

# Improving School-Based Health Care Practice

## Quality Improvement Collaborative Series

## Mental Health Education and Training

### “Interdisciplinary” can mean better outcomes

For several SBHC teams, physical and mental health care providers rarely collaborated on patient care. “If it was depression, it was mental health, and if it was asthma, it was physical,” said one participant.

The quality improvement collaboratives initiated a shift from multidisciplinary to interdisciplinary. Participants began to gather for case conferences, to combine charts, and to hold interdisciplinary meetings. While adhering to privacy guidelines, mental health and physical health providers began to share common charts. Moreover, sites instituted partnerships that coordinated work with school guidance counselors and other educational support staff when appropriate.

SBHCs are uniquely positioned to discover, diagnose, track, and treat mental health problems in school-aged youth. To optimize the opportunities for quality mental health in SBHCs, we created a learning collaborative on effective mental health assessment tools, practice, and intervention, particularly in the areas of anxiety, depression, disruptive behavior,

and substance abuse. In busy health service environments, providers often lack the time to research the most current evidence-based practice and assemble resources accordingly. The mental health collaborative addressed this time deficiency by offering SBHC staff state-of-the-art tools and training on evidence-based school mental health practice.

### EXPECTED OUTCOMES

School-based health centers will improve the interdisciplinary delivery and documentation of mental health services by:

- Increasing knowledge in core mental health skills among primary care and mental health staff
- Strengthening mental health screening, diagnosis, referral, and coding procedures
- Implementing evidence-based manualized short-term interventions

### CORE CONTENT AREAS

We organized the mental health learning content around the following areas:

- Implementing comprehensive risk and protective factor assessments as part of child and adolescent health maintenance
- Employing mental health screening and assessment tools, many of which are free and available for download on their respective websites (see appendix for tool listings).
- Identifying common symptoms, diagnosing, and counseling strategies for depression, anxiety, substance use, and disruptive behavior disorders
- Using core skills techniques, including relaxation, problem solving, mental imagery and visualization, cognitive restructuring, systematic desensitizing, anger management, and motivational interviewing
- Applying proper procedural and diagnostic coding (DSM-IV, CPT and ICD-9) for mental health screening, assessment and referral.
- Manualized evidence-based interventions based on social cognitive behavioral therapy (SCBT), which focuses on changing how the patient thinks, behaves, and communicates in the present rather than focusing on early childhood experiences.

### IMPACT

- Comprehensive risk assessments increased from 50% to 77%
- Substance abuse screening increased from 49% to 77%
- Anxiety screening increased from 34% to 62%
- Suicide screening increased from 50% to 76%
- Disruptive behavior disorder screening increased from 46% to 70%
- Depression screening increased from 54% to 75%
- Mental health referral processes for in-house and community referrals improved from 2.3 to 3.7 on a 4 point scale (statistically significant at the  $p < .05$  level) from pre- to post-assessments
- Participants said the measurement tools and self-evaluation helped them realize many simple, cost-effective ways to improve practice and provided benchmarks for future goal planning

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### STRATEGIES & METHODS

#### Use effective tools

- Save time and effort identifying problems and effective interventions using a well-researched selection of tools.
- Design materials in formats that are easy to share and distribute, maximizing the effectiveness of scarce resources. Offer screening tools in several languages and online.
- Tailor and adapt tools and techniques. (i.e.: pilot the *Skillstreaming* manualized intervention with elementary students.
- Increase usefulness and credibility with materials chosen by national experts..

#### Communicate the importance of charting

- Measure results to show the relationship between collaborative activities and productivity.
- Create a method for placing a notice in the medical charts to alert primary care providers when students are being served by the behavioral health program.
- Make primary care providers part of the intake process, and train them to include mental health questions.
- Use chart reviews to prove that careful and accurate documentation helps serve clients better.

#### Update and implement referral tracking systems

- Modify referral forms used with in-house behavioral health services to improve efficiency.
- Realize that repeated visits are not necessary to identify needs and make mental health referrals.

#### Improve appropriate information sharing

- Share information about important medical/psychosocial client events while keeping in accordance with Health Insurance Portability and Accountability Act regulations.
- Combine primary health and mental health charts, formerly stored at different locations to make integration of primary and mental health care easier.
- Address confidentiality issues by implementing team case conferences with specific staff working on confidential issues.

#### Work with partners

- Improve relationships with school staff by allotting time to develop these relationships. (i.e.: invite school staff to attend quality-assurance meetings).
- Expand resources by developing partnerships with university centers.
- Include parents in MHET activities.
- Work with the school community to share information on risk and protective factors. Bring together varied stakeholders from the school and community, driving success for the initiative.

#### Meet challenges with creativity

- Develop methods to ensure questions asked through the initiative are not traumatizing.
- Include bilingual staff to overcome language barriers.