

Does the Science-Practice Gap between Bio-Medical Mechanistic Understandings of Neurodevelopmental and Psychiatric Disorders and Lagging Translational Medicine and Research carry an unreasonable risk of Irreparable Harm to Justice-Involved and Homeless Individuals with Neurodevelopmental and Psychiatric Disorders?

Yes, the **science-practice gap** carries an **unreasonably high risk** of potentially irreparable harm.

Does the science-practice gap between biomedical mechanistic understanding and lagging translational research increase irreparable harm risk for justice-involved and homeless individuals with...

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

FIGURE 1 Consensus on harm from the science-practice gap

The meter points to **yes** because the literature agrees that effective mental health interventions exist but often do not reach real-world care, especially in complex, marginalized settings (McGinty et al., 2024; Dollar & Bahraini, 2025). It also shows that under-identification, service fragmentation, and poor translation are especially damaging for justice-involved youth and people with neurodevelopmental conditions, where missed care can mean incarceration, functional decline, and loss of rights (Holland et al., 2021; Munir et al., 2026).

Risk of Harm

Evidence

Strength

Claim



Strong

The **know-do gap** is large: evidence-based mental health treatments exist, but most people who could benefit do not receive them at scale (McGinty et al., 2024; Kazdin, 2017)



Strong

In justice settings, failure to identify and treat **neurodevelopmental disorders** can lead to punitive management, deficient programs, and detention that exposes youth to harm (Holland et al., 2021)



Moderate

Mechanistic progress alone has not translated well because diagnostic categories, reductionist models, and weak implementation pathways often do not match real-world heterogeneity (Wang et al., 2026; Sonuga-Barke, 2025)

FIGURE 2 Evidence strength for the main harm claims

Justice and Homelessness

Justice-involved youth with neurodevelopmental disorders are overrepresented in the system, yet the evidence base for screening, assessment, and intervention remains thin, and the review explicitly calls the resulting situation ethically irresponsible (Holland et al., 2021). Detaining youth with these disorders without adequate identification and support is framed as a failure to protect them from harm, not just a service inefficiency (Holland et al., 2021).

The same pattern plausibly extends to homeless populations with neurodevelopmental and psychiatric disorders because the implementation literature shows that vulnerable groups in complex care settings are exactly where evidence uptake fails most often (Dollar & Bahraini, 2025; Mcginty et al., 2024). Papers focused on intellectual and developmental disorders add that **diagnostic overshadowing**, fragmentation, and marginalization still persist in everyday psychiatry, which increases the risk that severe needs are missed until consequences become entrenched (Munir et al., 2026).

Why Translation Fails

- **Diagnostic silos** impede care because neurodevelopmental conditions are still often studied and treated in isolation despite high psychiatric co-occurrence (Michelini et al., 2024; Astle et al., 2021).
- **Reductionist models** can miss human heterogeneity, so treatments that work in engineered models may not engage real patient pathophysiology (Wang et al., 2026).
- **Workforce confusion** in justice services blurs NDDs with mental illness and leads to mismatched sentencing, treatment, and support (Pedruzzi et al., 2021).

Translational Priorities

A stronger translational path centers on transdiagnostic assessment, interdisciplinary care, and implementation methods designed for real service systems rather than idealized clinics (Michelini et al., 2024; Colenda et al., 2026; Williams & Beidas, 2018). The most consistent proposed fixes are stakeholder engagement, organizational support, culturally competent assessment, and practical workforce tools, because implementation succeeds only when interventions fit the settings where people actually receive care (Dollar & Bahraini, 2025; Holland et al., 2021; Pedruzzi et al., 2021).

The answer to your question is yes: the literature supports that this science-practice gap creates an unreasonably high risk of potentially irreparable harm for justice-involved and likely homeless individuals with neurodevelopmental and psychiatric disorders, especially when missed diagnosis, fragmented care, and punitive systems reinforce each other.

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