SCHOOL-BASED HEALTH CENTERS:

Vital Providers of Mental Health Services for Children and Adolescents

APHA

AMERICAN PUBLIC HEALTH ASSOCIATION

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April 2018

Introduction

Mental health, including social and emotional health, is a vital component of overall health. Good mental health in childhood and adolescence contributes to good physical and mental health throughout life. Similarly, poor mental health, which can include mental illnesses and chronic stress, can lead to poor health in adulthood. This issue brief describes why supporting mental health among students is important for educational success and lifelong health and how school-based health centers (SBHCs) are uniquely well suited to meet the mental health needs of children and adolescents. The brief draws on APHA's experiences in providing technical assistance to SBHCs and schools and interviews with SBHC sponsors.

Need for Mental Health Services among Young People and How SBHCs Can Help

Mental health issues, including mental illnesses and chronic stress, during childhood and adolescence are a public health problem. The World Health Organization identifies poor mental health as a leading cause of disability among young people worldwide.[1] The Centers for Disease Control and Prevention (CDC) cites mental health concerns as a factor contributing to high school dropout. This is particularly harmful because not completing high school in four years is associated with poorer health outcomes relative to on-time graduation, as people with less education have fewer opportunities to engage in healthy behaviors due to various socioeconomic and environmental factors, including lower-quality housing, food insecurity, and lack of access to health care.[2] In addition, mental health conditions in childhood and adolescence can increase the risk of substance misuse disorders in adulthood.[3]

Estimates of the prevalence of mental health issues vary, but the need for mental health services among children and adolescents may be greater than the need among adults. The CDC estimates that 13 to 20 percent of children experience a mental illness each year.[4] According to one study, 49.5 percent of adolescents 13 to 18 years of age have experienced a mental illness in their lifetime.[5] In comparison, 17.9 percent of adults currently have a mental illness or had one in the past year.[6]

Mental health issues among children and adolescents continue to rise.[7] Diagnoses of attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorders have increased,[8] and one study showed a 37 percent increase in major depressive episodes among adolescents from 2005 to 2014.[9] Lesbian, gay, bisexual, and transgender (LGBT) adolescents are at increased risk of mental health issues due to anti-LGBT bias, particularly from family members.[10] In addition, social media contribute to and exacerbate the problem. Young people who spend the most time on social media (relative to their peers) are more likely to be depressed[11] and have lower levels of life satisfaction[12] and self-esteem.[13]

In addition, chronic stress, a response to persistent social, physical, and emotional pressures over an extended period of time, is a serious mental health concern for young people.[14] Chronic stress is caused and exacerbated by a variety of factors such as poverty and traumatic childhood experiences.[15] Symptoms include anxiety attacks, lack of sleep, poor concentration, and behavioral issues. Chronic stress affects brain development and can result in behavioral problems and decreased executive functioning, which can lead to difficulty succeeding in school.[16] Given that children and adolescents spend a significant amount of their time in school, it is important for adults in school settings to recognize the factors that contribute to chronic stress, create healthy and supportive environments in schools, and refer students to appropriate services. (For more, see Chronic Stress and the Risk of High School Dropout.)

SBHCs can effectively provide mental health services within the clinic and also implement school-wide strategies to address social and emotional health as a means of helping set children and adolescents on a path of good health throughout life.[17] SBHCs most often provide services to address suicidal ideation, depression, anger management, family and peer relationships, and academic difficulties.[18]

Availability and accessibility of mental health care is critical to educational success. However, there are barriers to access, including stigma and difficulty recognizing mental health issues.[19] In comparison with SBHCs, other providers can struggle to reach and serve children and adolescents.[20] Some studies have shown that, nationally, most children and adolescents who receive mental health services access them in school.[21] Their location in schools, targeted outreach, and care designed to reduce stigma help SBHCs serve the mental health needs of young people.

Common Barriers to Accessing Mental Health Care

Stigma associated with mental health conditions and services. Stigma, a real or imagined attribute that damages reputations and degrades social status, is a barrier to accessing mental health care.[22] The fear of being labeled as someone experiencing a mental health issue prevents many children and adolescents from speaking about mental health, let alone seeking care. In schools, students can be wary of receiving mental health services because it could single them out for bullying. The stigma of mental illness among children can also affect parents and caregivers and make them resistant to requesting mental health services for young people in their care.

Other adults, including health care providers in SBHCs and teachers, can also hold views that stigmatize mental health issues.[23] Dr. Jocelyn Lawrence of the Jessie Trice Community Health Center, which operates SBHCs in Miami, Florida, has noticed that some teachers and health care providers can be reluctant to refer a student to an SBHC's mental health care providers due to fear of stigmatizing the student. In addition, the manifestations of chronic stress, such as impulsive or hyperactive behavior,[24] can look like young people acting out, and acting out is developmentally appropriate. Adults in the school may tell themselves a student is just acting out rather than referring the student to the SBHC for a mental health issue because they do not want to stigmatize the student. Adults may also refuse to recognize chronic stress and see it as a discipline problem as opposed to a mental health issue.

Provider shortages. According to the Health Resources and Services Administration, there are only enough mental health care providers to meet about 44 percent of need, and approximately 3,400 more providers are required to make up this gap.[25] The lack of providers is an issue in both urban and rural communities. There are also shortages of mental health providers of color, which has important implications for health because these providers are most likely to understand and respond to the culture and language needs of the students they serve.[26] Additional mental health providers trained in meeting the needs of children and adolescents are needed as well.[27]

Inaccessible mental health providers. Although mental health providers may be available, they can be difficult for students to access for multiple reasons, including the need for referrals and inconvenient locations. The more steps required to access care, the greater the burden on students and the lower the likelihood of follow-up on referrals.

Adolescents also may not have access to trusted mental health providers. Maintaining confidentiality from parents is an important aspect of mental health care for adolescents, who may discuss substance use, sexual identity, or family conflicts with providers.[28] Even when mental health services are available, lack of trust in providers can make care inaccessible. Providers who demonstrate cultural competence and stress that confidences will be maintained are critical to building trust and helping students access care.[29]

Lack of screening and diagnosis. Many young people with mental health concerns do not receive treatment due to lack of screening and diagnosis. Although SBHCs frequently treat mental health conditions, they know there are many students who go undiagnosed and untreated. The Oregon Health Authority has collected data showing that some SBHC patients (2.5 to 4 percent) report needing to talk about mental health issues they were not asked about.[30] Providers outside SBHCs who do not frequently work with mental health care practitioners may be even less likely to ask about and diagnose mental health issues.
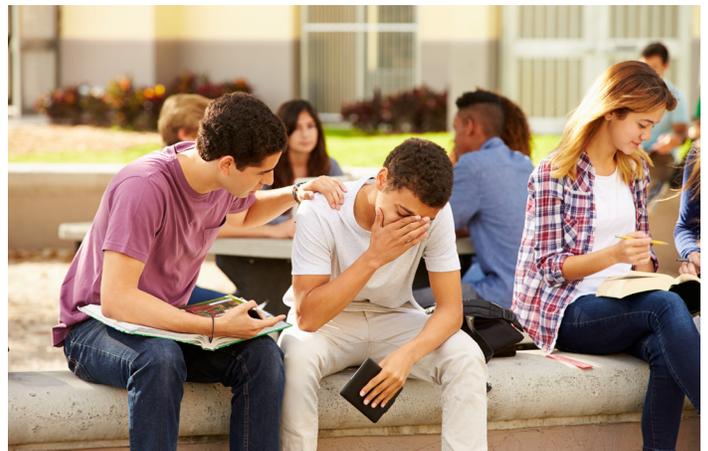

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What Makes SBHCs Successful in Providing Mental Health Services to Children and Adolescents?

SBHCs are able to reduce stigma and effectively provide mental health care to young people. Four features contribute to the success of SBHCs: onsite services, coordinated care, outreach and education, and care specifically tailored to young people.

Onsite services, including telemedicine. SBHCs' convenient location on school campuses and the fact that they are often staffed with mental health care providers[31] help make up for the national shortage of providers and enable them to deliver mental health services to students. For example, in 2013, two thirds of all SBHCs had mental health providers on staff.[32] Telemedicine in SBHCs can also connect students to mental health services, even where there are few providers available.

For example, even though there are a limited number of mental health providers in the area it serves, the Center for Rural Health Innovation, a school-based telemedicine provider, delivers mental health services in schools. These services include one-to-one talk therapy and medication management. In addition, to keep students in school and provide convenient access to mental health services, SBHCs sponsored by the University of Miami use telemedicine to connect students to mental health providers.

In community schools with many service providers onsite, SBHCs can also refer students to mental health providers and other services in the school (e.g., food pantries and social workers) that can help address different aspects of mental health and chronic stress. When receiving services from SBHCs, students are able to access care without having to leave school or have their parents leave work to transport them to an appointment. Overall, the onsite location of SBHCs makes accessing mental health services in schools more convenient for students than accessing them from traditional providers.

SBHCs can also take the lead in coordinating all of the health and social services provided in the school. For example, APHA builds the capacity of SBHCs to work with schools, community-based organizations, and other providers in the school to coordinate efforts and prioritize creating a healthy school environment. This coordination places the focus on school-wide health rather than individual students. It also enables SBHCs and schools to connect students to services such as mental health counseling to address the multitude of factors that contribute to chronic stress and mental health issues.

Coordinated care. SBHCs provide coordinated physical and mental health services. According to the School-Based Health Alliance, two thirds of SBHCs have both a physical health provider and a mental health provider.[33] These providers collaborate, and if a physical health provider learns about a student's mental health concerns, she or he can refer the student to the mental health provider, who often works just down the hall. The proximity of physical and mental health care providers means that screening and referrals for mental health issues can be incorporated into routine and follow-up visits.

Outreach and education. Outreach on school campuses from SBHCs is effective in encouraging children and adolescents to come to the SBHC for mental health services. To overcome stigma, the SBHCs APHA works with promote their mental health services to appeal to as wide an audience as possible. Portraying mental health care as a service for everyone, SBHCs are able to help students see it as just another health service. To develop effective promotional messages that reduce stigma and welcome students, SBHCs involve students in creating promotional flyers and subsequently evaluating their effectiveness.

SBHC staff also make concerted efforts to become more integrated in the school culture, which helps promote and normalize the services they provide, including mental health services, and build a rapport with students. These efforts include participating in school activities (e.g., clubs and events) and being present at assemblies and class registration.[34] One of the SBHCs that APHA works with conducts sports physicals, and the center has found that this practice has helped it become more integrated into the school culture.

SBHCs also conduct education and outreach to adults in the school and community on chronic stress and the link between health and education. Reaching out with a message focused on improved academics enables SBHCs to get the attention of teachers and school administrators. Providing information about chronic stress helps adults realize the large impact of social factors, such as poverty and exposure to violence, and the importance of creating supportive, healthy environments in schools. For example, one SBHC that APHA works with has conducted staff training on yoga and mindfulness to help school staff manage stress. The school staff then teaches these techniques to students to help them manage their stress. Overall, education and outreach to adults help them understand the wide variety of factors that contribute to mental health. This makes adults more likely to help create a healthy school environment and to identify students in need and help them access mental health services.

Role of tailored services in advancing health equity. SBHCs are able to provide mental health services that specifically respond to the needs of young people. For example, some SBHCs supported by the Oregon Health Authority are more likely to diagnose young people with depression and posttraumatic stress disorder than non-SBHC providers.[35] SBHCs also contribute to health equity by serving as important sources of mental health care for children and adolescents of color and those living in low-income communities.[36] One study revealed that once they start mental health treatment from an SBHC, young men of color are more likely to continue treatment than they would be if they received care from a non-SBHC provider.[37] This is particularly important for African American children and adolescents, as they are less likely than other populations to receive treatment for depression.[38]

In addition to providing talk therapy and medication management, some SBHCs incorporate art therapy, breathing exercises, and other techniques to address the physical aspects of mental health. SBHCs also lead group therapy

sessions that go beyond mental health to discuss goal setting and conflict resolution. Some schools have even integrated healthy coping and social engagement skills into their curricula. The most effective SBHCs provide care in a way that does not stigmatize or use language that makes mental health issues feel like a personal failing or source of shame.[39]

Along with one-to-one mental health services, SBHCs work with school staff on wide-scale activities to improve the school climate, which can have a positive impact on the mental health of students. For example, setting up de-escalation rooms provides students with a space to remove themselves from conflicts or overly stressful situations. SBHCs establish procedures for students to check out of class, not receive punishment, or abuse time in the de-escalation room. SBHCs also work with schools to create school-wide peer mediation programs to provide students with a sense of community and responsibility for others. These programs empower students to take part in mediating school conflicts and discipline issues. By involving their peers, mediation helps disciplined students feel accountable for their actions and responsible for repairing harm they may have caused to the school community. This helps address chronic stress in a way that traditional providers cannot by giving students a sense of community and connection to the school. One school APHA works with that has established de-escalation rooms and implemented a peer mediation program, along with other initiatives, has observed decreased suspensions and expulsions and increased attendance.

Multiple Ways of Paying for Mental Health Care Provided by SBHCs

Limited funding is a barrier to providing mental health care, which can prevent access for young people in need. However, SBHCs are finding ways to pay for the mental health care they provide. Currently SBHCs bill Medicaid and private health insurance and use grants and contributions from sponsors to pay for mental health services. Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit can be used to pay for mental health services. All children and adolescents 21 years or younger who qualify for Medicaid as a result of low family incomes receive EPSDT services, which provide screening, diagnosis, and treatment of both physical and mental health conditions.[40] Once a condition has been discovered, Medicaid's EPSDT benefit provides payment for services needed to address it.[41] Most SBHCs also bill health insurance. According to the School-Based Health Alliance, more than 78 percent of SBHCs bill Medicaid, and about 70 percent bill the Children's Health Insurance Program and private insurance.[42]

Commitment from SBHC medical sponsors can help increase centers' capacity to provide mental health services. The SBHC sponsors that APHA interviewed cited mental health as a top priority and were dedicated to addressing it. For example, in 2015 the Oregon Health Authority provided funding to 46 SBHCs to hire mental health practitioners. Now, 75 of the 77 SBHCs it supports have mental health providers, and these providers have appointments at full capacity. The Montefiore Health System, in New York City, also helps fund mental health providers in the SBHCs that it sponsors.

Some SBHCs have also received grants to fund mental health services. The University of Miami first developed its telehealth capacity, which connects students to mental health providers, after receiving a federal grant. The university was able to leverage this grant to secure continuing funding from the Children's Trust of Miami-Dade County, one of its sponsors.

Conclusion: SBHCs Collaborate with Schools to Address Mental Health

SBHCs are valuable resources in meeting the mental health needs of children and adolescents. Their location in schools makes them a convenient source of care for students with mental health concerns. It also makes them ideal partners of schools and communities in addressing mental health issues exacerbated by chronic stress. By educating adults in schools and communities about the importance of mental health and healthy, supportive environments, SBHCs can coordinate their efforts with schools and community-based organizations to help students receive the support they need.

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