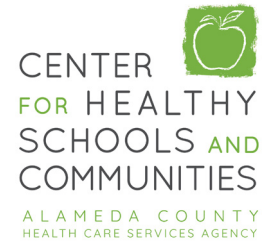


Behavioral Health in School Health Centers



School Health Centers in Alameda County

School health centers (SHCs) are both clinics and also places for students to experience positive youth development opportunities. Successful SHCs go beyond co-locating services on a school site; they have trusting and collaborative relationships with youth, families, schools, health providers, and the community.

Our network of 28 SHCs approach young people holistically, offering integrated health and wellness services that include medical, dental, behavioral health, health education, and youth development. In the SHC, youth experience authentic relationships with health providers and develop agency over their own health and lifestyle decisions.

Why Behavioral Health Care in School Health Centers?

Social-emotional health is the foundation of a young person's success, in school and in life. In the course of a year, about 20% of young people in the U.S. experience symptoms of a behavioral health problem, and these numbers are even higher when they include the impact of trauma. Studies show that roughly two-thirds of the general population have experienced at least one traumatic childhood event¹, and the rates for young people living in low-income, urban

communities of color can reach a staggering 70% to 100%². Behavioral health issues can have a profound impact on young people's lives, interfering with their ability to perform normal developmental tasks, such as engaging in school work, establishing healthy interpersonal relationships, and transitioning to adulthood.

We see these numbers reflected in our school health center (SHC) visits. Over one-third of all visits are for behavioral health issues and many students who come to SHCs with physical symptoms actually have underlying emotional issues, such as anxiety or stress. It is vital that schools have programs in place to support student behavioral health if they are to successfully educate all students. School health centers play a critical role in contributing to universal access to behavioral health supports.

Our Approach

School health centers serve as hubs of coordination for student health by providing youth-friendly spaces where trusting relationships are established. Our SHCs provide an open access and integrated model of behavioral health care. This means that when SHC providers meet with a young person, they look at all the factors that influence well-being, including individual, family, school climate, and community



issues. If a student needs social-emotional support, SHCs can link students to a full continuum of behavioral health supports by working closely with school staff and other behavioral health providers to coordinate care and ensure a warm hand-off.

Inside a SHC, behavioral health services mostly follow the primary care model – focusing on crisis and brief interventions, and connecting to other school-based and community providers for longer term care. Services can include individual and group counseling, alcohol, tobacco and other drug counseling, and psychiatric medication management. The brief intervention model is typically three to ten visits, 20 to 45 minutes each, and they are solution focused. The clinical approach is an ecological model and uses a variety of techniques that could include cognitive behavioral therapy (CBT), dialectical behavioral therapy, trauma informed CBT, and family systems therapy.

Highlights

As part of its overall school climate and health promotion work, one Alameda County school health center co-hosted a Dia de los Muertos event for the entire student body. The event included altars, food, music, and activities. For many students, it was their first contact with the SHC staff. A few days later, a 10th grader named Sara approached the SHC Coordinator and shared that the event had allowed her to “tap into” her feelings of grief and loss surrounding the death of her father and younger brother. She said that the whole family was struggling with the loss and asked if the SHC could help. The SHC Coordinator empathized with the student and asked if it would be okay to reach out to her family. She did so, and less than a week later, Sara’s mother was in the office, very emotional over the family’s ordeal. The SHC Coordinator worked with Sara and her mother to connect

them to resources both on campus and in the community. She secured immediate grief counseling for Sara in the SHC, and placed her in a group for students who had lost loved ones. She worked closely with the clinician to identify family counseling in their neighborhood and supported Sara’s mother through the referral process. As a result, Sara felt supported in her own grief and less worried about her mother and siblings. And the SHC and their partners learned that the event turned out to be a wonderful opportunity for youth to connect with feelings they may not have shared with others, and connect with the SHC for support.

1 W.E. Copeland, G. Keeler, A. Angold, and E.J. Costello, “Traumatic Events and Posttraumatic Stress in Childhood,” *Archives of General Psychiatry*, 64, no. 5 (2007), 577-584; and Kaiser Permanente, “The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction,” *American Journal of Preventive Medicine*, 14 (1998), 245–258.

2 L. Kiser, “Protecting Children from the Dangers of Urban Poverty,” *Clinical Psychology Review*, 27 (2007), 211–225.

