

Original article

Predictors of first mental health service utilization among homeless and runaway adolescents

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Abstract

Purpose: To describe and explain variations in first mental health service utilization before and after running away from home for homeless adolescents.

Methods: Survey interviews were conducted with homeless and runaway youth in several Mid-western locations. The effects of family of origin factors and street experiences on the likelihood of seeing a mental health professional for the first time before running away and after running away for the first time were examined. Bivariate and multivariate logistic regression methods are used to analyze these data. Interactions are tested across race and gender sub-groups.

Results: Caretaker education, caretaker rejection, and family transitions increase the probability that an adolescent first sees a mental health professional before running away from home. Post-run intervention is more likely for females, younger runaways, shelter users, youths with social support networks, and youths abused by their caretakers. A gender gap in first service use exists for Whites but not for minority youth. Minority youth who experienced family abuse were less likely than abused Whites to report ever seeing a mental health professional.

Conclusions: Analyses indicate homeless youth's utilization patterns are differentiated by family of origin factors, street experiences, timing of first utilization, and by race and gender interactions. Our findings suggest that youths whose first contact with mental health service use follows running away for the first time may experience higher levels of mental distress compared with other homeless runaways. The significant differences in first service use across race and gender subgroups should be further explored. The racial-ethnic gap in first mental health intervention for abused youths indicates this sub-group is not receiving services that are available to other homeless youths. Our findings suggest that homelessness does not homogenize racial/ethnic differences in first mental health service utilization. © 2005 Society for Adolescent Medicine. All rights reserved.

Keywords:

Homeless youth; Mental health; Health services; Race; Gender; Child abuse; Victimization

Physical and mental health risks associated with homelessness are well documented [1–4]. Homeless and runaway youth exhibit high rates of depression, alcohol use, and conduct disorder [5,6]. In addition, Padgett and Struening found high rates of street victimization (56%), accidents and injuries (12%), and mental health problems among homeless adults [7]. Homeless adolescents are vulnerable to numerous health problems, including nutrition, substance use,

mental health, physical and sexual health, injuries and victimization [5,8,9]. Although homelessness creates special needs for mental health care, pathways to homelessness vary. Subsequent street experiences vary as well, creating a complex social world for these youth. We expect that these contextual variables play a role in the determining service use patterns among homeless and runaway youth. Specifically, we examine whether and when homeless youth first visit a mental health professional.

What happens to youth on the streets in terms of first service utilization for mental health concerns? Do these youth ever receive mental health care? If so, when do they first see a practitioner? Given the high risk behaviors these

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youth engage in as well as environmental risk factors, first mental health service utilization is important to study. Our goal is to document variation in first service use for these high-risk adolescents. We examine whether or not youths see a mental health professional and look at first use before running away from home as well as after living on the streets. We establish baseline models of first service utilization that shed light on factors that influence whether or not youths are ever initiated into some kind of mental health service. Service use is modeled in terms of timing to analyze relationships among prerun and postrun risk factors and first mental health use patterns. Although all of these youths are high risk, this group is differentiated by early prerun mental health intervention, later postrun mental health intervention, and those who never see a mental health care professional. We argue that this pre-post distinction is important because divergent and overlapping factors shape the mental health needs and first service utilization patterns among homeless and runaway adolescents.

Utilization of health care services among homeless and runaway youth

Although much is known about mental health and physical health needs, our information regarding service use remains limited. Prior research has documented utilization and underutilization of health care services by homeless youths [10–12]. Service utilization is sporadic largely because homeless persons typically do not have insurance, and rely on hospitals or community health care resources for needed care.

Most utilization studies focus on hospital use. Because the homeless lack medical insurance, hospital use is higher in this population. Kushel et al [13] found that 40% of homeless hospital patients were admitted to the hospital more than once in the past year. They found that in addition to physical health problems, victimization, arrests, housing status, and substance use increased the likelihood of using emergency health care services multiple times. In their analysis of homeless medical clinic users in Los Angeles, Yates et al [3] reported high levels of depression (85%), suicidal behavior (29%), and other mental health disorders (18%) as well as physical health problems as reasons for service use among homeless and runaway youth. Clinical and shelter studies offer estimates of reasons for utilization, but suffer from self-selection bias by definition. Homeless and runaway youth interviewed in clinical and shelter studies enhance our knowledge of many things, but predicting first mental health service use is difficult with this type of data. The present study is well suited to this topic because youth are interviewed in a variety of settings, allowing comparisons of service users with nonservice users, regardless of shelter status.

Heterogeneity among the homeless and runaway adolescent population

Several researchers call for an expansion of the conceptualization of homeless youth [12,14,15]. Homeless youth are not a homogeneous group in terms of street experiences, pathways to homelessness, or mental health needs. Youth are differentiated in terms of victimization, pathways to homelessness, social support, and demographic variables such as gender and race. These factors should influence whether or not youths see a mental health professional, as well as the timing of first visits. First, these factors may play a direct role in mental health interventions. Second, there may be moderating effects of these variables on first mental health service utilization.

Methods

Many factors influence pre- and postrun experiences that lead to mental health needs, access, and utilization. The current study examines differentiation by gender, race, family experiences and street experiences among homeless youth, and ultimately argues that these forces shape patterns in first mental health utilization for homeless adolescents. Although youths probably use hospitals as a last resort, they may use other sources of health care as well. This study addresses these gaps in the service use literature by examining whether or not youths have seen a mental health professional. We examine the likelihood of first use before and after running away from home for the first time.

Gender

Gendered components of adolescence and street life likely influence health care needs and utilization patterns. Service use patterns may be different for male and female adolescents. Ensign and Panke [16] argue that homeless and runaway adolescent girls have distinct health issues. Girls are more likely to be victims of sexual harassment and sexual assault compared with boys. Minority and lesbian girls are further marginalized. In another study, Ensign [17] reports gender differences in health care utilization behaviors. Male adolescents were less likely to seek care, as it conflicted with masculine self-images. Adolescent females were aware of their higher risk of health problems and vulnerability on the streets.

Barkin et al [18] compared the health care utilization of subgroups of homeless women by age groups. They found that 26% of adolescent girls (aged 15–24 years) reported inpatient hospital stays in the past year. Also, adolescent girls reported five outpatient health visits on average per year. Adolescent females in this sample were more likely to hold some kind of public health insurance (63%) compared with older women (45%). Barkin's study highlights the importance of studying adolescent girls [18]. Older women (aged 25–34 years) in this study had poor health outcomes

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