Access in Brief: Health Care Needs and Use of Services by Adolescents Involved with the Juvenile Justice System

Justice-involved youth is a term used to describe individuals between the ages of 10 and 17 charged with a misdemeanor or felony, delinquency, or non-criminal status offenses such as truancy and running away.[1] Most such juveniles are placed on probation, and a small number are placed in residential treatment (MACPAC 2018). Of those staying overnight in jail or juvenile detention, 64 percent are male and about 65 percent are racial and ethnic minorities (MACPAC 2021).

Medicaid and the juvenile justice system share responsibility for providing health care to justice-involved youth. With few exceptions, Medicaid is the payer of health care services for eligible and enrolled individuals living in the community, while correctional institutions, including juvenile detention facilities and local jails, must pay for health care costs while youth are confined to these facilities. Although inmates of public institutions can remain eligible for Medicaid in many states, federal law prohibits use of federal Medicaid funds for most health care services for inmates of public institutions except in cases of inpatient care lasting 24 hours or more.[2]

Many youth served in the juvenile justice system have significant health care needs. Justice-involved youth have high rates of tuberculosis, dental problems, and sexually transmitted infections such as HIV. Moreover, approximately two-thirds of justice-involved youth have a diagnosable mental health or substance use disorder (SUD). However, fewer than half of juvenile detention facilities provide mental health evaluations to all youth. About half of youth in custody (53 percent) say they have personally met with a counselor at their current facility (MACPAC 2018).

This issue brief uses five years (2015 – 2019) of data from the National Survey on Drug Use and Health (NSDUH) to analyze the experience of children age 12–17 who reported that they stayed overnight in jail or juvenile detention in the past 12 months.[3] Specifically, our analysis examines selected demographic and health characteristics, and prevalence and treatment rates for behavioral health conditions among these children, comparing the experience of youth covered by Medicaid or the State Children's Health Insurance Program (CHIP) to those with other forms of coverage. Where sample size permits, we also report estimates by race, ethnicity, and sex.

Medicaid and CHIP cover 60.4 percent of children or youth who had stayed overnight in jail or juvenile detention. Many of these youth have behavioral health conditions. Specifically:

- Roughly one-in-five (21.7 percent) youth who stayed in jail or juvenile detention reported experiencing a major depressive episode (MDE) at some point in their lifetime, and approximately 16.4 percent reported experiencing one in the past year.

- Among Medicaid beneficiaries who stayed in jail or juvenile detention, females were nearly three times as likely to experience a MDE in the past year (25.9 percent) compared to their male peers (9.0 percent). They also reported receipt of specialty mental health treatment at higher rates.
- Few Medicaid beneficiaries (35.3 percent) report receipt of mental health treatment while in jail or juvenile detention. However, two out of three who stayed overnight in jail or juvenile detention received some form of mental health treatment in the past year.
- Roughly one-in-five beneficiaries (22.0 percent) who stayed in jail or juvenile detention had SUD in the past 12 months. However, only 16.9 percent received treatment in the past year.

NSUDH data are self-reported, and therefore may over or underrepresent the rate at which survey respondents experience behavioral health conditions and access treatment. Individual responses are not validated using psychiatric diagnostic information (SAMHSA 2020). They may be influenced by a variety of social and cultural factors, including beliefs and perceptions regarding mental health and SUD (Ward et al. 2013). In addition, NSDUH does not include residents of institutional group quarters, including jail or juvenile detention settings where estimates suggest approximately two-thirds of youth have at least one diagnosable mental health condition (OJJDP 2017). Their exclusion from NSDUH may result in an underestimation of the prevalence of behavioral health conditions among youth who have stayed in jail or juvenile detention.

Characteristics of Youth Involved in Jail or Juvenile Detention

Below we discuss certain demographic and other characteristics, including insurance status, race and ethnicity, and changes in housing status for youth who stayed in jail or juvenile detention.

Demographic characteristics

Medicaid and CHIP cover the majority of youth in jail or juvenile detention. From 2015 – 2019, non-institutionalized youth age 12 – 17 who stayed in jail or juvenile detention in the past 12 months were significantly more likely to be enrolled in Medicaid (60 percent) than private insurance (26 percent) (Table 1). Regardless of insurance status, about two-thirds of those who stayed overnight in jail or juvenile detention were male, and most youth (two-thirds) were people of color. However, beneficiaries who stayed overnight in jail or juvenile detention were significantly less likely to be Hispanic (16.8 percent) than those without insurance (52.4 percent).

Table 1. Characteristics of Non-Institutionalized Youth Age 12—17 Who Stayed Overnight in Jail or Juvenile Detention in the Past Year, by Insurance Status, 2015 – 2019

Demographic characteristics	Percentage of youth age 12 17		
	Total	Medicaid or CHIP	Private coverage
Total (all youth who stayed in jail or juvenile detention, past year)	**100%**	**60.4%**	**26.1%***

Sex			
Male	66.1	63.9	72.3
Female	33.9	36.1	27.7
Race & ethnicity			
White, non-Hispanic	35.4	34.8	37.3
Black, non-Hispanic	34.9	38.8	32.7
Hispanic	21.1	16.8	23.6
Asian American, non-Hispanic	–	–	–
American Indian, Alaskan Native, Native Hawaiian, or Pacific Islander, non-Hispanic	3.0	4.1	–
Two or more races, non-Hispanic	2.9	3.0	–

Notes: We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, or uninsured. Coverage source is defined as primary coverage at the time of the interview. Youth with other insurance or who were uninsured are not included due to the small sample size. Therefore, estimates for each coverage group do not sum to 100 percent.

* Difference from Medicaid or CHIP is statistically significant at the 0.05 level.
– Dash indicates that estimate is based on too small of a sample or is too unstable to present.

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health (NSDUH), 2021.

Housing stability

Multiple residential moves have been associated with negative health outcomes in children. Children who move frequently are more likely to have poor overall physical health and chronic conditions (Webb et al. 2016, Busacker and Kasehagen 2012). Those who experienced multiple moves as children are also more likely to report lower life satisfaction and psychological well-being in adulthood (Oishi and Schimmack 2010).

Medicaid beneficiaries involved in the juvenile justice system report moving at higher rates than their peers with private coverage. From 2015 – 2019, more than 60 percent of non-institutionalized youth age 12 – 17 covered by Medicaid or CHIP who stayed in jail or juvenile detention reported moving at least one time in the past 12 months. This is significantly higher than their peers with private coverage (42.5 percent) (Table 2). Moreover, children who had stayed in jail or juvenile detention with private coverage were more likely to report that they had not moved in the past year (57.5 percent) compared to their peers with Medicaid or CHIP (38.7 percent).

Table 2. Housing Status among Non-Institutionalized Youth Age 12—17 Who Stayed Overnight in Jail or Juvenile Detention in the Past Year, by Insurance Status, 2015 – 2019

Change in housing status	Percentage of youth age 12 17		
	Total	Medicaid or CHIP	Private coverage
No moves	43.9%	38.7%	57.5%*
One move	21.8	24.3	18.4
Two moves	21.8	23.9	16.5
Three or more moves	12.5	13.0	-
Moved at least one time	56.1	61.3	42.5*

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health (NSDUH), 2021.

Prevalence of Selected Behavioral Health Conditions

For adolescent respondents, the NSDUH captures prevalence of mental illness in two categories:

- Major depressive episode—This category includes adolescents who reported experiencing certain symptoms nearly every day in the same two-week period at any point in their life. Adolescents were defined as having an MDE in the past year if they had a lifetime MDE, felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer in the past 12 months, and experienced during that time some of the symptoms they reported for a lifetime MDE.[4]
- MDE with severe role impairment—This category includes adolescents who reported impairment caused by an MDE in the past 12 months. Severe impairment was defined by the level of problems reported in four major life activities or role domains: (1) ability to do chores at home; (2) ability to do well at school or work; (3) ability to get along with family; and (4) ability to have a social life (SAMHSA 2020).[5]

Major depressive episodes

Youth involved in the juvenile justice system generally report experiencing MDEs at similar rates regardless of their insurance coverage. From 2015–2019, roughly one-in-five (21.7 percent) of non-institutionalized youth age 12–17 who stayed in jail or juvenile detention reported experiencing an MDE at some point in their lifetime and approximately 17 percent reported an MDE in the past year (Table 3). Among those covered by Medicaid or CHIP, nearly one in four (23.2 percent) reported experiencing an MDE in their lifetime and 14.3 percent reported experiencing an MDE with severe role impairment (MACPAC 2021).[6]

TABLE 3. Major Depressive Episodes among Non-Institutionalized Youth Age 12–17 Who Stayed Overnight in Jail or Juvenile Detention in the Past Year, by Insurance Status, 2015–2019

Type of condition	Percentage of youth age 12 17		
	Total	Medicaid or CHIP	Private coverage
Lifetime MDE	21.7%	23.2%	15.5%
MDE in past year	16.4	14.9	15.5
MDE with severe role impairment	15.9	14.3	15.1

Notes: MDE is major depressive episode. The 2019 National Survey on Drug Use and Health (NSDUH) used criteria from the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* to identify major depressive episodes. Questions from the Sheehan Disability Scale determined if a major depressive episode caused severe role impairment by creating major problems with the ability to do chores at home, do well at work or school, get along with family, or have a social life (SAMHSA 2020).

We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, or uninsured. Coverage source is defined as primary coverage at the time of the interview. Youth with other insurance and those who were uninsured are not included due to the small sample size. Therefore, estimates for each coverage group do not sum to 100 percent.

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health (NSDUH), 2021.

Reported prevalence of MDE among Medicaid and CHIP beneficiaries who stayed in jail or juvenile detention was similar across racial and ethnic groups. However, there are significant differences when comparing the experience of males and females (Table 4). Female beneficiaries who stayed in jail or juvenile detention were more likely to report experiencing an MDE than their male peers.

TABLE 4. Major Depressive Episodes among Non-Institutionalized Youth Age 12–17 with Medicaid or CHIP Who Stayed Overnight in Jail or Juvenile Detention in the Past Year, by Sex, 2015–2019

Treatment characteristics	Percentage of youth age 12 17	
	Male	Female
Lifetime MDE	15.3%	37.5%*
MDE in past year	9.0	25.9*
MDE with severe role impairment	8.7	24.7*

Notes: MDE is major depressive episode. The 2019 National Survey on Drug Use and Health (NSDUH) used criteria from the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* to identify major depressive episodes. Questions from the Sheehan Disability Scale determined if a major depressive episode caused severe role impairment by creating major problems with the ability to do chores at home, do well at work or school, get along with family, or have a social life (SAMHSA 2020).

We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, or uninsured. Coverage source is defined as primary coverage at the time of the interview. Youth with other insurance and those who were uninsured are not included due to the small sample size. Therefore, estimates for each coverage group do not sum to 100 percent.

* Difference from Medicaid or CHIP is statistically significant at the 0.05 level.

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health (NSDUH), 2021.

Suicidal thoughts and behaviors

Among non-institutionalized youth age 12–17 who stayed in jail or juvenile detention, 13.5 percent reported thoughts of suicide, 11.4 percent reported having plans of suicide, and 9.0 percent reported attempting

suicide in the past year between 2015–2019. Among youth covered by Medicaid or CHIP who stayed in jail or juvenile detention, 13.3 percent reported thoughts of suicide, 10.4 percent reported having plans of suicide, and 8.7 percent reported attempting suicide (MACPAC 2021).[7] Due to small sample sizes, we were unable to estimate suicidal thoughts and behaviors among youth with private insurance, or those who are uninsured.

Substance use

From 2015–2019, more than one-in-four (26.5 percent) non-institutionalized youth age 12–17 who stayed in jail or juvenile detention had a SUD in the past 12 months.[8] The prevalence of SUD did not vary significantly between youth enrolled in Medicaid or CHIP (22.0 percent) and those with private coverage (33.8 percent) (MACPAC 2021).[9] Due to small sample sizes, we were unable to estimate the prevalence of SUD by race and ethnicity.

Use of Behavioral Health Care

For adolescent respondents, the NSDUH captures use of treatment services for emotional and behavioral health problems unrelated to substance use, as well as use of services for SUD.

Mental health treatment

Youth covered by Medicaid or CHIP who stayed in jail or juvenile detention reported receiving mental health treatment at similar rates as their peers with private coverage. From 2015–2019, one-third (34.9 percent) of all youth who stayed in jail or juvenile detention reported receiving specialty mental health services in a juvenile justice setting and two-thirds (66.3 percent) reported receiving specialty or non-specialty mental health care in the past year (Table 5). One-in-five beneficiaries (20.9 percent) reported receiving specialty inpatient mental health care (MACPAC 2021).

TABLE 5. Mental Health Treatment among Non-Institutionalized Youth Age 12–17 Who Stayed Overnight in Jail or Juvenile Detention in the Past 12 Months, 2015–2019

Treatment characteristics	Percentage of youth age 12 17		
	Total	Medicaid or CHIP	Private coverage
Received non-specialty mental health services	**58.6%**	58.9%	57.3%
Received specialty treatment in a juvenile justice setting	**34.9**	35.5	27.9
Received specialty or non-specialty mental health services	**66.3**	66.1	67.0
Received specialty mental health services	**38.6**	38.8	36.7
Received specialty inpatient mental health services	**19.1**	20.9	17.5
Received specialty outpatient mental health services	**33.7**	32.0	34.3
Stayed overnight in a hospital	**15.2**	15.1	16.7
Stayed overnight in a residential center for emotional treatment	**12.4**	14.2	12.1
Spent time in a day treatment program	**11.5**	9.6	13.6
Received specialty treatment from a private therapist, psychologist, psychiatrist, social worker, or counselor	**25.2**	22.9	28.8
Received specialty treatment from an in-home therapist, counselor, or family preservation worker	**16.0**	16.4	14.2

Received specialty treatment from a family doctor or pediatrician	**13.0**	12.6	14.7
Stayed overnight or longer in foster care or therapeutic foster care home	**7.3**	6.7	9.1

Notes: The 2019 National Survey on Drug Use and Health (NSDUH) defined specialty mental health services as treatment or counseling for emotional or behavioral problems provided in outpatient, inpatient, or residential mental health settings. Outpatient settings include: (1) private therapists, psychologists, psychiatrists, social workers, or counselors; (2) mental health clinics or centers; (3) partial day hospitals or day treatment programs; and (4) in-home therapists, counselors, or family preservation workers. Inpatient settings include hospitals and residential treatment centers. Non-specialty mental health services are defined as treatment from a pediatrician or other family doctor; from a school social worker, psychologist, or counselor; in a juvenile detention center, prison, or jail; through participation in a school program inside a regular school or attendance at a special school for students with emotional or behavioral problems; or staying overnight or longer in foster care or in a therapeutic foster care home because of emotional or behavioral problems.

We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, or uninsured. Coverage source is defined as primary coverage at the time of the interview. Youth with other insurance and those who were uninsured are not included due to the small sample size. Therefore, estimates for each coverage group do not sum to 100 percent.

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health (NSDUH), 2021.

Use of mental health treatment among Medicaid and CHIP beneficiaries who stayed in jail or juvenile detention did not vary across racial and ethnic groups (Table A-1). However, we did observe some significant differences in access to mental health treatment when comparing the experience of male and female beneficiaries who stayed in jail or juvenile detention (Table 6). For example, female beneficiaries were more likely to receive specialty mental health services (50.6 percent) than their male peers (32.0 percent).

TABLE 6. Mental Health Treatment among Non-Institutionalized Youth Age 12–17 Enrolled in Medicaid or CHIP Who Stayed Overnight in Jail or Juvenile Detention in the Past 12 Months, by Sex, 2015–2019

Treatment characteristics	Percentage of youth age 12 17	
	Male	Female
Received specialty treatment in a juvenile justice setting	35.0%	36.0%
Received specialty or non-specialty mental health services	61.7	73.8*
Received non-specialty mental health services	57.0	62.1
Received specialty mental health services	32.0	50.6*
Received specialty inpatient mental health services	17.0	27.9
Received specialty outpatient mental health services	26.1	42.7*
Stayed overnight in a hospital	10.2	23.9*
Stayed overnight in a residential center for emotional treatment	12.5	17.1
Spent time in a day treatment program	–	12.0
Received specialty treatment from a private therapist, psychologist, psychiatrist, social worker, or counselor	17.5	32.6*
Received specialty treatment from an in-home therapist, counselor, or family preservation worker	14.9	19.0
Received specialty treatment from a family doctor or pediatrician	–	15.0

Notes: The 2019 National Survey on Drug Use and Health (NSDUH) defined specialty mental health services as treatment or counseling for emotional or behavioral problems provided in outpatient, inpatient, or residential mental health settings. Outpatient

settings include: (1) private therapists, psychologists, psychiatrists, social workers, or counselors; (2) mental health clinics or centers; (3) partial day hospitals or day treatment programs; and (4) in-home therapists, counselors, or family preservation workers. Inpatient settings include hospitals and residential treatment centers. Non-specialty mental health services are defined as treatment from a pediatrician or other family doctor; from a school social worker, psychologist, or counselor; in a juvenile detention center, prison, or jail; through participation in a school program inside a regular school or attendance at a special school for students with emotional or behavioral problems; or staying overnight or longer in foster care or in a therapeutic foster care home because of emotional or behavioral problems (SAMHSA 2020).

We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, or uninsured. Coverage source is defined as primary coverage at the time of the interview. Youth with other insurance and those who were uninsured are not included due to the small sample size. Therefore, estimates for each coverage group do not sum to 100 percent.

* Difference from Medicaid or CHIP is statistically significant at the 0.05 level.
– Dash indicates that estimate is based on too small of a sample or is too unstable to present.

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health (NSDUH), 2021.

School-based mental health services

From 2015–2019, 42.4 percent of youth who stayed in jail or juvenile detention reported receiving mental health services from education sources (Table 5) (MACPAC 2021). Rates were similar across coverage groups.

TABLE 7. School-Based Mental Health Services among Non-Institutionalized Youth Age 12–17 Who Stayed Overnight in Jail or Juvenile Detention in the Past Year, 2015–2019

Treatment characteristics	Percentage of youth age 12 17		
	Total	Medicaid or CHIP	Private coverage
Received mental health services from education sources	**42.4%**	40.1%	43.9%
Received specialty treatment in a school or school program for emotional problems	**33.5**	29.7	34.2
Talked to a school social worker, psychologist, or counselor for emotional problems	**22.2**	19.8	23.7

Notes: The 2019 National Survey on Drug Use and Health (NSDUH) defined mental health services from education resources as having talked to a school social worker, school psychologists, or school counselors and/or having attended a special school or participated in a special program at a regular school for problems with behavioral or emotions that were not caused by alcohol or drugs (SAMHSA 2020).

We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, or uninsured. Coverage source is defined as primary coverage at the time of the interview. Youth with other insurance and those who were uninsured are not included due to the small sample size. Therefore, estimates for each coverage group do not sum to 100 percent.

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health (NSDUH), 2021.

While sample size limitations made it difficult to look at use of school-based services by race and ethnicity and sex, we found that white and Black youth covered by Medicaid or CHIP who stayed in jail or juvenile detention reported receiving mental health services from education sources at similar rates. Male and female beneficiaries also reported similar use of mental health services from education sources (MACPAC 2021).

Substance use treatment

Regardless of insurance status, youth who stayed in jail or juvenile detention reported receiving SUD treatment at similar rates. From 2015–2019, 18.3 percent of youth who stayed in jail or juvenile detention who were enrolled in Medicaid or CHIP reported needing but not receiving alcohol or drug treatment in the past year (Table 8). Among beneficiaries who stayed in jail or juvenile detention, 16.9 percent reported receiving any substance use treatment in the past year and 20.8 percent reported ever receiving alcohol or drug treatment (MACPAC 2021).[10]

TABLE 8. Substance Use Disorder Treatment among Non-Institutionalized Youth Age 12–17 Who Stayed Overnight in Jail or Juvenile Detention in the Past Year, 2015–2019

Type of condition	Percentage of youth age 12 17		
	Total	Medicaid or CHIP	Private coverage
Needed but did not receive alcohol or drug treatment in the past year	**21.9%**	18.3%	27.6%
Received substance use disorder treatment in the past year	**16.0**	16.9	18.1
Ever received substance use disorder treatment	**19.3**	20.8	21.8
Currently receiving treatment for substance use disorder	**5.7**	6.5	–

Notes: We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, or uninsured. Coverage source is defined as primary coverage at the time of the interview. Youth with other insurance and those who were uninsured are not included due to the small sample size. Therefore, estimates for each coverage group do not sum to 100 percent.

– Dash indicates that estimate is based on too small of a sample or is too unstable to present.

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health, 2021.

Data and Methods

Data sources

Data for this report comes from the 2015–2019 NSDUH, an annual survey sponsored by the Substance Abuse and Mental Health Services Administration, that conducts interviews with approximately 70,000 randomly selected, civilian, non-institutionalized individuals age 12 and older in the United States. NSDUH respondents are residents of households and individuals in non-institutional group quarters, such as shelters, rooming houses, college dorms, and halfway houses. Individuals with no fixed household address, such as individuals who are homeless and not in shelters; active-duty military personnel; and residents of institutional group quarters, including congregate settings for youth in foster care, correctional facilities, nursing homes, and mental institutions, are excluded. The NSUDH is a primary source of national and state-level estimates on use of tobacco products, alcohol, illicit drugs, SUDs, mental health status, and related treatment (SAMHSA 2020b).

Insurance coverage

The following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare; private; Medicaid/CHIP; other type of insurance (e.g., TRICARE, military health care); or uninsured. Coverage source is defined as primary coverage at the time of the interview. Private health insurance coverage excludes plans that paid for only one type of service, such as accidents or dental care. For individuals 12–17, the NSDUH accepts proxy responses from household members identified as being better able to give accurate information about health insurance (SAMHSA 2020b).

Point estimates were calculated using sample weights, and corresponding variances accounted for the complex sample design of NSUDH. All estimates in this brief have a relative standard error of less than or equal to 30 percent. All differences discussed were computed using t-tests and are significant at the 0.05 level.

Endnotes

[1] Status offenses are non-criminal acts such as truancy, curfew violations and running away from home. States differ in how they define juveniles, with the lower age limit generally beginning at age 10 and the upper age set at 17. Some states include youth as young as 6 or set the upper limit at age 15 or 16 (MACPAC 2018).

[2] Generally, Medicaid eligibility is not affected by an individual's involvement with the criminal justice system. Federal regulations do not require states to terminate Medicaid enrollment of those who become inmates of a public institution; states may suspend eligibility. Since the average length of incarceration for juveniles is 3.5 months, this distinction is important. CHIP rules differ; children and pregnant women cannot be enrolled in CHIP if they are inmates of public institutions. If confined to an institution, CHIP coverage is terminated (MACPAC 2018).

[3] NSDUH respondents are residents of households and non-institutionalized group quarters (e.g., shelters, rooming houses, dormitories) and from civilians living on military bases age 12 and older. The survey excludes those experiencing homelessness who are not residing in shelters; military personnel on active duty; and residents of institutional group quarters, including jails, nursing homes, mental institutions, and long-term care hospitals (SAMHSA 2020).

[4] The NSDUH defined individuals as having had a lifetime MDE if they reported at least five or more of the following symptoms in the same two-week period during their lifetime (with at least one of the symptoms being a depressed mood or loss of interest or pleasure in daily activities): (1) depressed mood most of the day, nearly every day; (2) markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day; (3) significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day; (4) insomnia or hypersomnia nearly every day; (5) psychomotor agitation or retardation at a level that is observable by others nearly every day; (6) fatigue or loss of energy nearly every day; (7) feelings of worthlessness or excessive or inappropriate guilt nearly every day; (8) diminished ability to think or concentrate or indecisiveness nearly every day; and (9) recurrent thoughts of death or recurrent suicidal ideation (SAMHSA 2020).

[5] For adolescent respondents, the NSDUH collects data on impairment caused by MDE using the Sheehan Disability Scale, a measure of impairment due to mental health issues in four major life activities or role domains. Each section consists of four questions, and each item uses an 11-point scale ranging from 0 (no problems) to 10 (very severe problems). Ratings of seven or greater for problems in one or more role domains were classified as severe impairment (SAMHSA 2020). As discussed, the NSDUH examines prevalence rates for MDE and MDE with severe role impairment among adolescents. It does not provide data on psychiatric diagnoses, and therefore may not reflect important trends related to the prevalence of certain mental health conditions among adolescents, including those who stayed overnight in jail or juvenile detention.

[6] Due to the limited sample size, we are unable to estimate the prevalence of mental health conditions among youth covered by Medicaid or CHIP who stayed overnight in jail or juvenile detention by race and ethnicity.

[7] Due to the small sample size, we are unable to estimate the prevalence of suicidal thoughts and behaviors for youth with private insurance who stayed in jail or juvenile detention. Similarly, the sample size is too limited to report estimates for Medicaid and CHIP beneficiaries by race and ethnicity or sex.

[8] NSDUH respondents who report illicit drug or alcohol dependence or abuse are considered to have an SUD. Estimates for dependence or abuse questions for alcohol and illicit drugs were based on criteria in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives). The NSDUH instrument includes items asking about symptoms of dependence or abuse related to the use of a specific substance in the past 12 months (SAMHSA 2020).

[9] Due to the small sample size, we are unable to estimate the prevalence of substance use among youth with private insurance who stayed in jail or juvenile detention. Similarly, the sample size is too limited to report estimates for Medicaid and CHIP beneficiaries by race and ethnicity and sex.

[10] Due to the small sample size, we are unable to report estimates for Medicaid and CHIP beneficiaries by race and ethnicity and sex.

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Appendix A: Mental Health Treatment by Race and Ethnicity

TABLE A-1. Mental Health Treatment among Non-Institutionalized Youth Age 12–17 Enrolled in Medicaid or CHIP Who Stayed Overnight in Jail or Juvenile Detention in the Past 12 Months, by Race and Ethnicity, 2015–2019

Treatment characteristics	Percentage of youth age 12 17				
	White	Black	Hispanic	AIAN and NHPI	Two or more races
Received specialty treatment in a juvenile justice setting	37.4%	37.5%	–	–	–
Received specialty or non-specialty mental health services	66.9	70.5	53.7	77.5	67.3
Received non-specialty mental health services	57.3	63.9	49.0	61.6	49.9
Received specialty mental health services	46.7	36.4	–	69.2	55.6
Received specialty inpatient mental health services	24.2	19.2	–	–	–
Received specialty outpatient mental health services	41.1	29.7	–	–	53.1

Notes: Hispanic is anyone of Hispanic, Latino, or Spanish origin. AIAN and NHPI combines data for respondents who identified as American Indian or Alaska Native or Native Hawaiian or other Pacific Islander and are not of Hispanic origin. White, Black, and two or more races do not include respondents of Hispanic origin. Estimates for Asian Americans are not included due to the small sample size.

The 2019 National Survey on Drug Use and Health defined specialty mental health services as treatment or counseling for emotional or behavioral problems provided in outpatient, inpatient, or residential mental health settings. Outpatient settings include: (1) private therapists, psychologists, psychiatrists, social workers, or counselors; (2) mental health clinics or centers; (3) partial day hospitals or day treatment programs; and (4) in-home therapists, counselors, or family preservation workers. Inpatient settings include hospitals and residential treatment centers. Non-specialty mental health services are defined as treatment from a pediatrician or other family doctor; from a school social worker, psychologist, or counselor; in a juvenile detention center, prison, or jail; through participation in a school program inside a regular school or attendance at a special school for students with emotional or behavioral problems; or staying overnight or longer in foster care or in a therapeutic foster care home because of emotional or behavioral problems.

– Dash indicates that estimate is based on too small of a sample or is too unstable to present.

Source: MACPAC analysis of the 2015–2019 National Survey on Drug Use and Health, 2021.