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Robert L. Listenbee, Administrator

Beyond Detention

Even though research indicates that the majority of youth in the juvenile justice system have been diagnosed with psychiatric disorders, reports issued by the Surgeon General and the President's New Freedom Commission on Mental Health show that juvenile detainees often do not receive the treatment and services they need.

This bulletin series presents the results of the Northwestern Juvenile Project, the first large-scale, prospective longitudinal study of drug, alcohol, and psychiatric disorders in a diverse sample of juvenile detainees. Individual bulletins examine topics such as suicidal behaviors in youth in detention, posttraumatic stress disorder and trauma among this population, functional impairment in youth after detention, and barriers for youth who need to receive mental health services.

Nearly all detained youth eventually return to their communities and the findings presented in this series provide empirical evidence that can be used to better understand how to meet youth's mental health needs and provide appropriate services while in detention and after their release. The Office of Juvenile Justice and Delinquency Prevention hopes this knowledge will help guide innovative juvenile justice policy and create a better future for youth with psychiatric disorders in the justice system.

Perceived Barriers to Mental Health Services Among Detained Youth

Karen M. Abram, Leah D. Paskar, Jason J. Washburn, Linda A. Teplin, Naomi A. Zwecker, and Nicole M. Azores-Gococo

Highlights

This bulletin is part of a series that presents the results of the Northwestern Juvenile Project—a longitudinal study of youth detained at the Cook County Juvenile Temporary Detention Center in Chicago, IL. The authors examine youth's perceptions of barriers to mental health services, focusing on youth with alcohol, drug, and mental health disorders.

Findings include the following:

- Most frequently, youth did not receive services because they believed their problems would go away without outside help (56.5 percent).
- Nearly one-third of youth (31.7 percent) were not sure whom to contact or where to get help.
- Nearly one-fifth of the sample (19.1 percent) reported difficulty in obtaining help.
- African American and Hispanic detainees received significantly fewer services in the past compared with non-Hispanic white youth. Male detainees also received significantly fewer services in the past when compared with female detainees.





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More than 2 million youth are arrested each year (Snyder, 2005), and more than 61,000 juveniles were placed in custody on any given day in 2011 (Sickmund et al., 2013). Of the many youth involved in the juvenile justice system, most meet the criteria for psychiatric disorders that warrant mental health treatment (Teplin et al., 2002; Vermeiren, Jespers, and Moffit, 2006; Wasserman et al., 2002). Estimates indicate that nearly 70 percent of female detainees and 60 percent of male detainees have a psychiatric disorder other than a conduct disorder (Teplin et al., 2002) and that approximately half have two or more disorders (Abram et al., 2003). Rates of psychiatric

disorder among youth in the juvenile justice system are substantially higher than rates in the general population (Teplin et al., 2002).

Jails are required to provide a minimum of psychiatric care to inmates (American Association of Correctional Psychology, 2000), yet reports issued by the Surgeon General (U.S. Department of Health and Human Services, 2000) and The President's New Freedom Commission on Mental Health (2004) suggest that youth in custody are profoundly underserved.

ABOUT THIS SERIES

Studies in this series describe the results of statistical analyses of the Northwestern Juvenile Project, a longitudinal study of youth detained at the Cook County Juvenile Temporary Detention Center in Chicago, IL, between 1995 and 1998. The sample included 1,829 male and female detainees between ages 10 and 18. The data come from structured interviews with the youth.

Topics covered in the series include the prevalence of suicidal thoughts and behaviors among juvenile detainees, posttraumatic stress disorder and trauma within this population, functional impairment after detention (at work, at school, at home, or in the community), psychiatric disorders in youth processed in juvenile or adult court, barriers to mental health services, violent death among delinquent youth, and the prevalence of psychiatric disorders in youth after detention. The bulletins can be accessed from the Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) website, ojjdp.gov.

In addition to the funding that OJJDP provided, the research also was supported by the National Institute on Drug Abuse, the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, the Substance Abuse and Mental Health Services Administration (Center for Mental Health Services, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment), the Centers for Disease Control and Prevention (National Center for Injury Prevention and Control and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention), the National Institutes of Health Office of Research on Women's Health, the National Institute on Minority Health and Health Disparities, the Office of Rare Diseases, the Office of Behavioral and Social Sciences Research, the U.S. Departments of Labor and Housing and Urban Development, the William T. Grant Foundation, and the Robert Wood Johnson Foundation. The John D. and Catherine T. MacArthur Foundation, the Open Society Foundations, and the Chicago Community Trust provided additional funds.

This bulletin describes the results of a study that examined youth's perceptions of barriers to mental health services. The authors interviewed 1,829 juveniles detained in Chicago to determine their need for, use of, and barriers to services.

Background

Although more than 70 percent of detention centers now screen for mental disorders (Goldstrom et al., 2000), research suggests that only 15.4 percent of detainees with major mental disorders receive treatment (Teplin et al., 2005). Males, older youth, and racial/ethnic minorities with major mental disorders are significantly less likely to receive treatment than females, younger detainees, and non-Hispanic whites with major mental disorders (Teplin et al., 2005).

Youth in the juvenile justice system have many of the characteristics associated with lower rates of service use: poverty and poor education (Buckner and Bassuk, 1997; Heflinger, Chatman, and Saunders, 2006; Pumariega et al., 1998), inadequate health insurance and ineligibility for Medicaid (Flores et al., 2002; Holl et al., 1995; Moffitt and Slade, 1997), racial/ethnic minority status (Heflinger, Chatman, and Saunders, 2006; McMiller and Weisz, 1996), a history of arrest (Rogers et al., 2001; Teplin et al., 2002), and a small social network (Harrison, McKay, and Bannon, 2004; McKay, McCadam, and Gonzales, 1996).

Although much is known about these external barriers to mental health service use, less is known about youth's perceived barriers and attitudes toward service use. How youth think about services helps determine whether they cooperate with referrals or remain in treatment. To date, three studies have examined perceived barriers to substance abuse treatment among detained youth (Johnson et al., 2001; Kim and Fendrich, 2002; Lopez, 2003). Kim and Fendrich (2002) and Lopez (2003) found that a youth's perceived need for treatment, regardless of his or her race or ethnicity, determined whether he or she sought services for substance abuse. Johnson and colleagues (2001) found that detainees who believed they could handle their own problems or that problems would simply go away had lower rates of service use. However, these studies only examined services for substance abuse. To the authors' knowledge, no study until this point had investigated perceived barriers to mental health service use among juvenile detainees. The study described in this bulletin was designed to address this omission in the literature. Because prior evidence suggests that perceptions of services may differ across sociodemographic groups, the study also examines gender and racial/ethnic differences

in perceived barriers (Diala et al., 2000, 2001; Gonzalez, Alegria, and Prihoda, 2005; Ojeda and Bergstresser, 2008).

Methods

This section provides a brief overview of the authors' methods. Additional, detailed information on the methodology can be found in Abram et al. (2003) and Teplin et al. (2002).

Participants and Sampling Procedures

Participants were part of the Northwestern Juvenile Project (NJP), a longitudinal study of 1,829 youth (ages 10–18) arrested and detained between November 20, 1995, and June 14, 1998, at the Cook County Juvenile Temporary Detention Center (CCJTDC) in Chicago, IL. The random sample was stratified by gender, race/ethnicity (African American, non-Hispanic white, Hispanic), age (10–13 years, or older than 14 years), and legal status (processed as a juvenile or as an adult) to obtain enough participants to examine key subgroups (e.g., females, Hispanics, younger children).

Like juvenile detainees nationwide, the majority of CCJTDC detainees are male and most belong to racial/ethnic minority groups (77.9 percent African American, 5.6 percent non-Hispanic white, 16 percent Hispanic, and 0.5 percent other racial/ethnic groups). The age and offense distributions of the CCJTDC detainees are also similar to detained juveniles nationwide (Snyder and Sickmund, 2006).

The authors chose the detention center in Cook County (which includes Chicago and surrounding suburbs) for three reasons:

- Nationwide, most juvenile detainees live in and are detained in urban areas (Pastore and Maguire, 2000).
- Cook County is ethnically diverse and has one of the largest Hispanic populations in the United States. Studying this population is important because Hispanics are the largest minority group in the United States (U.S. Census Bureau, 2000, 2001).
- The detention center's size (daily census of approximately 650 youth, intake of 20 youth per day) ensured that a large enough pool of participants would be available.

Detainees were sampled for the study regardless of their psychiatric morbidity, state of drug or alcohol intoxication, or fitness to stand trial. Participants received a face-to-face structured interview in a private area. The interviews typically took place within 2 days of intake and lasted approximately 2 to 3 hours.

Measures

The authors identified youth’s psychiatric diagnosis and measured their functional impairment to determine their need for mental health services. They used the Diagnostic Interview Schedule for Children, version 2.3 (DISC-2.3), based on the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R; 1987)* criteria, to measure alcohol, drug, and mental disorders (Bravo et al., 1993; Shaffer et al., 1996). These included affective disorders (major depression, dysthymia, mania, hypomania), anxiety disorders (panic, generalized anxiety, separation anxiety, obsessive-compulsive, overanxious), behavior disorders (conduct, attention-deficit/hyperactivity, oppositional), psychosis, and substance use disorders (alcohol, marijuana, and other substances). The authors then used the Children’s Global Assessment Scale (Shaffer et al., 1983) to measure functional impairment. This instrument allows the interviewer to determine the lowest level of the interviewee’s functioning at home, at school and/or work, and in other social environments. Scores range from 1 (most impaired) to 100 (healthiest). Scores of less than 61 indicate that children require services (Bird et al., 1990).

To assess service use and barriers to services, the authors used the Service Utilization and Risk Factors interview (Lahey et al., 1996). Interviewees were asked about services received for educational, behavioral, emotional, or substance use problems; types of services received (inpatient, outpatient, or residential); treatment providers; length of treatment; and their satisfaction with services.

The authors asked youth who were currently in treatment, or who had a history of using mental health services, why they stopped treatment or whether various factors made them think about stopping treatment. Of the youth who had been referred but had not received treatment, the authors asked why they had not gone for help. Of those who had never been referred nor received services, the authors asked which factors would impede them from getting help if they needed it. The specific barriers assessed were a belief that the problem would go away or could be solved on one’s own, being unsure of the right person or place to get help, difficulty in obtaining help, concern about what others would think, and worry about cost. The authors also asked participants if there were “other” barriers beyond those specifically listed that they would like to volunteer. Barriers were not mutually exclusive; participants

Barriers to Nonschool Service Use Among Detainees With Alcohol, Drug, or Mental Disorders

| Barriers | Total (n = 1,216) | Males (Percent) | | | | Analysis Comparing Groups, p value |
|---|----------------------|---------------------------------|--|--|--|---|
| | | Total (n = 752) ¹ | Received Past Services (n = 403) | Referred, Never Received (n = 128) | Never Referred, Never Received (n = 202) | |
| Any barriers | 84.6 | 84.2 | 84.0 | 92.7 | 81.8 | 0.71 |
| Belief that problem would go away or could be solved on own | 56.5 | 56.3 | 64.1 | 46.8 | 52.4 | 0.07 |
| Unsure of the right person or place to get help | 31.7 | 31.0 | 24.4 | 47.5 | 34.9 | <0.05; referred > received |
| Too difficult to obtain help | 19.1 | 19.4 | 19.7 | 15.0 | 20.8 | 0.72 |
| Concern about what others would think | 16.4 | 16.3 | 10.0 | 12.4 | 28.4 | <0.01; never referred > received |
| Worry about cost | 13.2 | 13.3 | 6.4 | 10.0 | 23.7 | <0.001; never referred > received |
| Other ³ | 26.5 | 25.3 | 37.2 | 27.8 | 6.8 | <0.001; received; referred > never received |

Notes: Data are weighted to reflect the actual population of the Cook County Juvenile Temporary Detention Center. Alcohol, drug, and mental disorders include major depression, mania, dysthymia, hypomania, obsessive-compulsive disorder, overanxious disorder, generalized anxiety disorder, separation anxiety disorder, panic disorder, psychosis, alcohol use disorder, marijuana use disorder, other substance use disorder, attention-deficit/hyperactivity disorder, conduct disorder, and oppositional defiant disorder.

¹ Nineteen males did not receive all or part of the services section from the Service Utilization and Risk Factors interview; they were excluded from these analyses.

² Five female participants were missing data from the services section of the Service Utilization and Risk Factors interview and were excluded from these analyses.

³ Participants were asked if there were other barriers to services that were not already listed.

could choose more than one. The results are summarized below; for more detailed information, see the table.

Results

Among participants with any alcohol, drug, or mental disorder, most reported at least one barrier to services received outside school. Most commonly, youth believed that the problem would go away or that they could solve the problem without help. The second most common barrier was that youth were not sure who to contact or where to go for help. Nearly one-fifth of the sample reported difficulty obtaining help. The authors found no significant differences in these barriers in relation to race, ethnicity, or gender.

More than one-fourth (27 percent) of the sample with alcohol, drug, or mental disorders volunteered “other” barriers to services, most commonly, denial that the problem exists, disinterest in treatment, and dissatisfaction with their therapist or treatment. The prevalence of these “other” barriers varied by gender and race/ethnicity. Among all participating youth with a disorder, significantly more

males than females volunteered that they did not have a problem (31.8 percent versus 19.1 percent). Significantly more females than males volunteered that they were afraid of labeling or other negative consequences of treatment (17.3 percent versus 3.8 percent). Significantly more African American and Hispanic youth than non-Hispanic white youth volunteered that they did not have a problem (31.9 percent and 35.9 percent versus 11.7 percent). Finally, significantly more non-Hispanic white youth than Hispanic youth volunteered that they feared labeling or other consequences of treatment (7.7 percent versus 1.5 percent).

The authors then examined whether a history of service use influenced detainees’ perceptions of barriers to services if they had an alcohol, drug, or mental disorder. History of service use varied by gender and race/ethnicity. Significantly more females (70.0 percent) than males (49.1 percent) had received services outside school (e.g., medication, residential treatment, and professional outpatient services) before detention. Most non-Hispanic white males had received out-of-school services before detention (83.1 percent), in contrast to less than half of African American (48.4 percent) and Hispanic (40.0 percent) males. Among females, significantly more

Barriers to Nonschool Service Use Among Detainees With Alcohol, Drug, or Mental Disorders (continued)

| Barriers | Females (Percent) | | | | Analysis Comparing Groups, <i>p</i> value |
|---|--------------------------------------|--|---|---|--|
| | Total (<i>n</i> = 464) ² | Received Past Services (<i>n</i> = 329) | Referred, Never Received (<i>n</i> = 58) | Never Referred, Never Received (<i>n</i> = 72) | |
| Any barriers | 88.7 | 90.2 | 93.1 | 77.7 | <0.01; received; referred > never referred |
| Belief that problem would go away or could be solved on own | 59.3 | 64.4 | 60.2 | 39.3 | <0.01; received; referred > never referred |
| Unsure of the right person or place to get help | 40.4 | 40.8 | 41.7 | 37.5 | 0.86 |
| Too difficult to obtain help | 16.5 | 13.5 | 23.5 | 22.5 | 0.057 |
| Concern about what others would think | 17.8 | 17.2 | 9.2 | 26.0 | 0.054 |
| Worry about cost | 12.1 | 6.1 | 22.2 | 28.9 | <0.001; referred; never referred > received services |
| Other ³ | 39.5 | 48.3 | 26.8 | 11.0 | <0.001; received; referred > never referred; received > referred |



non-Hispanic whites received services outside school (87.0 percent) than African Americans (64.7 percent).

The table shows that significantly more females who had received services before detention, or who had been referred for services but had never received them, believed that their problems would go away than females who had never been referred nor received services. Compared with males who had received services, significantly more males who had never received services worried about the cost of services. Similarly, compared with females who had received services, significantly more females who had never received services or who had been referred but had not received services worried about the cost of services. Significantly more males who had never received services reported that they were concerned about what others might think of them receiving treatment compared with males who had received services. Significantly more males who had been referred but had never received services reported uncertainty about how to get help than males who had received services.

The authors also asked detainees with alcohol, drug, or mental disorders about their history of service use to examine the prevalence of other barriers to services. Among those who reported a barrier to treatment not listed in the survey, significantly more youth who had never received services before detention denied having a problem than those who had received past services (never referred, never received = 53.7 percent; referred, never received = 71.2 percent; received = 18.1 percent).

Discussion

Youth may decide not to seek services for mental health problems for many reasons. This study shows that most detained youth with alcohol, drug, or mental disorders report at least one perceived barrier to services. Most frequently, youth believe that problems will go away

without outside help. This is the most common barrier regardless of gender, race/ethnicity, or (among females) previous experience with mental health services. Similarly, youth in the general population who have self-identified mental health needs (Samargia, Saewyc, and Elliott, 2006) and youth receiving substance use services (Johnson et al., 2001) often believe that their problems do not require treatment. Parents of children with mental illness also frequently report this barrier (Flisher et al., 1997), which indicates the possibility of an intergenerational pathway for this belief.

Despite meeting the criteria for a mental disorder, many youth stated that they did not have a mental health problem. Detained youth who do not recognize their mental health problems or feel that they can solve such problems independently are unlikely to cooperate with referrals. Youth must first understand that they need mental health services before they will seek them out (Kim and Fendrich, 2002; Lopez, 2003) and stay in treatment (Ortega and Alegria, 2005).

The common barriers that juvenile detainees in this study reported may reflect perceptions about the state of the mental health service system in the United States. Most youth said they know how to access services; however, a substantial minority (about one-third) did not, and nearly one in five felt that it was too difficult to access services. National reports substantiate difficulties in accessing services (U.S. Department of Health and Human Services, 1999, 2000). Fragmented systems of care likely contribute to confusion about where to seek needed services (Goldstrom et al., 2000; U.S. Department of Health and Human Services, 1999). They are often not based on continuity of care or long-term needs (Goldstrom et al., 2000). Moreover, the separation of service sectors for mental health and substance use from general healthcare providers limits the sharing of patient information to coordinate care between providers and often results in multiple “handoffs” of patients for different services (Institute of Medicine, 2006).

African American and Hispanic detainees had received significantly fewer services in the past than non-Hispanic

“Detained youth who do not recognize their mental health problems or feel that they can solve such problems independently are unlikely to cooperate with referrals.”

white youth, which follows similar patterns in the general population and in public sectors of care (Angold et al., 2002; Cuffe et al., 2005; Garland et al., 2005; Hazen et al., 2004; Lopez-Williams et al., 2006). Male detainees also had received significantly fewer services in the past compared with female detainees.

Despite disparities in service use, detainees’ attitudes toward services were remarkably similar across gender and race. These findings suggest that individual perceptions and attitudes toward mental health services do not explain the disparities in service use. Instead, racial and ethnic disparities in service use may stem from external factors such as poverty, lack of sufficient minority service providers, and sociocultural barriers (U.S. Department of Health and Human Services, 2001). Disparities in service use between males and females may be due to greater help-seeking behaviors among females than among males (Garland and Zigler, 1994) and the higher likelihood that females will be referred to mental health services (Lopez-Williams et al., 2006).

Nearly three-fourths of youth had received services (including those received in school) before being detained. These rates are significantly higher among detained youth than among youth in the community (Kataoka, Zhang, and Wells, 2002; Leaf et al., 1996; Zahner and Daskalakis, 1997) and are comparable with rates of service use among youth in public service sectors (Garland et al., 2005; Hazen et al., 2004; Pumariega et al., 1999; Rosenblatt, Rosenblatt, and Biggs, 2000).

Moreover, youth who had never received services were more likely to be concerned about what others may think of them, uncertain about where to seek services, and unsure whether they could afford services than youth who had received services. These barriers are also common among untreated youth (Flisher et al., 1997) and adults (Wang, 2006) with mental health disorders in the general population. Youth who had received services in the past were more skeptical about using services in the future than those who had never received services. Youth who received services prior to detention were more likely than untreated youth to believe that problems would go away on their

own. To best understand how to successfully deliver treatment, service providers should examine how past experiences influence youth’s willingness to accept referrals to treatment.

Study Limitations

The study’s findings are drawn from a single site and therefore may pertain only to youth in urban detention centers with a similar demographic composition. In addition, service rates might differ if diagnoses were based on *DSM-IV* (American Psychiatric Association, 1994) instead of *DSM-III-R* (1987) criteria.

Because it was not feasible to interview caretakers, the study’s data are subject to the reliability and validity of the youth’s self-reporting. Although the self-reporting instrument used may have included services that official records (e.g., nonreimbursed, informal services) did not capture, the turmoil of a recent detention, memory loss, different rates of service use over time, or omissions (Burns, Angold, and Costello, 1992) may affect self-report of use.

The authors asked adolescents who had neither received nor been referred to services in the past to “imagine” perceived barriers if they did have a problem. This type of abstraction may not correspond to how the adolescent would behave if confronted with an actual problem. Also, the Service Utilization and Risk Factors interview only asks about five barriers to services. Many of the participants reported additional barriers to treatment.

Finally, the authors were not able to assess the quality or appropriateness of services, so this study could not determine whether past treatment was appropriate for participants’ needs.

Conclusion

Findings from the study highlight areas for future research and point out ways in which clinical services and educational outreach might be improved.

Future Research

The authors recommend three areas for future research:

- **Investigate the characteristics of mental health services that high-risk youth receive and why they are satisfied with these services.** Why does past service use predict poor attitudes toward treatment among high-risk youth? How do characteristics of services—length of treatment, type of treatment, caregiver characteristics—affect perceptions of services?
- **Investigate gender and racial/ethnic differences in service use.** Disparities in service use are well known; however, the mechanisms by which service use varies by gender or race/ethnicity are less clear. The present study suggests that disparities are unlikely to originate from differences in perceived barriers to service use among youth.
- **Study the role of social networks in youth's attitudes toward services.** As youth rarely are capable of seeking services on their own and may be resistant to seeking help (Boldero and Fallon, 1995; Samargia, Saewyc, and Elliott, 2006), researchers must work to understand the influence of social networks on service use. Social interactions may be the most important mechanism through which people recognize their problems and seek mental health services (Pescosolido, Gardner, and Lubell, 1998). Understanding how parents, extended family members, and other influential members of social networks facilitate or limit treatment-seeking behaviors will help service providers tailor outreach services to make them more acceptable to youth.

Implications for Clinical Services

The study's findings have implications for clinical services. First, mental health staff must engage youth in the referral process. Findings from this study highlight the importance of understanding youth's past experiences with mental health services before referring them to new services. These past experiences may contribute to youth's negative perceptions of future services and decrease their willingness to seek help in the future. Candid exploration of past experiences allows youth to express negative perceptions and choose service options that will maximize their likelihood of engaging in treatment.

Second, the mental health and juvenile justice systems must provide educational outreach. To close the gap between service need and service delivery, these systems must collaborate to educate high-risk youth and their families about the nature of mental health problems, the myths of such problems and the stigma they carry, and available treatment options. Furthermore, education can improve juvenile detainees' understanding of how to navigate the complex mental health system.

Despite the pervasive need for mental health services, findings from this study suggest that detained youth do not perceive the mental health system as an important or accessible resource. Improving service delivery to these high-risk youth must include finding ways to inspire their confidence.

For More Information

This bulletin was adapted from Abram, K.M., Paskar, L.D., Washburn, J.J., and Teplin, L.A. 2008. Perceived barriers to mental health services among youths in detention. *Journal of the American Academy of Child and Adolescent Psychiatry* 47(3):301–308.

Endnote

1. The racial/ethnic and gender disparities in perceived barriers were only among those youth who volunteered a barrier that was not listed in the survey; unfortunately, these disparities cannot be interpreted more broadly because not all participants were asked about these barriers.

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