & Mills, 2011; Charmaz, 2006). Extant data may sometimes take the form of existing text relevant to the research study, yet it is utilized for the purpose of other research undertaking, such as data gathered from web forums or blogs or websites. Extant data is that which already exists, such as medical records. This form of data collection can help in gaining additional insight into the research study of young adults with mental health problems, the mental health system, and the judicial network. In this study, I used extant data to help answer my research questions. I gleaned extant data from website searches such as Department of Justice, Substance Abuse and Mental Health Services Administration, and other websites related to my study. The various data sets contributed to an overall comprehension of the equitability of the unmet needs for transitional age young adults, mental health services, and the judicial system.

### **Reliability and Trustworthiness of Research Study**

In qualitative research practices, reliability and trustworthiness are important concepts that allow researchers to describe the standards, credibility, and virtues of qualitative research, which is measured outside its parameters (James et al., 2008). For me to conduct a reliable and trustworthy research study, I first considered how my personal actions and biases might impact the research and its participants in expressing my thoughts throughout the data collection process. In transcribing the interviews and documenting them, I did not share any of the collected data with anyone other than the

mental health service participants who were involved in the study. Recorded handwritten notes were not viewed by anyone except the participants and me. A separate notation of the interview to include personal expression of emotion or feelings that I considered vital to the research were also kept private. There was no summarization of the conversation between the participants and me during the time of the actual face to face interview. Instead, I noted on paper the given information for later review and reflection.

During the interviews I frequently referred to my notes for clarification of the participants' comments to help me develop and record emerging themes. I made a conscious effort not to express my opinion, whether I agreed or disagreed with the participants' responses. I rephrased interview questions to clarify that the participants understood what was asked. Creswell (2003) suggested that permitting participants to review transcripts, ensures that the transcripts captured the intentions of what the participants had in mind to express. This action captured the sincerity of intent which greatly contributed to the trustworthiness, reliability, and credibility of my final narrative. The research participants were also permitted to check and review transcripts to attest that my study disclosures illustrated the participants' responses. Additionally, to ensure confidentiality, transcripts were locked and stored in an office file cabinet at my home whenever they were not in use and will be destroyed three years after completion of my study.

## **Summary**

This methodology chapter presented my overview of research design, subjects, data gathering methods and protection of human subjects, research questions, methodological assumptions, limitations and delimitations, my data processing and

analysis plan, my data analysis, and reliability and trustworthiness of research study.

Qualitative data was collected and analyzed for the narrative inquiry and research study approach. The data analysis will provide future researchers and mental health care providers with examples of effective methods in providing information for the mental health programs and justice system in assisting transitional age young adults with mental health issues to deal with the everyday functions. The data collected will help future research studies with examples of applying effective methods in providing information and assistance in mental health programs and the justice system guidelines for supporting transitional age young adults in dealing with mental illness issues in their daily lives.

The data from this study may also influence and drive policy makers, shareholders in the community, mental health services and the justice system to be more aware of the necessity in providing assistance to the unmet needs of transitional age young adults and to fill the gaps to better provide the essential mental health services, tools and funding in addressing needed assistance within the justice system.

## **CHAPTER FOUR**

### **Results**

Throughout the conceptual aspect of this research study, I collected qualitative data to provide evidence which attempted to explore the disparity within mental health services, the justice system, and the unmet needs of transitional age young adults. In this chapter, I wrote a retrospective view of the outcome of the data collection and analysis portion of this study. A compilation of questionnaires and interviews resulted in the analysis of the qualitative findings of the study. In Chapter Four, I provided a panoptic description of the methodology exploration to show an overall perspective of the research study performed. Extant data is another piece of valuable data that I was able to capture in my study. This study included both the review of written manuscripts and other notable materials such as survey/interview questionnaires. These methods had one quality in common: the researcher had no relationship with the individual who was supplying the data.

The initial phase of the research involved a questionnaire and interview process via email, telephone and personal communication methods in order to investigate the disconnect between the transitional age young adults, mental health services, and the justice system. I collected data from three individual participants in mental health services and identified eight emerging themes that delineated the mental health services and programs or interventions that the justice system may offer to transitional age young adults: critical mental health diagnoses; common types of offenses; intervention/rehabilitative programs and services; gaps in mental health services; impact of cultural, gender, and racial responsive factors; multi-system responsive services; the critical

impact of family involvement; and community support.

## **Findings**

The findings gained from my research are presented in this chapter. Mental, situational, and environmental elements, which transitional age young adults encountered in mental health care systems and the justice system, are presented in narrative research data form in this chapter. These findings include invariants and a synopsis of mental health professionals' perceptions concerning the subject of the relationship between transitional age young adults, mental health care, and the justice system. The questions guiding my research include the following primary research questions:

1. What services can transitional age young adults with mental health issues use to help them resolve or mitigate their mental health issues before or after coming out of the justice system?
2. What are unmet needs that affect young adults with mental health issues that would prevent any use of mental health service?
3. What barriers do young adults with mental health issues face?
4. Who are at the greatest risk of encountering those barriers?

Individuals designated to participate in the research study were selected and met specific criteria. These criteria included having experience working in mental health care, working with transitional age young adults, and collaboration with the justice system in the forensic programs.

The forensic program system in the state under study is a network of state facilities and community services for individuals who have a mental illness and are involved with the justice system. Their goal is to provide evaluation, assessment, and

treatment to individuals adjudicated incompetent to proceed at any stage of a criminal proceeding or not guilty by reason of insanity. In addition to the general psychiatric treatment approaches and milieu, specialized services include: psychosocial rehabilitation, education, treatment modules such as competency, anger management, mental health awareness, medication and relapse prevention, substance abuse awareness and prevention, vocational training and occupational therapies (citation withheld to protect confidentiality).

I selected these mental health professionals because they all had extensive training and varying field experience in a mental health facility environment. The participants were all females. Interviews lasted approximately 45 minutes and were later solely transcribed by me, the researcher, to maintain their confidentiality. I asked 14 questions (See Appendix A), and I provided the participants opportunity to answer the questions in a brief informal survey questionnaire format prior to the interview by telephone, and the same questions were addressed during the interview to provide the participants an opportunity to expand upon their answers and to provide me the opportunity to ask follow-up questions as they arose.

### **Participants Questionnaire /Interview Results**

Question 1 provided an introduction of each participant to exhibit their qualifications and experiences in the field of mental health services I asked, “How long have you been providing services to transitional age young adults with mental health problems?” An overview of the participants’ responses along with demographics are as follow:

- Participant 1: 50-year-old female with a Ph.D. in Social Work, a Master of Science degree in Social Work (MSW), a Mental Health Professional Therapist with 16 years of experience in mental health disorders.
- Participant 2: 55-year-old female Mental Health Professional with a Bachelor of Science degree in Social Work; a mentor and Case Manager with eight years of experience.
- Participant 3: 42-year-old female with a Master of Science Degree in Social Work (MSW), a Mental Health Professional Therapist with 4 years of experience in mental health.

### **Theme: Critical Mental Health Diagnoses**

Question 2: What are the most common mental health diagnoses among referred transitional age young adults? The participants responses indicated that there were multiple types of mental health diagnoses encountered in transitional age young adults entangled within the justice system.

The three participants agreed and articulated that the most ubiquitous diagnoses in transitional age young adults were borderline personality disorder, attention deficit hyperactivity disorder (ADHD), depression, conduct disorder, oppositional defiant disorder (ODD), bipolar, schizophrenia, substance abuse disorders to include alcohol, and post-traumatic stress disorder (PTSD). Furthermore, the dominant aim of the participants in their observation of their clients in the justice system was mental health care and intervention. All three participants unequivocally expressed the lack of mental health care as a major setback to intervention in the justice system.

Participant 1, with the most experience, went on to state that the prevalent rate of

young adults with mental disorders within the justice system was discovered to be consistently higher than that of other age groups. This participant continued to explain that approximately 50 to 75% of the two million young adults who were intertwined with the justice system met the criteria for at least one mental health disorder.

### **Theme: Common Types of Offenses**

Question 3: What are the most common types of offenses committed by transitional age young adults who enter the justice system? It was interesting to observe that all the participants had the same but more in-depth individual responses about the question related to common types of offenses among transitional age young adults.

Participant 1 responded that transitional age young adults with a lifetime of psychiatric disorder had significantly higher odds than similar age young adults with no mental illness, of committing a crime. Most offenses committed by transitional age young adults with mental health illness included violent offenses, battery charges, threats with weapons and burglary, sexual offenses, drug and alcohol related crimes, aggravated battery and/or assault, breaking and entering, shoplifting, grand theft auto, petty theft, and child abuse/child neglect.

Participant 2 was able to continue to breakdown the percentages of offenses of young adults with mental illness. She said that violent crimes committed in the United States resulted in arrest 85% of the time, and of those, conduct disorder was involved in 65% of the arrests, alcohol use and drug disorders were involved in 95% of the arrests. Additionally, when one or more mental health problems existed, they increased the odds of committing a crime. In a population where an approximate average of 16% of young adults had three or more diagnoses of mental health illnesses, of those, 54% were

reported as having been arrested for violent crimes.

The participants all were in agreement that the aggressive behaviors among their clients who were transitional age young adults stemmed from poor social and economic home environments, lack of parental guidance (one parent or relative in the home or none) and previously untreated mental illness.

**Theme: Mental Health Services; Intervention/Rehabilitative Programs and Services**

Question 4: What types of mental health services are offered to these transitional age young adults? All participants responded with similarities and mixed responses in addressing the question, but one participant described in more detail than the others. All expressed that there were several services offered because most of these young adults were not successful in any regular school settings, and therefore, were placed in a special education center at a young age. These facilities provided the educational component, and the mental health services offered the therapeutic aspect. Participants all agreed that to remedy some of the maladies that young adults with mental health issues encounter, the following interventions may help: individual therapy, group therapy sessions, case management, and psychiatric services such as medication management.

Participant 2 stated that services offered for transitional age young adults included but were not limited to outpatient counseling to include in home counseling and psychiatric evaluations to determine if medication was a recommended intervention. Other rehabilitative services may be implemented to strengthen social skills and interpersonal skills which were usually offered through case management.

Participant 3 stated that case management could also include a mentoring program and/or an individual client being linked to another community provider for services such

as multisystemic therapy (MST), wraparound, and intervention services.

All the participants pointed out in their statements that a key process is that case management providers usually assessed the transitional age young adult's education attainment, strengths relevant to career choices, and as well, the case management services aided with linkage and referral to providers that helped with rehabilitative services.

Participant 3 stated that case management providers are also essential in aiding and supplying the basic needs for young adult individuals such as housing, food, and medical.

Participant 1 communicated that in the United States, 65% of transitional age young adults with mental health illness between the ages of 17 to 25 years often requested some type of service or intervention therapy.

Participant 3 added that the young adult individual must first be assessed and given follow-ups approximately every 6 months in an on-going program thereafter for as long as they require treatment. Additionally, the participant mentioned that at among least 44% of younger individuals requiring mental health services in the United States (younger than 12 years old), both the parent/guardian and the child were interviewed together. Furthermore, 55.2% of individuals age 12 years and older were interviewed separately from their parents/guardians.

Question 5: What intervention/rehabilitative programs are offered as an alternative to the traditional and disciplinary actions for these transitional age young adults with mental health problems? The participants all agreed that there were challenges in responding to this question since intervention programs are limited due to

financial funding. They mentioned that the intervention and rehabilitative programs offered included drug/alcohol intervention programs, mentoring programs, and delinquency prevention programs. Currently, County Courts have a component which serves individuals with substance abuse disorders and mental health diagnoses. The participants all agreed that when transitional age young adults travel through the judicial courts, they are linked to a substance abuse program and/or a mental health program.

Participant 2 stated that usually these programs are inpatient programs, and while the individuals are receiving services to address their mental health and/or substance abuse, the judicial courts are notified of their progress and sometimes their charges are postponed until they complete the inpatient program. Participant 2 added that upon completion of their inpatient program, the transitional age young adults were provided with transitional services to aid with relocation and reentry back into the community environment.

Participant 3 pointed out that more importantly, the facility appointed by the judicial courts was referred to as “Forensics” rehabilitative and intervention program.

### **Theme: Gaps in Mental Health Services**

Question 6: What do you distinguish as gaps in mental health services for transitional age young adults in the justice system? An interesting observation note was that all the participants expressed the same consensus that with the various types of mental services offered, they had very different experiences with other mental health providers in the system.

Participants 1 and 2 explained in their own words that most gaps in services were because services were commonly designed for adults, older adolescents or children, but did not address the unique developmental needs of transitional age young adults.

Participant 3 noted that with this young adult age group, the mental health services were not sufficiently funded to appropriately offer mental health services due to fact that not enough knowledge was known about this age group.

The participants also voiced that appropriate service and placement options should be provided for individuals who required a higher level of care (transitional age young adults), and not the one size fits all service design. These gaps in mental health services for transitional age young adults included improper diagnosing, and no insurance or access to services. The negative aspect of all of this was the services only occurred when transitional age young adults were taken out of mental health systems and placed in the justice system where all or most of the services they had been receiving stopped. Participant 3 shared that when young adults were placed in the justice systems there were limited services provided that met their needs.

Participant 1 expressed a completely different viewpoint in terms of what she experienced. She shared that in mental health services for transitional age young adults in the justice system there were on-going supportive services for both the individual and family members. Several transitional age young adult individuals were diagnosed at an early age but stopped and restarted services for various reasons. Sometimes the parent/caregiver had their own challenges (mental health and/or health issues) and as a result, the young adult's needs were not fully addressed. Psycho-education assessment (refers to the evaluation of underlying mental processes impacting education, life

management abilities and workplace achievement) was a constant on-going need for the individuals with mental health issues, caregivers/parents, and community members regarding substance abuse and/or mental health issues. Participant 1 went on to state that the community was getting more involved via providing mental health forums so individuals and families could be informed regarding the affects substance abuse and mental health abuse have on the individual and family. As well, individuals and families were informed on resources and mental health services that could assist them with their circumstances.

### **Theme: Impact of Cultural, Gender, and Racial Responsive Factors**

Question 7: What is your perception of cultural and racial factors and how these factors affect the mental health services that are provided to transitional age young adults who enter the justice system? Participant 1 shared that there were many underlying significant and diverse reactions of society and culture on the topic of mental health illness, mental health, and mental health services. She indicated to better understand what the key was in understanding developing mental health illness and mental health services, an individual must have an openminded, responsive understanding to the social and cultural contexts of ethnic and racial minorities. She also said there are conceivably a wide range of individual variations and subgroups. Culturally, it is an important aspect of the mental health arena because it depends upon what all people provide to the mental health setting.

Participant 2 added that in unspecified facets of culture there are underlying aspects known as culture-bound syndromes (sets of mental health symptoms more common in some societies than in others). However, when young adults were seeking

any assistance such as coping skills and social supports, there sometimes were some form of stigma attached to mental illness. For example, three components associated with stigma were prejudice, stereotypes, and discrimination.

Participant 3 expressed that cultural and racial factors play a significant part in the mental health services provided for these young adults because minority young adults and their families do not always receive information or tools needed to assist them positively when they are put in the justice system. She said minorities are not offered the same type of mental health care opportunities, nor do they have the same advantages as other cultures.

All participants agreed that there were cultural and racial factors that were relevant and made a difference in one being provided with effective mental health services. All three participants expressed that many mental health agencies were doing a better job regarding their employees receiving in-service trainings regarding cultural competency. Also, mental health providers were safeguarding against there being a communication (language) barrier in providing effective services to clients by providing interpreters and/or utilizing an interpreter service for the mental health client if needed. Participant 2 expressed that the mental health courts did follow the same guidelines regarding the safeguards against communication barriers for mental health clients, especially in the case of young adults

Participant 3 voiced that her perception of cultural and racial factors that involved transitional age young adults and their mental health were the disparities that remained in the care for racial and ethnic minority youth. These factors affected the mental health services that they were provided because they lacked the access to care and mental health

treatment types and outcomes. She also said racial and ethnic minority youth were arrested more than any other culture and their mental health needs were not addressed.

Question 8: What is your perception of how cultural and racial factors affect their participation in mental health services? I gave the participants a few minutes to think about this question. Each participant had a different reaction to what I asked.

Participant 1 said that there was a lot of documentation that existed highlighting the disparities of mental health illness in minorities and mental health services. Ethnic and racial minorities had much less accessibility to mental health services than Whites, according to this participant. She said minorities were less likely to obtain the needed care, and the care they did receive was not up to standard or of poor quality. Another point this participant made was most times the minority clients were placed in a facility where there were little or no mental health services that met the needs of the clients.

Participant 2 reflected on the more informed service providers regarding cultural and racial factors, and the participant said there were better chances individuals would participate in treatment when transitional age young adults and their families were informed on educational services and self-evaluation opportunities.

Participant 3 expressed that there were not enough trained mental health professionals to handle the case load of the increasing number of transitional age young adults who were seeking help for one or more mental illnesses. Many minority groups were less likely to take advantage of the use of service than Whites, despite similar rates of mental disorders in the community with unmet mental health needs. Participant 3 reiterated in her response that in mental health services there was a stigma that was

related to mental health and the lack of education that was needed for racial and ethnic cultures to address their mental health needs.

Participant 2 added that racial and ethnic minorities did not completely experience the mental health services that were provided. This participant also said that because of these preventable and inaccessible disparities in mental health services, a disproportionate number of minorities with mental health illness were not totally benefiting from the opportunities of receiving the help they needed in our society.

Participant 2 added that many young adults who were in the justice system were placed in residential type programs (mental health court program called Forensic) and were given the necessary medication. Unfortunately, when these young adults returned to the same living environment, they (the young adults) were left with little to no continued support towards rehabilitation.

Question 9: What is your perception of how the cultural and racial factors affect the therapeutic interrelations between client (transitional age young adults) and mental health services? All three participants paused to answer this question.

Participant 1 expressed it was sad that not many young adults with mental health issues continued or were consistent with therapeutic care. She stated that most mental health patients, no matter the age or subgroup of diverse culture, were living with some form of serious mental illness, and found it difficult to commit to ongoing mental health treatment. She expressed that most young adult clients dropped out from the therapy treatment because it was tedious or embarrassing. Half of the transitional age young adult individuals with serious mental illness had not received any mental health treatment, which sometimes resulted in committing some type of crime and ending up in the judicial

system.

Participant 2 did not have much of a response on the topic. She expressed that from what little knowledge she had experienced, she noted some transitional age young adults ended up in mental health facilities where the staff members were not well trained or equipped to mentor or provide mental health service. This was due to the lack of knowledge and skills in observing the cultural differences of most mental health clients suffering with some type of mental health illness.

Participant 3 voiced that cultural competency was essential for all service providers who provide a therapist. Building a therapeutic alliance with an individual was an important factor regarding the individual's needs being met, which included being educated about the individual's culture and race. If an individual did not feel they could trust a therapist and/or felt a therapist did not have basic knowledge regarding their race/culture and/or did not try to learn more about their race/culture, ordinarily the service outcome was ineffective. There was not enough importance on the topic of mental health and transitional age young adults within the mental health culture to understand the preferences and the treatments that were available to address young adults' mental health needs.

Question 10: Do you feel that mental health services address specific needs of all transitional age young adults in the justice system? I provided here individual participant perspectives and responses for a more personal approach in observing how they felt about the mental health services meeting the specific needs of transitional age young adults in the justice system.

Participant 1 said, "I do not feel as though the needs of transitional age young

adults are addressed in the justice system mainly because of the lack of adequate personnel and knowledge of the needs" (Personal communication, March 4, 2020).

In response to the same question, Participant 2 expressed,

I feel upon a mental health service provider completing an assessment of an individual, the specific needs should be noted in the assessment. However, it is not guaranteed the specific needs will be addressed by the mental health provider. Sometimes, in order to better service the individual, it is in their best interest to refer and link the individual to another service provider. (Personal communication, March 4, 2020)

Participant 3 said,

I feel that mental health services do address the specific needs of all transitional age young adults if the prevention of problems as an intervention is addressed and access to care is available. (Personal communication, March 4, 2020)

### **Theme: Critical Impact of Family Involvement**

Question 11: How does family involvement contribute to mental health services offered to these transitional age young adults? Each participant expressed in the individual interview a different but very informative response.

Participant 1 stated that family involvement was key to the services offered, but because very few families became involved this was a real problem. Most young adults who needed these services never received them because there was no one including family members to advocate for them.

Participant 2 expressed that in her opinion, family involvement contributed to mental health services offered to an individual because sometimes the family provided

additional information during the assessment phase. There was sometimes a family history of mental health and substance abuse and the individual undergoing treatment was not aware, but a family member was aware. This factor made a difference in the service provided in the individual's treatment phase. When the young adult individual had the support system needed, this included the family members who were also included in the treatment phase and/or aftercare phase of treatment, and therefore, could be contributors to the individual's mental health service outcome.

Participant 3 noted that family involvement was important because it helped to improve the mental health outcomes of the transitional age young adult. Many young adults who were abandoned at an early age, taken from their homes and placed in foster care may end up in the justice system. When there was no family support system in place, the transitional age young adult was forced to deal with major factors like mental health illness, homelessness and a sense of displacement or stability.

### **Theme: Multi-System Responsive Services**

Question 12: What types of mental health involvement and multi-system services (if any) are offered to families to aid transitional age young adults in the justice system? The responses from each participant were limited and did not provide very much information to answer this question. I compiled the participants' answers together to answer this question. Their responses indicated collectively that services offered at the time were not geared toward the transitional age young adults. As explained in an earlier response, if the transitional age young adult agreed, then the family could be involved in the individual's treatment.

Participant 1 suggested that it can be helpful for the family member so they can

be educated regarding setting boundaries, learning the difference between helping and enabling, and as well, self-care. Also, sometimes family members can access services for themselves via using services through their employer (if employed) such as Employee Assistance Program (EAP) or get involved in family counseling that is usually provided as part of the individuals treatment plan.

Participant 3 added that sometimes if the transitional age young adult needed any type of other mental health services these would be provided to include in-home therapy, therapy offered in a school setting, community-based treatments, and structural family therapy.

Participant 2 said that multisystemic therapy for transitional age young adults is an intervention that was specifically developed to reduce recidivism in young adults (ages 17 to 21 years) who had one or more mental health illnesses. The primary purpose of the adaptation of this type of therapy was to reduce recidivism and help support positive functioning at work, in relationship with others and independent living. This treatment educated the young adult in coping skills and management of any co-occurring substance use disorder and mental health illness. At the time of this study, there were no effective interventions proven to reduce recidivism in transitional age young adults.

### **Perception of Community Support**

Question 13: What is your perception about the community in serving transitional age young adults with mental health diagnoses in the justice system? Participant 2 expressed that there was a perception that the community was not as involved as it should be with the rehabilitation process of the transitional age young adults with mental health illness, and therefore, most of them were not serviced properly. The participant suggested

that a solution to these mental health issues was to implement the use of a form of framework of mental health system of care: a wrap-around model could be used to widen the scope, target, and serve the young adult with mental health issues and their families at the community level. Mental health services and young adults need to cultivate a plan in the form of a community-based system that provided a support system that was easily accessible when services were required. When mental health services were needed, young adults or family members encountered the mental health service, where the case management were readily available to provide the necessary resources that were needed. Having these steps in place could prevent future incidents of crisis among young adult individuals, so they would not need crisis support.

Participant 3 went on to add that one program that was considered was mobile outreach where mental health providers and case management could make face-to-face/personal community contact and provide crisis intervention services. These services would target young adults by connecting with the community, families, mental health service providers, and substance abuse service providers. Service access would be provided 24/7 for young adults.

Participant 1 expressed her opinion in stating that there were many community service providers that offered services for transitional age young adults with mental health diagnoses in the justice system. However, some were better than others. The participant explained that in her opinion, using wraparound services (a system of care in mental health illness emphasizing the importance of maintenance for transitional age young adults in the least restrictive environment) with the organization and coordination of the multiple mental health care service programs would be beneficial for transitional

age young adults. The young adult individual would be provided with the wrap-around service which would include evaluating their strengths and linking them to on-going supportive services that would be essential to their rehabilitation process.

Participants voiced their perception that minimizing the practical barriers to accessing services would increase the likelihood that youth in need would remain in treatment. Many transitional age young adults had little to no access to available treatment or services. Sometimes treatment was difficult to get because of the lack of insurance which played a crucial part in getting care or service.

### **Final Thoughts from Participants**

As my last question, I asked: Is there anything else you would like to tell me about this topic? Participant 1 said,

There are a lot of things that need to be addressed about the transitional age young adults, but unfortunately the services for them are so few or the procedure to get help has been made so difficult most families don't even get the help they need.

There is so much that needs to be done to help these young people because if they don't get the proper help, they will be a statistic. (Personal communication, March 4, 2020)

Participant 2 said, "No! Good luck! Thanks for asking my input." (Personal communication, March 4, 2020). After the interview, this participant expressed in a side bar conversation that she wished there were more information to better understand the needs of this unpredictable age group of young adults. So many of these young adults get lost in the justice system.

Participant 3 said, "Nothing to add. I am happy you decided to write about a topic

that is so intense, and very little is out there to help transitional age young adults. Good luck" (Personal communication, March 4, 2020). This participant addressed the lack of money to assist in helping these young adults with mental health issues. Some mental health facilities are solely run on donations from major companies. But it is still not enough because the cost of having trained professional, services and medication is high. She added that sometimes because of a lack of resources, transitional age young adults with mental health issues become regular clients of the justice system.

### **Emerging Themes**

I utilized a thematic analysis to identify all the data that I collected through the interview process of participants. This method was exceedingly helpful in getting a more organized feel for the data collection before applying it in my research questionnaire process. As I reviewed my transcripts and handwritten side notes, I identified my approach to presenting the data in writing and ensuring accuracy in reporting the participants' responses. I colored coded with red, blue, and black pen marks to note and distinguish the factors that were extremely important in writing my results. I was able to break down and organize my themes to better serve my writing.

### **Summary**

There are numerous challenges that transitional age young adults encounter in dealing with mental health illness and the justice system. Many negative factors that contribute to a young adult's unwillingness to commit to treatment include feeling that the treatment is not working, having an attitude of feeling coerced and mistrustful, and feeling that treatment or services may be difficult to attain. An important factor that many mental health service providers and justice system leaders forget, is that there

should not be a one-size-fits-all approach to anyone with mental health illness. Every engagement with a transitional age young adult should fall in the context that they have an individually unique personality, life and social circumstances are different, and symptoms of mental health illness vary.

## CHAPTER FIVE

### **Discussion, Conclusions, and Recommendations**

The gaps and limitations of mental health services offered to transitional age young adults within the justice system are obvious. This research was aimed to understand the mental health needs of young adults in the justice system and what services can be provided to address those needs. The discussion and recommendations expanded upon the interconnectedness of the findings of the study of transitional age young adults with mental health problems involved in the justice system.

The purpose of my study was to explore the disparity within mental health services, the justice system, and the unmet needs of transitional age young adults. More than two million adolescents and young adults are interconnected with the justice system every year (Puzzanchera, 2009). Researchers demonstrated that a great number of adult youths (20-25%) suffer with serious emotional problems and 65-70% in the United States have at least one diagnosable mental health problem (Shufelt & Cocozza, 2006).

Many other researchers also observed that in the United States, the judicial system has often neglected the barriers that are present in the mental health services and have neglected to address the multiple mental health needs of many young adults for rehabilitation (Teplin et al., 2002). Transitional age young adults have the highest vulnerability rates among people with mental health problems and have become an extremely vulnerable subgroup in the justice system (Substance Abuse and Mental Health Services Administration, 2012). This age group often encounters multiple transitional periods during the developmental stages of their lives. Additionally, a significant number of young adults who are the predominant focus in the justice system generally fall

between the ages of 17 through 25 years (Davis & Vander Stoep, 1997). My study explored the disparity within the mental health system, the justice system, and the unmet needs of transitional age young adults.

## **Discussion**

The participants in this research study openly voiced their experiences about the limitations and gaps in mental health services offered to transitional age young adults within the justice system. The research questionnaire allowed each participant to share her thoughts and beliefs about mental health among young adults. All the participants expressed their feelings about the purpose and the aim of their personal truism to their profession to better understand the mental health needs and fill the gaps among transitional age young adults in the justice system and what services were inadequate in addressing those needs. The participants expressed that many transitional age young adults were administered mental health therapy sessions in an out-of-home justice (forensic court program) facility before transitioning back into the community environment. The interview/questionnaire discussion with three mental health professional participants demonstrated the interconnection between the findings of my study and the previous findings of the research in my literature review.

### **Mental Health Concerns for Transitional Age Young Adults in the Justice System**

Participants in my study indicated that understanding the link between transitional age young adults and mental health illness difficulties played a significant role in considering the type of treatment response. The participants also observed that in some of their therapy services the prevalence rate of transitional age young adults with mental health disorders within the justice system were discovered to be incessantly higher than

other age groups within the system. One participant summarized that there was increasing documentation that mental health illness was directly and indirectly linked to subsequent offending delinquency mental health behaviors and lifetime psychiatric disorder. The consensus among the participants was that child abuse and child neglect contributed to mood disorders and displays of irritability, anger, and hostility.

All participants articulated that depression and other kaleidoscopes of mental health illness disorders happen in about 10% – 25% of young adults in the justice system. They also added that many young adults with three or more diagnoses constituted an average of 16.0% of the population, and 54.1% of those were reported for arrest for violent crimes. The mental health professional participant with the most experience, Participant 1, expressed that the high prevalence of mental health illness disorders within the justice system indicated a need for various levels of mental health care with multiple approaches to treatment options, and that one size does not fit all. This participant went on to state that regardless of the diagnosis, transitional age young adults will exhibit mental health illness behaviors within the justice system differently. For every different type of mental health illness, needs may require different levels of mental health care. This participant went on to clarify that in distinguishing what type of diagnosis to apply, the transitional age young adult individual required an in-depth mental health assessment screening. Participant 1 went on to state that when the diagnosis was determined, the next step was to track down which effective treatment options best suited the individual, and this task can be a weighty procedure for just one system of care (mental health services) to fully provide.

## **Addressing Multisystemic Treatment**

During each one of the interview sessions, the participants expressed their concerns about the lack of an integrated co-occurring treatment (ICT) model plan. It is an integrated treatment program that primarily focuses on young adults and is a combination of components of service care that utilizes mental health services and intensive treatment elements. Participant 1 expressed that it is an effective application with other similar mental health populations but is adapted to the specialized needs of transitional age young adults with substance abuse disorders and co-occurring mental health problems, for example, mental health treatments, drug treatment, and the non-existence of family support for transitional age young adults especially before entry into the justice system.

When I asked the participants to further explain and give an example of a mental health treatment therapy plan, participant 2 expressed that the mental health treatment therapy sessions were presently developed and implemented in multisystemic therapy. This is an intense family-involved and community treatment program. It is a strategy therapy that teaches young adults with criminal offenses how to be successful in recovery. It is also incorporated in the mental health illness treatment of the young adult within the multidimensional family therapy program. The participant stated that it was a functional and effective way of integrating family therapy. Additionally, it was a treatment used for young adults within the justice system. Participant 3 stated that this modality of treating transitional age young adult offenders was identified as preventative and beneficial if it was provided in the justice system to better serve their mental health needs.

**Wraparound services.** Wraparound services use a system of care that emphasizes the maintenance of transitional age young adults in a least restrictive environment through intensive coordination of mental health services (Bruns et al., 2004). Participant 1 described that families are assigned to a team of professionals who establish a treatment plan for the young adult. These professionals include a family assistance specialist for emotional support, a mental health care coordinator, a probation counselor, and a juvenile services associate for assistance and mentoring. Young adults who participate in this program were less likely to recidivate and commit felony offenses (Pullmann et al., 2006). There are many similar programs designed that have shown some positive development in reducing recidivism. (Anderson et al., 2003; Kamradt, 2000). However, wraparound services have not approached or focused on transitional age young adults where they are most needed (i.e., over age 17).

**Recidivism.** The participants' narratives provided important information on recidivism and how it affected transitional age young adults dealing with mental health illness. Participant 2 expressed that generally, regardless of the transitional age young adults' background or type of program/treatment used, there are effective intervention programs available to reduce recidivism. One of these is multisystemic therapy (MST) intervention which is regularly used by mental health service providers to help the individuals with mental health illness and their families overcome any huddles. This type of therapy was specifically developed to reduce recidivism (an individual's relapse or return into the justice system) by improving the effectiveness of mental health programs in mental health care services and the justice system. This type of intervention will contribute significantly to decreasing the mental health illness of transitional age young

adults and enhance positive family interaction. According to participant 3, integrating MST into both systems will reduce recidivism and save the department of corrections and the state funding. Therefore, the necessity for diversion programs such as a mental health court is essential and will fill the gap for transitional age young adults with mental health illness to better serve their unmet needs.

**Reentry and aftercare programs.** Reentry and aftercare programs are established during the transition from incarceration to the community. Participants 2 & 3 agreed that the reentry program's aim is to reduce recidivism through coordination of services. Treatments, such as Multisystemic Therapy (MST), can be manipulated and tailored specifically for the benefit of the transitional age young adult's successful transition period in the reentry program. A meta-analysis of reentry programs for justice-involved young adults with mental health needs exhibited a minimal but positive effect on recidivism (James et al., 2013). Participant 2 added that these programs are equipped to incorporate developmentally appropriate services such as educational and job services, substance use services and skills training. However, family-based interventions that rely predominantly on family therapy cannot be fully delivered in the absence of involved mental health services and family members, which may handicap its application with transitional age young adults (Josi & Sechrest, 1999).

### **Impact of Family Involvement**

The narratives provided by the mental health professionals who participated in my study conveyed that family involvement in the mental health intervention program for transitional age young adults plays one of the most significant roles in the utilization and follow through of mental health services. The lack of family involvement was one of the

most significant gaps that was identified by the mental health professionals. Participant 1 expressed that when parents are not involved, the ability is diminished for transitional age young adults to continue seeing a therapist, taking medication, and getting the necessary tools and skills to ameliorate and reduce recidivism and decrease some of their targeted mental health problem behaviors. The young adult succumbs into old lifestyle patterns of drug use, homelessness, criminal activities, and violence which results in entering or re-entering the justice system. Family support and involvement are necessary for the young adult to improve the quality of life at home. Their involvement is important in assisting in the success of the mental health outcome of the transitional age young adult within the community. Participant 3 explained that one of the greatest negative setback stressors for transitional age young adults is recidivism due to dealing with the mental health illness alone, homelessness, and a sense of displacement and instability.

## **Conclusions**

I completed this research study to attempt to identify and explore factors that are associated with the disparity within mental health services, the justice system, and the unmet needs of transitional age young adults. Eight themes were introduced from the narratives: critical mental health diagnosis; common types of offenses; intervention/rehabilitative programs and services; gaps in mental health services; impact of cultural, gender, and racial responsive factors; multi-system responsive services; the critical impact of family involvement; and perception of community support.

In each of the themes presented, participants individually emphasized the more important points that related to the demands of transitional age young adults' mental health illness needs. For instance, Participant 1 expressed that "the prevalent rate of

young adults with mental disorders within the justice system is discovered to be consistently higher than other age groups” (Personal communication, March 4, 2020). Participant 2 pointed out in another theme that among young adults with mental illness “85% committed violent crimes resulting in arrest and [among those with] conduct disorder, 65% had alcohol use disorders, and 95% consisted of drug use disorders- (Personal communication, March 4, 2020). These examples show that mental health illness in transitional age young adults requires mental health service providers and the justice system to take a closer look at how mental health assistance and programs can help improve young adults’ quality of life.

**Research Question 1.** The first research question that guided my study was: What services can transitional age young adults with mental health issues use to help them resolve or mitigate their mental health issues before or after coming out of the justice system?

I designed Research Question 1 to identify whether transitional age young adults diagnosed with a mental illness have accessibility to mental health services before and after entering the justice system. The data showed that participating in any type of diversion program such as multi-systematic therapy (MST) will help support positive coping skills and may reduce the rate of recidivism. Thus, by diverting transitional age young adults from a punitive setting (justice system) to a more rehabilitative environment (forensic facility program), the mental health courts provided a more tangible opportunity for young adults with mental health illness to receive individualized mental health care services. This diversion will directly benefit the transitional age young adults and their families; it will also improve the efficacy of the justice system by conserving the limited

resources available (Gardner, 2011).

**Research Question 2.** The second research question that guided my study was: What are unmet needs and enabling factors that affect young adults with mental health issues that would prevent any use of mental health services? According to combined data from a 2009 to 2013 National Survey on Drug Use and Health (NSDUH), an annual average of 1.5 million transitional age young adults aged 17 to 25 required mental health services but did not receive any services (National Center for Health Statistics, Office of Information Services, 2013). Although many mental health disorders can be treated, only half of the young adults with needs for mental health services received services. Many young adults stated that reasons they did not receive mental health services included the following: cost of insurance was a huge issue and barrier to getting mental health services, lack of transportation, experience with discrimination from others, a perception that they didn't need mental health care service, and some indicated they did not believe treatment would help. Without mental health treatment, mental health problems in transitional age young adults can negatively affect all aspects of an individual's life.

**Research Question 3.** My third research question was: What barriers do young adults with mental health issues face? The most frequent response from the interviewees was that transitional age young adults with mental health issues expressed the main barrier was the stigma that goes along with having some form of disability, especially mental health disorders. Additionally, according to Mojtabai (2001), another reason why most young adults with mental health disorders do not seek professional assistance includes the negative attitudes they encounter towards them when asking for help. Other reasons such as confidentiality and trust of people finding out about their illness, cost,

transportation, they feel they can deal with the problem without help, but most importantly they believe that the treatment cannot help them. Another barrier is one of the most important and that is difficulty identifying their symptoms, and not knowing when and where to seek active help.

**Research Question 4.** The fourth research question that guided my study was: Who are at the greatest risk of encountering those barriers? Despite great efforts made to eliminate or reduce disparities in mental health services, there are still many significant unaddressed disparities which include risk factors such as access to mental health service, mortality, and morbidity in vulnerable and susceptible populations. These populations include ethnic and racial minorities, economically disadvantaged (low-income), the uninsured, the homeless, and those with mild to severe mental illness. Many times, transitional age young adults come across barriers in accessing mental health services. The powerlessness of young adult individuals is emphasized by ethnicity, race, sex, age, and outlying factors such as insurance coverage (or lack of), and income. A significant summation of their problems also stems from mental health issues that interconnect with social factors such as inadequate education and poverty.

### **Recommendations**

A recommendation for future research is a continuum of seeking, engineering, and implementing age-appropriate, sensitive approaches to young adults with serious/severe mental illnesses. Current programs and policies have shown to be insufficient in addressing the needs of justice-involved transitional age young adults with mental health disorders. The following recommendations are consistent for transitional age young adults with serious mental health conditions such as: rehabilitation versus

punishment, transition planning in the justice system, access to mental health treatments, training for professionals who come in contact with transitional age young adults, and family involvement (Davis & Koroloff, 2006).

Future research is needed to understand the gaps in mental health services within the justice system regarding multisystemic services that are offered to transitional age young adults within the justice system. Emphasis placed on the cultural and racial factors will help to address the implications of how mental health services play a significant role in young adult's involvement within mental health services and the justice system. Hopefully, future researchers will attain additional data from conducting more research studies that will delve deep into the world of mental health illness. These future studies should also include various professionals that encounter young adults with mental health illness to include probation officers, mental health professionals, probation officers, and other officials involved with the courts and justice system.

**Rehabilitation versus punishment.** With transitional age young adults in the justice system, there is a continual need to encourage a rehabilitative, rather than punitive approach. The justice system is encouraged to extend rehabilitative programs to encompass the developmental range of the transition to adulthood (17 through age 25). Specific guidelines should be implemented for young adults in this age group; it is recommended that policymakers perform a more rehabilitative approach while incorporating support systems such as mental health services, substance abuse interventions, and education training.

**Transition planning in the justice system.** Transition planning is a process that should be implemented for young adults 17 years or older in the justice system. These

plans should include mental health service provisions for transitional age young adults.

Assessments and treatment plans for needs in key areas of mental health services are crucial to the success of this transitional stage in adulthood (e.g., independent living and education). Stakeholders should have an input in the transition planning of such mental health services and vocational rehabilitation.

**Access to mental health treatments.** One barrier that transitional age young adults encounter is the lack of mental health treatment and health care coverage. Various Affordable Care Act (ACA) provisions increase availability of coverage for young adults, but there are reasons to be skeptical about the effectiveness of these coverages for transitional age young adults with mental health disorders. The lowest enrollment in health care coverage among young adults is related to the number of mental health behavioral disorders (Capoccia et al., 2013). In addition, improving coordination of mental health care services among transitional age young adults is important but will only be effective if quality mental health services are available to young adults.

### **Training for professionals who encounter transitional age young adults.**

Professionals who encounter individuals who have a mental health disorder should be trained on the specific needs of this population, including those in mental health services, officers in the justice system, and vocational rehabilitation systems. When there is a large pool of justice-involved transitional age young adults, it is recommended that a specialized group of probation officers be provided training in mental health to work with transitional age young adults.

**Family involvement.** As a youth transitions to adulthood, they often require the support of their family; unfortunately, as the youth advances into adulthood, family

involvement will potentially decrease. The goal is to have the youth gradually slide into “the driver’s seat” while encouragement and support is initiated by family members. Additionally, mentors and key individuals can promote and provide a flourishing transition to adulthood.

**Transitional age young adults’ mental health illness requires a unique categorization.** Transitional age young adults’ mental health illness should be treated in a different category than adults with mental illness. There should be a reminder to mental health professionals and clinicians about the importance of displaying the same respect for young adults that they display for adults. A key point to highlight is the importance of understanding, knowing about, and respecting young adults’ ethnicity, sex, lifestyle and culture, but most importantly respecting their privacy. Mental health providers and justice system professionals must understand the transitional stages of development. Research demonstrates that transitional age young adults are prescribed medications that are inappropriate for their mental health problems/diagnosis or may not work. This issue is gaining the attention of doctors in finding the correct medication for the correct diagnosis (Smith, 2012, Page 36).

The introduction of interventions of such as multisystemic therapy (MST) and wraparound programs differ in approach, but both address the needs of transitional age young adults with mental health issues. Multisystemic therapy (MST) is a brief, intensive, and clinically provided home-based treatment. The wraparound program is a long-term approach to coordinating and planning the provision of both informal and formal services in the community. These types of programs are proven to be effective and beneficial in helping transitional age young adults and families who require intensive and

long-term care to reduce recidivism. These types of services are not only recommended for helping young adults with mental health illness in crisis, but probation officers and the community in better understanding what treatment is recommended and how to administer it. Additionally, an important consideration is providing funding which affects the type of services that are available in the community (Callahan et al., 2012).

## **Conclusion**

The purpose of my study was to discover the prevalence of disparities in mental health services, the justice system, and the significant reasons for the lack in identifying the unmet needs of transitional age young adults. U.S. Department of Health and Human Services (DHHS) stated that somewhere in the middle of that continuum are "mental health problems" (1999, para. 4) which most people have experienced at some point in their lives. There are many identifying factors that can be addressed to improve and expand mental health services to better serve transitional age young adults. These factors of mental health problems lie in first identifying the symptoms of the disabling mental illnesses such as schizophrenia, major depression, and bipolar disorder. These disorders are based on the success that the mental health program and justice system provide intervention programs. Additionally, these factors may or may not have an impact on young adults with mental illness if they are not continually followed through with mental health services. The implementation of the multi-systematic therapy programs may assist in keeping mentally ill transitional age young adults out of the justice system and reduce recidivism.

Another finding suggested that mental health care providers and the justice system should use a more personal and sensitive approach with transitional age young

adults with mental health illnesses to develop more effective and stronger relationships with everyone involved in the process. This will improve treatment engagement and educating the transitional age young adults about medications and the dangers of drugs and alcohol. It will not be easy to always negotiate these territories.

Confrontation with the justice system among transitional age young adults often results in feelings that are emotionally frightening, charged, and confused. Individuals who suffer with a mental health illness and have not been previously exposed to the justice system will be doubly baffled. Managing the ensuing process is a bigger challenge than many people can imagine.

Courts have relied on the judgment of medical professionals when deciding that transitional age young adults have a serious medical/mental health needs. However, there are many deep-rooted problems among individuals in the mental health culture, and discovery and diagnoses of mental health illness in many young adults is an important element of treatment. The justice system environment (jails or prisons) is often not conducive to accurately observing and determining the diagnosis of individuals with mental illness. Many judicial facilities may not have psychiatrists or mental health professionals trained to diagnose or care for individuals with mental illness and make an accurate conclusion about serious mental health illness needs (National Alliance on Mental Illness, 1993).

Furthermore, transitional age young adult individuals with serious mental illness may not act out in a disruptive behavior, but rather withdraw and suffer silently. In the climate of prisons and jails, the requirement for treatment may go undetected for years, even when the young adult with mental health illness has a serious need for attention.

Yet, a constitutional violation occurs when the justice system officials act with "deliberate indifference" towards a known mental health risk of the young adult individual with a mental health illness (National Alliance on Mental Illness, 1993).

The prerogative to treatment that an individual in the justice system possesses is not without serious limitations. It only guarantees just enough treatment to ease or soothe the acute symptoms of the individual with mental illness. Therefore, the treatment may not extend further to avert recurring deterioration of the mental illness. Rehabilitative services during incarceration or program interventions to transition back into the community may not be offered.

An effective solution to offer justice system administrators would be to provide ongoing intervention therapy treatment of severe mental illness in transitional age young adults. This is an essential need in preventing amplification of symptoms and to better serve the long-term interests of both the young adult with serious mental illness and the justice system itself. It is critically important for family members to inform and communicate with the warden, treating psychiatrists, other mental health providers, and correctional officials regarding the history of mental illness and the specific treatment provided prior to the young adult's involvement with the justice system. Such communication can provide vital information that is necessary in understanding the needs of the transitional age young adult with mental illness. Every individual involved in the justice system with a serious medical need has the right to appropriate care, including persons with serious mental illness. This right is guaranteed by the due process clause and the Eighth Amendment of the U.S. Constitution passed by Congress on September 25, 1789 and ratified on December 15, 1791. The first 10 amendments to the Constitution

form the Bill of Rights, and they have been determined to apply to the treatment of individuals with serious mental illness.

At the root of all this confusion is a bigger problem: Mental health care is sadly underfunded in the United States. As a result, many of the approximately 15% of males and 30% of females in the justice system have some form of serious mental health condition and do not get needed care. Although programs and policies can save money in the long term, they can require a big initial investment, as well as a culture shift. For the mental health courts, lawmakers, and law enforcement officials, the cost remains a large hurdle and is a big commitment to a policy they are not all convinced is necessary or will work (National Alliance on Mental Illness, 2020). Nevertheless, these policies are gaining momentum across the country, and that provides hope.

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## **APPENDICES**

**Appendix A: Interview Questions**

**Appendix B: Informed Consent**

## **Appendix A**

### **Interview Questions**

1. How long have you been providing services to transitional age young adults with mental health problems?
2. What are the most common mental health diagnoses among referred transitional age young adults?
3. What are the most common types of offenses committed by transitional age young adults who enter into the justice system?
4. What types of mental health services are offered to these transitional age young adults?
5. What intervention programs are offered as an alternative to the traditional and disciplinary actions for these transitional age young adults with mental health problems?
6. What do you distinguish as gaps in mental health services for transitional age young adults in the justice system?
7. What is your perception of cultural and racial factors and how these factors affect the mental health services that are provided to transitional age young adults who enter into the justice system?
8. What is your perception of how cultural and racial factors affect their participation in mental health services?
9. What is your perception of how the cultural and racial factors affect the therapeutic interrelations between client (transition age young adults) and mental health services?

10. Do you feel that mental health services address specific needs of all transitional age young adults in the justice system?
11. How does family involvement contribute to mental health services offered to these transitional age young adults?
12. What types of mental health involvement and multi-system services (if any) are offered to families to aid transitional age young adults in the justice system?
13. What is your perception about the community in serving transitional age young adults with mental health diagnoses in the justice system?
14. Is there anything else you would like to tell me about this topic?

## Appendix B

### Informed Consent

#### Adult Participant Interview

My name is Maria Gremli Sanders, and I am a doctoral student at National Louis University, Tampa, Florida I am extending an invitation to you to participate in study on **“Gaps in the Mental Health, Justice System and the Transition to Adulthood: An Analysis of Unmet needs”**. I am also requesting for your consent to voluntarily participate in my dissertation project study. The purpose of this study is to explore an overview analysis of issues with the imbalance that occur within the mental health service, justice system and the unmet needs of transitional age young adults. The goal of my research is to study and identify the significant gaps of the unmet needs/services, and additionally raise the awareness in the lack of mental health services provided to young adults in the judicial system. This research may help to find ways of improving mental health needs and services for young transition adults in the judicial system.

Your participation in this research study is voluntary. If you choose to participate in this study, you may withdraw at any time without negative effects. Compensation will not be provided for your participation. In the event you withdraw from this study at any time, the information you have provided will remain confidential and will not be included in the final study. For your records, you will be provided with a copy of the signed consent form, the complete questionnaire and interview responses for your records.

There are no known risks associated with participating in this research. Your responds will be presented anonymously, and will one be identified by using pseudonym or another form of identification manner. Be assured that the researcher will be the only person with the information that links your name to this study.

The results of this study may be published or presented in the future at informational sessions, lectures and/or workshops. However, participants name will remain confidential. If you would like to request a transcript copy of this study, you may contact me at [mgremlisanders@my.nl.edu](mailto:mgremlisanders@my.nl.edu).

This form outlines the purpose of the study and provides a description of your involvement and rights as a participant. By signing below, you are providing consent to participate in a research project conducted by Maria Gremli Sanders doctoral student at National Louis University, Tampa. If you have any concerns or questions before or during participation that needs to be addressed or have not be addressed by this researcher, you may contact the dissertation chair: Dr. Carla Sparks; email: [csparks3@nl.edu](mailto:csparks3@nl.edu); phone: 813-928-6889 located at National Louis University Tampa , 5110 Sunforest Drive, Tampa, FL.

Interviews will last up to 45 min. and include approximately 13 questions. The interview will be recorded and transcribed to assist and ensure accuracy of information collected.

This recording will be confidential, and the identity of participants will not be attached to the data collected during the interview. The participants may view and have final approval on the content of interview transcripts. Upon request you may receive summary results from this study and copies of any publications that may occur. Please email the researcher, [mgremlisanders@my.nl.edu](mailto:mgremlisanders@my.nl.edu) to request results from this study.

Thank you for your consideration.

*Consent:* I understand that by signing below that I am agreeing to volunteer and permit Maria Gremli Sanders to conduct research interview for her dissertation study of **“Gaps in the Mental Health, Justice System and the Transition to Adulthood: An Analysis of Unmet needs”**.

My participation will consist of the activities below during a scheduled time period:

- One interview session lasting approximately 45 minutes.
- Up to two follow-up discussions to clarify any questions I may have regarding interview data

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Participant's Signature (Print)

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Participant's Signature

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Date

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Researcher's Name (Print)

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Researcher's Signature

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Date