

Adolescent Mental Health: An Investigative Study

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Mental health treatment in America is slowly becoming less of a taboo topic; however, it is still significantly behind the times when compared to its physical health counterparts. In the United States today, one in six youth aged 6-17 are reported to experience mental health symptoms/disorders each year, with only half receiving adequate care.<sup>1</sup> How these youth are cared for varies greatly, and it does not always depend on the severity of their circumstances. One of the most widely used forms of treatment for adolescent mental health care is the use of long-term residential treatment facilities. Where many describe it as a “last resort,” the residential treatment level of care is reported to serve 311,000 children and youth per year yet ranks low on the list of effective forms of care.<sup>2</sup> The National Alliance on Mental Illness defines residential treatment as an agency that provides secure and structured therapies around the clock, for those suffering from mental health symptoms severe enough that outpatient programs are no longer able to provide services.<sup>3</sup>

### **Problem**

Many see residential treatment as a sufficient and less severe alternative to imprisonment or lock-down facilities; however, the truth remains that this level of care is still responsible for the loss of community integration and a sense of family. This removal from the family unit has

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<sup>1</sup> Kosyluk, K., Kenneally, R. G., Tran, J. T., Cheong, Y. F., Bolton, C., & Conner, K. (2022). *Overcoming stigma as a barrier to children’s mental health care: The role of empowerment and mental health literacy*. Stigma and Health. <https://doi.org/10.1037/sah0000402>

<sup>2</sup> Herbell, K., & Banks, A. J. (2020). “*Fighting Tooth and Nail*”: Barriers to Accessing Adolescent Mental Health Treatment from Mothers Perspectives. *Administration and Policy in Mental Health and Mental Health Services Research*, 47(6), 935–945. <https://doi.org/10.1007/s10488-020-01026-1>

<sup>3</sup> National Alliance on Mental Illness (NAMI). (2023). *Residential Treatment*. [https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids/Residential-Treatment?gad=1&gclid=Cj0KCCOiAuqKqBhDxARIsAFZELmIRH2UAtoaXTh1gPsyxGJ9a8TniOpoFHLz9Z0\\_L2Dyt-s2L58Ym9JYaAnNqEALw\\_wcB](https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids/Residential-Treatment?gad=1&gclid=Cj0KCCOiAuqKqBhDxARIsAFZELmIRH2UAtoaXTh1gPsyxGJ9a8TniOpoFHLz9Z0_L2Dyt-s2L58Ym9JYaAnNqEALw_wcB)

been found to play a significant role in the exacerbation of existing mental health symptoms and attachment bonds.<sup>4</sup> This exacerbation of symptoms can be linked to the regulatory gaps of the residential treatment arena, which is responsible for the permission of abuse, neglect, and treatment implementation misrepresentation.<sup>5</sup> Medicaid's stance on the use of residential treatment for adolescents is only supported when all other ambulatory services have been exhausted and/or the provided services no longer stand to be adequate to meet the needs of the person; the truth, however, remains that many families who access this level of care do so at a private-pay basis, thus posing a severe financial hurdle.<sup>6</sup>

### **Impact**

One of the main factors contributing to the detrimental impact of the residential level of care is the ambiguity of a residential treatment center (RTC). According to the Office of Juvenile Justice and Delinquency Prevention, an RTC is typically a center that houses youth with impacting "psychiatric, psychological, behavioral, or substance abuse problems who have been unsuccessful in outpatient treatment or have proved too ill for foster care, day treatment or other non-secure environments."<sup>7</sup> Young females are found to experience higher levels of mental

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<sup>44</sup> Herbell, K., & Banks, A. J. (2020). *"Fighting Tooth and Nail": Barriers to Accessing Adolescent Mental Health Treatment from Mothers Perspectives.*

<sup>5</sup> Mental Health American (MHA). (2015). *Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions.* <https://www.mhanational.org/issues/position-statement-44-residential-treatment-children-and-adolescents-serious-mental-health>

<sup>6</sup> Herbell, K., & Banks, A. J. (2020). *"Fighting Tooth and Nail": Barriers to Accessing Adolescent Mental Health Treatment from Mothers Perspectives.*

<sup>7</sup> Development Services Group, Inc. (2011). *Residential Treatment Centers.* Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. [https://www.ojjdp.gov/mpg/litreviews/Residential\\_Treatment\\_Centers.pdf](https://www.ojjdp.gov/mpg/litreviews/Residential_Treatment_Centers.pdf)

health services, as well as mixed-race, non-Caucasian.<sup>8</sup> According to the Center for Disease Control and Prevention, 57% of teen girls report feeling “persistently sad or hopeless” in 2021, compared to 36% in 2011; teen boys report this same feeling at only 29% in 2021, an 8% increase from 2011.<sup>9</sup> One of the largest struggles with dealing with adolescents and youth is the sheer fact that this is a time of development when significant changes are occurring within the body at the physical and hormonal levels. The developmental strain between youth and their parents can lead to a lack of communication regarding the wants and needs of the youth and the desires of the parent. The American Association of Children’s Residential Centers National Survey has identified that the four primary reasons for youth/adolescents to be admitted to RTC are due to severe emotional disturbance, aggressive/violent behaviors, family/school/community problems, and abuse.<sup>10</sup>

## **Research**

There is a variety of conflicting research regarding the success or failure of residential treatment for adolescents. Due to the diversity of treatment centers and services, finding support for either stance is problematic. According to the Office of Juvenile Justice and Delinquency Prevention, one of the significant areas of concern rests on the use of medications within residential treatment centers. Psychotropic medications are primarily only tested on adults and thus prescribed as “off-label” when administered to youth.<sup>11</sup> When comparing mental health

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<sup>8</sup> Edbrooke-Childs, J., Rashid, A., Ritchie, B., & Deighton, J. (2023). *Predictors of amounts of child and adolescent mental health service use*. *European Child & Adolescent Psychiatry*, 32(11), 2335–2342. <https://doi.org/10.1007/s00787-022-02063-x>

<sup>9</sup> Center for Disease Control and Prevention. (2023). *U.S. Teen Girls Experiencing Increased Sadness and Violence*. U.S. Department of Health & Human Services. <https://www.cdc.gov/media/releases/2023/p0213-yrbs.html>

<sup>10</sup> Development Services Group, Inc. (2011). *Residential Treatment Centers*. Literature review.

<sup>11</sup> Id.

residential treatment centers vs. behavioral residential treatment centers, success was found in those that were more focused on behavioral changes, specifically adolescents who are responsible for violent crimes. Another form of residential treatment that has provided research-backed success is the Residential Student Assistance Program (RSAP), which aims at providing culturally sensitive approaches to drug and alcohol rehabilitation, primarily for African American and Latino youth.<sup>12</sup> To measure the impact of RSAP, a quasi-experimental design was conducted with two groups, 125 youths participating in the program and 211 youths as the control; results indicated that those who participated reported a reduction in the use of alcohol, marijuana and tobacco use.<sup>13</sup>

Another area of significant concern, lending way to the use of residential treatment facilities, is the over-pathologizing of otherwise normal adolescent behavior, with the most common being anxiety disorders.<sup>14</sup> Dr. Stephen Gallik, Ph.D., professor at the University of Louisville School of Medicine, states that this issue is linked to a lack of awareness regarding what “normal behavior” is, as well as Western culture finding significant discomfort in things that are “different,” thus exacerbating an issue that may not be there in the first place, when one is adequately informed and culturally sensitive.<sup>15</sup>

### **Counterarguments**

The primary stakeholders in this large-framed issue are the clients themselves, their parents, and other accessory individuals who are a part of the treatment process. A great divide that leads to a lack of cohesion among stakeholders is that adolescents are likely not seeking

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<sup>12</sup> Development Services Group, Inc. (2011). *Residential Treatment Centers*. Literature review.

<sup>13</sup> Id.

<sup>14</sup> Galik, S., (2023). *Why We Quickly Pathologize Normal Behavior*.

<https://stevegallik.org/why-we-quickly-pathologize-normal-behavior/>

<sup>15</sup> Id.

therapeutic, especially at the residential level of care, of their own volition. This discrepancy presents both a methodological and clinical dilemma, which can be seen in the negative impact of patient/family alliances, lack of therapeutic engagement, underutilization of services, and an overall decline in long-term outcomes of desired results.<sup>16</sup>

### **Proposed Solutions**

The average national state spending is nearly \$7.1 million daily to house and care for youth in residential treatment centers, with these costs being paid for with tax dollar, when the centers are state run.<sup>17</sup> It is vital to find acceptable and beneficial alternative modalities for care to benefit the client, their families, and tax-payers money. Keeping youth in their home environment needs to be prioritized, as it has been found that youth taken out of their nuclear environments drastically decrease their access to care and wrap-around services. Empirically supported psychosocial outpatient treatments can be the first step towards moving away from RTC. Secondly, family-focused treatment can offer short-term, outpatient care that involves the whole family, centered on cognitive-behavioral, structural, and strategic foundations.<sup>18</sup> This is an imperative ingredient as the clients being discussed are youth/adolescents. This form of intervention has been empirically supported, showing effectiveness when working with adolescents struggling with abuse/neglect, conduct disorders, depression, and grief.

### **Areas of Future Research**

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<sup>16</sup> Garland, A. F., Lewczyk-Boxmeyer, C. M., Gabayan, E. N., Hawley, K. M. (2004). *Multiple Stakeholder Agreement on Desired Outcomes for Adolescents' Mental Health Services*. Psychiatry Online. <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.55.6.671>

<sup>17</sup> Development Services Group, Inc. (2011). *Residential Treatment Centers*. Literature review.

<sup>18</sup> Hoagwood, K., Burns, B. J., Kiser, L., Ringeisen, H., Schoenwald, S.K., (2001). *Evidence-Based Practice in Child and Adolescent Mental Health Services*. Psychiatry Online. <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.52.9.1179>

The biggest concern that continues with the mental health field is that it remains a stigmatized health concern... a stigma that is not shared when it comes to physical health. There are significant deficiencies in the confidence of diagnosing clinicians, the clinician's ability to prioritize the client's needs over the needs of the agencies and corporations they work for, and an overall lack of access to tools for adequate and appropriate mental health treatment.<sup>19</sup> Another area deserving more research and attention is the impact of adequately funding school-based intervention. Youth and adolescents spend more time in educational facilities than anywhere else, and this could be a missed opportunity if school-based preventative interventions were not prioritized to the level they potentially should be.

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<sup>19</sup> O'Brien D, Harvey K, Howse J, Reardon T, Creswell C. (2016). *Barriers to managing child and adolescent mental health problems: a systematic review of primary care practitioners' perceptions*. National Library of Medicine: National Center for Biotechnology Information, 66(651): e693–e707.  
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