

## Do the new understandings of Neurodevelopmental, Psychiatric and Addiction Disorders as often arising from Diverse Developmental Dysregulations of Multiple Systems of the Body and Evolving Over the Lifespan support a Public Health Approach to Criminal Justice with a Broad-Based Continuum of Care?

Yes, lifespan, multi-system understandings of neurodevelopmental, psychiatric, and addiction disorders strongly support a public health–oriented criminal justice system with a broad continuum of care.

### Do new understandings of neurodevelopmental, psychiatric and addiction disorders support a public health, continuum-of-care approach to criminal justice?

Requires at least 5 papers that directly answer your question. Try adjusting your query to find more papers.

Modern research frames these conditions as chronic, developmentally rooted, and shaped by interacting biological and social systems. This perspective aligns poorly with punishment-focused responses and strongly with prevention, early intervention, integrated treatment, and continuity of care across justice settings.

### Mechanisms & Developmental Origins

- Substance use disorders involve **long-lasting brain changes** in reward, executive function, stress and mood systems, with risk shaped by genetics, developmental stage, and adverse childhood experiences. (Volkow & Blanco, 2023)- Neurodevelopmental conditions form a **lifelong spectrum**, strongly overlapping with other psychiatric problems and influenced by environmental risks across development. (Michellini et al., 2024; Antolini & Colizzi, 2023)- Child maltreatment and other adversities trigger **multilevel cascades** (neurobiological, cognitive, social) that raise risk for later SUD and other problems, consistent with equifinality/multifinality. (Cicchetti & Handley, 2019)### Implications for Public Health–Oriented Justice
- Leading addiction researchers call for SUD care within a **Chronic Care Model**, adjusting intensity over time, integrating psychiatric/physical comorbidities, and dismantling criminalizing policies in favor of prevention and treatment access. (Volkow & Blanco, 2023)- Dual-disorder guidance emphasizes “**no wrong door**”, age-specific interventions across the lifespan, prevention addressing early adversity, and guaranteed access to services in prisons and youth detention. (Drake et al., 2020)- Justice-involved young adults with SUD require **developmentally appropriate responses**, and reliance on the justice system as the primary treatment gateway is cautioned against; policy principles explicitly link justice reform with medical and public health advances. (Perker & Chester, 2021)### Continuum of Care, Diversion & Integrated Systems

Aspect of Continuum of Care	Supporting Evidence	Citations
Early screening & diversion for NDDs	Comprehensive assessment and early, multi-sector intervention can prevent youth detention and lifelong incarceration; calls for <b>intersectoral policy shifts</b> and prevention funding.	(Holland et al., 2021)
Multi-agency pathways out of custody	A <b>whole-system diversionary model</b> with specialized screening, forensic liaison and community “on-ramps” reduces recidivism and	(Tripathy et al., 2025)

Aspect of Continuum of Care	Supporting Evidence	Citations
	support gaps for people with learning disability/autism.	
Neuropsychology-informed prison care	Prison SUD is best seen as the outcome of developmental, neurocognitive and environmental processes; authors argue for <b>continuity of care after release</b> and against compliance-only models.	(Hussin, 2026)
Developmental juvenile justice & community-based responses	Evidence supports <b>community-based corrections</b> engaging youths' social context, aligned with healthy adolescent brain development and capacity for change.	(Cavanagh, 2022; Ramírez-Rivera & Martínez-González, 2026)

FIGURE 1 How evidence links development, disorder, and justice reform

Public health–style juvenile justice models explicitly integrate **prevention, multi-level supports, and restorative approaches**, aiming to reduce disparities and address youths’ multi-layered needs. (April et al., 2023; Folk et al., 2021)## Broader Systems & Lifespan Integration

- High rates of NDDs in prisons and their links to disruptive behaviour and psychiatric symptoms highlight a need for **specific interventions and prevention strategies within the criminal justice system**. (Young et al., 2018)- Lifelong, transdiagnostic views of neurodevelopmental and mental health conditions support **service delivery based on needs, severity, and functioning**, not narrow diagnostic labels—potentially expanding access and reducing structural inequities. (Micheline et al., 2024; Morris et al., 2025)## Conclusion

Across neurodevelopmental, psychiatric, and addiction research, these conditions are understood as **lifelong, multi-system, developmentally embedded and highly responsive to context and care**. The evidence consistently points toward criminal justice as a key site for **screening, diversion, integrated treatment, and long-term continuity of care**, and away from narrow, punitive models. This body of work therefore strongly supports a **public health–based criminal justice system built on prevention, multi-agency coordination, and a broad, lifespan continuum of care**.

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