School-Based Health Centers and Mental Health Access among Minority and Low-Socioeconomic Adolescents

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Abstract

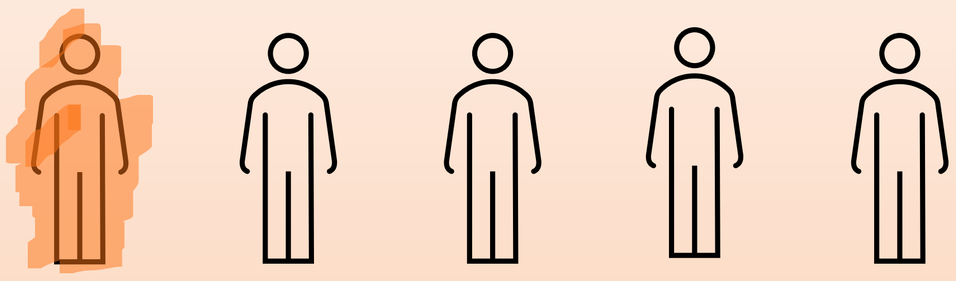
School-Based Health Centers (SBHCs) are comprehensive health clinics that provide a myriad of services to the students that they serve. SBHCs are meant to overcome barriers students face when it comes to accessing healthcare such as transportation, limited clinic hours, and parent work schedules. However, many of the most vulnerable populations – like those living in poverty and those that identify as racial/ethnic minorities – may still encounter barriers when it comes to accessing mental healthcare. A review of previous studies was done, and suggestions were provided for improved access to mental health services through SBHCs to even the most vulnerable populations.

School Based Health Centers (SBHCs)

SBHCs are medical clinics that are tied to public schools across the United States. SBHCs work by partnering with or creating a link between a school and a sponsoring medical organization such as a Federally Qualified Healthcare Center (FQHC), health department, hospital, individual providers, etc.[1] Since many students that utilize SBHCs are low-income, SBHCs rely heavily on Medicaid reimbursements and self-pay versus commercial plan payments.[2] Services provided by SBHCs differ based on community needs, resources, and a needs assessment determined through collaborative efforts of the school district, community, and medical providers.[1]

Mental Health among Low-Income and Minority Students

- Mental health issues affect 20-25% of youth within the United States and of these only ~35% receive treatment.[3]
- Nearly 1 in 5 children in the United States has an emotional, mental, or behavioral disorder (depression, anxiety, ADHD).[4]
- Youth living in impoverished areas experience higher rates of physical and mental ailments such as asthma, obesity, substance use, anxiety, depression, and are at a higher risk of not having regular healthcare appointments.[5]
- In 2014, 20% of all children lived in households that were considered low-income.[6]
- Extended exposure to poverty has been linked with poorer mental health outcomes.[6] Community conditions associated with poverty include residential instability, violence and crime, lack of green space, and increase in noise pollution; these children are at a greater risk of chronic stress.[3]
- Students that live in low-income households and are members of racial/ethnic minority groups are at higher risk for not receiving regular health maintenance and within that, mental health care.[5]

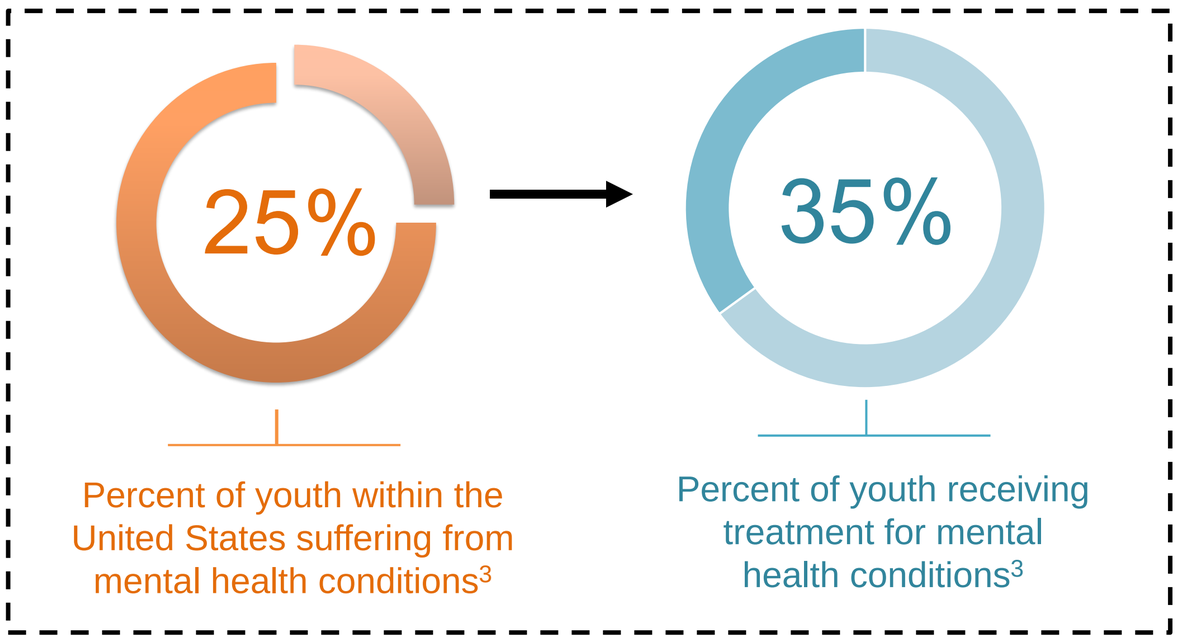


Nearly one in five children in the United States has an emotional, mental, or behavioral disorder.[4]

Access and Barriers to Mental Health Care

Schools in the United States have become the most common provider of mental health services, although many schools do not have the resources to adequately do so.[4] Almost 70% of SBHCs offer mental health care services through the following professionals: psychologists, substance abuse counselors, and/or licensed clinical social workers.[4] Schools in the United States are responsible for about 70-80% of all behavioral health services delivered to youth.[7] Students with public or no insurance were more likely to utilize mental health services at a SBHC.[4]

Adolescents have cited things like lack of access, confidentiality concerns, and inconvenience as reasons for not regularly utilizing the health care system.[5] Additionally, access to mental health care can be difficult due to the shortages in availability and affordability of mental health professionals such as psychiatrists, psychologists, and therapists.[4] Primary Care Physicians (PCP) may be biased towards low-SES patients, may be less willing to work with them, and may be more likely to diagnose them with a mental illness. Moreover, research has shown that providers also admit to lack of training, time, and external resources in which to provide families when attempting to meet the mental health needs of children.[6]



Recommendations

While SBHCs are working to alleviate barriers faced by minority and low-income students with mental health issues, shortcomings still exist as evidenced throughout current literature. Researchers have provided several recommendations to improve access for these vulnerable populations.

- SBHCs are in a good position to provide the following approaches: adult support, physical and emotional safety, caring and trusting relationships, creation of positive behavioral expectations, and support groups among peers.[8]
- The Patient-Centered Medical Home (PCMH) is a promising strategy to reduce barriers while increasing access to mental health care.[6] Characteristics of a PCMH include its patient-centered orientation, comprehensive team-based care, all of which will improve mental health access.[6]
- A federal policy ensuring constant funds to SBHCs may help overcome the funding barrier and alleviate other disparities in mental health access among adolescent patients.[9]
- PCPs should collaborate with in-school mental health service providers in order to streamline care for adolescent patients.[10] Additionally, sharing an electronic medical record between PCPs and SBHCs may help provide continuity of care.[11]
- Providing cultural sensitivity training to providers within each SBHC may provide more comfort and ease to students accessing services.[12]

COVID-19

While telehealth is an option for some, many students from minority and low-socioeconomic backgrounds lack the technology to benefit from these services at this time.[13] Further, many students may not be able to access needed mental health services through SBHCs or other avenues due to parental unemployment and health insurance loss.[13]

Among low-socioeconomic students, there is an increased vulnerability due to stressors such as unstable home life, unstructured learning environment, and lack of parental engagement or monitoring.[13] Sadly, increased economic stress among vulnerable households increases the risk of domestic abuse, child abuse, and neglect.[13] Without physical access to SBHCs and schools, many students – disproportionately low-socioeconomic students – will continue to struggle academically, physically, nutritionally, and mentally.[13]

References

1. Zarate RP, Johnson L, Mogendi S, Hogue C, Johnson V, Gazmararian J. Barriers and facilitators to school-based health centers: Pilot data from 3 sites in Georgia. *Journal of School Health*. 2020;90(2):107-118. doi:10.1111/josh.12856

2. Johnson V, Ellis RS, Hutcherson V. Evaluating a strategy for implementation and sustainability of school-based health centers in 3 disparate communities. *Journal of School Health*. 2020;90(4):286-294. doi:10.1111/josh.12875

3. Bains RM, Diallo AF. Mental health services in school-based health centers. *Journal of School Nursing*. 2016;32(1):8-19. doi:10.1177/1059840515590607

4. Arenson M, Hudson PJ, Lee N, Lai B. The evidence on school-based health centers: A review. *Global Pediatric Health*. 2019;6:2333794X1982874. doi:10.1177/2333794X19828745

5. Love HE, Schlitt J, Soleimanpour S, Panchal N, Behr C. Twenty years Of school-based health care growth and expansion. *Health Affairs*. 2019;38(5):755-764. doi:10.1377/hlthaff.2018.05472

6. Hodgkinson S, Godoy L, Beers LS, Lewin A. Improving mental health access for low-income children and families in the primary care setting. *Pediatrics*. 2017;139(1). doi:10.1542/peds.2015-1175

7. Locke J, Kang-Yi CD, Pellecchia M, Marcus S, Hadley T, Mandell DS. Ethnic disparities in school-based behavioral health service use for children with psychiatric disorders. *J School Health*. 2017;87(1):47-54. doi:10.1111/josh.12469

8. Bersamin M, Coulter RWS, Gaarde J, Garbers S, Mair C, Santelli J. School based health centers and school connectedness. *J Sch Health*. 2019;89(1):11-19. doi:10.1111/josh.12707

9. Bains RM, Cusson R, White-Frese J, Walsh S. Utilization of mental health services in school-based health centers. *Journal of School Health*. 2017;87(8):584-592. doi:10.1111/josh.12528

10. Ali MM, West K, Teich JL, Lynch S, Mutter R, Dubenitz J. Utilization of mental health services in educational setting by adolescents in the United States. *J School Health*. 2019;89(5):393-401. doi:10.1111/josh.12753

11. Beem AA, Batlivala C, Norwood AA. School-based health centers as the pediatric expanded medical home. *Journal of School Health*. 2019;89(11):934-937. doi:10.1111/josh.12825

12. Stempel H, Cox-Martin MG, O'Leary S, Stein R, Allison MA. Students seeking mental health services at school-based health centers: Characteristics and utilization patterns. *Journal of School Health*. 2019;89(10):839-846. doi:10.1111/josh.12823

13. Hurley E, Masonbrink, AR. Advocating for Children During the COVID-19 School Closures. *Pediatrics.* 2020; 146 (3):e2021440. doi:10.1542/peds.2020-1440