


Primary Care-Behavioral Health Linkages in School- Based Health Centers

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ONE OF THESE KIDS
HAS A BROKEN ARM.
ONE OF THESE KIDS
HAS DEPRESSION.

BOTH NEED URGENT TREATMENT.

National Comorbidity Replication Survey

- Half of all lifetime cases of mental disorders start by age 14
- Three fourths start by age 24
- Median age of onset:
 - Anxiety disorders age 11
 - Impulse control disorders age 11
 - Substance use disorders age 20
 - Mood disorders age 30

12 Month Use of MH Services

- Provider type:
 - 23% general medical provider
 - 16% mental health specialist
 - 12% psychiatrist
 - 7% alternative and comp. provider
- Those in MH sector had more visits (7.4) than those in general medical sector (1.7), with improved level of adequacy (48% vs. 13%)

“At this season of the year the medical inspectors of the schools should take special precautions in order to see that any pupil developing even slight mental peculiarities should at once be reported to them....it seems not unlikely that in the modern overstrenuosity of education developing brains will still suffer occasional lamentable harm. If even a few children, however, each year can be saved from the more serious manifestations of mental disturbance, enough will have been accomplished to reward amply every effort that has been taken....There seems no doubt that it will eventually be necessary to instruct the teachers as to the initial symptoms that are displayed in the commoner mental disturbances of children in order that the strain of study may be then at once interrupted. No effort can seem too great, no warning exaggerated that concerns school children under such circumstances, since it is evident their future careers and life usefulness are at stake.” **JAMA July 7, 1906**

School Based Health Centers (SBHCs)

- Usually PCP provider on site, employed by community agency
- Nationally 70 % of SBHCs have a mental health component
- Usually mid-level providers
- Services range from prevention to screening to early intervention services



School-Based Health Center (SBHC)

- A SBHC is a partnership between education and healthcare that provides:
 - On-site medical and behavioral health services
 - A vital safety net for vulnerable children
 - Prevention for risk behaviors
 - Integration with community healthcare agencies
 - Support for families



SBHCs as Integrated Care Sites

- Simple co-location of BH-PCP as basic shared component with equal hours of service
- For many students, stigma issues even less when come in for primary care visit, and then get to BH issue in 1-3 visits
- Screening models include global screening questionnaires that can be followed with more specific tools



Screening and Early Intervention Models

- Early identification and intervention as prevention
- Public health screenings vs. selective screenings in SBHCs and other settings
- SBIRT integrated model in SBHCs as primary care sites



Depression and Primary Care in Rural SBHCs RWJ (2003-5)

- Evaluation of Protocol for Screening, Diagnosis, and TX of Depression in Rural SBHCs
- Training Programs for PCPs and MSWs in Diagnosis, Suicide Prevention, Psychopharm., and CBT
- Telemedicine Consultation with UNM Child Psychiatrists

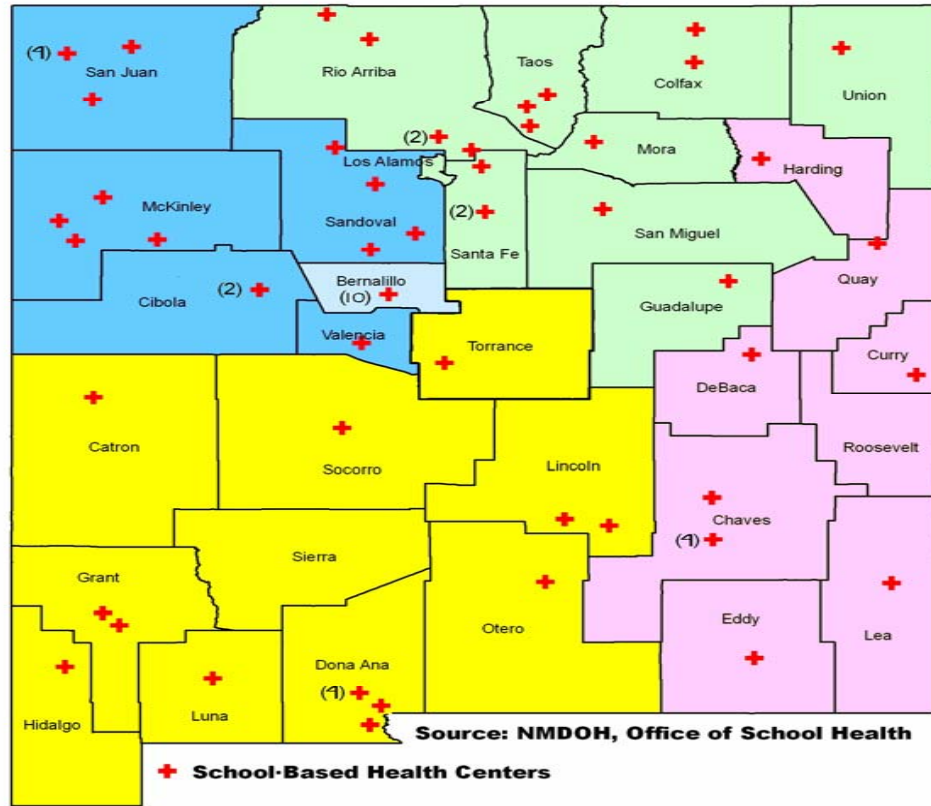


New Mexico's Commitment to School Mental Health

- Expansion of School Mental health as part of behavioral health restructuring
- Expanded SBHC sites and services throughout the state
- Expanded screening and early intervention models for suicide prevention statewide
- Expanded efforts to develop telehealth linkages to schools and SBHCs



2001 New Mexico School-Based Health Centers



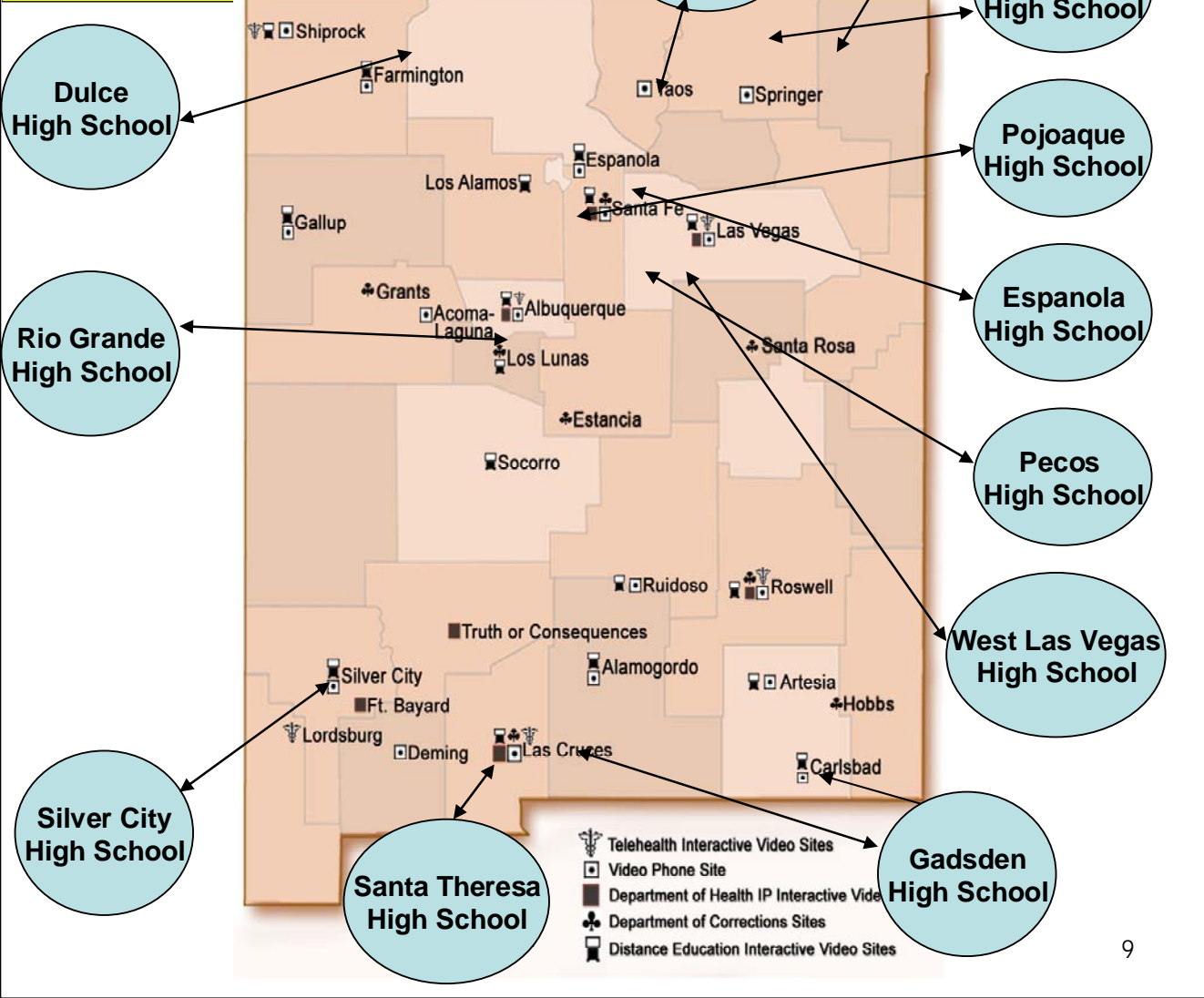
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NM Department of Health Regions

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Map Prepared by
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**Sangre-CHP NM SBIRT School Health
Center Sites
As of March 2007**



New Mexico SBHC Cross Training Training Efforts

- Child psychiatrists and 2nd year trainees in SBHCs see patients and consult with nursing, medical students, and PC residents.
- For PCP trainees, opportunity to learn adolescent mental health
- On site supervision by PCP
- Partnership with universities to have SBHCs as training sites for social work and counseling trainees as well

Typical Training Challenges Plus Rural Issues

- Space issues in schools
- Time for shared visits and financial models
(who gets to bill?)
- Isolation, high turnover, little support
- Ability for follow up training and support for
best practice and quality care



Telehealth Model Development for Child Psychiatry Support

- Funding through HRSA grant, SAMHSA Transformation grant and Garrett Smith Suicide prevention funding
- Link child psychiatrist rural primary care sites and school based health centers via video and phone connections
- Provide direct clinical support, consultation, and training



**DOH Telehealth Initiative School
Based Health Centers
As of March 2007**

