



Access to Treatment for Adolescents

INTRODUCTION

Early detection and treatment of mental health concerns for adolescents is key to preventing negative impacts and long-term effects. Left untreated, emerging and ongoing mental health issues experienced by adolescents can result in severe adult impairment. Half of adults who develop mental health disorders show symptoms by age 14. One in four youth with untreated mental health issues will suffer adverse impacts on their physical health, academic progress, and social interactions. They may engage in delinquent or dangerous behaviors including higher levels of substance abuse and self-harm often leading to suicidal ideations.

The COVID pandemic has brought even greater attention to the need to improve access to mental health care for youth. The proportion of mental health-related emergency department visits increased sharply beginning in mid-March 2020 and continued into October 2020 with increases of 24% among children aged 5–11 years and 31% among adolescents aged 12–17 years, compared with the same period in 2019. This underscores the vital importance of adolescents having their own access to behavioral health treatment to address mental health concerns.

DIFFERENCES IN ACCESSING MENTAL HEALTH SERVICES

Some youth are more likely than others to engage in therapeutic services. For example, adolescent females are more likely to engage in therapeutic services than their male peers; and adolescents living in urban areas are more likely to engage in services than those in rural areas, perhaps due to availability of services. Educational settings are the most convenient manner for adolescents to access care since the majority of their day is spent in school, yet there are still differences in the type of young person accessing school-based mental health services. A greater percentage of female students than male students accessed mental health services in a school as did a greater percentage of Black students than students of other races. Older adolescents (aged 16–17) were less likely to engage in services in an educational setting than younger adolescents (aged 12–15). General medical settings are the least likely location for adolescents to receive mental health services across all races and ages.

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ACCESS TO TREATMENT FOR ADOLESCENTS

The reasons adolescents seek mental health services vary slightly based on the service setting. The most common reason, regardless of treatment setting, is feeling depressed. In a general medical setting or a specialty setting, (e.g., in inpatient or outpatient treatment) the second most common reason is suicidal feelings. Suicidal feelings is the sixth most common reason that adolescents access mental health services in an educational setting. Of the individuals surveyed, the second most common reason adolescents access mental health services in schools is problems at school (22.9%) followed by feeling afraid and tense (21.2%), acting out (18.6%), problems with friends (17.9%), then suicidal ideations. Adolescents who sought help in a specialty setting did so based on: depression (56.5%), suicidal feelings (29.1%), feeling afraid and tense (29%), problems with homelife (26.6%), problems at school (18.1%), difficulty controlling anger (16.7%), eating disorders (12%), and problems with people other than family or friends (8.6%).

BARRIERS TO ACCESSING MENTAL HEALTH SERVICES

One in seven adolescents meet diagnostic criteria for a mental health disorder. Despite the availability of quality and effective evidence-based mental health treatments, less than two-thirds of adolescents with mental health issues seek any treatment services.

Adolescents report they fail to access care because of the attached stigma, embarrassment, and lack of recognition of having a mental health issue. Additional barriers reported by adolescents include lack of confidence, lack of transportation, time and cost, not knowing where to find services or who to talk to, and doubts about the effectiveness of professional services. Research further indicates that limited availability of specialists and long waiting lists present key barriers to access.



The stigma attached to mental health treatment is the number one barrier to accessing care. Seeking services is sometimes perceived as a weakness and embarrassment, including negative public perception. Due to the attached stigma, youth often rely upon resolving or coping with their problems on their own. This is true for all mental health issues from depression to suicide to family issues. Some adolescents also expect mental health issues will resolve themselves or prefer engaging with peers as a manner of coping with their mental health issues, despite this approach not being effective. Adolescents report that feeling respected, not judged, and viewed positively by peers serves to reinforce the need to seek treatment and helps to overcome some of the barriers.

ACCESS TO TREATMENT FOR ADOLESCENTS

RECOMMENDATIONS TO IMPROVE ACCESS TO CARE

Recommendations for improving access to care begin with eliminating the stigma surrounding mental health services, the most common barrier. Public health initiatives are the best manner to normalize seeking help. Such initiatives should improve knowledge and understanding of mental health issues, confidentiality, and privacy issues. This includes explaining which types of mental health issues require professional services and which can be addressed with self-care.

Closing the access gap also requires addressing logistical barriers including limited available services. Recommendations include providing more services in school settings where it is easier for adolescents to access and is less stigmatizing than a clinical setting. It is also recommended that text messages and digital access be available for adolescents to self-refer and communicate with professionals. Offering free or low-cost services also improve access to care.

In conclusion, ensuring privacy to youth encourages them to engage in treatment services. Public health initiatives to lessen the attached stigma and embarrassment will decrease the most common barrier. In addition, offering alternative methods to receive services will engage more youth. Relying solely upon the standard office service is no longer acceptable; services need to be more readily available at the fingertips of youth.



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