

## Psychiatric Consultation to School-Based Health Centers: Lessons Learned in an Emerging Field

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Child and adolescent psychiatrists are increasingly likely to be included in school-based health clinics (SBHCs), which are an effective vehicle to meet the many health care needs of students, particularly adolescents. SBHC services are often more accessible to students than traditional community mental health services because SBHCs decrease stigma, increase efficiency by providing services where the students are available, and support more comprehensive, coordinated services within the school community. Adding psychiatrists to the interdisciplinary staff of SBHCs requires moving beyond a traditional school consultative role. Psychiatrists can expand the range of services offered by SBHCs by supervising and participating in SBHC assessment, therapy, and psychopharmacology and also by providing insight into the complex situations that arise within a school setting.

The development of SBHCs (particularly in poor urban areas), was prompted by concern that adolescent health care needs were largely unmet (Santelli et al., 1996). The number of SBHCs in the United States has increased dramatically from 2 in 1970 to more than 1,200 by 2000 (Berkovitz, 1999). Initial financial support for SBHCs came from foundations. Subsequent funding has been from local grants, state block grants (departments of public health), and federal support (through Medicaid reimbursement) (Weist and Schlitt, 1998). Most clinics offer a broad spectrum of services that are usually provided by nurses and social workers and supervised by physicians. These services include assessment and referral, diagnosis and treatment of minor injuries, sports physical examinations, nutrition education, family planning, and mental health counseling.

Initial studies of SBHCs demonstrated that students use the clinics frequently. Prior to the availability of SBHCs, many high-risk students rarely used "regular" sources of health care such as annual doctor visits. Instead, they relied on spo-

radic emergency room visits for medical care (Santelli et al., 1996). On average, 60% of students in schools with an SBHC enroll for services; 70% of enrolled students use the medical services (Menden et al., 1996).

As many as half of SBHC visits are for emotional problems including peer and family difficulties, substance abuse, and depression. Those students who attend clinics more than 15 times per year have a significantly higher percentage of mental health visits and more prevalent high-risk behaviors such as frequent alcohol use and sexual activity than users of the same clinics who visit three times a year or less. These findings suggest that continuous accessible care may be reaching the most vulnerable students.

SBHCs are uniquely positioned to reach students with mental health needs because these adolescents will seek services at times of crisis or difficult transitions (pregnancy, coping with parents' divorce, etc.). Astute health clinic providers recognize that during these times students may benefit from mental health services. Students are more receptive to the idea of receiving services such as substance abuse counseling and anger management groups through an SBHC because they perceive the SBHC as a relatively neutral site within the high school where students can receive confidential help. Studies of SBHCs have demonstrated that high-risk students are willing to use SBHC mental health services. Offsite referral for mental health services is often problematic because of inconvenience and adolescents' frequent lack of motivation (Evans, 1999).

Consultation to an SBHC shares with traditional school consultation the need for the consultant to establish credibility by demonstrating a working knowledge of the school community, to develop strong alliances with staff to facilitate effective problem-solving, and to construct a viable framework for addressing consultative questions (Bostic and Bagnell, 2001). As with traditional school consultation, child and adolescent psychiatrists consulting to an SBHC will often help administrators set up realistic expectations for students that acknowledge both the importance of students meeting their educational objectives and the need for flexible responses to support students. Psychiatrists in SBHCs can help transform the more punitive tendency of school communities and help balance disciplinary consequences with diagnostic and therapeutic interventions.

SBHC consultants have the additional task of mediating between polarized school personnel and clinic providers. The

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issues of confidentiality which the consultant encounters in SBHCs are more complex than those situations encountered when simply consulting to schools. There is constant tension between preserving students' privacy and encouraging collaboration between clinic providers and school administrators. Consultants to SBHCs often play an important role in helping SBHC staff plan and deliver treatment to adolescents who might be resistant to conventional mental health services or those with clinical emergencies.

#### Mediation Between School and Clinic Providers

Given the emphasis on school reform and standardized testing, many teachers feel increased pressure to focus on students' academic achievement. Mental health clinicians tend to focus on understanding the barriers to students' learning by identifying the etiology and motivation of students' behavior. In a study that examined adolescents' use of an SBHC, the major obstacle was difficulty in obtaining a teacher's permission to leave class (Menden et al., 1996). Will students be allowed to leave class to attend counseling sessions? Many schools have attendance policies under which students fail if they miss a certain percentage of classes. Unfortunately, this can give a mixed message to students who are already apprehensive about getting help.

Consultants to SBHCs may need to mediate between the clinic staff and school administrators when clinicians seek guidance in sharing sensitive patient information with the school administration. If a consultant has built strong alliances, when a difficult situation arises in the SBHC, school staff will be more inclined to trust the consulting psychiatrist's suggestions and take recommendations seriously. For example, a school nurse asked a psychiatric consultant how to manage troubling information that a new student revealed during a routine physical examination conducted prior to his enrolling in the high school (he was transferring from a school in another state). The student said that he had a severe head injury from a gang-related major fight at his previous school and bragged about his gang connections. Because there is often a delay in obtaining previous school records, it was prudent for the consultant to warn the principal about this student's history. The consultant's trusting relationship with the principal allowed for effective collaboration to ensure greater safety for the student and school community.

#### Reduction of Polarization Between School Staff and SBHC

Disturbed adolescents can undermine collaboration between the school and the SBHC staff. A developmentally delayed 16-year-old girl often came to an SBHC with complaints of coughing and of tenderness in her feet caused by incessant scratching. The teachers were exasperated that the student frequently disrupted the class by asking for passes and seemed nonchalant about consequences. They saw the SBHC staff's attention to the student's distress as reinforcing the student's "misbehavior." The breakdown in communication between the SBHC staff

and teachers was highlighted when a school nurse initiated an emergency hospitalization, leaving the teachers feeling helpless and overlooked. The consulting child and adolescent psychiatrist was well positioned to mitigate the tension by identifying the miscommunication, carefully analyzing how to respond to the student's distress, and modifying the treatment plan.

#### Confidentiality

In school consultation, information is gathered from teachers, administrators, students, and, to a limited extent, parents. In the SBHC setting, there are health care providers from many different disciplines who may have widely varying standards of confidentiality. A psychiatric consultant may be asked to help develop practical guidelines to preserve adolescents' privacy while encouraging collaboration. Studies (Keyl et al. 1996; Proimos, 1997) demonstrate that adolescents are most likely to seek mental health care at SBHCs if they are confident that the provider will keep the details of the visit confidential from the school. At the same time, the school staff can misinterpret the reticence of SBHC staff to share pertinent information potentially affecting a student's performance (e.g., drug use) as an assumption that they cannot be discreet with sensitive information. The school staff may accept the SBHC policies in theory but in practice harbor resentment that the clinic staff is withholding critical information.

SBHCs provide services to teenagers that vary in their accepted standards of confidentiality regarding informing parents. Each state and school district will have its own parental disclosure rules regarding therapy, contraception, substance abuse counseling, and so on. Psychiatric consultants may be asked to help clinic staff communicate with the school or parents, particularly when a student is dealing with a volatile situation such as date violence or pregnancy. For example, a student finds out she is pregnant and discusses her reproductive choices with the SBHC clinician. The SBHC staff may encourage the student to share this critical health decision with her parents, but the adolescent may be adamant that she cannot talk to her parents. Meanwhile, the student may miss classes for multiple SBHC visits. The school staff may be frustrated that when they contact the clinic, the SBHC staff is guarded and does not adequately explain why the student is missing classes. The school staff may then contact parents about the absences from class, which opens the adolescent to questioning. Although the psychiatric consultant may not have easy solutions, he or she can delineate the complicated issues, outline ways to explore with the adolescent her risk-taking behavior, and explore ways to explain tactfully to the school that the student has a good clinical reason for class absences and needs time to sort out a critical health decision.

#### Treatment Approaches

Because SBHCs provide clinical services directly to students, a consulting psychiatrist can be integral in helping plan and

deliver treatment. One area in which the consultant can be particularly useful is in triage, when a student is identified by health providers as needing more services but there are competing ways to deliver services or delivering services is otherwise complicated.

Sometimes consulting psychiatrists are asked to help with patients who engage in high-risk behaviors. They may not be interested in therapy but are inordinately needy and demanding of SBHC staff. Frequently staff can be angry and exasperated with such patients for rejecting their overtures. The consultant may help the staff appreciate that these patients may be able to tolerate only episodic contact with caretakers of their choosing. SBHC staff provide a crucial holding environment where a patient's critical decisions can be monitored. A boy who had experienced a vitriolic divorce at age 10 came for a 3-year period to the SBHC with somatic and depressive symptoms. The staff was often frustrated because he would give veiled threats of self-harm but would never agree to counseling. He seemed determined to exercise choice about who cared for him at SBHC and displaced his ambivalent attachment to his parents onto the clinic. The consultant explored the helpless anguish of the staff, while also acknowledging their capacity to engage an elusive boy and monitor his risk-taking behavior.

Consulting psychiatrists may also be asked to provide supervision of the treatment of high-risk patients. A consultant was asked how best to monitor a Guatemalan girl who was suicidal. The student had taken an overdose a year before, when her grandmother died from a prolonged illness. She had passive suicidal ideation on the 1-year anniversary of her grandmother's death. Although it may have seemed prudent to hospitalize her, there was the possible risk of her further identifying with her grandmother by highlighting her patient status. With the consultant sharing the responsibility with the SBHC social worker and the parents, the student continued classes and was monitored daily by the social worker. This acute support was gradually transitioned to fewer meetings and the student improved.

### Responding to Crisis

The SBHC psychiatrist's involvement is often more extensive than in traditional school consultation. For example, if a student commits suicide, a school consultant may be asked by school staff how to respond, but there is no expected clinical responsibility. In SBHCs clinicians may have been providing services to the student and are asked by the school to assist in a school-wide crisis. Being available by beeper may be both relevant and reassuring.

Consultants can sometimes make more informed decisions because they can access pertinent confidential information from

the SBHC records and can more readily access systems of care and medical providers beyond the SBHC. A case example is a 15-year-old boy who was in a fight until the school security guards intervened. The guards found a pocketknife in the student's knapsack. Although the discovery of a weapon results in an automatic suspension under school policy, the security guards requested assistance from the clinic after the student mentioned seeing a psychiatrist at the clinic. The SBHC nurse manager contacted the consultant for direction. The consulting psychiatrist reviewed the patient's clinic records, which revealed that the patient was seen multiple times at SBHC for self-inflicted superficial lacerations. He had minimal support as he had recently immigrated to the United States and was living with his sister, who was only 3 years older. The consultant determined that emergency psychiatric assessment was warranted, and the patient was subsequently hospitalized for safety. This continuity of care allows the consulting psychiatrist to function optimally in a crisis, because he or she has access to information that would be kept confidential from school administrators.

By increasing the services available within the school, SBHCs are uniquely positioned to identify and manage the problems of adolescents before they reach a crisis point. As child and adolescent psychiatrists establish their expertise in this area, they can offer valuable services in SBHCs to help them interface with schools most effectively and to deliver the best care possible to adolescents.

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