

Adolescent Health Care in School-Based Health Centers ***Position Statement of the National Assembly on School-Based Health Care***

Purpose and Relevance: School-based health centers (SBHCs) are considered one of the most effective strategies for delivering preventive care, including reproductive and mental health care services, to adolescents - a population long considered difficult to reach. Numerous evaluations have shown SBHCs to achieve marked improvements in adolescent health care access when compared with adolescent utilization in other settings. This is especially true for important services delivered on site, such as family planning, screening and counseling on sexually transmitted diseases, mental health, and substance abuse services.^{1,2,3,4,5,6}

Statement of the Position: NASBHC believes the following recommendations are needed to assure adolescent health care access through SBHCs.

1. SBHCs should adhere to nationally accepted pediatric and adolescent health care standards related to scope of service including the provision of primary health care, mental health, and behavioral health services to prevent or reduce high-risk behaviors. Such standards include those of the American Academy of Pediatrics, American Medical Association, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine.
2. Ideally, the full scope of adolescent health services is delivered directly in a SBHC. State or community policies that restrict scope of service impede SBHCs' ability to effectively address risk behaviors. When service restrictions are in place, the SBHC should assure access to essential services through referral systems.
3. SBHC clinicians should encourage open dialogue between parents, guardians, and their teenagers. Because of their unique position within the school, SBHC clinicians should assure that parents and schools are informed of:
 - Legal authority of parents/guardians to consent for their child's access to SBHC services;
 - All circumstances under which an adolescent can receive health care in the SBHC without parent consent;
 - Legal rights of mature minors to access confidential services.
4. In recognizing that some visits may be confidential, SBHCs must have consent and confidentiality policies and protocols for health and mental health care professionals that are consistent with :

- Federal and state laws that protect minors' self-consent for sensitive services;
- Professional standards of health and mental health practice that protect the health, safety, and well-being of adolescent patients^{7,8,9}

Description of the Issue: SBHCs incorporate principles and practices of adolescent health care recommended by the American Medical Association, the American Academy of Pediatrics, and the American Association of Family Physicians. Periodic surveys of SBHCs show that adolescents seen in SBHCs are likely to receive recommended services such as abstinence counseling (76%), pregnancy testing (78%), crisis intervention (91%), STD testing and treatment (62%), mental health assessment and diagnosis (91%), and substance abuse counseling (77%). In contrast, state and local policies limit recommended adolescent services: oral contraceptives are available in 30% of SBHCs, pap smears in 42%, and HIV testing in 44%.¹⁰

NASBHC affirms the critical role of SBHCs in meeting the challenging health and mental needs of adolescents that through health promotion, prevention, early intervention, and treatment reduce poor outcomes such as early pregnancy, STD and HIV infection, substance abuse, suicide, and school failure.

Summary: NASBHC recommends practices and policies to assure adolescent health access in SBHCs address a scope of services for adolescents consistent with national health care standards, consent and confidentiality policies consistent with state and federal law, and parent engagement, with respect to adolescent health care access.

References

- ¹ Allison MA, Crane LA, Beaty BL, Davidson AJ, Melinkovich P, Kempe A. School-based health centers: Improving access and quality of care for low-income adolescents. *Pediatrics*. 2007;120(4):e887-e894.
- ² Anglin TM, Naylor KE, Kaplan DW. Comprehensive school-based health care: High school students' use of medical, mental health, and substance abuse services. *Pediatrics*. 1996;97:318-330.
- ³ Juszczak L, Melinkovich P, Kaplan D. Use of health and mental health services by adolescents across multiple delivery sites. *J Adolesc Health*. 2003;32(6):108-118.
- ⁴ Kaplan DW, Calonge BN, Guernsey BP, Hanrahan MB. Managed care and school-based health centers: Use of health services. *Arch Pediatr Adolesc Med*. 1998;152:25-33.
- ⁵ Klein JD, Handwerker L, Sesselberg TS, Sutter E, Flanagan E, Gawronski B. Measuring quality of adolescent preventive services of health plan enrollees and school-based health center users. *J of Adolesc Health*. 2007;41(2):153-160.
- ⁶ Lancman H, Pastore DR, Steed N, Maresca A. Adolescent Hepatitis B vaccination: Comparison among two high school-based health centers and an adolescent clinic. *Arch Pediatr Adolesc Med*. 2000;154:1085-1088.
- ⁷ American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine. Protecting adolescents: Ensuring access to care and reporting sexual activity and abuse: Position paper. *J. Adolesc Health* 2004;35:420-423.
- ⁸ Confidential care for minors. Chicago: American Medical Association, 1996.
- ⁹ *Society for Adolescent Medicine. Confidential health care for adolescents: Position paper. J Adolesc Health* 2004;35:1-8.
- ¹⁰ Juszczak L, Schlitt J, Moore A. School-based health centers: National census school year 2004-05. May 2007. National Assembly on School-Based Health Care: Washington, DC.