

# Perceived Barriers to Mental Health Services Among Youths in Detention

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## ABSTRACT

**Objective:** To examine perceived barriers to mental health service use among male and female juvenile detainees. **Method:** The sample included 1,829 juveniles newly detained in Chicago. The Diagnostic Interview Schedule for Children and Children's Global Assessment Scale were used to determine the need for services. Service use and barriers to services were assessed with the Service Utilization and Risk Factors interview. **Results:** Approximately 85% of youths with psychiatric disorders reported at least one perceived barrier to services. Most common was the belief that problems would go away without help. Generally, attitudes toward services were remarkably similar across sex and race. Among females, significantly more youths with past service use or referral to services reported this barrier than did youths who had never received or been referred to services. Among males, significantly more youths who had been referred, but never received, services were unsure about where to go for help than youths with past service use. Significantly more youths with no past service use or referrals were concerned about the cost of services than youths with past service use. **Conclusions:** Despite the pervasive need for mental health services, the findings of this study suggest that detained youths do not perceive the mental health system as an important or accessible resource. Youths who believe their problems can be solved without assistance are unlikely to cooperate with referrals or to independently seek mental health services. Service providers must be sensitive to clients' perceived barriers to mental health services and work to reduce negative perceptions of services. *J. Am. Acad. Child Adolesc. Psychiatry*, 2008;47(3):301–308. **Key Words:** juvenile detainee, perceived barriers, mental health service use.

There are more than 2 million juveniles arrests each year,<sup>1</sup> and nearly 100,000 juveniles are in custody on any given day.<sup>2</sup> Of the many youths involved in the juvenile justice system, the majority meet criteria for psychiatric disorders that warrant mental health treatment.<sup>3–5</sup>

Recent estimates indicate that nearly 70% of female detainees and 60% of male detainees have a psychiatric disorder other than conduct disorder<sup>4</sup>; approximately half have two or more disorders.<sup>6</sup> Rates of psychiatric disorder among youths in the juvenile

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justice system are substantially higher than rates in the general population.

Jails are required to provide a minimum of psychiatric care to inmates,<sup>7</sup> yet recent reports issued by the Surgeon General<sup>8</sup> and the President's New Freedom Commission on Mental Health<sup>9</sup> suggest that youths in custody are profoundly underserved. Although more than 70% of detention centers now screen for mental disorders,<sup>10</sup> one study found that only 15.4% of detainees with major mental disorders received treatment.<sup>11</sup> Males, older youths, and racial/ethnic minorities with major mental disorders were significantly less likely to receive treatment than were females, younger detainees, and non-Hispanic whites with major mental disorders.<sup>11</sup>

Even with increased attention to the mental health needs of juvenile detainees,<sup>10</sup> barriers to service use remain. Youths in the juvenile justice system have many of the characteristics associated with lower rates of service use: poverty and poor education,<sup>12–14</sup> inadequate health insurance and ineligibility for Medicaid,<sup>15–17</sup> racial/ethnic minority status,<sup>14,18</sup> a history of arrest,<sup>4,19</sup> and small social networks.<sup>20,21</sup>

Although much is known about these external barriers to mental health service use, less is known about youths' perceived barriers and attitudes toward service use. How youths perceive or think about service use may be as important, if not more important, in determining whether youths cooperate with referrals or remain in treatment. To date, three studies have examined perceived barriers to substance abuse treatment among detained youths.<sup>22–24</sup> Kim and Fendrich<sup>22</sup> and Lopez<sup>23</sup> found that seeking services for substance abuse was determined by the perceived need for treatment, regardless of race/ethnicity. Johnson and colleagues<sup>24</sup> found that beliefs that one could handle one's own problems or that problems would simply go away were associated with lower rates of service use among juvenile detainees. However, these studies examined only services for substance abuse. To our knowledge, no study has investigated perceived barriers to mental health service use among juvenile detainees.

The present study is designed to address this omission in the literature. It has a stratified random sample of 1,829 juvenile detainees, a sample of sufficient size and diversity to examine differences in rates of and barriers to mental health service use among key sociodemographic subgroups. We examined the following ques-

tions: What are the attitudes and perceived barriers to mental health services among youths who need services? Does a history of mental health service use influence attitudes and perceived barriers? Are there differences in attitudes and perceived barriers to services by sex or race/ethnicity?

## METHOD

### Participants and Sampling Procedures

Participants were sampled from the Cook County Juvenile Temporary Detention Center (CCJTDC) in Chicago from November 1995 through June 1998. The sample of 1,829 male and female detainees (ages 10–18 years) was randomly selected and stratified by sex, race/ethnicity (African American, non-Hispanic white, Hispanic), age (10–13 years or 14 years and older), and legal status (processed as a juvenile or as an adult). Stratification ensured that we had enough participants in key subgroups (e.g., females, Hispanics, younger children) to make comparisons between and within the subgroups. The sample is composed of 1,172 males (64.1%) and 657 females (35.9%), 1,005 African Americans (54.9%), 296 non-Hispanic whites (16.2%), 524 Hispanics (28.7%), and four who self-identified as other (0.2%). The mean age of participants was 14.9 years (median age, 15.0 years).

The demographic makeup of CCJTDC is similar to that of other juvenile detention centers nationwide in that almost 90% of detainees are male and most are racial/ethnic minorities. The population of CCJTDC is 77.9% African American, 5.6% non-Hispanic white, 16.0% Hispanic, and 0.5% other racial/ethnic groups. Age and offense distribution at CCJTDC are similar to other detention centers in the nation. The CCJTDC is used for pretrial detention and for offenders sentenced to fewer than 30 days. Youths younger than 18 years are held at CCJTDC, as are youths processed as adults. In addition, youths as old as 21 years may be held at CCJTDC if they are being prosecuted for an arrest that occurred before they were 17 years old.

We chose CCJTDC in Cook County for three reasons: most juvenile detainees live in and are detained in urban areas, Cook County is ethnically diverse and has the third largest concentration of Hispanics in the nation, and the detention center's size (daily census of approximately 650 youths and intake of 20 youths per day) guaranteed enough participants for our study. The demographic similarity of CCJTDC to that of other detention centers in the nation suggests that our results will be generalizable to other large cities in the United States.

Studying detained youths requires special procedures because they are minors, they are detained, and many do not have a parent or guardian who can provide appropriate consent. Project staff approached participants on their units, explained the project, and assured them that anything they told us (except comments implying imminent danger to self or others) would remain confidential. Detainees who agreed to participate signed an assent form (if they were younger than 18 years) or consent form (if they were older than 18 years). Federal regulations allow parental consent to be waived if the research involves minimal risk (45 CFR 46.116(c), 45 CFR 46.116(d), and 45 CFR 46.408(c)). The Northwestern University Institutional Review Board, the Centers for Disease Control and Prevention Institutional Review Board, and the U.S. Office of Protection from Research Risks waived parental consent. However,

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