

SCHOOL-BASED HEALTH CENTERS IN WEST VIRGINIA:



On the front line for mental health –
October 2007

TODAY IN WV

45 school-based health centers (SBHCs) in 22 counties offer primary preventive and early intervention services to 23,986 children and adolescents. WV SBHCs follow a set of standards for care, including parental consent for enrollment and treatment.

For 25 of the SBHCs, the interdisciplinary team includes a master's level mental health therapist, providing increased opportunities to integrate primary care and mental health.

In the past 13 years, the number of SBHCs with mental health staff went from 7 to 25.

During the 2006-07 school year, more than 1,400 student users (9%) recorded 9,500 visits to a school-based therapist.¹ Services provided include: Grief counseling, stress reduction, anger management, and suicide prevention. It is the **fastest growing component** of WV SBHCs.

Leading diagnoses of students receiving school-based mental health services in WV in 2006-07 were:

Stress & Anxiety	33%
Depression	22%
Behavior Disorder	11%

Among students seen at WV's SBHCs, 1,465 reported the following:²

- 23% of students reported that they had felt down and sad in the last few weeks.
- 13% reported that they act violent when angry.
- 9% reported that they had been physically or sexually abused.
- 8% reported that they had considered suicide.³

The prevalence of serious emotional disturbance (SED) among youth in WV is estimated to be 13% in any given year, yet only 29% of youth with serious emotional problems are receiving any care at all.⁴ Half of all mental illness begins by age 14, three-fourths by age 24.⁵

The US Surgeon General's report on mental health estimates that 21% of children 9 - 17 years have a diagnosable mental health condition in any given year, but **only one fourth get the help they need.**^{6,7}

For additional information, please visit the WV School-Based Health Assembly at www.wvsbha.org.



RESEARCH TELLS US...

The barriers experienced in traditional mental health settings – stigma, compliance with treatment, and inadequate access – are overcome in school-based settings.

Adolescents with access to SBHCs were more than **10 times more likely** to have a visit for mental health or substance abuse than students without access to an SBHC.⁸

Students served by health centers had **fewer discipline problems**, course failures, and school absences.⁹

CALL TO ACTION

A survey of SBHC providers found that **expansion of mental health services was the first priority** for any expansion of program funding.

In WV, most funding for mental health services in school-based health centers is currently being provided by the Sisters of Saint Joseph Health and Wellness Foundation, which is scheduled to expire by 2010. Financing solutions, including a diversified, stable funding base, are needed to ensure services are accessible to more students. Positive school climates, along with expanded models of integrated health and mental health services, will ensure our students have an equal chance to succeed in school!

REFERENCES

¹ WV School Health Technical Assistance & Evaluation Office, Marshall University. WV SBHC Activity Report 2006-2007.

² Ibid.

³ Ibid.

⁴ WV Bureau for Behavioral Health, Children's Division, DHHR

⁵ US DHHS. Mental Health: A Report of the Surgeon General, Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, NIH, NIMH, 1999.

⁶ Ibid.

⁷ RAND Health Research Highlights: Mental Health Care for Youth. 2001. Accessed on the internet at www.rand.org/publications/RB/RB4541/ on January 4, 2002.

⁸ Balassone ML, Bell M, et al. (1991). A comparison of users and non-users of a school based health and mental health clinic. *Journal of Adolescent Health* 12:240-246.

⁹ Weist MD, Paskewitz DA, et al. (1996). Treatment outcome of school-based mental health services for urbanteenagers. *Community Mental Health Journal* 32(2):149-57.

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