2021

Mental Health Disparities In Social Work Practice Of Minority Youth Offenders

Beverly Ann Rivera
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Beverly Rivera

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Valerie Quarles, Committee Chairperson, Social Work Faculty
Dr. Lindy Lewis, Committee Member, Social Work Faculty
Dr. Nancy Campbell, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Mental Health Disparities In Social Work Practice Of Minority Youth Offenders

An Action Research Study

by

Beverly Rivera

MSW, University of Pittsburgh School of Social Work, 2011

BS, Geneva College, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2021

Abstract

A large number of minority youths placed in the juvenile justice system across the United States have mental health disorders. Most of these youths do not receive mental health services or support within the system, which increases risk factors such as undiagnosed and untreated mental illness and adverse outcomes such as recidivism. This action research sought to uncover whether mental health disparities in social work practice in the juvenile justice system were due to race and ethnicity and asked social workers to recommend strategies to improve mental health availability, access, and provision. Participants in the study were social workers who had worked with minority youth offenders in the Allegheny County juvenile justice system in Pennsylvania for at least two years. The study's practice-focused research questions centered on two considerations; whether minority youth face challenges when seeking mental health services in the juvenile justice system. (b) Whether there are racial and ethnic differences in clinical practice for minority youth offenders. Ecological systems theory was used, which reflected micro (individual), mezzo (group), and macro (systemic) levels. The data collection method was ten semi-structured questions administered to the eight social workers who participated in a focus group. Two major themes emerged from the data analysis; barriers in mental health service provisions are caused by racial and ethnic bias in clinical practice. Findings suggest there needs to be cultural and ethnic diversity training for Caucasian social workers to improve mental health services for minority youth offenders. The underlying issues in the findings could provide insight into social work practice leading to positive social change.

Mental Health Disparities In Social Work Practice Of Minority Youth Offenders

An Action Research Study

by

Beverly A. Rivera

MSW, University of Pittsburgh School of Social Work, 2011

BS, Geneva College, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2021

Dedication

I dedicate this dissertation to four people in my life who are important to me. First, my son Parris, who went home to be with the Lord in 2011, has inspired and encouraged me throughout this journey, and I know he would be proud of me for pursuing my doctorate. Second, my sister Camille keeps me in her prayers, encourages me every day not to give up, and lets me know that she knows I will complete this goal. Most of all, I would like to thank my parents, Willie and Amy Parsee, who have both gone home to be with the Lord. I thank my mother for homeschooling all nine of us, which she did in an era before homeschooling had become a household word. I can still hear her saying that reading a book would take you anywhere in the world without leaving home! Also, I thank my father for being the greatest father and friend a daughter could have. He taught me the importance of independence as a woman and the value of having a strong work ethic.

Acknowledgments

I want to thank Arthur Montes, my mentor, who has encouraged me and helped me realize I do have something to offer. Thank you, Arthur. Also, I want to acknowledge Dr. Valerie Quarles for being my chairperson. I gained knowledge about how a proposal should represent the evidence and justification of the topic being presented. Thank you for your patience and kindness throughout this journey. I want to thank Dr. Lewis, my second chair, for his constructive feedback. Also, I want to thank Dr. Campbell for being my university reviewer. I also want to thank Jennifer Krou, who has been a great tutor in Microsoft Word—without your help, this template would not be correct. I want to thank both of my granddaughters, Asia and Aries, for being my best cheerleaders love you guys. Lastly, I want to thank my student advisor Judia Malachi for all of your encouragement and advice. Finally, and most of all, I must acknowledge the Lord Jesus Christ, without whom none of this would be possible. I thank Him for His love and for the Word that keeps me grounded.

Table of Contents

List of Tables

Section 1: Foundation of the Study and Literature Review

Background of the Problem

Some research studies indicate that minority youth offenders have high levels of mental health disorders (Rawal et al., 2004; Spinney et al., 2016; White, 2016). Substantial evidence suggests that their mental health needs are not being met in the juvenile justice system (Bentley, 2016; Janku & Yan, 2009; Lee et al., 2017; Liebenberg & Ungar, 2014). Additionally, researchers emphasize that justice-involved youth from minority groups, primarily African American and Hispanic youth, receive less mental health treatment before, during, and after incarceration than Caucasian youth (Abram et al., 2015; Lee et al., 2017). According to Liebenberg and Ungar (2014), "minority youth offenders that are confined or supervised in the community do not receive adequate referrals and interventions to address the mental health challenges they may encounter" (p. 1). The lack of mental health services among these minority youth offenders may increase risk factors such as an untreated or undiagnosed mental illness, which can cause adverse outcomes that may increase recidivism (Bentley, 2016; Kapp et al., 2013; White et al., 2016).

Any individual from any background who has a mental illness can face multiple barriers to receiving adequate treatment. These barriers relate to the quality of services provided, the understanding of mental health issues; the stigma associated with mental illness; and economic barriers related to costs and lack of insurance (Fong et al., 2014). Added to this, individuals from minority backgrounds face dual marginalization as both persons of color and recipients of a mental health diagnosis (Bentley, 2016). Youth of

color face numerous barriers, starting with cultural challenges when seeking mental health treatment. There are differences in cultural perceptions regarding mental illness, racism and discrimination, and cultural differences related to behaviors (Bentley, 2016; Heaton, 2018). Language and other communication barriers may also make it challenging to include minority youth in decision making, share information on various treatment options, conduct negotiations, and build consensus when seeking help (Samuel, 2015; Thompson et al., 2016; U.S. Public Health Service, 2000).

Many minority youths also fear psychologists, physicians, psychiatric professionals, and social workers (Barnert et al., 2016; Samuel, 2015; Thompson et al., 2016). Such mistrust of mental health professionals stems from a mixture of historic Eurocentrism, cultural biases in social work practice, and the stigma surrounding mental illness. Some researchers indicated that minority youth offenders in the juvenile justice system had experienced adverse reactions to medications that may be considered abuse, which are quick fixes for mental health issues instead of addressing the underlying mental health problem (Atdjian & Vega, 2005; Samuel, 2015; Thompson et al., 2016).

Research studies indicate that the juvenile justice system faces two significant issues: race and mental health (Hockenberry et al., 2014). These are both identified as considerations for policymakers, juvenile administrators, and social workers (Hockenberry et al., 2014; Hovey et al., 2017; Soler & Garry, 2009). Few attempts have been made to address the relationship between these two risk factors (Desai et al., 2012). The connection between the juvenile justice system and race provides a framework for uncovering how the system responds to mental health needs (Hawkins et al., 2000). For

example, African American youth are disproportionately represented at every stage of the juvenile justice process relating to their self-reported crimes (Janku & Yan, 2009; Shook & Goodkind, 2009). African American youth are involved at younger ages in the system than their White counterparts and receive harsher sentences for the same offenses (Hartney & Silva, 2007; Shook & Goodkind, 2009). Research studies have shown that race contributes to decisions regarding who receives mental health services and where they receive them—whether in a mental health facility or within the juvenile justice system (Janku & Yan, 2009; Spinney et al., 2016). These systemic biases may contribute to racial disparities within the juvenile justice system (Janku & Yan, 2009; Spinney et al., 2016).

The relationship between juvenile incarceration and mental health is problematic because of racial/ethnic and socioeconomic disparities in the juvenile justice system (Barnert et al., 2016). This may partially explain the inadequate mental health care that minority youth offenders receive compared to youth in the general population (Mauer, 2011). High rates of mental health needs among minority justice-involved youth may increase incarceration risk and cause symptoms during incarceration or after these youths try to reintegrate into their communities when released (Mauer, 2011). The significant health disparities that affect minority youth may also exacerbate the health consequences of short- or long-term incarceration (Barnert et al., 2016).

Both the high prevalence of incarceration among minority youth and the health of African American and Hispanic youth have become inextricably linked with the cycles of mass incarceration prevalent in many of their communities. Studies have revealed a

pattern of systemic racial bias throughout the juvenile justice system at every decision-making stage for minority youth offenders (Leiber et al., 2011). One example is the decision to refer youth to community-based treatment programs instead of detention facilities (Spinney et al., 2016). The current research study shows that these disparities exist at each phase of the decision-making process. Spinney et al. (2016) used administrative records in a longitudinal study (1995 to 2014). They found that race was an influential factor at each stage of the decision-making process, starting with intake and disposition. African American youth offenders were affected negatively in most cases. These findings illustrated that racial disparities extended to therapeutic services within the system and were influential in minority youth not being referred to mental health and substance abuse services (Spinney et al., 2016). Although the number of research studies addressing racial and ethnic disparities in the juvenile justice system has increased, few peer reviews and scholarly literature published reflect social workers' perspectives regarding the correlation between race and mental health disparities affecting minority youth offenders.

Problem Statement

Mental health disorders have become a primary concern in juvenile justice systems across the United States. The growing mental health needs of minority youth offenders, primarily African American, and Hispanic youth, are exposed to racial/ethnic disparities within the system (Bentley, 2016; Lee et al., 2017; Underwood & Washington, 2016). Studies have shown that racial disparities regarding access, availability, utilization, and outcome appropriateness may be contributing to mental health disparities

affecting minority youth offenders (Fong et al., 2014). The responsibility of prisons is to provide offenders with minimum psychiatric care. Once juvenile offenders are detained, the juvenile justice system's responsibility is to provide medical and mental health care for these youth because it automatically becomes their legal custodian (Grisso & Underwood, 2004). However, research indicates that justice-involved youth, mainly African American and Hispanic youth, are profoundly underrepresented in areas of mental health services (Abram et al., 2015; Janku & Yan, 2009).

Over 2 million youth are arrested each year in the United States. An estimated 100,000 are placed in juvenile detention or prisons (Abram et al., 2015; Rawal et al., 2004; White, 2016), and 65 to 70% are diagnosed with at least one mental health disorder (Underwood & Washington, 2016; White, 2016). Rawal et al. (2016) noted that "recent studies have focused on youth with diagnosable mental illnesses within the juvenile justice system, yet there remains little epidemiological data on the prevalence of mental illness of minorities in this population" (p. 243). Fretty (2017) noted that African American and Hispanic minority youth comprise 34% of the general population under 17 years old and make up 62% of juveniles detained whose mental health needs are not being met within the juvenile justice system because of racial/ethnic disparities, systemic racism, or lack of cultural competence on the part of some social workers.

Although studies on racial/ethnic disparities in mental health services for minority youth offenders in juvenile justice systems have increased, few studies have provided information on minority youth offenders in the Allegheny County juvenile justice system in Pennsylvania. In 2009, African American youth in Allegheny County accounted for

20% of residents aged 10 to 17 but made up 69% of the juvenile justice system population and 76% of the population screened at detention intakes (Puzzanchera et al., 2012).

Most detainees have a dual diagnosis of mental health and substance abuse issues; however, research has shown that youth with mental health issues do not receive mental health services before or during their incarceration (Lee et al., 2017). Lee et al. (2017) examined two studies—Teplin et al. (2005) and Pajer et al. (2007)—that revealed mental health services were offered to low percentages of minority youth offenders across the United States. Teplin et al. found that only 40% of justice-involved youth with serious mental health issues received appropriate mental health services. Pajer et al., in a quantitative study using 83 juvenile facility surveys, found that only 68% of inmates were offered counseling services. Some minority youth offenders did not utilize these services. There were few licensed mental health professionals involved in their care.

Lee et al. (2017) concluded that these studies illustrated a lack of service delivery for several reasons. There was evidence that racial differences contributed to the overrepresentation in the juvenile justice system of minority youth offenders among recipients of mental health and substance abuse services. Research suggests that minority youth offenders are funneled through the juvenile justice system, while Caucasian youth receive treatment in mental health systems (Lee et al., 2017). A lack of mental health services before entering the system and while in the system increases the likelihood that mental health issues will go unaddressed and continue to affect behavior (Lee et al., 2017). An important implication in the studies is that social workers' racial bias might be

a barrier to service access (Dalton et al., 2009). Minority youth offenders can be channeled into different juvenile detention centers rather than mental health systems based on their diagnoses. Dalton (2009) noted that often African American youth offenders are misdiagnosed with conduct problems or emotional disorders that may influence social worker's clinical decisions. (Dalton et al., 2009).

Research Questions

RQ 1. Do race and ethnicity affect clinical practice (i.e., assessment, evaluations, and interventions) for social workers who work with minority youth offenders in the juvenile justice system?

RQ 2. Are there racial and ethnic differences in mental health needs and services offered to minority youth offenders in the juvenile justice system by social workers?

Purpose of the Study

The purpose of this study was to explore social workers' perceptions of racial/ethnic disparities in mental health services for minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. Research studies have provided evidence of racial differences in identifying mental health service needs and providing such services (Heaton, 2018; Lee et al., 2017). Specifically, studies have found that non-Hispanic White youth's needs are more likely to be identified than African American and Hispanic youth (Heaton, 2018). They are more likely to receive mental health services while incarcerated and after release (Heaton, 2018).

Racial/ethnic differences in mental health service receipt have become a concern on a national and local level. For example, on a national level, minority youth comprise 34% of the general population but makeup 62% of youth detained without mental health services (Desai et al., 2012). On a local level, African American youth in the Allegheny County juvenile justice system aged 10 to 17 years make up 69% of the juvenile justice system even though they are only 20% of Allegheny County's general population (Puzzanchera et al., 2012).

According to the National Association of Social Workers (NASW, 2017), social workers' primary goal is public service, which means helping vulnerable populations manage and resolve various social problems. Social workers advocate for social justice and fight against social injustice by offering support and resources to vulnerable and oppressed groups. They promote equality by respecting individuals' cultural needs, demonstrating cultural sensitivity and cultural respect, and supporting genetic diversity—and they encourage the public to do the same (NASW, 2017). Over the past four decades, researchers have recognized the need to understand the connection between race and mental health in the juvenile justice system. Understanding the patterns that connect the juvenile justice system and race/ethnicity is how social workers respond to the mental health needs of minority youth offenders (Janku & Yan, 2009).

Nature of Study

Action research is about enabling social change and transformation by involving communities in finding solutions to their problems. Stringer noted (2007) that cycles in

action research can find practical solutions for investigated problems. A successful action research project must involve stakeholders and those directly affected by the issue.

Accordingly, this action research study examined the evidence of racial/ethnic disparities in mental health services in the juvenile justice system by involving major stakeholders: social workers. I used an action research design and qualitative method to conduct a focus group with social workers who had worked with minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, Pennsylvania. The study involved using data from the current literature to address and explain racial/ethnic disparities, trends, and gaps in the juvenile justice system.

Significance of the Study

This action research study may identify racial/ethnic disparities in mental health services offered to minority youth offenders who do not utilize mental health services in the juvenile justice system. Social workers who work with this vulnerable population need to be aware of environmental and cultural factors that cause racial/ethnic biases that, in turn, lead to minority youth not receiving or utilizing mental health care or supportive services. According to the NASW Code of Ethics (2017), the social worker's responsibility is to address the racial and ethnic disparities of vulnerable and oppressed populations who experience discriminatory practices in social and criminal justice systems.

Cultural competence starts with understanding diverse cultures and how an individual's perceptions function in "human behavior and society, recognizing the strengths that exist in all cultures" (NASW, 2017). This action research study may

provide insight into how racial/ethnic disparities prevent minority youth from utilizing mental health services and may offer social workers a better understanding of how racial discrimination affects individuals' mental health from minority groups. The study's findings may add to the literature on this topic in social work practice.

Implications for Potential Social Change

This action research study may support positive change in social work practice on the micro (individual), mezzo (group), and macro (systemic) levels by identifying and addressing racial and ethnic differences in clinical practice for minority youth offenders in juvenile justice system. On the micro-level, additional training in cultural competence, sensitivity, and awareness may help social workers understand how young people's ethnic background affects their mental health and their disposition to seek treatment (Evans & George, 2008). On the mezzo level, young people's different environments (i.e., family, peers, community, and social settings) influence their identity and support systems (Bronfenbrenner, 1979). Understanding this may enable social workers to include these factors when assessing mental health services. On the macro level, collaboration within and between agencies creates a broader network of training and resources, which is essential for social workers to understand the mental health needs of minority youth offenders in the juvenile justice system.

Cultural competence enables social workers to empathize with individuals' beliefs, values, ethnicities, and cultures without forcing their own culture onto individuals to solve their problems. Conversely, a lack of cultural competence, sensitivity, and awareness contributes to racial disproportions in service access for minority youth

offenders. It may be particularly problematic for minority youth who distrust mental health professionals (Dalton et al., 2009).

Key Terms

Juvenile justice system: A network of agencies, police, prosecutors, family courts, and probation personnel, including the Department of Corrections, responsible for the care of youth who commit criminal offenses (Mauer, 2011).

Juvenile offenders: Youth under 18 years of age who are incarcerated for a crime (Reiman & Leighton, 2015).

Ecological system theory: Seeks to understand the individual's human behavior and social environment from factors across the micro, mezzo, and macro systems that interact with the person's environment and development (Campbell et al., 2018).

Mental health disorders: Mental illness or psychiatric disorders that are behavioral or mental patterns that cause significant distress or impairment of personal function (Stein et al., 2010).

Unmet mental health needs: Mental health disorders, such as attention-deficit/hyperactivity disorder (ADHD), learning disorders, depression, anxiety, conduct disorder, and posttraumatic stress disorder, go untreated (Cropsey et al., 2012).

Mental health services: Services provided by licensed professionals (i.e., psychiatrists, psychologists, primary care physicians, clinical social workers, and mental health counselors) in the community or private settings to treat individuals with mental health diseases (National Alliance on Mental Illness, n.d.).

Mental health disparities: Power imbalances that influence access, quality, and favorable behavioral health care outcomes in medical settings (McGuire & Miranda, 2008).

Minority ethnic groups: Non-White groups (i.e., African Americans, Hispanics, Asians, Native Americans, and Pacific Islanders (Washington, 2018). The terms "youth of color" and "people of color" are used interchangeably with "minority ethnic groups."

Caucasian youth: Defined as non-Hispanic White youth (Heaton, 2018).

Race: A biological term describes people's physical characteristics and similarities within groups of people of a specific culture (Williams & Sternthal, 2010).

Ethnicity: Refers to a group of people who share cultural practices and perspectives that set them apart, such as those related to history, heritage, language, religious beliefs, and style (Crossman, 2019).

Disproportionate minority contact (DMC): Refers to minorities being overrepresented in the criminal justice system compared with the general population (Desai et al., 2012).

Culture: Integrates human behavior patterns, including thoughts, communication, actions, customs, values, beliefs, races, ethnicities, and religions (Pumariega et al., 2013).

Cultural competency: Having a knowledge base on individual cultures, behaviors, and societies makes it possible to recognize the strengths in all cultures (NASW, 2008).

Racial disproportions: A term used to describe the overrepresentation or proportional representation of racial/ethnic groups whose members experience unequal

treatment in social service systems or judicial systems regarding mental health services, sentencing, or referral treatment (Mears et al., 2016).

Racial/ethnic biases: Defined as differences in individual attitudes, behavior, thoughts, and feelings toward racial/ethnic groups that are different from the dominant group in society, i.e., Whites in the United States (Hall et al., 2015).

Recidivism: Refers to an individual's relapse into criminal behavior, which results in rearrest, reconviction, or returns to prison with or without a new sentence charge (James, 2015).

Sexual orientation: Refers to an individual's physical or romantic attraction to the same sex or different sex (Bailey et al., 2016).

Gender identity: Different from sexual orientation; refers to an individual's internal, deeply felt sense of being male/female or something other or in between (Wood & Eagly, 2015).

LGBTQ: An initialism that stands for "lesbian, gay, bisexual, transgender, and questioning" ("questioning" refers to an individual who is exploring their sexuality) (Wagaman, 2016).

Social service provider: A licensed clinical social worker (LCSW; also referred to as a "clinician" or "practitioner") with a master's Degree who works with diverse oppressed and vulnerable populations to advocate for social justice (NASW, 2008).

Values and Ethics

The preamble to the NASW Code of Ethics states that social workers' role is to promote social justice and social change with and on behalf of clients and social systems,

i.e., individuals, families, groups, organizations, and communities (NASW, 2008). According to the Code of Ethics, social workers should be culturally sensitive concerning racial/ethnic diversity and attempt to end social injustices such as discrimination against and oppression of vulnerable populations (e.g., minority youth offenders), including when this discrimination results in needs being unmet in juvenile justice systems nationwide.

Social justice is a value and ethical principle. Social workers are to "challenge for change and advocate with and on behalf of vulnerable and oppressed individuals and groups of people" (NASW, 2017). The primary focus is to make a change effort regarding poverty, unemployment, unfair discrimination, and other forms of social injustice that affect vulnerable populations, such as minority juvenile offenders whose mental health needs are not being met. Racial disparities continue to be barriers in juvenile justice systems on both national and local levels.

Lack of cultural competence, sensitivity, and awareness contributes to racial disproportions in service access affecting minority youth offenders (Dalton et al., 2009). Social work practice's primary focus is enhancing and empowering all people, with particular attention to vulnerable and oppressed populations whose members live in poverty. The principles and values relevant to this research study from the NASW Code of Ethics were social justice and cultural competence. Social workers' responsibility is to address racial and ethnic disparities whenever they see them in social and criminal justice systems (NASW, 2017).

Theoretical Perspective

Ecological systems theory pertains to social workers' views of minority youth offenders' mental health services because this theory indicates that each system affects service delivery (Llamas & Chandler, 2017). The theory, developed by Bronfenbrenner in the 1970s, emphasizes understanding the correlation between human development and environmental contexts, from families and communities to larger sociocultural, political, and institutional systems (Kemp, 2010).

Ecological systems theory reflects micro, mezzo, and macro systems that focus on the individual and environmental factors that people experience and how each directly affects individuals' development. It attempts to adjust and fit into established systems at various socio-ecological levels (Bronfenbrenner, 1979; Henderson & Baffour, 2015). The socio-ecological framework is a comprehensive model connecting various theories and research fields, informing social workers and researchers of the importance of integrative multilevel and multidimensional systems that affect the person-environment relationship (Kemp, 2010).

Proponents of this approach focus on social ecology as they seek to support and understand youth's mental health issues in managing the contexts, experiences, and opportunities facilitated through their interactions with their environments and their influences on development trajectories (Booth & Anthony, 2015). Although Bronfenbrenner established ecological system theory, two theorists—Germain (1973) and Hartman (1979)—laid the groundwork for social work practice to approach client systems from an environmental perspective in order to understand human behavior

(Pardeck, 1988). Recently, there has been growing recognition among social workers and researchers of the importance of holistic and justice-centered research on mental health behavior (Sallis 2015).

Review of the Professional Academic Literature

This section provides context for exploring racial/ethnic disparities in the mental health services offered to minority youth offenders. The literature on the phenomenon is reviewed to provide the rationale for conducting the research study. This section's content includes my strategies for searching the literature for philosophical, theoretical, and experimental studies that explored racial/ethnic disparities in mental health services in the juvenile justice system. I obtained the information through an internet search using databases in social work, psychology, and mental health sciences, including Academic Search, Criminal Justice, Social Index, MEDLINE, ERIC, CINAHL, ProQuest, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Google Scholar, and government publications. I searched for research articles and systematic reviews of racial/ethnic biases in mental health services for minority youth offenders using these key terms: *racial/ethnic disparities, mental health disparities, African American youth offenders, Hispanic youth offenders, overrepresentation of minority youth in juvenile justice systems, explicit and implicit biases of social workers, disproportionate minority contact (DMC), barriers in mental health, mass incarceration of minority young offenders, culture, cultural competence, cultural sensitivity, spirituality and religion of African Americans, juvenile justice system, criminal justice system, differences between race and ethnicity, school pipeline to prison juvenile laws,* and *biases in mental health*

diagnoses. As a result, I found numerous peer reviews and journals about racial/ethnic disparities affecting minority youth at every juvenile justice process stage, including referrals to mental health services before incarceration. However, from 2015 to 2019, there was little information on the social worker's perspective on racial/ethnic biases in mental health services for minority youth offenders in works published within the previous 5 years.

Articles were chosen if they (a) addressed racial/ethnic disparities in mental health services for minority youth offenders, (b) included social workers that worked in the juvenile justice system or residential detention centers, (c) focused on African American and Hispanic youth offenders' mental health needs, and (e) was in English.

Current Literature on Mental Health Disparities

The existing literature on the social worker's perspective about racial/ethnic bias in mental health services for minority youth offenders in the juvenile justice system is limited. Although researchers, scholars, mental health professionals, and policymakers have a primary concern with why the mental health needs of minority youth are not being met within the juvenile justice system. Social workers are influential within the court system in determining whether mental health disorders among youth cause criminal activity and, if so, whether youth should be referred to a mental health facility instead of being incarcerated.

The literature indicates that minority youth, primarily African American and Hispanic detainees, have significant mental health disorders yet are less likely to receive treatment in the juvenile justice system than their White counterparts (Liebenberg &

Ungar, 2014). Some researchers have noted that the lack of cultural competence among social workers makes a difference in mental health services for minority youth offenders (Azzopardi & McNeill, 2016; Bentley, 2016; Lee et al., 2017; Spinney et al., 2016). Lack of cultural competence may contribute to these youths being undiagnosed, untreated, and underserved within a system supposed to protect their safety and well-being (Azzopardi & McNeill, 2016; Rawal et al., 2004). One has to question whether this problem results from implicit or explicit bias on social workers. Some studies have shown that Caucasian social workers apply stereotypes to adult and youth offenders, deeming them "criminals" and failing to see past their own racial bias to diagnose these individuals' mental health disorders (Hall et al., 2015).

Juvenile Justice System

When first established in the 1900s, the juvenile justice system had three objectives (Watson et al., 2009): to separate young people from the adult criminal justice system; to correct these young offenders' behavioral problems by improving their condition holistically, thereby fostering better outcomes; and to focus on rehabilitation instead of punitive punishments (Neely-Barnes & Whitted, 2011; Watson et al., 2009). Researchers have noted that it may have been the first time that these youths received mental health treatment (Heaton, 2018; Janku & Yan, 2009; Liebenberg & Ungar, 2014; Spinney et al., 2016; Watson et al., 2009). From the start, the juvenile justice system's primary goal was to protect youth instead of focusing on severe punishments or retribution (Maschi et al., 2008). The juvenile justice system's premise reflected a

paternal philosophy toward young offenders that favored not sentencing these youths but adjudicating them hoping that this would enhance their well-being (Villa, 2017).

Over the past four decades, there has been a dramatic change in the juvenile justice system regarding minority youth offenders' well-being due to racial/ethnic disparities weakening the system (Mauer, 2011). The foundation of the juvenile justice system was the aim of treating all youth equally. Unfortunately, the system is marked by racial differences in outcomes for youth (Mauer, 2011). Juvenile court dispositions include more incarcerations for minority youth, who now receive harsher sentences that may extend into adulthood (Scott & Steinberg, 2008).

The literature indicates that a young person's continued involvement in the juvenile justice system goes beyond statutory factors and is influenced by a host of individual and social/environmental factors (Janku & Yan, 2009). As Machi et al. (2008) stated, "characteristics such as race/ethnicity, gender, and psychosocial histories of mental health, substance abuse, trauma, and delinquency are risk factors that may increase … youth's encounter with juvenile justice systems" (p. 1376). Social/environmental risk factors such as family conflict, geographic location, poverty, and prior human and social service utilization may also influence youth's incarceration and length of stay in the juvenile justice system (Maschi et al., 2008).

Characteristics such as race/ethnicity, gender, and age may influence youth's juvenile justice involvement. Research has shown that African American and Hispanic youth receive more severe dispositions at each phase of the juvenile justice process than their White counterparts for the same crimes (Bentley, 2016; Janku & Yan, 2009; Lee et

al., 2017). As long as Caucasian youth are referred to mental health services while minorities are passed through the juvenile justice system, these disparities will continue to stand in the way of minority youth having their mental health needs met. African American youth placed in secured settings have the highest level of mental health needs and are likely to have these needs underserved (Rawal et al., 2004).

Gender Differences

The juvenile justice system involves more male offenders than female offenders (Neiman, 2015). However, there has been an increase of females in detention since the early 1990s that make up the fastest growing segement of the juvenile justice system. Most scholars indicated that females are more likely to be arrested for minor and status-based offenses than males (Murphy, 2017, p. 5). According to Murphy (2017), the reason for the growth in the female population in the juvenile justice system is unclear; however, there is a connection between female juvenile justice contact and the rise in "non-serious crimes and domestic-related incidences" (). Females are more likely than their male counterparts to be detained for nonviolent offenses such as probation violations, underage drinking, and curfew violations (Van Wormer, 2010).

Abuse and neglect affect both males and females in the juvenile justice system, but girls are more vulnerable than their male counterparts to factors that lead to deviant behavior, commonly linked to sexual, physical, or emotional abuse, particularly in childhood (Lennon-Dearing et al., 2013). The mental health issues that female offenders face arise from internalizing their feelings of being victimized, which places them at a "higher risk of developing traumatic disorders, schizophrenia, and other constant mental

health problems" (Lennon-Dearing et al., 2013, p. 143). Huey et al. (2014) noted that comorbid trauma is more often found in females than males because of childhood sexual abuse and substance use in the juvenile justice system. The juvenile justice system does not address females' mental health needs, and many facilities are not designed to deal with females' internalized trauma (Huey et al., 2014; Lennon-Dearing et al., 2013; Watson et al., 2009). Researchers have suggested a need to restructure the juvenile justice system to better meet female offenders' needs through legislation, staff training, and further research on best practices, community-based diversion, and prevention programs (Lennon-Dearing et al., 2013).

Sexual Orientation

Research indicates that sexual minority youth (i.e., lesbian, gay, bisexual, transgender, and questioning [LGBTQ] youth) are more vulnerable to punitive and exclusionary discipline in the juvenile justice system than their heterosexual counterparts for the same delinquent behaviors because of their sexual orientation (Poteat et al., 2016). Studies have suggested that there may be a connection between "sexual orientation and antisocial behavior, victimization, punishable infractions, and juvenile disciplines" (Poteat et al., 2016, p. 229). Punishable infractions include substance abuse, truancy, sexual deviance, theft, arson, physical assault, and carrying weapons. Researchers have suggested that some of these behaviors, such as truancy, substance abuse, and carriage of firearms, may be strategies that youth use to cope with victimization from peers and adults because of their sexual orientation (Poteat et al., 2016).

Poteat et al. (2016) noted that sexual minorities experience multiple stressors that stem from their societal marginalization. These relate to victimization and discrimination and place them at higher risk of physical, mental, and behavioral health issues that may, in turn, cause hypertension, depression, anxiety, posttraumatic stress disorder, and substance abuse (Merlo & Benekos, 2003; Poteat et al., 2016). Additionally, sexual minority youth encounter more peer victimization than heterosexual youth (Russell et al., 2014). As a result, these youths often engage in more externalizing behaviors, including substance abuse, than their heterosexual counterparts, leading to disciplinary sanctions (Newcomb et al., 2012).

A growing body of research indicates that youth of color who identify as LGBTQ are overrepresented in the juvenile justice system. For example, a study conducted in California noted that 90% of LGBTQ youth in detention centers were people of color (Irvine et al., 2017). On a national level, LGBTQ youth comprise 20% of the juvenile justice population (Irvine et al., 2017). Studies have shown that LGBTQ youth of color have mental health needs that are not being met due to institutional discrimination and how mental health providers view LGBTQ youth (Irvine, 2010).

Mental Health

Mental health issues have become a public concern in juvenile justice systems across the United States because of justice-involved youth's mental health needs (Fong et al., 2014). Underwood and Washington (2016) noted that 2 million youth with contact with the juvenile justice system might have mental health disorders; 40 to 80% of offenders have one mental health disorder (p. 3). Two-thirds of males and three-fourths

of females in juvenile justice centers meet the criteria for at least one mental health disorder.

Lack of mental health services for minority youth offenders in the juvenile justice system is an ongoing problem because, without treatment, offending behavior is likely to continue (Heaton, 2018). For example, mood disorders related to a depressive or bipolar disorder associated with adolescence sometimes increase irritability that may cause aggressive behaviors toward others (Grisso & Underwood, 2004; Spinney et al., 2016). ADHD, which is linked to disruptive and risk-taking behavior, increases the possibility of recurring and extended involvement with the criminal justice system (Murray & Farrington, 2010). Studies have shown that juvenile justice systems are not sufficiently consistent in addressing individuals' mental health needs; as a result, a high percentage of minority youth offenders' mental health needs go untreated while in the system (Llamas & Chandler, 2017; Merikangas et al., 2011; Samuel, 2015).

Youth of color are overrepresented at every stage of the juvenile justice process, and research indicates that race may contribute to addressing their mental health needs (Janku & Yan, 2009; Spinney et al., 2016). Minority youth are more likely to be arrested, detained, and not offered juvenile justice deferment options as White youth (Cochran & Mears, 2015). They are involved more with the juvenile justice system than Caucasian youth and receive harsher sentences for the same offenses (Maschi et al., 2008).

Mental Health Barriers

Minority youth face a few challenges and systematic obstacles that may contribute to their decision to utilize mental health services in the juvenile justice system

(Abram et al., 2015). These factors include poverty and "lack of education, the lack of adequate medical insurance, ineligibility for Medicaid, their racial status, a history of arrest, and lack of supportive services in their social network" (Abram et al., 2015, p. 7).

A qualitative study conducted by Samuel (2015) of 54 African American male youth offenders aged 15 to 17 years revealed that mental health stigma, ineffective treatment, fear, shame, and mistrust of mental health providers were reasons for not utilizing mental health treatment. Moreover, most minority youth offenders think that they do not have mental health issues, and some believe that they can independently solve their mental health problems (Kates et al., 2014).

African American youth are more likely to terminate mental health services prematurely than their White counterparts (Copeland, 2006). Some scholars have suggested that the low number of minority social workers is a factor that discourages African Americans from seeking or continuing with mental health services (Samuel, 2015). Other factors are cultural influences such as stigma, fear, and mistrust of mental health professionals who are Caucasian (Copeland, 2006). Further, religion plays a vital role for African American youth offenders because of cultural and familial beliefs; instead of seeking mental health services from social workers, 25% of participants rely on their religious beliefs (Samuel, 2015).

Mental Health Services

Some research studies have identified how race and ethnicity may impact mental health services offered to minority youth offenders in the juvenile justice system (Burke et al., 2015; Samuel, 2015). Members of African American and Hispanic groups are less

likely to be offered or receive mental health services from within the juvenile justice system (Gonzalez et al., 2011). Most individuals from minority groups do not receive mental health services in the general population. Some studies have suggested that social and economic status plays a role in minority youth receiving mental health services before confinement that affects their mental health diagnoses when incarcerated in the juvenile justice system (Barnert et al., 2016).

When minority youth in the juvenile justice system are not treated for mental health disorders, they most likely will commit crimes and return to the system (Heretick & Russell, 2013). Effective treatment and services may deter minority youth from reoffending. The unmet mental health needs of minority youth are due to racial disparities throughout the juvenile justice process (Leiber & Chamlin, 2011). There is much controversy surrounding treatment services when minority youth are processed through the system; a linear model measures racial disparities. The juvenile justice system does not conform to the findings. Instead, there is an intersection between a justice model and a medical model (Aalsma et al., 2014). Researchers have found evidence that these models' intersection makes a difference in treatment services between White youth and youth of color (Spinney et al., 2016). To understand racial/ethnic disparities in the juvenile justice system, one must understand the juvenile justice process's disproportionate differences. Until there are more peer reviews and scholarly literature that address the connection between race and mental health, the cycle of recidivism will continue, and the mental health disorders of minority youth offenders will remain undiagnosed and untreated (Desai et al., 2012).

Diagnostic Bias

Receiving an inaccurate diagnosis of a mental health disorder explains the reason for and consequences of an individual's distress; a misdiagnosis may limit the scope of available treatments. Each diagnostic category highlights certain aspects of a person's experiences and conceals others. Accurate diagnosis has a vital role in defining a person's issue within both the mental health and criminal justice systems (Atkins-Lora, MacDonald, & Mitterling, 2015). Numerous studies have shown that African American and Hispanic youth are over-diagnosed or misdiagnosed with conduct disorder in mental health practice and the juvenile justice system(2015). A conduct disorder may affect these youths' outcomes regarding referrals or confinement to the juvenile justice system (Mizock & Harkins, 2011).

Mizock and Harkins (2011) note that African American and Hispanic populations have high disproportionate rates of conduct disorder diagnosis in the juvenile justice system. Labels such as conduct disorder increase the likelihood that youth of color who have been misdiagnosed suffer consequences by being transferred to the adult court system or sanctioned to serve longer sentences (Merlo & Benekos, 2003).

Minority youth over-diagnosed with conduct disorder face racial disparities in the juvenile justice system (Mizock and Harkins (2011). They are overrepresented in juvenile justice detention centers and incarcerated more than Caucasian youth who committed the same or similar crimes. There are differences in diagnosis for white children with similar behaviors as the youth of color; white children tend to be diagnosed with mood anxiety or developmental disorders (Mandell et al., 2007). Mandell et al.

(2007) note that a study involving 406 children for behavioral issues found African American youth were 2.4 times more likely than white youth to be diagnosed with a conduct disorder more stigmatizing than ADHD. Various studies indicate racial bias among the clinicians responsible for an accurate diagnosis regarding minority juvenile offenders (Balsa & McGuire, 2007). Some researchers note that statistical discrimination may contribute to the clinician's diagnosis of conduct disorder among ethnic groups (Balsa & McGuire, 2001). Also, aggressive and disruptive behavior symptoms are interpreted differently for white youth. A misdiagnosis is problematic for youth of color because they may receive inappropriate treatment instead of the appropriate mental health services (Mizock & Harkins, 2011).

Race/Ethnicity and Mental Health Services

The juvenile justice system has become more diverse over the last four decades; an estimated 62% of youth are from minority groups (Boesky, 2011). African American youth comprise 38% of the juvenile justice population, and Hispanic youth make up 24%, which continues the disproportionate numbers of African American and Hispanic youth in the juvenile justice system (Boesky, 2011; Underwood & Washington, 2016). Researchers have expressed that these disproportionate numbers continue the cycle of racial and ethnic biases within the system, particularly in mental health services (Boesky, 2011; Heaton, 2018; Samuel, 2015).

Social workers need to examine how the youths' ethnic background affects their perspective about mental health issues and their disposition to seek treatment when working in multicultural settings. African American and Hispanic youth view mental

illness as a stigma; their lack of understanding of mental health issues may prevent them from seeking services and cause them to mistrust the therapeutic process (Evans & George, 2008). Social workers must use an informed cultural lens to understand minority youth offenders' thought processes when expressing their feelings about the social injustices they experience throughout the juvenile justice process.

African American youth are often labeled as having antisocial traits and not being remorseful for their crimes. (Evans & George, 2008). These youths are expressing the inequalities and oppression they are exposed to in their communities, starting with racial profiling by the police, poverty, lack of education, inadequate medical care, violent neighborhoods, and (for many) being forced to join gangs because of living in single-parent homes without a father figure (Morris, 2012).

When working with different ethnic groups in the juvenile justice system, social workers should understand that the youth's cultural background might exacerbate their mental health issues and needs. Some researchers suggest that using evidence-based techniques (EBT), which have the orientation of cognitive-behavioral therapy, may provide groups who tend to experience a combination of mental health issues (i.e., minority youth) with a range of options (Huey et al., 2014).

Other therapeutic methods, such as interpersonal and system therapies, are included in EBT (Bernal et al., 2009; Cabral & Smith, 2011). According to researchers, there is increasing evidence that EBT may be successful with ethnic minorities because incorporating cultural factors individualizes treatment to match the client or client population (Hayes et al., 2011).

Disproportionate Minority Contact in the Juvenile Justice System

There is no dispute that minority groups are disproportionately represented in juvenile justice systems across the U.S. Exhaustive studies since 2002 have established that differences exist. Two-thirds of these studies have found that youth of color are overrepresented in the juvenile justice system, and adverse race effects exist at one point or another in the juvenile justice process (Mauer, 2011; Rovner, 2014).

Systemic bias and racial disparities are factors that aid in the overrepresentation and disproportionate arrest rates, detention, and disposition of minority populations in the juvenile justice system compared to the general population (Desai et al., 2012; Piquero, 2008). Desai et al. (2012) note that minority youth under 17 are 34% of the total population, but 62% are charged in juvenile court. Also, African American youth are detained five times, and Hispanic youth two-and-half times, the rate of white youth (2012).

The term “disproportionate minority contact” or DMC arose to describe systemic bias and racial disparities in the overrepresentation of minority youth in the juvenile justice system (Rovner, 2014). It refers to institutional racism, how one’s socioeconomic status affects offending, risk assessments that are biased instruments, and differences in the juvenile justice systems (Rovner, 2014). The Office of Juvenile Justice Detention and Prevention (OJJDP, 2002) reports a disproportionate representation of minority youth offenders at every juvenile justice process stage, especially in mental health services.

According to Bentley (2016), systemic bias and racial disparities are influential in the overrepresentation of minority youth in the juvenile justice system and affect the quality of health care given to minority youth.

Cultural Competence in Social Work Practice

Cultural competence is defined "as having a knowledge base of an individual's culture, behavior, and society, recognizing that strengths exist in all cultures" (NASW, 2017). Cultural competency in social work practice means having the requisite skills to work with individuals from diverse backgrounds, such as minority youth offenders, and treat clients with sensitivity, respect, and proficiency (Azzopardi & McNeill, 2016). Cultural competence enables social workers to empathize with an individual's beliefs, values, ethnicities, and culture without attempting to solve the problem by forcing their beliefs and values onto the client. The lack of cultural competence may be problematic for minority youth offenders who trust mental health professionals.

Cultural competence is a principle in the NASW Code of Ethics concerning sensitivity and ethnic diversity for all medical professionals (e.g., social workers, counselors, and human services providers) regarding best practice when consulting with clients and client systems (Dougherty, 2010). Multicultural issues are critical components of ethical and professional decision-making. American society is becoming more culturally diverse, which means many clients have distinct cultural backgrounds regarding language patterns and learning styles that are different from the dominant culture, i.e., white (Dougherty, 2010). For this reason, social workers need to demonstrate cultural competence and sensitivity when treating clients and to practice ethically.

Gaps in the Literature

Culture is a complex concept; cultural competence may be challenging for social workers (Stanhope et al., 2008). One significant gap in the literature is the lack of scholarly research and peer-reviewed articles relating to the clinician's perception of how culture shapes their worldview and understanding of diverse groups within the juvenile justice system (Stanhope et al., 2008). Most studies on race/ethnicity and cultural training for adult populations are designed for non-correctional settings and emphasize the workforce (Villa, 2017). It is essential to understand how culture involves diverse identities such as race, ethnicity, religious beliefs, sexual orientation, gender identity, physical disabilities, and mental health disorders (Villa, 2017).

Understanding race, ethnicity, cultural competence, cultural diversity, and cultural sensitivity is vital to the mental health needs of minority youth offenders (NASW, 2017). Many researchers agree that their absence may be why minority groups are not utilizing mental health services in the juvenile justice system (Heaton, 2018; Maschi et al., 2008; Samuel, 2015; Spinney et al., 2016). Social workers work as therapists, counselors, case managers, and sometimes probation officers responsible for this vulnerable population's well-being.

Recidivism

Over the past four decades, criminal justice systems have sought to reduce recidivism by advocating "get tough" policies with offenders. These punitive measures, however, have not only failed to deter crime but led to a rapidly growing correctional system that is straining government budgets (Andrews & Bonta, 2010). Research has

suggested that a better option to reduce recidivism is rehabilitating the offender (2010). Evidence-based offender programs that adopt a cognitive and social-learning perspective adhere to criminogenic needs and strategies that reduce criminal behavior (Andrews & Bonta, 2010).

Social Workers' Role and Responsibility

When the juvenile justice system was established in the 1900s, social workers were influential in addressing juvenile offenders' needs instead of their criminal acts (Wilson & Petersilia, 2011). For example, social workers sought to change how the courts identified crimes—instead of accusation, proof, guilt, and punishment. Social workers favored needs, treatments, protection, and guidance (Wilson & Petersilia, 2011). The NASW Code of Ethics follows these same principles for service and social justice today. Social workers are to address social issues and continue to work toward eliminating social injustices. The social worker must advocate for vulnerable populations, such as minority youth offenders with mental health needs in the juvenile justice system. Researching the betterment of mental health services for this population is essential to social work practice.

Historical and Cultural Trauma

The historical context of race and racism in the U.S. seemed to be controlled by a Eurocentric paradigm with negative connotations and images associated with oppression and discrimination against minority groups (Gilio-Whitaker, 2015). For example, African Americans and Native Americans were depicted as "sub-human" to justify African Americans' enslavement and the genocide and mass migration of Native Americans

(2015). Based on the colonial era's laws and legislation, historical racism prevails in the current criminal justice system (Mears et al., 2016).

The same laws and ideologies make up the juvenile justice system, which continues the cycle of racism and discrimination against minority youth offenders, primarily African Americans. There is a continuation of a racial hierarchy within the historical context of criminal justice policies and moralism that is racially framed as a means of control, perpetuating racial injustices (Free, 1996). Historical and cultural trauma is part of the slavery legacy. This legacy impacts African American families and individuals and is most likely the cause of African American youth's negative behaviors (Degruy, 2005). Black Codes' trauma, convict leasing, Jim Crow laws, lynching, and medical experimentation (e.g., Tuskegee men) may still influence African American youth, causing them to display aggressive behavior instead of a product of emotional turmoil. People value their heritage and cultural beliefs, so individuals suffer when their cultural identity is questioned (Degruy, 2005). Until history and families are included in the clinical assessment, minority youth will be misdiagnosed, untreated, and confined instead of receiving the mental health treatment they need (Hawkins et al., 2000; Tonry, 2011).

Summary

Section one has covered the background to the problem, the problem statement, the purpose, nature, significance of the study, and the social change implications. The literature review reflected on how racial/ethnic bias and the lack of cultural competence among social workers have affected minority youth offenders' mental health and the

quality of the treatment they receive. Studies have revealed that African American and Hispanic youth have mental health disorders untreated, undiagnosed, or misdiagnosed (Liebenberg & Ungar, 2014; Mizock & Harkins, 2011). The overrepresentation of African American youth and disproportionate arrest, detention, and adjudication rates have resulted in confinement instead of referrals for mental health treatment (Heaton, 2018; Spinney et al., 2016). The lack of cultural competence among social workers, mistrust of social workers, the stigma of mental illness, and shame have been identified as factors keeping these youths from utilizing mental health services in the juvenile justice system (Samuel, 2015).

Section 2: Research Design and Data Collection

Mental health service utilization disparities affecting minority youth offenders, primarily African American youth, are well established in the literature (White et al., 2016; Wu et al., 2010). According to Garland et al. (2005), "It represents an American public health problem" (p. 1336). Little effort is made to care appropriately for minority youth offenders with diagnosable mental health disorders who need supportive services. Although mental health resources are in place because of state and federal policies, youth from racial/ethnic minority backgrounds who have histories of criminal involvement are more likely to go without such support (Merikangas et al., 2011).

Upon closer observation, these utilization challenges may be described in terms of externalizing or internalizing behaviors (White et al., 2016), the social worker's perspective, barriers, and culturally influenced stigmas or perceptions. It is essential to be aware of these challenges when seeking to provide culturally appropriate mental health treatment to minority youth offenders. Because the implications of untreated mental health issues are vast and complex, the quality of mental health services, or the lack thereof, can significantly affect incarcerated youth of color (Franklin, 2014). A lack of culturally competent social workers continues the cycle of untreated mental health issues, undiagnosed or misdiagnosed mental health disorders, and recidivism.

In this action research project, I used a qualitative method to answer the research questions. In Section 2, I address the study's research design, methodology, data collection procedures, data analysis, and ethical procedures to ensure all participants' protection.

Research Design

This action research study explored social workers' perceptions of racial/ethnic disparities in mental health services for minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. I used a qualitative design to answer the research questions, which involved a focus group comprising social workers who had provided mental health treatment to minority youth offenders in Allegheny County.

Action research is rooted in qualitative methods to clarify and comprehend a question, problem, or issue under study (Stringer, 2007). Qualitative research mainly comprises focus groups and interviews, although observation, textual study, and visual methods may also be used for data collection (Gill et al., 2008). The most common method used to obtain information from participants is the focus group (Gill et al., 2008). Researchers conducting action research aim to take effective action to address vulnerable populations' needs, such as minority youth offenders (Olshansky & Zender, 2016, pp. 243–252). Such research empowers stakeholders to contribute their input into the research process because they are the experts in the study's actual phenomenon (Olshansky & Zender, 2016, pp. 243–252). Social change, whereby people collectively change how they think, act, and feel, is the primary goal of action research (Riel, 2000).

Because action research involves examining and exploring a specific set of issues related to people's views and experiences, Kitzinger (1994) identified focus groups and interviews as integral to initiating data collections of value. The researcher can ask questions, interact with participants, and listen to their ideas, strategies, and methods to interpret data from more than one perspective (McNiff, 2016). Integrating information

from participants may provide research literature for stakeholders to solve the problem (Stringer, 2007). Focus groups, which are part of the interview process, enable participants to share information, brainstorm ideas, and give positive feedback that could facilitate social change and transformation. Stringer (2007) pointed out that social change and transformation can only occur when issues and problems are identified.

Methodology

I used purposive sampling for data collection. Purposive sampling is used to understand the theoretical framework of the topic being analyzed (Bernard, 2002). It is typically applied in qualitative research because there are no underlying theories or a set number of participants. Further, identifying and selecting the material is vital for using available resources (Patton, 2002). This process involves identifying and selecting individuals or groups who are proficient and well-informed about the phenomenon of interest. The rationale for using saturation purposive sampling is to understand information by gathering a sample until no new substantive information is acquired (Kitzinger, 1994).

The participants selected for this study were social workers who had worked with minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. They had knowledge and experience working with minority youth offenders with mental health issues. The participants I selected knew the importance of participating and could communicate their experiences and opinions clearly and in a reflective manner (Bernard, 2002).

Participants

The sample consisted of eight social workers who had provided mental health services for 2 years to minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. There were two LCSWs, one licensed social worker (LSW), and five social workers who had master's degrees but were not licensed while working as therapists or counselors (which is permissible in Pennsylvania). There are eight detention centers in the Allegheny County juvenile justice system, and I received permission to post flyers at four detention centers. Additional participants were selected from the State Board of Pennsylvania Social Workers and Professional Counselors' website through its webpage. I contacted social workers through email and by phone, who responded to the flyer. I also used LinkedIn and Facebook to locate participants. I created a LinkedIn page to post a flyer, and I used Facebook's public forum to post a flyer.

Once I had received approval for the study from Walden University's Institutional Review Board (IRB), I started recruiting participants. I emailed an invitation to social workers who had shown an interest in participating. When they agreed to participate in the study, I emailed the consent form explaining the study's nature and providing the qualitative research questions. I included a demographic questionnaire, which allowed me to view their years of experience as social workers working with minority youth offenders with mental health issues in the juvenile justice system.

Instrumentation

I used a questionnaire with the focus group to explore social workers' perspectives on the mental health services for minority youth offenders in the Allegheny

County juvenile justice system. The questionnaire consisted of 10 semistructured questions (see Appendix B) developed out of the existing literature on racial/ethnic biases in mental health services offered to minority youth offenders in the juvenile justice system. The questions addressed the social workers' perceptions as individuals working within the juvenile justice system. For example, I presented items such as "Describe your knowledge and experience working with minority youth offenders who have mental health issues" and "Do you think the current services contribute to the wellness of minority youth within the juvenile justice system?"

Data Collection Procedures

Data collection occurred on July 15, 2020. The focus group lasted 2 hours and 45 minutes in an online Zoom meeting room. Upon approval of Walden's IRB (IRB# 05-06-20-0542897, which expires on May 5, 2021) to conduct the research, I started recruiting participants on June 1, 2020 and ended recruitment on June 30 2020. I emailed a letter of intent to participants who might be interested in participating in the study. When they agreed, I emailed the consent form explaining the nature of the study, along with a demographic questionnaire. The latter allowed me to verify their years of experience as social workers working with minority youth offenders with mental health issues.

I informed participants that the meeting would be recorded for data collection and data analysis purposes and that none of their personal information would be shared. I assigned the initialism SWJJS (Social Worker Juvenile Justice System) and a number to each participant to protect the participant's identity and code purposes.

A shared screen for the questionnaire consisted of 10 semistructured questions (see Appendix B) to allow participants to share their views about racial/ethnic bias in mental health services for minority youth offenders. As the moderator, I followed Kruger's (2002) format, giving a brief introduction, summarizing the research topic, and establishing the meeting's ground rules (such as respecting other individuals). I informed the participants that the focus group was confidential and asked them not to discuss the meeting with anyone.

Each participant had 10 minutes to introduce themselves (i.e., by the code assigned to them) and give their credentials. During the meeting, each participant had 10 minutes to answer a question. I audiotaped and transcribed the data verbatim from the participants' responses on the recorder. It took 2 ½ weeks to transcribe the data. I used NVivo software to identify codes and organize and structure the qualitative data for themes and patterns related to the action research project (Flick, 2014; Stewart & Shamdasani, 2014). Cypress (2017) noted that it is an excellent idea to let another person review one's codes, which I did with a peer. I submitted the transcription for the peer to review to ensure that I had not duplicated codes or participants' responses.

Data Analysis

To analyze data properly for this action research project, I used a thematic analysis method to identify the constructed nature of qualitative data and relationships multilayered through each participant's experiences (Braun & Clarke, 2006). A distinguishable act in the thematic analysis involves organizing texts and codes that reflect structural conditions and sociocultural conflicts (Braun & Clarke, 2006). The

thematic analysis allows a researcher to develop and organize data at multiple levels through visual networks and conceptual links (Fereday & Muir-Cochrane, 2008). Researchers are strongly advised to reflect and convey the participants' words, thus strengthening the study's validity and credibility (Patton, 2002). The coding process started with detailed line-by-line coding that continued until no new substantive information was acquired (Khandkar, 2009). As a result, there were initially 44 codes.

These initial codes were then examined to reduce their number. At that point, the coding framework was reviewed, the transcripts were re-read several times, and the codes were visually analyzed. This step's purpose was to ensure that the created codes accurately described the coded data and that there were no duplicates or codes that were worded differently but covered the same content (Fielding, 2001). The remaining codes were organized into "parent-child relationships," a term used in NVivo to refer to the hierarchical organization of codes (Bergin, 2011). The codes were placed into two main groups: those referring to various challenges to mental health service provision and those referring to overcoming those challenges. Then, each code within these groups was reviewed, and duplicates (codes that covered the same kind of content but were separate because of slightly different wording) were eliminated by "merging" two or more codes into one. Some codes described were similar though not identical; the content was merged (e.g., "lack of funding" and "lack of resources" were merged into a more inclusive code: "lack of funding and resources"). As a result, the final thematic framework had two main themes and 20 subthemes, which will be discussed when identifying themes.

The sample size consisted of eight social workers who had provided mental health services to minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. There were two LCSWs, one LSW, and five social workers who had master's degrees and worked as therapists or counselors. Participants emailed their consent forms, demographic information, and the questionnaire before the focus group met. The questionnaire and demographic information gave insight into the sample population. The focus group consisted of individuals from various age groups, from the late 20s to 60-plus years.

I audiotaped and transcribed the data verbatim from the participants' responses on the recorder. It took 2 ½ weeks to transcribe the data and 2 weeks to code the thematic framework data. I used NVivo software to identify codes to organize and structure the qualitative data for themes and patterns related to the action research project (Flick, 2014; Stewart & Shamdasani, 2014). The coding process started with detailed line-by-line coding that continued until no new substantive information was being acquired (Khandkar, 2009). To enhance the study's reliability, I utilized questionnaire data, audit trails, member checking, and a reflexivity journal to transcribe data.

Questionnaire Data

Each participant answered the 10 questions that were part of the focus group discussion. This was helpful when starting the coding process, as it enabled me to treat each participant's responses as an individual interview integrated within the focus group.

Audit Trails

The use of audit trails is a qualitative research strategy designed to establish study findings' confirmability based on each participant's narrative and how the researcher collected and transparently analyzed the data (Cypress, 2017). In the coding process, I used two tables to describe how I worked, from unique codes to themes and the rationale for deciding which codes would be clustered together to form a theme.

Member Checking

Member checking is part of the qualitative research process to ensure the credibility and trustworthiness of the study's findings from the participant's point of view (Lincoln & Guba, 1985). I emailed each participant a copy of the focus group transcript to review and confirm that the information collected, transcribed, and then analyzed was accurate, ensuring that the findings were credible, trustworthy, and objective. The participants reviewed the transcript and did not think that I needed to make any changes.

Triangulation

Triangulation is an integral part of the research process to validate research findings (McNiff, 2016). Triangulation is the process of data collection that will be cross-verified through my interpretation and verification of the participants' accurate reflection through their review of the focus group transcript (Carter et al., 2014).

Reflexivity Journal

A reflexivity journal allows a researcher to recognize and engage in self-reflection about their potential biases or predispositions concerning a qualitative study (Cypress, 2017). Throughout this doctoral project process, I used a reflexivity journal. In this

journal, I aimed to explain my thoughts and beliefs regarding the focus group participants. Rather than immediately writing out thoughts or opinions about what occurred, I made an effort to differentiate my thoughts from the focus group social workers' specific responses and explanations. I did my best to maintain a professional demeanor when facilitating the focus group, guarding against any of my own biases, preconceptions, and assumptions that could interfere with the study's reliability and validity.

Ethical Procedures

Social workers who met the criterion of having worked with minority youth offenders with mental health issues in the Allegheny County juvenile justice system in Pittsburgh, PA, for at least 2 years were asked to participate in an audio-recorded online focus group. The NASW (2017) Code of Ethics specifies that social workers engaged in evaluation and research should protect participants' anonymity and confidentiality. The focus group was held online in a Zoom meeting room by invitation only, and entry was password protected. Each participant was assigned a code to protect their identity. Participants' names were excluded from data collection. I kept all data in a locked filing cabinet, which I alone could access, and any electronic data were password encrypted. All data collected from this study will be held for 5 years, as required by the university, and shredded after the 5 years. Before conducting the research study, I applied for and received approval from the IRB of the university. All procedures stipulated by the IRB were followed, ensuring ethical, procedural practice within the research project.

Summary

Section 2 explained the research design and the rationale for the study, how participants were selected, and the instrumentation. Data collection was completed through an online focus group with social workers who worked with minority youth offenders with mental health issues in the juvenile justice system. I informed participants about the research study through the consent form, which explained the study's nature and the risks, limitations, and benefits. Section 2 was updated to include additional information about participants, the data collection, and the data analysis.

Section 3 presents the findings, the data analysis techniques, validation procedures, and participants' demographics. I discuss issues with the data collection process, note the study's limitations, identify themes concerning the research questions, and comment on unexpected findings.

Section 3: Presentation of the Findings

The purpose of this action research study was to explore social workers' perceptions of racial/ethnic disparities in mental health services for minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. Research studies have provided evidence of racial differences in service needs and service receipt in the juvenile justice system (Heaton, 2018; Lee et al., 2017). In this action research study, I aimed to obtain social workers' perceptions about racial and ethnic biases in clinical practice and strategies to improve mental health service provision and availability for minority youth in the Allegheny County juvenile justice system. Therefore, I used a focus group to help identify the challenges that minority youth offenders face when seeking mental health services within the juvenile justice system.

The focus group, comprising eight social workers, was held online in a Zoom meeting room. Participants included two LCSWs and one LSW. The other five participants held a master's degree in social work. All participants had worked with minority youth offenders for at least 2 years in the Allegheny County juvenile justice system.

The research questions that guided the study were as follows:

RQ 1. Do race and ethnicity affect clinical practice (i.e., assessment, evaluations, and interventions) for social workers who work with minority youth offenders in the juvenile justice system?

RQ 2. Are there racial and ethnic differences in mental health needs and services offered to minority youth offenders in the juvenile justice system by social workers?

The focus group session was audio-recorded and then transcribed into text. Manual coding was used to code and categorize the information. Emerging themes were noted and used to incorporate final themes relevant to the research questions. This section discusses the data analysis techniques, validation procedures, issues experienced during data collection, limitations of the study, and findings.

Data Analysis Techniques

The sample size consisted of eight social workers who had provided mental health services to minority youth offenders at the Allegheny County juvenile justice system in Pittsburgh, PA. There were two LCSWs, one LSW, and five social workers who had master's degrees and worked as therapists or counselors. Participants emailed their consent forms, demographic information, and the questionnaire before the focus group met. The questionnaire and demographic information gave insight into the sample population. The focus group consisted of individuals from various age groups, from the late 20s to 60-plus years.

I audiotaped and transcribed the data verbatim from the participants' responses on the recorder. It took 2 ½ weeks to transcribe the data and 2 weeks to code the thematic framework data. I used NVivo software to identify codes to organize and structure the qualitative data for themes and patterns related to the action research project (Flick, 2014; Stewart & Shamdasani, 2014).

Validation Procedures

Validity and reliability in qualitative research ensure credibility and trustworthiness that accurately reflect the data outcomes from the participant's interpretation of the study's transferability (Lincoln & Guba, 1985). This project's findings explored the social workers' perceptions of racial and ethnic bias in mental health services for minority youth offenders within their practice setting. Once the data collection phase was complete, I used the participants' information to identify themes and subthemes by coding their responses. Over 44 codes were instrumental in creating two central themes and 20 subthemes. To further enhance the validation process, member checking was used to validate data to ensure the accuracy of participants' responses. I emailed each participant a copy of the focus group transcript to review and confirm that the information collected, transcribed, and then analyzed was accurate, ensuring that the findings were credible, trustworthy, and objective.

In qualitative research, trustworthiness is the validity and reliability concept because researchers do not use quantitative methods within their data collection or analysis (Noble & Smith, 2015). Researchers are strongly advised to reflect and convey participants' words, thus strengthening the study's validity and credibility (Patton, 2002). Trustworthiness is validated by recognizing various perceptions and values related to this study's research questions and the findings that accurately display the participants' responses and viewpoints. I have used triangulation to show the reader that these findings are credible and reflect accurate information gathered from the participants. Triangulation is the process of data collection that will be cross-verified through my interpretation and

the participants involved by reviewing the focus group transcript (McNiff, 2016). Further, I identified all of the analysis steps to describe how data were transcribed, reviewed, and interpreted to be meaningfully related to answering the research questions identified in the study.

Issues Experienced During Data Collection

There were a few issues when recruiting participants. It took a month to recruit eight participants. Once I had these participants, I scheduled the focus group, with everyone agreeing to the schedule. However, three participants emailed me to say that they needed to reschedule the focus group day for personal reasons. The only male participant withdrew from the study because he had a family crisis. This was an issue. It took a week to recruit one more participant, who was a female. If there had been a male social worker in the focus group, his perceptions would have been valuable to the study. I rescheduled the focus group for the following week, and all participants interacted in the focus group.

Limitations of the Study

The main limitation of the study was not using a mixed-method design. Although there were semistructured questions, two participants responded “yes” or “no” to some of the questions and would not elaborate further. In quantitative research, a yes-or-no response adds to a numerical statistical value that may enhance the data’s reliability and validity. In qualitative research, however, the narrative is the guiding force of data collection for reliability and validity.

Another limitation was only using social workers who had a master's degree or were licensed. The Allegheny County juvenile justice system mainly employs licensed counselors and social workers who have a bachelor's degree in social work. Further, all participants were from the Allegheny County area, limiting the study's importance to one specific geographical area.

A final limitation was the participants did not work with a wide variety of minority youth. Six participants had only worked with African American males. The remaining two participants worked with African American males and females, and one participant worked with White and Black female youth offenders. None of the social workers worked with Hispanic, Asian, or Pacific Islander youth, which was not surprising, given that there is not a large population of these youth in Pittsburgh, PA. A small population of female offenders was discussed by Participants 2 and 5, and none of the participants discussed minority youth from the LGBTQ community.

Although the dynamics of focus groups have their limitations, the participants' responses were honest, and participants were forthright in their interpretation of the questions. There were no underlying motives to influence the results of this study. All participants recognized the gaps in mental health services for minority youth offenders in the juvenile justice system and emphasized that the system needed to change.

The Findings

Participants' Characteristics and Demographics

I assigned an initialism, SWJJS, and a number to each participant to protect their identity and for coding purposes. There were eight participants, all female, with ages

ranging from the late 20s to 60-plus years. There were three Caucasian and five African American social workers. Two participants were licensed clinicians, and one participant was an LSW. Five participants had master's degrees. Participants had 3 to 20 years of experience working in the Allegheny County juvenile justice system in Pittsburgh, PA.

Table 1 gives an overview of the participants' demographics.

Table 1

Participants' Demographics

participant	race	gender	Age group	title	experience
SWJJS 01	C	Female	40–50	Therapist MSW	3 years Males AA
SWJJS 02	AA	Female	60+	Medical social worker, MSW	2 years Females AA/C
SWJJS 03	C	Female	30–40	Risk counselor MSW	3 years Males AA
SWJJ 04	C	Female	60+	Therapist LCSW	5 years Males AA
SWJJS 05	AA	Female	60+	Social worker Consultant	20 years Females AA
SWJJS 06	AA	Female	30–40	Therapist LCSW	8 years Males AA
SWJJS 07	AA	Female	50–60	Social worker MSW	8 years Males AA
SWJJS 08	AA	Female	20–30	Therapist LSW	3 years Male/female AA

Note. C = Caucasian; AA = African American.

T**hemes Identified**

Eight social workers participated in the focus group to share their perceptions regarding the quality of mental health services for minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. I used semistructured questions to gain the social workers' honest assessment of the challenges that minority

youth offenders face in mental health services in the Allegheny County juvenile justice system. I used the information gathered from the participants to identify themes. Over 44 codes were instrumental in creating two themes and 20 subthemes.

It reflected on this study's aim, the central theme that emerged as barriers to mental health provisions that minority youth face when seeking mental health services. The participants also indicated how some of the barriers could be changed in the discussions, which created the second theme: improving mental health service provision and availability. In the following sections, I discuss both themes and their subthemes, which are italicized in the participants' responses. Here is the list of the two themes and corresponding subthemes that emerged in the focus group discussion.

Theme 1—Barriers to mental health provision:

- difficulties in establishing rapport due to different ethnicity
- the stigma surrounding mental health in African American communities
- racial and ethnic bias
- difficult access to health services in the community
- lack of trust toward White clinicians
- limited understanding and consideration of environmental factors
- lack of ethnic diversity among clinicians
- limited funding and resources
- clinicians' lack of cultural competence
- lack of trust toward authorities
- self-medicating

Theme 2—Ways to improve mental health services, access, and availability:

- educate clinicians on diversity
- cultural competence training for practitioners
- early interventions
- increased funding and accessibility
- educating minority communities about mental health
- considering the minorities' voices and need
- focus on building trust and rapport
- monitor and support youth offenders after they are released
- cultivate self-worth

Theme 1: Barriers to Mental Health Provision

The participants discussed various obstacles and barriers to mental health provision, including the system and the clinicians and others relating to the clients themselves. As evident from the subthemes, difficulties in establishing rapport due to different ethnicities were the most discussed barriers. The participants believed that "there are always racial or ethnic issues when the client is a minority, and the clinician is white" (Participant 3), precisely because "minority youth cannot identify with White social workers" (Participant 8). As Participant 5 elaborated,

> It is almost like walking in a room where mostly everybody does not look like you, and all of a sudden, you see someone who does. Then there is a tendency if not to go over to that other person thoroughly, certainly get a little bit closer proximity.

Thus, if the clinicians and the clients do not share the same ethnic background, it may be difficult to develop the relationship essential for successful treatment. This links the related themes of lack of trust toward White clinicians and general lack of trust toward authorities. Participant 4 explained, for example, "If your family already does not trust the system because it is White people that are in charge, then they will not seek treatment for their children." Participant 8 said that some youth "have a great deal of mistrust" when it comes to White social workers. Participant 5 explained that some of the youth with whom she had the experience of working "were not comfortable with the person that was treating them because the counselor or therapist was White." She further explained that "there is a mistrust of the system and the social workers that treat these youths because minority youth cannot identify with White social workers."

In consideration of the above discussion, it is not surprising that the participants believed that the lack of ethnic diversity among clinicians was, in the long term, an obstacle to mental health services. "Most practitioners that treat minority youth in the juvenile justice system are White" (Participant 8), and "there are not many minority therapists that the youth can relate to" (Participant 6). Simultaneously, all eight participants believed that racial and ethnic bias exists in the Allegheny County juvenile justice system, affecting and playing a role in service utilization for minority youth offenders with mental health issues. As Participant 3 explained, "Society as a whole does not look [well] upon the African American culture," and Participant 4 said that although "White juvenile offenders do the same crimes as Black juvenile offenders," these groups receive different treatment. Additionally, difficulties were mentioned in establishing

rapport with White clinicians and not trusting them or the system. Other White clinicians' problems were that they lacked cultural competence and had limited understanding and consideration of environmental factors. As argued by Participant 3, for example, "Most practitioners that work with these youths are not culturally competent [enough] to recognize the environment these youths come from." In practice, according to Participant 7, the clinicians "fail to address the risk factors of the youth that lead to juvenile delinquency," including "cognitive deficiency, negative peer involvement, low income/crime-infested neighborhoods," and possibly other environmental factors. Participant 8 commented that "most practitioners do not look for the underlying issues that these youths are experiencing."

Another major obstacle, and one specifically related to the clients rather than the service providers, was stigma surrounding mental health in African American communities. Minority youth do not seek treatment or come too late to the services because "there is less of a sort of buy-in sometimes in the Black community for mental health treatment" (Participant 4). All those who commented mentioned the stigma of mental health in general and in receiving mental health services, as explained by Participant 5 in the following extract:

> People in the African American community, if receiving mental health services, will not admit that they are getting treatment, and that is not unusual because of the stigma of mental health services. If you work in a diverse community, you will hear White people talk about their therapist, treatment, and mental health

issues. However, if you are dealing with someone from a minority community, especially African Americans, you will not hear them willingly admit that.

Participant 7 explained concerning *Self-medicating*, "minority youth offenders struggle with undiagnosed mental health issues, which is less likely to be addressed due to [that fact] they self-medicate."

Finally, *Limited funding and resources* and *Difficult access to health-care services in the community* both related to the structure of the "system" rather than the individual clinicians or clients. It is difficult for minorities to access mental health services because "typically, the African American children who are participating with that agency must be referred by someone at their school or their therapist if incarcerated" (Participant 5). There are also "insurance factors such as Medicaid versus paid insurance. Minority youth are treated differently than their white counterparts if they do not have proper insurance" (Participant 8). According to Participant 3, "There are not enough services to help minority youth in the system," and this is partially due to the limited funding for health-service provision.

Theme 2: Ways to Improve Mental Health Service Provision, Access, and Availability

When discussing the above barriers, the participants also made particular suggestions for improving mental health service provision and availability (see Table 2), and these recommendations directly reflected the barriers they discussed. The most discussed suggestions were *to educate clinicians on diversity participants because there is a lack of "minority therapists and social workers"* needed in the juvenile justice system (Participants 4 and 8). Participant 7 explained, "[mental health services] can be

successful when service is provided from someone that looks like them, especially when it comes to the African American race."

Increased funding and accessibility, Participant 7said there was a need to improve "access to health care and affordable medication," and Participant 5 said there was also a need for "more funding to understand the mental health needs of African American youth offenders." The participants also mentioned the need to educate both minority communities and service providers. Regarding *Educating the minority communities about mental health,* Participant 3 suggested that education "on the importance of getting mental health treatment if necessary" was needed. Regarding *Cultural competence training for practitioners,* most participants suggested that this was important. The participants also believed that more *Focus on building trust and rapport* was needed in practice.

The participants suggested *Considering the minorities' voices and needs*, which could involve interactions with "probation officers, law enforcement, and policy reform" and involve the clients' families (Participant 8). Participant 6, in turn, suggested that research should be conducted that involved "questionnaires to the youth about how they feel their treatment is going," followed by "looking at the data and listening to them."

Participants 1 and 8 discussed the need to Monitor and support youth offenders after they are released; Participant 2 suggested that *Cultivate self-worth* was important. Finally, Participants 4, 5, and 8 discussed *Early interventions* as Participant 4 put it, "if the mental health issues are diagnosed, then these youths can receive treatment."

Although recidivism was a theme in the coding process not considered a barrier in mental health provisions, all participants agreed that when minority youths' mental health issues go undiagnosed, they tend to re-offend. Excerpt from Participant 4:

> I believe early psychosis is the answer to avoid youth from being arrested or incarcerated. There is an issue with recidivism because youth mandated to see their therapist may have issues getting to that institution. For example, if the therapist schedules the appointment on the seventh and the parents do not get a check until the eighth, that is a violation of the youth's probation, and they will return to jail. Also, most families in my community rely on public transportation, but if they do not have money to catch a bus, that is an issue. If the mental health issue is diagnosed, then these youths can receive treatment.

Participant 7 commented that "minority youth will self-medicate, which leads to criminal activity." Participant 3 added, "Once these youths are in the system, it is hard to get help, and it just creates a cycle of recidivism when they do not get treatment." Participant 6 said, "Because of the lack of support for minority youth when they are first in the system, they will re-offend." Participant 5 said:

> I guess it is just logical if you have mental health problems, and they have not been met, then you are going to do the same thing repeatedly. It is unfortunate because it is difficult when you see young people who make a mistake. When I was working in the federal system, and I worked through sentencing guidelines, some of those mistakes cost those young people years in jail, and these were teenagers that were eighteen years old, but by the federal court system, they were

> considered adults. It was challenging to explain to the parents when they come to my office that their child would do the 5 or 10 years sentenced by the court, not a third of the time, but the entire sentence mainly for drug charges. My office got involved in the early stages when they first got arrested or indicted. We followed them, especially if they needed mental health treatment, which we paid for and did referrals if required. When it came to an end, if they pled guilty, there were many guilty pleas. It was hard to explain to them and their parents they would be spending their 20s in jail.

Participants 1 and 2 agreed that undiagnosed mental health issues caused recidivism in minority youth offenders.

Summary of Findings

The eight participants recognized that there were challenges for minority youth offenders seeking mental health services. The two main themes emphasized in the focus group were *Barriers to mental health provisions* and *Ways to improve mental health provisions, access, and availability*. The focus group's findings aligned with the research questions, confirming that racial and ethnic bias among social workers contributes significantly to the numerous challenges minority youth offenders face in seeking mental health services. Seven participants discussed difficulties in establishing relationships with white clinicians. Three participants discussed the lack of cultural competence of white clinicians. The other five participants agreed that there was a need for white clinicians to be culturally competent when working with minority youth offenders.

Unexpected Findings

All participants expressed their frustration that their voices were not heard when they worked within the juvenile justice system—starting with administration and extending to judges, probation officers, and even other social workers who were supposed to be advocates for social justice for minority youth offenders. They attributed this to racial and ethnic bias. One participant said she did not understand why these people in power did not care to "understand the African American culture and the environment these youths came from," referring to the drug-infested neighborhoods and gang affiliations that continued the cycle of recidivism.

I found it surprising that given the broad age range (the late twenties to sixty-plus years) of the participants and the years (three to 20 years of experience), each had worked with this population. All participants agreed that the juvenile justice system had made minimal changes over the past five decades. The social workers who participated in the study were vested in helping minority youth offenders but had found working within the juvenile justice system frustrating.

Summary

Section 3 covered the recruitment process, data analysis techniques, validation procedures, and participants' demographics. This section also discussed issues with the data collection process and identified themes concerning the research questions. The focus group's findings confirmed racial and ethnic bias in mental health services for minority youth offenders in the Allegheny County juvenile justice system. The eight social workers who participated in the focus group acknowledged and identified the

challenges that minority youth offenders face when seeking mental health services within the system. All eight participants expressed their concerns about the lack of minority social workers and therapists and the lack of cultural competence among white social workers who provide treatment for minority youth offenders. The participants all agreed there needed to be policy changes, training on cultural diversity, more funding, and resources to address these young people's mental health needs.

Section 4 provides a brief review of the purpose and nature of this capstone project. It also includes the study's application to professional practice, application to professional ethics in social work practice, recommendations, clinical social practice, and social change implications. It also suggests how the findings can be disseminated.

Section 4: Application to Professional Practice

This action research project explored social workers' perceptions concerning racial/ethnic bias in mental health services offered to minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. The systemic bias and racial disparities within the system affect the mental health needs and services received by minority youth offenders. Currently, minority youth offenders seldom utilize mental health services due to mistrust of Caucasian social workers. To understand the racial/ethnic bias of the social workers responsible for therapeutic services for minority youth, I used a qualitative action research approach.

I sought to acquire information from social workers who had worked with these minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA. I aimed to address two main research questions:

RQ 1. Do race and ethnicity affect clinical practice (i.e., assessment, evaluations, and interventions) for social workers who work with minority youth offenders in the juvenile justice system?

RQ 2. Are there racial and ethnic differences in mental health needs and services offered to minority youth offenders in the juvenile justice system by social workers?

In this study, I explored social workers' perceptions of racial and ethnic bias concerning mental health services for minority youth offenders in the juvenile justice system. I learned that minority youth offenders face challenges when seeking mental health services, such as the lack of minority therapists and social workers. There were

two major themes based on the theoretical approach: (a) barriers to mental health provision and (b) ways to improve mental health provision, access, and availability.

This action research study's findings could provide insight into how racial/ethnic bias affects mental health services for minority youth offenders. Moreover, recidivism occurs when these youths are released without their mental health needs being addressed within the juvenile justice system.

Application to Professional Ethics in Social Work Practice

The two specific values and principles to address the social work practice problem are cultural awareness/social diversity and social justice. The value of service in social work practice "is to enhance human well-being to meet the basic human needs of all people to empower people who are vulnerable and oppressed" (NASW, 2018, p. 5). Cultural awareness and social diversity are important in social work practice because social workers should have a knowledge base in their clients' culture and demonstrate competence with sensitivity and respect, and proficiency in the therapeutic process.

All eight participants in the focus group agreed that there was a lack of ethnic diversity and cultural competence among the Allegheny County juvenile justice system's social workers because they were mostly Caucasian. The lack of cultural diversity creates problems for minority youth offenders in receiving and utilizing mental health services because they have "difficulties in establishing a relationship due to different ethnicities and the social workers' limited understanding and consideration of their culture and environmental factors." The juvenile justice system needs to improve mental health care services and resources that focus on ethnic and minority youth offenders' unique needs.

Additionally, there is a need for culturally sensitivity in addressing racial and ethnic bias in clinical practice that may affect mental health services for these youth (Bentley, 2016).

Social workers' primary goal "is to challenge social injustices and pursue social change, including and on behalf of vulnerable and oppressed individuals and groups of people and seek to promote cultural and ethnic diversity" (NASW, 2017). The NASW (2017) Code of Ethics stresses that "social workers should not condone discrimination because of race, ethnicity, national origin, or color." However, all eight participants believed strongly that racial and ethnic bias exists in the Allegheny County juvenile justice system, affecting and playing a role in mental health service utilization for minority youth offenders' mental health issues.

The ethical principles of social justice and cultural competence are the guiding force in social work practice when intervening with this population because of racial/ethnic differences in clinical practice. Social workers must use a cultural lens to gain cultural competence to understand this population. Furthermore, due to racism within the juvenile justice process, African American male youth are treated differently at every juvenile justice process stage.

The results of this action research study may provide insight into how racial/ethnic disparities affect mental health services for minority youth offenders and service utilization by these youth. Additionally, it offers social workers a better understanding of implementing the Code of Ethics' values and principles related to working with this population in the juvenile justice system.

Recommendations for Social Work Practice

During the focus group meeting, several action steps were discussed to improve practice, research, and policy. The first action step was to advocate for policy change to address the gaps in mental health services offered to minority youth offenders in the juvenile justice system. All participants agreed that there needs to be increased funding for and accessibility of mental health services in minority communities. There is a need to educate the community and service providers about mental health issues and a need for increased funding to understand African American youth offenders' mental health needs in the juvenile justice system. The second action step that the group discussed related to educating White social workers on diversity to understand differences in the mental health needs of minority youth offenders versus their White counterparts.

Participants agreed that youths' diverse backgrounds and environmental factors (such as neighborhoods, peer negativity, and stigma attached to seeking mental health services) should be considered. Another recommendation was initiating cultural competence training for White practitioners to build trust and relationships with minority youth offenders. Participants were vocal about hiring more minority social workers and therapists for African American youth to identify with and trust they felt; this would help youth utilize mental health services in the juvenile justice system. The study's findings should help social workers advocate for better mental health services for minority youth offenders involved in the juvenile justice system.

There is limited research about social workers' perceptions of racial and ethnic bias in mental health services offered to minority youth offenders in the juvenile justice

system. Further research is needed to address this gap. One participant suggested that research should be conducted that involves "questionnaires to the youth about how they feel their treatment is going," followed by "looking at the data and listening to them." Gaining minority youth's perspectives could add to the credibility of research and help future researchers find solutions that may lead to policy changes.

These findings will influence my knowledge and skills as a practitioner. Advocating for social justice related to mental health services for minority youth offenders should be a priority for all social workers who work with this population. I will seek to become more competent at recognizing the challenges these youth face when seeking mental health services to make a difference in their mental health treatment. I hope to educate other social workers on the importance of advocating and intervening for minority youth offenders in the juvenile justice system.

Transferability of the Findings

Social change is the primary goal of action research to resolve an immediate problem (Stringer, 2007). Data collected from the focus group discussion resulted from the social workers' perceptions of racial differences in mental health services concerning minority youth offenders in the juvenile justice system. The evidence that this action research study provides from social workers who offer therapeutic services to these minority youth offenders could apply to other contexts, settings, times, and populations (Lincoln & Guba, 1985).

Usefulness of the Study

I reviewed the social workers' perceptions of the barriers to mental health provision that minority youth face when seeking mental health services in the juvenile justice system. The participants discussed barriers to mental health provision that affect the mental health services received by minority youth offenders in juvenile justice. Lack of ethnic diversity, racial/ethnic bias, lack of cultural competence, and lack of trust in Caucasian clinicians in the juvenile justice system all lead to racial and ethnic differences in mental health services. If those in the court system would consider addressing these issues and collaborate more with all systems involved with the juvenile justice system (i.e., law enforcement, judges, probation officers, practitioners, and other mental health service providers) to implement policy change, this would help decrease ethnic and racial bias in mental health services for minority youth offenders in the juvenile justice system.

Limitations of the Study

There were no limitations to this study that affect the study's generalizability, trustworthiness, or usefulness. A purposive sampling method was used to improve the transferability of the findings (Cypress, 2017). Purposive sampling involves selecting specific individuals or groups who are proficient, knowledgeable, and interested in the topic under investigation (Bernard, 2002). Social workers who met the criteria for the issues being analyzed were the participants for this study. Their experiences and opinions were used for data collection to ensure the study's reliability, validity, and trustworthiness.

Recommendations for Further Research

There is a need for further research to address the racial and ethnic bias in mental health services within the juvenile justice system. Minority youth offenders make up 62% of youth in the juvenile justice system, even though the minority groups they represent comprise just 34% of the U.S. population (Fretty, 2017). Most minority youths with mental health problems are undiagnosed when placed in the juvenile justice system; they are stereotyped as criminals for behavioral issues.

Previous research on this topic has been based on the European American paradigm, which is biased in favor of White youths' mental health needs. Minority youth participants are rarely included in these studies, resulting in a lack of understanding of African American youths' attitudes and behavior toward engaging in treatment, which negatively affects interventions (Copeland, 2006).

Developing more culturally effective engagement strategies for minority youth offenders—strategies that involve race, culture, and class during the development of these youth—must continually be investigated. Research questions need to be designed to relate to these youths' perceptions and attitudes toward mental illness, treatment, and services.

Dissemination of Information

To disseminate this study's findings, I will start by emailing the participants with a one-page summary. These findings may also be published as peer-reviewed articles for others to view.

Implications for Social Change

Findings from this research study may affect positive change at the micro, mezzo, and macro practice and policy levels. Social workers must have fundamental knowledge and understanding of these minority youth offenders' cultures and environmental backgrounds to build trust with these individuals and implement the best treatment plan on the micro-level. The only way that this can be accomplished is through adequate training in cultural competence and ethnic diversity.

On the mezzo level, social workers need to consider youths' environment (i.e., family, peers, community, and social settings) to understand their identity; social workers need to consider these factors when assessing young people's mental health needs. On the macro level, greater collaboration within and between agencies would create a broader network of training and resources essential for social workers' understanding of minority youth offenders' mental health needs in the juvenile justice system.

Addressing mental health disparities requires developing a culturally responsive system with providers who understand diverse populations, including minority youth offenders. It is challenging to train providers to be culturally competent. Social workers need to understand the role that culture plays in providing mental health services to minority youth. Social workers should be aware of their cultural worldview and the worldview of those they work with and should develop culturally appropriate ways of working with diverse populations (Stanhope et al., 2008).

This action research study can be used to advocate for policy change at the state and federal levels. Although the NASW Code of Ethics (2008) presents guidelines for

social work practice when working with diverse populations, implementing a policy that reinforces the NASW Code of Ethics would benefit social work practice in the juvenile justice system.

Summary

Racial and ethnic disparities have been problematic in juvenile justice systems across the United States for decades. One of the juvenile justice system's original objectives was to foster holistic treatment to equally address all youth offenders' behavioral issues. Despite this, policymakers and mental health professionals have concerns about minority youth offenders' mental health needs not being addressed in the juvenile justice system because of race and ethnicity. The social workers who participated in this study have identified gaps in mental health services for minority youth offenders.

The purpose of this action research study was to explore social workers' perceptions of racial/ethnic disparities in mental health services for minority youth offenders in the Allegheny County juvenile justice system in Pittsburgh, PA.

This research study clarifies that racial and ethnic bias exists in social work practice in the Allegheny County juvenile justice system. The lack of culturally competent social workers was addressed in the focus group meeting. Additionally, the lack of minority social workers and therapists presents a problem for minority youth offenders who seek to utilize mental health services in the juvenile justice system. Mandatory training in cultural competence, diversity, and sensitivity for all employees who work in the juvenile justice system may create an environment conducive to

minority youth offenders accessing and utilizing mental health services. Further, such efforts could lead to advocacy for hiring more minority social workers and therapists.

References

Aalsma, M. C., Schwartz, K., & Perkins, A. J. (2014). A statewide collaboration to initiate mental health screening and assess services for detained youths in Indiana. *American Journal of Public Health*, *104*(10), e82-e88. https://doi.org/10.2105/AJPH.2014.302054

Abram, K. M., Paskar, L. D., Washburn, J. J., Teplin, L. A., Zwecker, N. A., & Azores-Gococo, N. M. (2015). Perceived barriers to mental health services among detained youth. *OJJDP Juvenile Justice Bulletin.* https://www.ojjdp.gov/pubs/248522.pdf

Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). LexisNexis Matthew Bender.

Atdjian, S., & Vega, W. A. (2005). Disparities in mental health treatment in US racial and ethnic minority groups: Implications for psychiatrists. *Psychiatric Services*, *56*(12), 1600–1602. https://doi.org/10.1176/appi.ps.56.12.1600

Atkins-Loria, S., MacDonald, H., & Mitterling, C. (2015). Young African American men and the diagnosis of conduct disorder: The neo-colonization of suffering. *Clinical Social Work Journal, 43*(4), 431-441. https://doi.org/10.1007/s10615-015-0531-8

Azzopardi, C., & McNeill, T. (2016). From cultural competence to cultural consciousness: Transitioning to a critical approach to working across differences in social work. *Journal of Ethnic & Cultural Diversity in Social Work*, *25*(4), 282–299. https://doi.org/10.1080/15313204.2016.1206494

Bailey, J. M., Vasey, P. L., Diamond, L. M., Breedlove, S. M., Vilain, E., & Epprecht, M. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest*, *17*(2), 45–101.

Balsa, A. I., & McGuire, T. G. (2001). Statistical discrimination in health care. *Journal of Health Economics*, *20*(6), 881–907. https://doi.org/10.1016/S0167-6296(01)00101-1

Barnert, E. S., Perry, R., & Morris, R. E. (2016). Juvenile incarceration and health. *Academic Pediatrics*, *16*(2), 99–109. https://doi.org/10.1016/j.acap. 2015.09.004

Bentley, B. (2016). Unlocking young minds: An examination of minority mental health in the juvenile justice system. *McNair Scholars Research Journal*, *9*(1), Article 3.

Bergin, M. (2011). NVivo 8 and consistency in data analysis: Reflecting on the use of a qualitative data analysis program. *Nurse Researcher*, *18*(3).

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, *40*(4), 361–368 https://doi.org/10.1037/a0016401

Bernard, H. R. (2002). *Research methods in anthropology: Qualitative and quantitative approaches* (3rd ed.). Alta Mira Press.

Bishop, D. M., & Leiber, M. J. (2012). Racial and ethnic differences in delinquency and justice system responses. In B. C. Feld & D. M. Bishop (Eds.), *The Oxford handbook of juvenile crime and juvenile justice* (pp. 445–484). Oxford University Press.

Boesky, L. M. (2011). *Juvenile offenders with mental health disorders: Who are they, and what do we do with them?* (Vol. 4).American Correctional Association.

Booth, J. M., & Anthony, E. K. (2015). Examining the interaction of daily hassles across ecological domains on substance use and delinquency among low-income adolescents of color. *Journal of Human Behavior in the Social Environment*, *25*(8), 810–821.https://doi:10.1080/10911359.2015.1027026

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https:// doi:10.1191/1478088706qp063oa

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard.

Burke, J. D., Mulvey, E. P., & Schubert, C. A. (2015). Prevalence of mental health problems and service use among first-time juvenile offenders. *Journal of Child and Family Studies*, *24*(12), 3774–3781. https://doi.org/10.1007/s10826-015-0185-8

Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, *58*(4), Article 537 https://doi.org/10.1037/a0025266

Campbell, N. A., Barnes, A. R., Mandalari, A., Onifade, E., Campbell, C. A., Anderson, V. R., Kashy, D. A., & Davidson, W. S. (2018). Disproportionate minority contact in the juvenile justice system: An investigation of ethnic disparity in

program referral at disposition. *Journal of Ethnicity in Criminal Justice*, *16*(2). https://doi.org/10.1080/15377938.2017.1347544

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. (2014). The use of triangulation in qualitative research. Oncology Nursing Forum, 41 (5), 545-547. DOI: 10.1188/14.ONF.545-547

Cochran, J. C., & Mears, D. P. (2015). Race, ethnicity, and gender divides in juvenile court sanctioning and rehabilitative intervention. *Journal of Research in Crime and Delinquency*, *52*(2). https//doi: 10.1177/0022427814560574

Copeland, V. C. (2006). Disparities in mental health service utilization among low-income African American adolescents: Closing the gap by enhancing the practitioner's competence. *Child and Adolescent Social Work Journal*, *23*(4), 407–431. https//doi: 10.1007/s10560-006-0061-x

Cropsey, K. L., Binswanger, I. A., Clark, C. B., & Taxman, F. S. (2012). The unmet medical needs of correctional populations in the United States. *Journal of the National Medical Association*, *104*(11–12), 487–492. https//doi.org/10.1016/S0027-9684(15)30214-5

Crossman, A. (2019). *Ethnicity definition in sociology*. ThoughtCo. https:// https://www.thoughtco.com/ethnicity-definition-3026311

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, *36*(4), 253–263.

Dalton, R. F., Evans., L.J., Cruise, K. R., Feinstein, R.A., & Kendrick, R.F. (2009). Race differences in mental health service access in a secure male juvenile justice facility. *Journal of Offender Rehabilitation, 48*(3), 194–209). https//doi.org/10.1080/10509670902766570

Degruy, J. (2005). *Post-traumatic slave syndrome: America's legacy of enduring injury and healing.* McGraw-Hill.

Desai, R. A., Falzer, P. R., Chapman, J., & Borum, R. (2012). Mental illness, violence risk, and race in juvenile detention: Implications for disproportionate minority contact. *American Journal of Orthopsychiatry*, *82*(1), Article 32. https://www.ncbi.nlm.nih.gov/pubmed/22239391

Dougherty, M. A. (2010). *Psychological consultation and collaboration in school and community setting.* Cengage.

Evans, K. M., & George, R. (2008). African Americans. In G. Mcauliffe (Ed.), *Culturally alert counseling: A comprehensive introduction* (146–187). Sage.

Fereday, J., & Muir-Cochrane, E. (2008). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*(1), 80–92. https://doi.org/10.1177/160940690600500107

Fielding, J. (2001). Coding and managing data. *Researching Social Life*, *2*, 227–251.

Flick, U. (2014). *An introduction to qualitative research*. Sage Publications.

Fong, R., McRoy, R., & Dettlaff, A. (2014). *Disproportionality and disparities*. Encyclopedia of Social Work Online. https://doi.org/10.1093/acrefore/9780199975839.013.899

Franklin, M. (2014). *Mental health service utilization among African American adolescents* (Doctoral dissertation). Wayne State University, ProQuest Dissertations & Theses Global (Order No., 3646966).

Free, M. D. (1996). *African Americans and the criminal justice system* (Vol. 13). Taylor & Francis. https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=165387

Fretty, H. (2017). Gaps in mental health services in the juvenile justice system as identified by clinical social workers (Master's thesis). St Catherine University. https://sophia.stkate.edu/cgi/viewcontent.cgi?article=1737&context=msw_papers.

Garland, A. F., Lau, A. S., Yeh, M., McCabe, K. M., Hough, R. L., & Landsverk, J. A. (2005). Racial and ethnic differences in utilization of mental health services among high-risk youths. *American Journal of Psychiatry*, *162*(7), 1336–1343. https://doi.org/10.1176/appi.ajp.162.7.1336

Germain, C. B. (1973). An ecological perspective in casework practice. *Social Casework*, *54*(6), 323–330. https://scholarworks.wmich.edu/jssw/vol15/iss2/11

Gilio-Whitaker, D. (2015). *Genocide and slavery: The evil twins of colonialism*. Indian Country Today. https://indiancountrytoday.com/archive/genocide-and-slavery-the-evil-twins-of-colonialism-KerGe7W3iEeUgILWu0ljYg

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal*, *204*(6), Article 291. https://doi.org/10.1038/bdj.2008.192

Gonzalez, A., Weersing, V. R., Warnick, E. M., Scahill, L. D., & Woolston, J. L. (2011). Predictors of treatment attrition among an outpatient clinic sample of youths with clinically significant anxiety. *Administration and Policy in Mental Health*, *38*(5), 356–67. https//doi: 10.1007/s10488-010-0323-y

Grisso, T., & Underwood, L. A. (2004). *Screening and assessing mental health and substance use disorders among youth in the juvenile justice system: A resource guide for practitioners*. US Department of Justice.

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health*, *105*(12), e60-e76. https://doi.org/10.2105/AJPH.2015.302903a

Hartman, A. (1979). *Finding families: An ecological approach to family assessment in adoption*. Sage Publications.

Hawkins, D. F., Laub, J. H., Lauritsen, J. L., & Cothern, L. (2000). *Race, ethnicity, and serious and violent juvenile offending*. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention: Washington, DC.

https://digitalcommons.law.ggu.edu/cgi/viewcontent.cgi?article=1017&context=ojjdp

Hayes, S. C., Muto, T., & Masuda, A. (2011). Seeking cultural competence from the ground up. *Clinical Psychology: Science and Practice*, *18*(3), 232–237.

Heaton, L. L. (2018). Race and ethnic differences in mental health need and services received in justice-involved youth. *Children and Youth Services Review*, *90*, 54–65. https://doi.org/10.1016/j.childyouth.2018.04.043

Henderson, D. X., & Baffour, T. D. (2015). Applying a socio-ecological framework to thematic analysis using a statewide assessment of disproportionate minority contact in the United States. *Qualitative Report*, *20*(12).

Heretick, D. M. L., & Russell, J. A. (2013). The impact of juvenile mental health court on recidivism among youth. *Journal of Juvenile Justice*, *3*(1), 1–14.

Hockenberry, S., Sickmund, M., & Sladky, A. (Eds.). (2014). *Juvenile offenders and victims: 2014 National Repor*t. National Center for Juvenile Justice. https://www.ojjdp.gov/ojstatbb/nr2014/downloads/NR2014.pdf

Hovey, K. A., Zolkoski, S. M., & Bullock, L. M. (2017). Mental health and the juvenile justice system: Issues related to treatment and rehabilitation. *World Journal of Education*, *7*(3), 1. https://doi.org/10.5430/wje.v7n3p1.

Huey, Jr, S. J., Tilley, J. L., Jones, E. O., & Smith, C. A. (2014). The contribution of cultural competence to evidence-based care for ethnically diverse populations. *Annual Review of Clinical Psychology*, *10*, 305–338. https://doi.org/10.1146/annurev-clinpsy-032813-153729

Irvine, A. (2010). We've had three of them: Addressing the invisibility of lesbian, gay, bisexual, and gender nonconforming youths in the juvenile justice system. *Columbia Journal of Gender & Law*, *19*, 675.

Irvine, A., Wilber, S., & Canfield, A. (2017). Lesbian, gay, bisexual, questioning, and/or gender nonconforming and transgender girls and boys in the California juvenile justice system: A practice guide. *Impact Justice and NCLR,*

James, N. (2015). *Offender reentry: correctional statistics, reintegration into the community, and recidivism*. Congressional Research Service.

Janku, D. A., & Yan, J. (2009). Exploring patterns of court-ordered mental health services for juvenile offenders: Is there evidence of systemic bias? *Criminal Justice and Behavior*, *36*(4), 402–419. https://doi.org/10.1177/0093854808330799

Kapp, S., Petr, C., Robbins, M., L., & Choi, J. (2013). Collaboration between community mental health and juvenile justice systems: Barriers and facilitators. *Child and Adolescent Social Work Journal, 30,* 505–517. https://doi.org/10.1007/s10560-013-0300-x

Kates, E., Gerber, E. B., & Casey, S. (2014). Prior service utilization in detained youth with mental health needs. *Administration and Policy in Mental Health and Mental Health Services Research*, *41*(1), 86–92. https://doi.org/10.1007/s10488-012-0438-4

Kemp, S. P. (2010). *Ecological framework.* Oxford Bibliographies Online, Oxford University Press. https://doi.org/10.1093/obo/9780195389678-0095

Khandkar, S. H. (2009). *Open coding*. The University of Calgary.

Kitzinger, J. (1994). The methodology of focus groups: The importance of interaction between research participants. *Sociology of Health & Illness*, *16*(1), 103–121. The methodology of Focus Groups: the importance of interaction between research participants - Kitzinger - 1994 - Sociology of Health & Illness - Wiley Online Library.

Kruger, R. A. (2002). *Designing and conducting focus group interviews*. https://www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf

Lee, L. H., Goodkind, S., & Shook, J. J. (2017). Racial/ethnic disparities in prior mental health service use among incarcerated adolescents. *Children and Youth Services Review*, *78*, 23–31. https://doi.org/10.1016/j.childyouth.2017.04.019.

Leiber, M., Bishop, D., & Chamlin, M. B. (2011). Juvenile justice decision□making before and after the implementation of the disproportionate minority contact (DMC) mandate. *Justice Quarterly*, *28*(3), 460–492. https://doi.org/10.1080/07418825.2010.516005.

Lennon-Dearing, R., Whitted, K. S., & Delavega, E. (2013). Child welfare and juvenile justice: Examining the unique mental health needs of girls. *Journal of Family Social Work*, *16*(2), 131–147. https://doi.org/10.1080/10522158.2013.765326

Liebenberg, L., & Ungar, M. (2014). A comparison of service use among youth involved with juvenile justice and mental health. *Children and Youth Services Review*, Article *39*, 117–122. https://doi.org/10.1016/j.childyouth.2014.02.007

Lincoln, Y. S., & Guba, E.G. (1985). *Naturalistic inquiry*. Sage.

Llamas, C., & Chandler, R. L. (2017). *Practitioners' views on service needs for justice-involved youth* (Master's thesis). Electronic Theses, Projects, and Dissertations. https://scholarworks.lib.csusb.edu/etd/493/

Mandell, D. S., Ittenbach, R. F., Levy, S. E., & Pinto-Martin, J. A. (2007). Disparities in diagnoses received prior to a diagnosis of autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *37*(9), 1795–1802. https://doi.org/10.1007/s10803-006-0314-8

Maschi, T., Hatcher, S. S., Schwalbe, C. S., & Rosato, N. S. (2008). Mapping the social service pathways of youth to and through the juvenile justice system: A comprehensive review. *Children and Youth Services Review*, *30*(12), 1376–1385. https://doi.org/10.1016/j.childyouth.2008.04.006

Mauer, M. (2011). Addressing racial disparities in incarceration. *The Prison Journal*, *91*(3_suppl), 87S-101S. https://doi.org/10.1177/0032885511415227

McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. *Health Affairs*, *27*(2), 393–403. https://doi.org/10.1377/hlthaff.27.2.393

McNiff, J. (2016). *You and your action research project* (4th ed.). Routledge. https://doi.org/10.4324/9781315693620

Mears, D. P., Cochran, J. C., & Lindsey, A. M. (2016). Offending and racial and ethnic disparities in criminal justice: A conceptual framework for guiding theory and research and informing policy. *Journal of Contemporary Criminal Justice, 32*(1), 78–103. https://doi.org/10.1177/1043986215607252

Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., & Olfson, M. (2011). Service utilization for lifetime mental disorders in US adolescents: Results of the National Comorbidity Survey–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, *50*(1), 32–45. https://doi.org/10.1016/j.jaac.2010.10.006

Merlo, A. V., & Benekos, P. J. (2003). Defining juvenile justice in the 21st century. *Youth Violence and Juvenile Justice*, *1*(3), 276–288. https://doi.org/10.1177/1541204003001003003

Mizock, L., & Harkins, D. (2011). Diagnostic bias and conduct disorder: Improving culturally sensitive diagnosis. *Child & Youth Services*, *32*(3), 243–253. https://doi.org/10.1080/0145935X.2011.605315

Morris, E. J. (2012). Respect, protection, faith, and love: Major care constructs identified within the subculture of selected urban African American adolescent gang members. *Journal of Transcultural Nursing*, *23*(3), 262–269. https://doi.org/10.1177/1043659612441014

Morse, J. (2012). *Qualitative Health Research: Creating a New Discipline*. Routledge.

Murphy, C. (2018). The solitary confinement of girls in the United States: International law and the Eighth Amendment. *Tulane Law Rev*iew, *92*(3), 697. https://www.tulanelawreview.org/pub/92-3-murphy

Murray, J., & Farrington, D. P. (2010). Risk factors for conduct disorder and delinquency: Key findings from longitudinal studies. *The Canadian Journal of Psychiatry*, *55*(10), 633–642. https://doi.org/10.1177/070674371005501003

National Alliance on Mental Illness. (n.d.). *Types of mental health professionals*. https://www.nami.org/learn-more/treatment/types-of-mental-health-professionals

National Association of Social Workers. (2008). *Code of the National Association of Social Workers.* https://www.socialworkers.org/LinkClick.aspx?fileticket=KZmmbz15evc%3d&portalid=0

National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. https://www.socialworkers.org/About/Ethics/Code-of-Ethics

National Council on Crime and Delinquency (2007). *And justice for some: Differential treatment of youth of color in the justice system*. Oakland, Calif: National Council on Crime and Delinquency. https://www.nccdglobal.org/sites/default/files/publication_pdf/justice-for-some.pdf

Neely-Barnes, S., & Whitted, K. (2011). Examining the social, emotional, and behavioral needs of youth involved in the child welfare and juvenile justice systems. *Journal of Health and Human Services Administration*, *34*(2), 206–238. https://europepmc.org/abstract/med/22106547

Neiman, N. (2015). Gender bias in the juvenile justice system.

Newcomb, M. E., Heinz, A. J., & Mustanski, B. (2012). Examining risk and protective factors for alcohol use in lesbian, gay, bisexual, and transgender youth: A

longitudinal multilevel analysis. *Journal of Studies on Alcohol and Drugs*, *73*(5), 783–793. https://doi.org/10.15288/jsad.2012.73.783

Noble, H. & Smith, J. (2015). Issues of validity and reliability in qualitative research. Evidence Based Nursing, 18 (2), 34-35. DOI: 10.1136/eb-2015-102054.

Office of Juvenile Justice and Delinquency Prevention. (2002). *Enhancing safety, ensuring accountability, empowering youth*. https://www.ojjdp.gov

Olshansky, E., & Zender, R. (2016). *The use of community-based participatory research to understand and work with vulnerable populations.* In Mary de Chesnay & Barbara A. Anderson (Eds.) *Caring for the vulnerable* (4th ed., Chapter 15, pp. 243–252). Jones and Bartlett Publishers.

Osterlind, S. J., Koller, J. R., & Morris, E. F. (2007). Incidence and practical issues of mental health for school-aged youth in juvenile justice detention. *Journal of Correctional Health Care*, *13*(4), 268–277.

Pajer, K. A., Kelleher, K., Gupta, R. A., Rolls, J., & Gardner, W. (2007). Psychiatric and medical health care policies in juvenile detention facilities. *Journal of the American Academy of Child & Adolescent Psychiatry*, *46*(12), 1660–1667. https://doi.org/10.1097/chi.0b013e318157d2da

Pardeck, J. T. (1988). An ecological approach for social work practice. *Journal of Sociology & Social Welfare*, *15*(2), Article 11.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage.

Piquero, A. R. (2008). Disproportionate minority contact. *The Future of Children*, *18*(2), 59–79. https://doi.org/10.1353/foc.0.0013

Poteat, V. P., Scheer, J. R., & Chong, E. S. (2016). Sexual orientation-based disparities in school and juvenile justice discipline: A multiple group comparison of contributing factors. *Journal of Educational Psychology*, *108*(2), 229. https://doi.org/10.1037/edu0000058

Pumariega, A. J., Rothe, E., Mian, A., Carlisle, L., Toppelberg, C., Harris, T., ... & Smith, J. (2013). Practice parameter for cultural competence in child and adolescent psychiatric practice. *Journal of the American Academy of Child & Adolescent Psychiatry*, *52*(10), 1101–1115. https://doi.org/10.1016/j.jaac.2013.06.019

Puzzanchera, C., Adams, B., & Hockenberry, S. (2012). *Juvenile court statistics in 2009*. Pittsburgh, PA: National Center for Juvenile Justice. https://www.ojjdp.gov/pubs/239114.pdf

Rawal, P., Romansky, J., Jenuwine, M., & Lyons, J. S. (2004). Racial differences in the mental health needs and service utilization of youth in the juvenile justice system. *The Journal of Behavioral Health Services & Research*, *31*(3), 242–254. https://doi.org/10.1007/BF02287288

Reiman, J., & Leighton, P. (2015). *The rich get richer, and the poor get prison: Ideology, class, and criminal justice.* Routledge.

Riel, M. (2000). Understanding action research. *Research Methods in the Social Sciences*, *17*(1) 89–96.

Rovner, J. (2014). *Disproportionate minority contact in the juvenile justice system*. The Sentencing Project.

http://www.sentencingproject.org/publications/disproportionate-minority-contact-in-the-juvenile-justice-system/

Russell, S. T., Everett, B. G., Rosario, M., & Birkett, M. (2014). Indicators of victimization and sexual orientation among adolescents: Analyses from Youth Risk Behavior Surveys. *American Journal of Public Health*, *104*(2), 255–261. https://doi.org/10.2105/AJPH.2013.301493

Sallis, J. F., Owen, N., & Fisher, E. (2015). Ecological models of health behavior. *Health Behavior: Theory, Research, and Practice*, (5*)*, 43–64.

Samuel, I. A. (2015). Utilization of mental health services among African American male adolescents released from juvenile detention: Examining reasons for within-group disparities in help-seeking behaviors. *Child and Adolescent Social Work Journal*, *32*(1), 33–43.https://doi.org/10.1007/s10560-014-0357-1

Scott, E. S., & Steinberg, L. (2008). Adolescent development and the regulation of youth crime. *The Future of Children*, *13*(2), 15–33. https://doi.org/10.1353/foc.0.0011

Shook, J. J., & Goodkind, S. A. (2009). Racial disproportionality in juvenile justice: The interaction of race and geography in pretrial detention for violent and serious offenses. *Race and Social Problems*, *1*(4), 257. https://doi.org/10.1007/s12552-009-9021-3

Soler, M. I., & Garry, L. M. (2009). *Reducing disproportionate minority contact: Preparation at the local level*. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice, and Delinquency Prevention.

Spinney, E., Yeide, M., Feyerherm, W., Cohen, M., Stephenson, R., & Thomas, C. (2016). Racial disparities in referrals to mental health and substance abuse services from the juvenile justice system: A review of the literature. *Journal of Crime and Justice*, *39*(1), 153–173. https://doi.org/10.1080/0735648X.2015.1133492

Stanhope, V., Solomon, P., Finley, L., Pernell-Arnold, A., Bourjolly, J. N., & Sands, R. G. (2008). Evaluating the impact of cultural competency trainings from the perspective of people in recovery. *American Journal of Psychiatric Rehabilitation*, *11*(4), 356–372. https://doi.org/10.1080/15487760802397652

Stein, D. J., Phillips, K. A., Bolton, D., Fulford, K. W. M., Sadler, J. Z., & Kendler, K. S. (2010). What is a mental/psychiatric disorder? From DSM-IV to DSM-V. *Psychological Medicine*, *40*(11), 1759–1765. https://doi.org/10.1017/S0033291709992261

Stewart, D. W., & Shamdasani, P.N. (2014). *Focus groups: Theory and practice* (Vol. 20). Sage Publications.

Stringer, E.T. (2007). *Action research* (3rd ed.). https://www.qualitative-research.net/index.php/fqs/article/view/1188/2607

Teplin, L. A., Abram, K. M., McClelland, G. M., Washburn, J. J., & Pikus, A. K. (2005). Detecting mental disorder in juvenile detainees: Who receives services. *American Journal of Public Health, 95, 1773–1780.* https://doi.org/10.2105/AJPH.2005.067819

Thompson, M., Newell, S., & Carlson, M. J. (2016). Race and access to mental health and substance abuse treatment in the criminal justice system. *Journal of Offender Rehabilitation*, *55*(2), 69–94. https://doi.org/10.1080/10509674.2015.1112867

Tonry, M. (2011). *Punishing race: A continuing American dilemma*. Oxford University Press.

Underwood, L. A., & Washington, A. (2016). Mental illness and juvenile offenders. *International Journal of Environmental Research and Public Health*, *13*(2), 228. https://doi.org/10.3390/ijerph13020228

U.S. General Accounting Office. (2003). *Child welfare and juvenile justice: Federal agencies could play a stronger role in helping states reduce the number of children placed solely to obtain mental health services*. Washington, DC, General Accounting Office. https://www.gao.gov/new.items/d03397.pdf

U.S. Public Health Service. (2000). *Report of the Surgeon General's Conference on Children's Mental Health: A national action agenda*. Washington, DC: US Department of Health and Human Services. https://www.ncbi.nlm.nih.gov/books/NBK44233/

Van Wormer, K. (2010). *Working with female offenders: A gender-sensitive approach.* John Wiley & Sons. https://doi.org/10.1002/9781118265581

Villa, J. (2017). *Multicultural training for mental health professionals working in the juvenile justice system* (Master's thesis). California State University, Long Beach. https://search.proquest.com/openview/163aa1cc832470fc9a74108e8c357115/1?pq-origsite=gscholar&cbl=18750&diss=y

Wagaman, M. A. (2016). Self-definition as resistance: Understanding identities among LGBTQ emerging adults. *Journal of LGBT Youth*, *13*(3), 207–230. https://doi.org/10.1080/19361653.2016.1185760

Washington, M. (2018). *Access to mental health treatment for youth in the US: Predisposing, enabling, and need determinants* (Doctoral dissertation). State University of New York at Buffalo.

Watson, A. C., Kelly, B. L., & Vidalon, T. M. (2009). Examining the meaning attached to mental illness and mental health services among justice system-involved youth and their parents. *Qualitative Health Research*, *19*(8), 1087–1099. https://doi.org/10.1177/1049732309341202

White, C. (2016). Incarcerating youth with mental health problems: A focus on the intersection of race, ethnicity, and mental illness. *Youth Violence and Juvenile Justice*, *14*(4), 426–447. https://doi.org/10.1177/1541204015609965

White, L. M., Lau, K. S., & Aalsma, M. C. (2016). Detained adolescents: Mental health needs, treatment use, and recidivism. *Journal of the American Academy of Psychiatry and the Law*, *44*(2), 200–12. https://www.ncbi.nlm.nih.gov/pubmed/27236176

Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: Sociological contributions. *Journal of Health and Social Behavior*, *51*(1). https://doi.org/10.1177/0022146510383838

Wilson, J. Q., & Petersilia, J. (Eds.). (2011). *Crime and public policy.* Oxford University Press.

Wood, W., & Eagly, A. H. (2015). Two traditions of research on gender identity. *Sex Roles*, *73*(11–12), 461–473. https://doi.org/10.1007/s11199-015-0480-2

Wu, P., Katic, B. J., Liu, X., Fan, B., & Fuller, C. J. (2010). Mental health service use among suicidal adolescents: Findings from a US national community survey. *Psychiatric Services*, *61*(1), 17–24. https://doi.org/10.1176/ps.2010.61.1.17

Appendix A: Demographics Questionnaire

Study Participant Code _____ Date _____

The purpose of this study is to explore the social worker's perception of racial/ethnic disparities in mental health services of minority youth offenders in the juvenile justice system. The focus group may last for at least two hours. Your responses will be audio-recorded and used only for research purposes.

The following questions ask for general information about you.

Name _____ Position _____

Place a check for your age group:

20–30____

30–40 ___

40–50___

50–60____

60 and above ____

Gender _____

Race or ethnicity _____

Years of experience _____

Education level _____

Appendix B: Qualitative Research Questions

The following questions are related to your professional experiences as a social worker in the juvenile justice system. Because your responses will be audio-taped and transcribed later, could you please speak clearly when responding to the questions.

1. What were your responsibilities as a social worker working with minority juvenile offenders in the Allegheny County juvenile justice system?

2. How long did you provide services to minority youth offenders?

3. Describe your knowledge and experience with minority youth offenders who have mental health issues.

4. Do you think the existing services contribute to the wellness of minority youth within the system?

5. From your professional perspective, do you think racial and cultural factors affect mental health services offered to minority youth offenders in the juvenile justice system?

6. From your professional perspective, do you think racial and cultural factors affect participation and completion of mental health services for minority youth?

7. Do you think racial and cultural factors affect the therapeutic relationship between the practitioner and the client?

8. Do you feel mental health services offered to minority youth offenders address their specific mental health needs?

9. Do you think racial/ethnic biases play a role in service utilization for minority youth with mental health issues?

10. What do you think are the main factors that increase recidivism among minority youth?

Appendix C: Invitation to Participants

My name is Beverly Rivera, MSW. I am a master-level social worker, and a 4th-year doctoral candidate enrolled in the Doctor of Social Work Program with a specialization in criminal justice offered at Walden University. I am currently seeking social workers to participate in an action research study. I am looking for social workers who have a master's degree or are licensed (LCSW or LSW) in social work and are therapists who have worked with minority youth offenders that are incarcerated in the juvenile justice system or a juvenile detention center in Pittsburgh, PA, for at least two years. This study will explore the social worker's perception of mental health services for minority youth offenders in the juvenile justice system and the role played by race and ethnicity.

Your time is valuable because of your work schedule, and I want to make your participation in this study convenient for you. I will be conducting the focus group in a Zoom meeting room, online audio-only, that will last for at least two hours or more. A schedule will be emailed to you a week before the focus group with the date and time. If you agree to participate in the study, I will need you to sign a consent form and fill out a demographic questionnaire. All information will be kept strictly confidential.

Sincerely,

Beverly Rivera, MSW
Doctoral Candidate

Walden University

Appendix D: Flyer

SOCIAL WORK RESEARCH PROJECT: CALL FOR PARTICIPANTS TO TAKE PART IN A RESEARCH STUDY

I am seeking Social Workers with a master's degree or license who have worked with minority incarcerated youth for at least two years in the Juvenile Justice System in Allegheny County, Pennsylvania. This study will seek the social worker's perspective regarding the lack of mental health services for minority youth offenders and whether this is due to their race and ethnicity.

Social workers with a preexisting, personal, or professional relationship with the researcher are excluded from the study because this may cause unintentional bias.

Beverly Rivera, MSW, a Walden Doctoral Student, is looking for you to participate in an online focus group for at least two hours or more.

The focus group meeting will take place online in a Zoom Meeting Room, (Audio Only).

This research is intended to add to the current literature on the social worker's perception regarding mental health disparities for minority youth offenders in the juvenile justice system and identify best practices to treat minority youth offenders.