



Meeting the Health Care Needs of Children and Adolescents: School Based Health Centers in Connecticut

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What is a School Based Health Center?

In CT, the Department of Public Health Standard Model is described as:

- ✓ A service delivery model that *concurrently* blends medical care with preventive and behavioral health services
- ✓ Staffing *must* include a team of licensed inter-disciplinary professionals (*at minimum, medical and behavioral*) with particular expertise in child/adolescent health (nurse practitioners, physician's assistants, medical directors, clinical social workers, consulting psychiatrists, dentists, hygienists)
- ✓ Staff works side-by-side to address and coordinate a broad spectrum of students' health needs
- ✓ Anticipatory guidance and health education are routinely offered to students that utilize the SBHC
- ✓ This model represents the highest standard of care available (National Gold Standard) with respect to the range and quality of SBHC services (*Making the Grade: State and Local Partnerships to Establish School Based Health Centers, 2003*)



Why is the Comprehensive Model the “Gold Standard”?

“Youth bring all of their issues to school”

Asthma

Tooth pain

Domestic violence

Illnesses and injuries

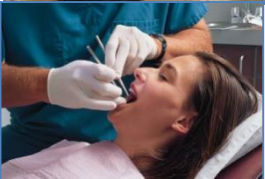
Learning disabilities

Peer conflict

Diagnosed and undiagnosed mental health conditions

Homelessness

And many more issues...



SBHCs: A Model that Works

✿ The medical – mental health model addresses the whole child/adolescent

✿ A recent study indicated a significant increase in attendance for [adolescent] SBHC medical users compared to nonusers. Grade point average increases over time were observed for mental health users compared to nonusers*

✿ 96.4% of children that receive an asthma breathing treatment in the SBHC return to class (CASBHC data)

✿ 5,337 CT children/adolescents received mental health treatment in their SBHC in more than 40,000 visits, enabling them to remain in school and continue to learn (2007-2008 school year)

* Journal of Adolescent Health 46 (2010) 251-257



SBHC Medical Services

Services include:

- Assessment/Diagnosis/Treatment of illnesses and injuries; provide prescriptions
- Management/treatment of chronic diseases such as diabetes and asthma in coordination with primary care provider
- Referrals for specialty care (orthopedics, pulmonology, gastrointestinal disorders, cardiac care, etc)
- Health education both in the SBHC and in the classroom
- STD testing and treatment in some sites / Immunizations
- Support groups for medical topics such as asthma, weight management, nutrition
- Case management with students, families, primary care providers, and specialty care providers
- Mental health risk assessment with referral to SBHC mental health clinician when warranted





SBHC Medical Exam Room



SBHC Mental Health Services

Services include:

- Individual, group, and family therapy
- Referral for psychiatric evaluations, medical evaluations, and specialty care
- Risk assessment and health education
- Psycho-educational groups
- Support groups for topics such as anger management, substance abuse, bereavement, parental illness
- Case management
- Services are provided by licensed mental health clinicians: LCSW, LMFT, LPC
- Some SBHCs have onsite consultation with child psychiatrists; others have direct referrals to care



Student Mental Health Issues

SBHC Mental Health Treatment Services: “the community mental health therapist in the school”

Diagnoses seen the SBHCs in the 2007-2009 school years:

- High risk behavior; self-injury such as cutting**
- Psychosocial problems with family and peers**
- Attention deficit disorder/ ADHD**
- Victimization; trauma; traumatic stress**
- Alcohol / substance abuse**
- Anxiety disorder; Bipolar disorder; Learning disorders; Eating disorders; Autism; Major depression**



Student Stories

Last year, several people close to me passed away, including my 17 year old cousin.

After he died I wasn't the same.

I was very stressed and experienced headaches every day.

I went to the School Based Health Center and they were very sympathetic towards my struggle. The Nurse Practitioner provided treatment for my constant headaches.

I started seeing the Social Worker to learn how to manage my headaches and stress.

Without the SBHC I don't know where I would be.

I no longer have daily headaches, and when I need help with a personal issue, or just someone to talk to, I know I can always stop by the SBHC.



My health has improved so much because of the SBHC and I can say that my life would not have been the same without it. 🍏

Student Stories

The Story of Ashley

Ashley, a 15 year-old high school junior, was referred to the School Based Health Center by DCF after her mother lost her job and could not afford medical insurance.

Ashley came to the SBHC with unresolved grief over the traumatic death of her father at a young age, academic underachievement, and obesity.

She agreed to attend weekly counseling sessions to address her self-esteem issues and work through her grief. A visit to the nurse practitioner made Ashley aware of her family's history of diabetes and heart disease.

She learned that she was at great risk of developing type 2 diabetes and other associated health problems.

Ashley participated in Healthy Lifestyle coaching, and after five sessions was able to lose 12 lbs. and decrease her BMI.



Ashley's SBHC social worker reports that her mental health has greatly improved, and she has increased her social participation in extra-curricular activities.

Her academic achievement has improved, and she has begun to reach-out to her father's extended family in order to help her confront her loss. 🍏

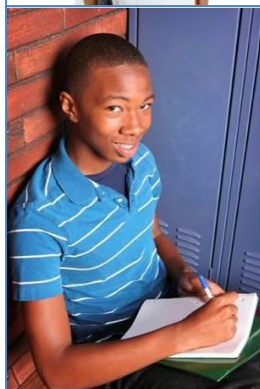


Adolescent Health Care in SBHCs



Key Issues:

- Safety, confidentiality, familiarity
- Easy access without barriers
- Minor Consent Laws
- Reproductive health care
- Less parental involvement at this stage
- Identity issues, peer influences, relationship issues



ISSUE BRIEF



CONNECTICUT ASSOCIATION OF
School Based Health Centers

Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services

African-American and Latino males are half as likely to receive mental health services compared to non-Hispanic White youth,^{1,2} yet both groups experience emotional and behavioral problems that often result in school and social issues. It is important to understand how African-American and Latino young men perceive and experience available mental health services, particularly services offered through School Based Health Centers (SBHC), as SBHCs are generally more accessible to adolescents than community-based services. This Issue Brief describes the factors that contribute to effective utilization of mental health services in Connecticut's SBHCs by adolescent African-American and Latino male students, and examines the ability of SBHCs and their staff to engage this population.

Barriers to Accessing Services

Nationwide, nearly 1 in 5 children and adolescents experience symptoms of mental health disorders, and of those, only 15% to 20% receive services.³ Of the children and adolescents who receive mental health services, 70-80% receive them in schools.⁴ African-American males are among the most underserved populations with respect to mental health services.^{5,6} Approximately 13% of African-American youth have a diagnosed depressive disorder.⁷ Among African-American and Latino adolescent males, less than 10% make use of outpatient mental health services.² Of those that initiate community-based mental health treatment, the majority drop out after 2-3 sessions.⁸ The fragmentation of mental health services has been highlighted as a unique barrier faced by African-American males in accessing mental health services.⁹

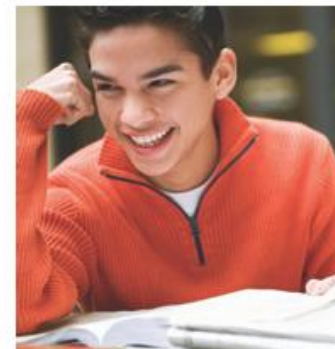
In Connecticut, in a 2011 survey conducted by Connecticut Association of School Based Health Centers (CASBHC), the vast majority of SBHC

mental health providers reported lack of transportation (90%), lack of insurance (63%) and stigma (60%) as major barriers for adolescent males of color who seek mental health services in community-based settings.

An analysis of Connecticut-specific demographic and visit data collected by the 75 state-funded SBHCs (school years 2007-2008/2008-2009) revealed 1,130 males in grades 7-12 identified as African-American or Hispanic that received mental health services. It is significant that these 1,130 young men received mental health treatment in 15,386 visits in the two year period, an average of 13.6 visits each.

In an effort to elicit the voices of the young men who receive mental health services in SBHCs, 22 male students from four Connecticut SBHC communities were interviewed. Forty-five percent of the sample was African-American; which included youth who identified as African-American, Jamaican, or Haitian and 55% were Latino,

of which 66% were Puerto Rican, and the others were Colombian, Dominican, Mexican, Honduran, and Brazilian. Participating youth were in grades 7 through 12 and ranged in age from 13 to 18 years old. While the majority of the youth (73%) had lived in their school district for most of their lives, 14% had come from other countries within the past three years and another 13% moved from other parts of the country in the past four years.



Health Research Advocacy Project

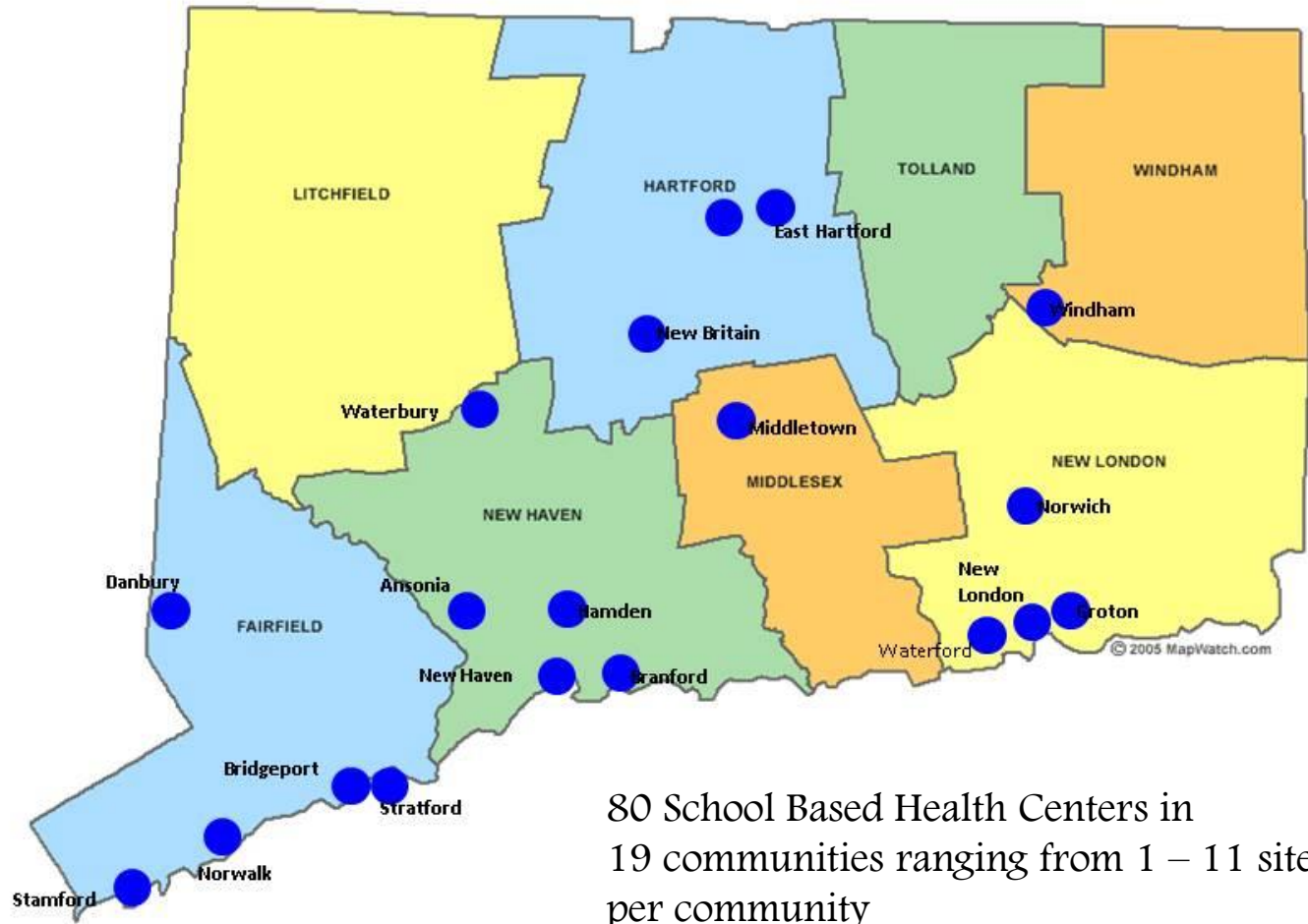
Study findings:

- ◆ SBHCs remove or mitigate barriers to mental health treatment for African-American and Latino adolescents males including lack of transportation, lack of insurance, and stigma
- ◆ SBHCs provide an atmosphere of safety, confidentiality and trust; characteristics that are of paramount importance to adolescent males
- ◆ The most important factor in the success of the mental health services offered by school based health centers is the staff, perceived by students as open and nonjudgmental
- ◆ In Connecticut's School Based Health Centers (SBHC), African-American and Latino adolescent male students utilize mental health services at an average of 13 visits per student in the SBHC. Among African-American and Latino adolescent males that initiate community-based mental health treatment, the majority drop out after 2-3 sessions



Where are the Centers located?

Distribution of SBHCs in Connecticut



80 School Based Health Centers in
19 communities ranging from 1 – 11 sites
per community



Healthy Kids Make Better Learners

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