

Exploring Expert Knowledge on Journeys, Research Engagement, Distribution Pathways, and Privacy Considerations of a Mental Health Robot for Youth who have been in Juvenile Detention

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Objectives

- (1) To understand the contexts where a mental health robot for youth who have been in juvenile detention might exist
- (2) To identify key periods where mental health support is most needed

Background

Mental health care can reduce recidivism rates of youth who have been in juvenile detention [1]. Many access barriers exist [2, 3], and social robots may help resolve them. Before building a mental health robot, we must understand the needs of the population. Specifically:

- How to engage in research with this population
- What robot distribution pathways exist
- What factors influence success in this population

Methods (Focus Group)

- Focus groups of 3-4 participants are included
- Participants completed journey maps of youth reintegration journeys that mapped key events, stakeholders, emotions, control, and areas of additional mental health support (Fig. 1)
- Participants discussed prompts regarding reintegration success factors
- Thematic analysis was performed on audio transcripts of the discussions

Results

- These results highlight the first focus group
- Mentorship: Having an adult mentor is associated with positive behavior changes and successful community reintegration.
- Activities: Engaging in jobs, volunteering, and school clubs can reduce boredom and promote self-esteem.
- Healthcare: Accessing healthcare is a critical factor in successful community reintegration, but even when available it can be difficult to access.

Youth emerging from juvenile detention can thrive in their communities when specific, supportive factors are in place.

Mentorship: “... if they have at least one supportive adult in their life, they’re far more likely to be successful and resilient versus if they don’t have a single connection with anyone.”

Activity Engagement: “I think a part time job or even volunteering or being part of empowerment or something just, like, tangible, where they can say ‘I did this’.”

Accessibility of Healthcare: “So to get placed in a residential, it now all goes to a specialized placement unit. So every if every county has a local office, if they have a youth that they think needs residential, they do a referral to the specialized placement unit, and...”

References

[1] Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and offenders*, 4(2), 124-147.
[2] Udell, W., Mohammed, S., & Breland, D. (2017). Barriers to independently accessing care among detention youth. *Journal of Adolescent Research*, 32(4), 433-455.
[3] US Health Resources and Services Administration. (n.d.). *Health Workforce Shortage Areas*. Shortage Areas. <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

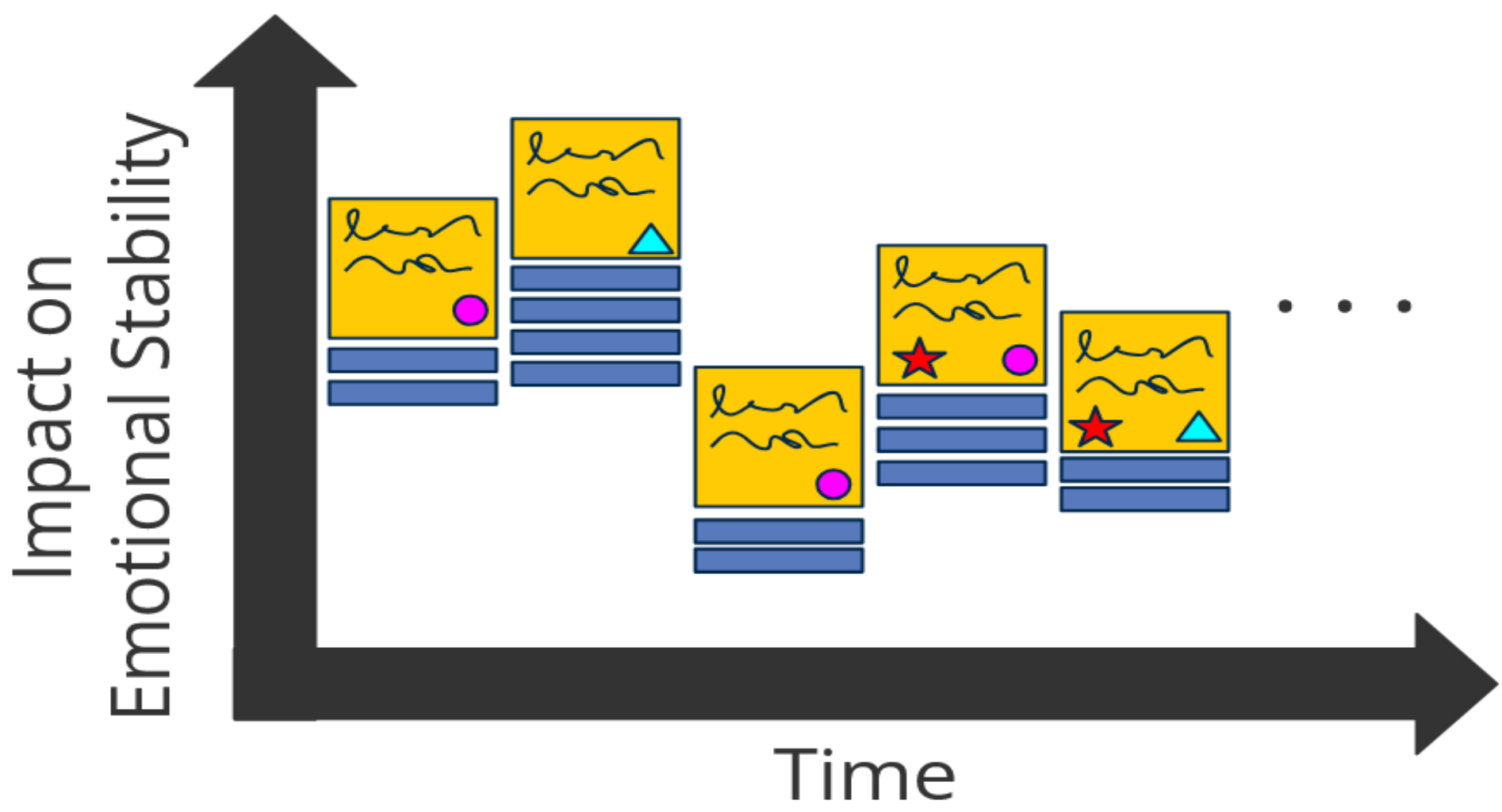


Fig. 1: A schematic of a completed journey map.

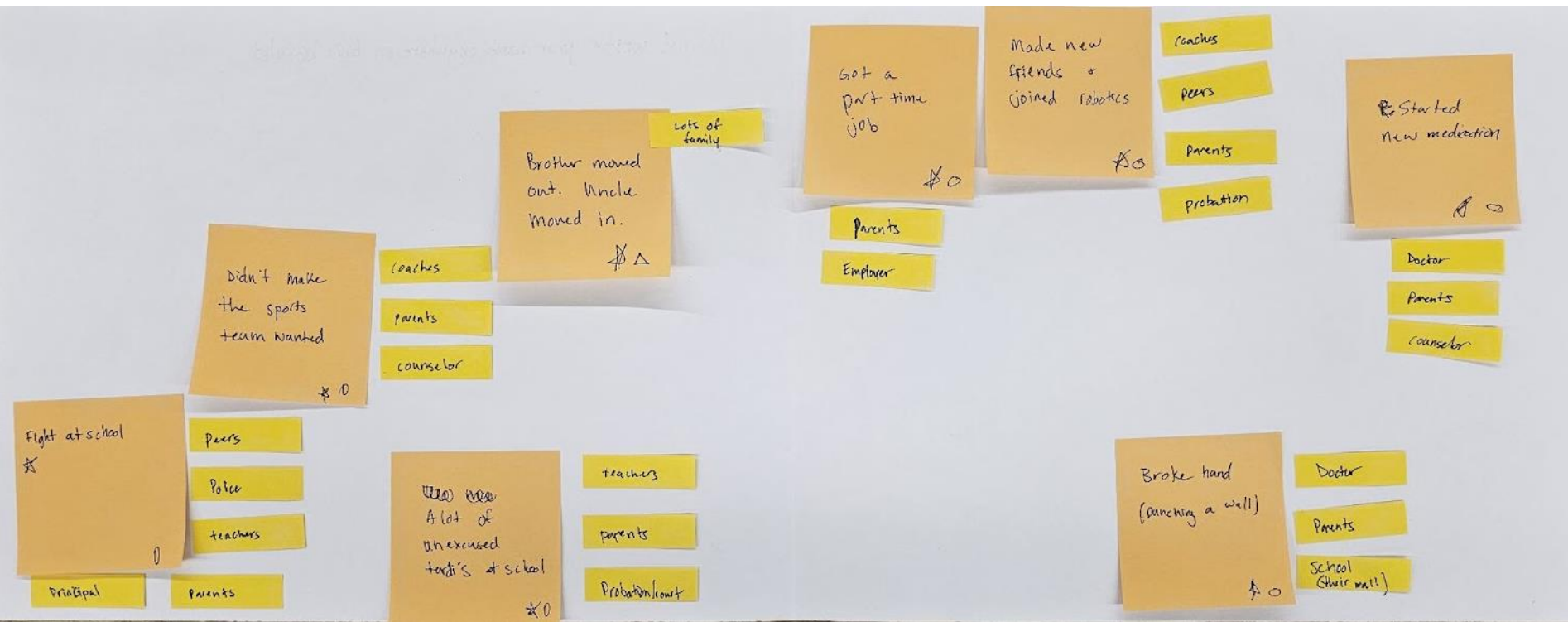


Fig. 2: A completed journey map that highlights events and factors that lead to a successful outcome.

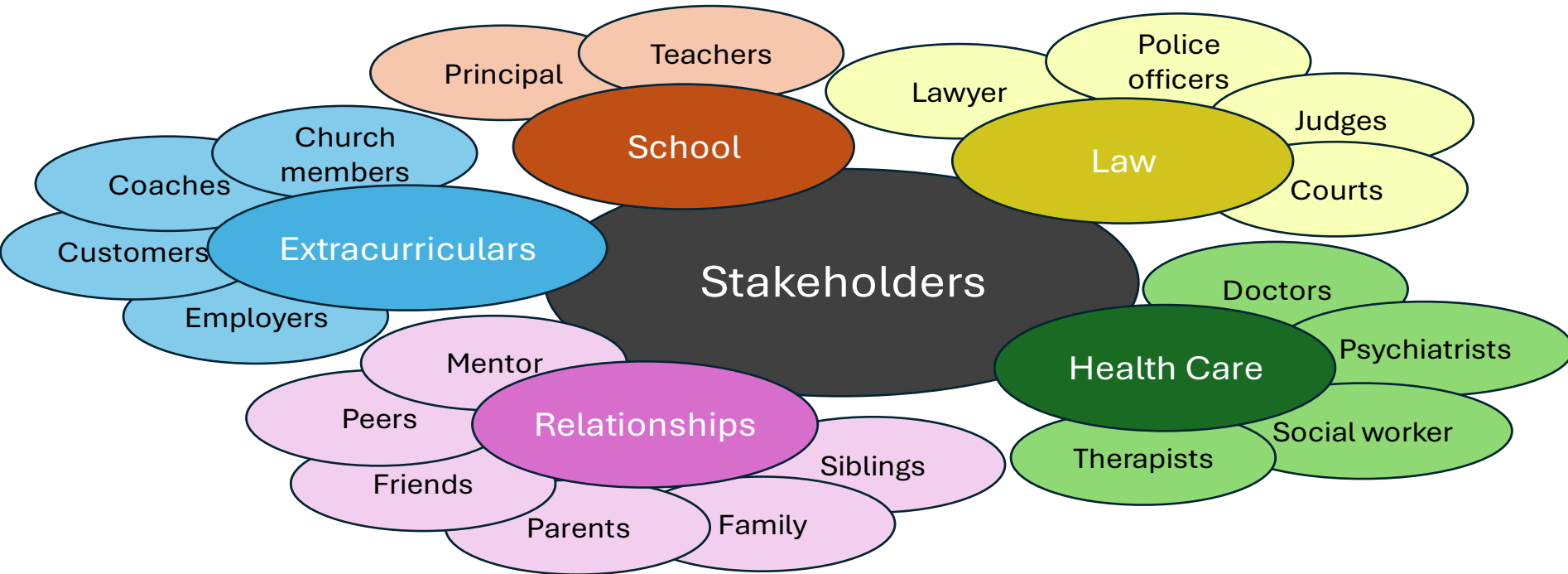


Fig. 3: Stakeholders identified in the journey maps grouped together by theme