

On his website, [Stephen Goldsmith](#) reviews current academic research that is most relevant to practitioners, policy advisors and policy makers.

This document summarizes: Cuellar, Allison Evans, Larkin S. McReynolds and Gail A. Wasserman. "A Cure for Crime: Can Mental Health Treatment Diversion Reduce Crime among Youth?" *Journal of Policy Analysis and Management* Winter 2006, Vol. 25 No 1: 197-214.

*State and local officials involved in public safety and youth services are constantly seeking cost-effective strategies for addressing the issues of youth crime. Many will look to mental health diversion programs as a potential solution.*

In this article, Cuellar *et al.* study mental health diversion programs for juvenile delinquents with mental disorders. National indicators suggest that 11% of American children and adolescents have diagnosable mental health disorders that result in significant functional impairment. These figures are even higher among delinquent youth. Diversion programs combined with skills training may reduce the rate of recidivism among former juvenile detainees and the overall costs of youth crime to society.

Increasingly, evidence points to a correlation between youth with mental disorders and crime. A summary of studies of incarcerated juveniles with mental disorders show that 20 to 50% were diagnosed with substance abuse disorders, 10 to 24% with mood disorders, 7 to 33% with anxiety disorders, and 21 to 43% with disruptive disorders. Mental health diversion programs serve to provide psychotherapeutic and interpersonal skills training for youth with mental disorders. Policymakers consider rehabilitative programs such as these more effective for delinquent youths than harsh punishment, but little evidence exists on the effectiveness of mental health diversion programs.

In order to measure the effectiveness of these programs, the authors studied the Special Needs Diversionary Program under Texas' Enhanced Mental Health Services Initiative. Launched in 2001, the program offered treatment services to youth who were sentenced to probation or were to be supervised in the community. Local mental health providers and specialized juvenile-probation officers delivered the services, which included therapy, medication monitoring, and crisis management.

Over a three-year period, the study followed 148 participants in six counties. The comparison group included youth who were also eligible, but who were placed on the waiting list due to size constraints. Within one year of launching the Texas study, there were 63 fewer re-arrests per 100 youth per year, suggesting that these programs can delay or prevent youth recidivism. The results show that the effects on felony crime are even greater than for all crimes in general.

The authors suggest that the prevalence of mental health disorders and the correlation between mental health disorders and crime would indicate that mental health diversion programs are a viable solution to reducing crime rates by delaying or preventing youth recidivism. However, they also acknowledge that the results of the Texas study are not

easily generalized. Major considerations include the limited sample size and scope, voluntary nature of the program, and the lack of differentiation between mental health disorders in the study. Further, questions over who should pay for diversion programs, and how much should be spent, continue to be debated.