



ADVANCING WELLNESS and RESILIENCE in EDUCATION

# Information Brief

## Barriers to Mental Health Services

## BARRIERS TO MENTAL HEALTH SERVICES

Just as it is common for adults in the United States to suffer from mental health disorders, it also is common for children. According to the National Institute of Mental Health, one in five children has a mental disorder that severely affects daily functioning – or has had such a disorder in the past.<sup>1</sup> Fifty percent of all lifetime cases of mental illness begin by age 14, and 75 percent begin by age 24.<sup>2</sup> Research has shown that early mental health intervention can lead to improved long-term mental health.<sup>3</sup>

Yet, despite knowing this, experts estimate that more than half of children with a diagnosed mental health disorder do not receive mental health services,<sup>4</sup> and there is an average delay of eight to 10 years between the onset of symptoms and when children receive intervention or treatment. When families have trouble getting access to high-quality mental health services for their children, it can leave those children with untreated or under-treated mental health disorders. A study found that about 35 percent of families with a child in need of mental health services believed they had had a difficult time getting mental health care for their children.<sup>5</sup> This information brief looks at barriers that keep children and youth from getting quality mental health services. It also explains ways families can overcome these challenges and the resources they can tap into for support.

Barriers to children’s mental health care come in many forms. They include *situations*, such as when services are too far away or families must wait too long to get an appointment; and *perceptions*, such as the belief that a child’s mental health disorder is not serious or a fear of what family might say.<sup>5</sup> A national study from 2011 suggested that perception barriers often kept families from seeking or stopping mental health treatment. This was especially true for children with more severe conditions.<sup>6</sup>

It’s important to consider both situation and perception barriers.

BARRIER TO SERVICE	ADDRESSING THE BARRIER	RESOURCES
<p><b>Lack of Awareness or Missed Opportunity for Intervention:</b> Many children and adults do not have a general awareness about mental health. Usually, they aren’t taught what positive mental health looks and feels like, or how to recognize signs and symptoms of a mental health disorder. Based on this, parents may not recognize a child’s mental health needs or may struggle to determine when professional treatment is needed.<sup>4,5</sup></p> <p>Parents may prematurely remove children from services because they do not understand the length of time needed for treatment. Or they may stop services when there are signs of improvement but before the treatment is completed.<sup>7</sup></p> <p>Children who behave negatively toward others tend to be linked with mental health services more than those whose negative behaviors are focused inward.</p>	<ul style="list-style-type: none"> <li>• Increase awareness and understanding of positive mental health and mental health disorders using regular trainings and promotional tools to reach families, such as infographics, radio ads and television commercials.</li> <li>• Empower children and youth to understand their own mental health.</li> <li>• Train primary care providers and school staff to recognize signs and symptoms of a mental health challenge or disorder.</li> <li>• Promote individual and universal mental health screenings in primary care settings and schools.</li> <li>• Inform children and families about mental health services and what to expect when they link to those services.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Every Moment Counts</a></li> <li>• <a href="#">Red Flags</a></li> <li>• <a href="#">Youth Mental Health First Aid</a></li> <li>• <a href="#">Local Alcohol, Drug, and Mental Health Board</a></li> <li>• <a href="#">Ohio Department of Mental Health and Addiction Services</a></li> <li>• <a href="#">School-wide Universal Screening Guidance</a></li> <li>• <a href="#">Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium</a></li> </ul>

<p><b>Social Stigma:</b> Children and families are reluctant to talk about mental health symptoms or seek treatment because they fear being judged by others. Family members, neighborhoods or community also can discourage parents from linking a child to mental health services.</p>	<ul style="list-style-type: none"> <li>• Talking openly about mental health</li> <li>• Educating self and others</li> <li>• Be conscious of language and do not use mental health conditions as adjectives to describe students.</li> <li>• Encourage others to see physical and mental illness as conditions that do not reflect poorly on those who have them.</li> <li>• Show compassion for those with mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">National Alliance on Mental Illness (NAMI)</a></li> </ul>
<p><b>Lack of Access:</b> Several barriers keep children and families from accessing mental health services, including location, the provider's hours of operation, long waiting lists, lack of transportation, or lack of resources in a specific area. In one study,<sup>9</sup> parents reported that provider hours, appointment times and waiting lists were major obstacles in getting services for their children.</p>	<ul style="list-style-type: none"> <li>• Have open conversations about the barriers to service and work with others including parents to plan ways to address them.</li> <li>• Establish provider sites in areas close to bus routes.</li> <li>• Establish funding to provide transportation vouchers.</li> <li>• Use teletherapy options.</li> <li>• Find or advocate for agencies that provide evening and weekend hours to meet family schedules.</li> <li>• Integrate mental health services into schools and health centers.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">School-Based Health Care Support Toolkit</a></li> </ul>
<p><b>Financial Barriers:</b> Prevention and early intervention for mental health disorders usually is not covered by health insurers, especially for individuals with a condition that can't be diagnosed. Mental Health America, a national nonprofit concerned with mental health support, recovery and advocacy, reported that 8.1 percent of Ohio children lack mental health insurance coverage.<sup>10</sup> Uninsured families are three times more likely to lack adequate mental health care than insured families.<sup>11</sup> Many mental health services are too expensive for families to afford if the service is not covered through Medicaid or private insurance.</p>	<ul style="list-style-type: none"> <li>• Work with primary care physicians for initial mental and behavioral health screenings.</li> <li>• Advocate for mental health parity for all students.</li> <li>• Increase mental health promotion and early intervention in school settings, with possible funding through the U.S Department of Education, Individuals with Disabilities Education Act (IDEA), Substance Abuse and Mental Health Services Administration, and district or school funds.</li> <li>• Explore opportunities to share funding between public and private agencies, fee-for-service and third-party funding sources, Medicaid, community coalitions, systems of care partner agencies, nonprofit organizations, state and county Temporary Assistance for Needy Families (TANF) funding, and state-supported legislative line items for school mental health.</li> <li>• Explore funding from grants, foundations, and business community partners, such as Safe</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Ohio Medicaid Schools Program</a></li> <li>• <a href="#">National Center for School Mental Health, Funding &amp; Sustainability</a></li> <li>• <a href="#">U.S. Department of Education</a></li> <li>• <a href="#">Individuals with Disabilities Act (IDEA)</a></li> <li>• <a href="#">Substance Abuse and Mental Health Services Administration (SAMHSA)</a></li> <li>• <a href="#">Temporary Assistance for Needy Families (TANF)</a></li> <li>• <a href="#">Safe Schools/Healthy Students (SS/HS)</a></li> <li>• <a href="#">Readiness and Emergency Management for Schools (REMS)</a></li> <li>• <a href="#">Office of Juvenile Justice and Delinquency Prevention (OJJDP)</a></li> </ul>

	<p>Schools, Healthy Communities grants, Readiness and Emergency Management for Schools (REMS), and Office of Juvenile Justice and Delinquency Prevention (OJJDP) grants.</p> <ul style="list-style-type: none"> <li>• Explore partnerships with local universities and colleges to determine if they can provide student volunteer and internship opportunities. These mental health staff-in-training may be able to provide services free or at a low cost compared to a licensed mental health professional.</li> </ul>	
<p><b>Services that are not sensitive to a language or culture:</b> Many factors can cause cultural and language barriers in mental health care. They include, including bias, misinformation and lack of knowledge about a culture. If services are not available in languages other than English, individuals who speak other languages primarily or solely can be severely limited in getting those services.<sup>12</sup> When providers know how to provide services for many cultures and languages, results for children can improve. A lack of knowledge of other languages or cultures also can reduce family involvement in school-based mental health programs, which may reduce effectiveness of those programs.<sup>8</sup></p>	<ul style="list-style-type: none"> <li>• Develop culture-specific mental health education tools.</li> <li>• Engage with the community.<sup>13</sup></li> <li>• Consider and incorporate what you know about cultural and linguistic factors in your community<sup>14</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Culturally Responsive School Mental Health Practices</a></li> <li>• <a href="#">Ohio Department of Mental Health and Addiction Services- Disparities and Cultural Competence Advisory Committee</a></li> <li>• <a href="#">National Association of School Psychologists- Culturally Competent Schools Guidelines</a></li> </ul>

## REFERENCES

1. National Institute of Mental Health (2017, November). Mental illness. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
2. National Alliance on Mental Illness (2016, September). Mental health facts: Children and teens. Retrieved from <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>
3. Task Force on Early Mental Health Intervention (2003, June). Addressing missed opportunities for early childhood mental health intervention: Current knowledge and policy implications. Retrieved from <https://www.apa.org/pi/families/resources/early-mental-health.pdf>
4. Power, T. J., Eiraldi, R. B., Clarke, A. T., Mazzuca, L. B., & Krain, A. L. (2005). Improving Mental Health Service Utilization for Children and Adolescents. *School Psychology Quarterly*, 20(2), 187-205. <http://dx.doi.org/10.1521/scpq.20.2.187.66510>
5. Owens, P. L., Hoagwood, K., Horwitz, S. M., Leaf, P. J., Poduska, J. M., Kellam, S. G., & Ialongo, N. S. (2002). Barriers to Children's Mental Health Services. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(6), 731–738. <http://doi.org/10.1097/00004583-200206000-00013>
6. Mojtabai, R., Olfson, M., Sampson, N. A., Jin, R., Druss, B., Wang, P. S., ... & Kessler, R. C. (2011). Barriers to mental health treatment: results from the National Comorbidity Survey Replication. *Psychological Medicine*, 41(8), 1751-1761.
7. Kizaur, L. (2016) Barriers in accessing child mental health services for parents and caregivers. Retrieved from Sophia, the St. Catherine University repository website: [https://sophia.stkate.edu/msw\\_papers/616](https://sophia.stkate.edu/msw_papers/616)
8. Richards, M. M., Bowers, M. J., Lazicki, T., Krall, D., & Jacobs, A. K. (2008). Caregiver involvement in the intensive mental health program: Influence on changes in child functioning. *Journal of Child and Family Studies*, 17(2), 241-252.
9. Smith, E., Koerting, J., Latter, S., Knowles, M. M., McCann, D. C., Thompson, M., & Sonuga-Barke, E. J. (2015). Overcoming barriers to effective early parenting interventions for attention-deficit hyperactivity disorder (ADHD): parent and practitioner views. *Child: Care, Health and Development*, 41(1), 93-102.
10. Mental Health America (2018). Mental health in America- Youth data. Retrieved from <http://www.mentalhealthamerica.net/issues/mental-health-america-youth-data>
11. DeRigne, L. (2010). What Are the Parent-Reported Reasons for Unmet Mental Health Needs in Children? *Health & Social Work*, 35(1), 7–16.
12. National Institute on Mental Illness. Diverse Communities. Retrieved from <https://www.nami.org/Find-Support/Diverse-Communities>
13. Schatell, E. (2017, July). Challenging multicultural disparities in mental health. Retrieved from <https://www.nami.org/Blogs/NAMI-Blog/July-2017/Challenging-Multicultural-Disparities-in-Mental-He>
14. Garbacz, S. A., McIntosh, K., Eagle, J. W., Dowd-Eagle, S. E., Hirano, K. A., & Ruppert, T. (2016). Family engagement within schoolwide positive behavioral interventions and supports. *Preventing School Failure: Alternative Education for Children and Youth*, 60(1), 60-69.

***This brief was developed [in part] under grant number CFDA 93.243 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.***

***We also would like to acknowledge the Ohio Department of Education for their support of this work.  
Prepared by Emily Jordan and Katie Knauff  
Edited and Reviewed by Cricket Meehan  
Miami University***