For decades, suicide prevention efforts have focused primarily on public school systems. Nationally, few efforts have been made to address at-risk youth in the juvenile courts. While suicide prevention in schools is necessary, unfortunately, the Utah Youth Suicide Study discovered that youth who die by suicide more frequently have contact with the juvenile court system than with schools in the year prior to death.

Pilot study findings show that youth in the intervention group who received appropriate mental health screening, referral for treatment and rapid access to family-oriented psychiatric outpatient and in-home family services demonstrated significant mental health status improvement, as well as increased suppression, which decreased the length of time spent in out-of-home court placements.

In 2006, Utah received a SAMHSA grant through the Garrett Lee Smith Memorial Act to expand family-centered suicide prevention services to youth at highest risk for suicide death; mentally ill youth involved with the juvenile court system. Nearly 70% of Utah’s juvenile court population screens positive for significant mental health problems. This grant provides early intervention resources, for mentally ill juvenile offenders who are younger and have fewer offenses than those who typically receive resources. Resources include in-home family service program (Families First), a psychiatric and family evaluation and follow-up appointments as needed. Utah’s Court administrators and judges support a web-based screening system (CARE: Courts and Agencies Records Exchange), which now includes the Youth Outcome Questionnaire (Y-OQ). The Y-OQ was developed to measure ongoing treatment progress of children and adolescents receiving psychotherapy for behavioral and emotional problems. It is a 64-item self or parent report measure of psychosocial functioning for children and adolescents, aged 3-18 years. Unlike other commonly used measures of youth functioning (e.g., the Child Behavior Checklist; [31]) the Y-OQ was specifically designed to be sensitive to observed changes in psychosocial functioning rather than diagnose or categorize specific forms of psychopathology. The Y-OQ is administered to all juvenile offenders currently in contact with their system. This allows multiple referrals for mental health treatment, as well as tracking of treatment outcomes. The Y-OQ system is interfaced with the current statewide web-based information management system for juvenile offenders (CARE), which allows ongoing monitoring of mental health status for a large group of at-risk youth, and provides the opportunity for repeated screenings and referrals, rather than a single screening. In addition, it allows mental health treatment providers, probation officers, judges, and others to track the progress of youth in order to make necessary changes to ensure mental health status improvement.

Current findings highlight the importance of ensuring continuity of mental health care for juvenile offenders before out-of-home court placements are ordered, which require detainment. Ideally, mental health screening, referral, and treatment should be initiated early on, when youth enter the juvenile court system while youth remain with their families. Working with the juvenile court system has provided both opportunities and challenges. Based on data from this project, we will be able to provide an evidence-based model for screening, referral, and treatment services (the continuum of mental health care) within the context of the juvenile court setting and coordination of services across government, non-profit and for-profit agencies.