

Behavioral Health and Schools

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11:00am-12:00pm



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Agenda

- CHNP Program Overview
- Overview of Behavioral Health Prevalence & Treatment
- State of Affairs in Schools Today
 - Example: Boston Public Schools
- Strategies for Addressing Behavioral Health in Schools
- Five Suggestions to Better Address Behavioral Health in Schools



Children's Hospital Neighborhood Partnerships (CHNP)

- Community Behavioral Health Program in the Department of Psychiatry at Boston Children's Hospital
- 14th year in operation
- Program Components:
 - School-Based Program: 7 partnering Boston schools (elementary, K-8, middle, & high schools)
 - Health Center Program: 4 partnering community health centers
 - Depression Prevention Initiative: Break Free from Depression
 - Training Access Project (TAP)
 - Team of 20 Staff Members, including social workers, psychologists, and psychiatrists



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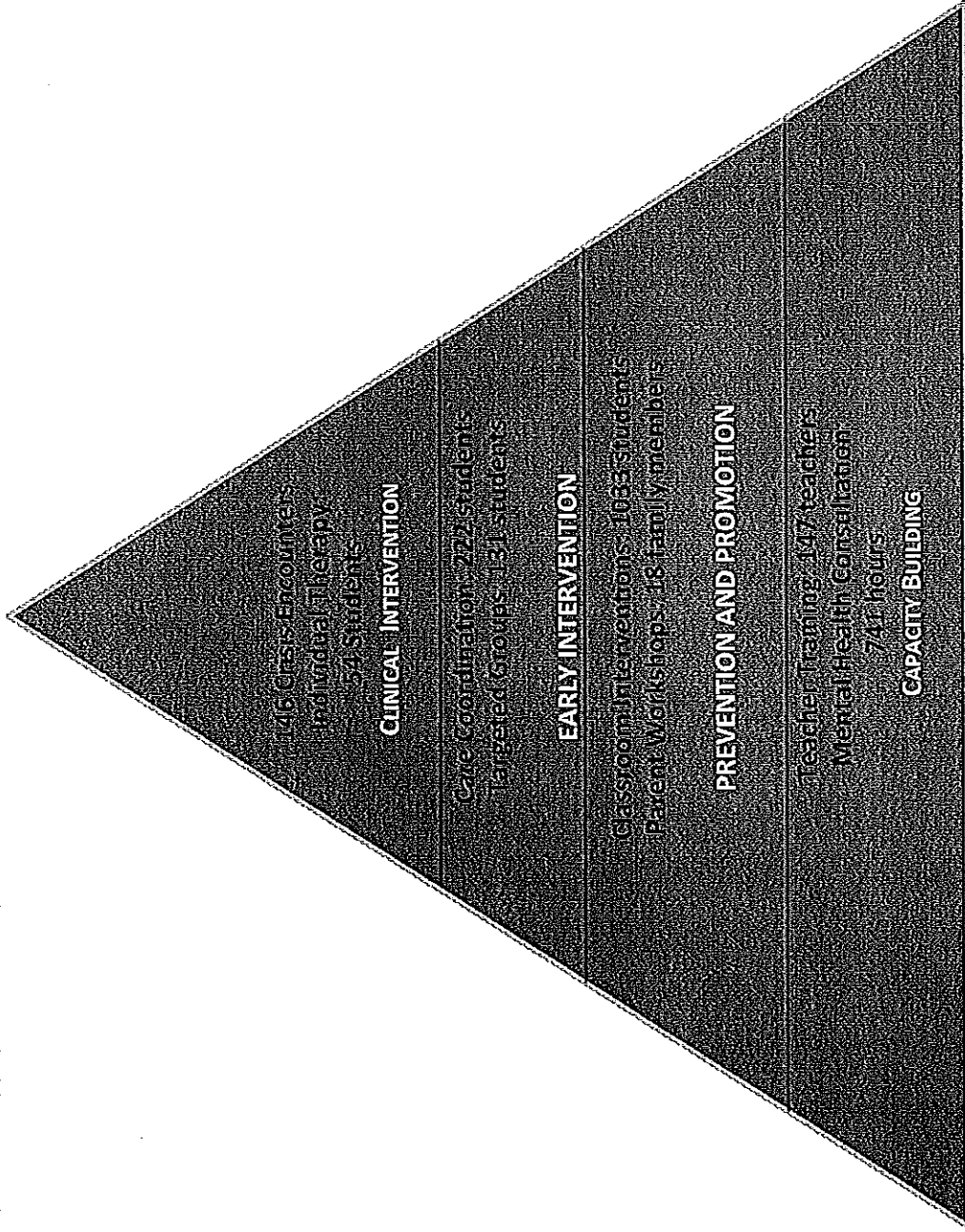
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CHNP

- Provide comprehensive and integrated behavioral health services across our partnership network
- Flexible service delivery model (groups, case management, family engagement, crisis response, teacher consultation and support)
- Salaried, highly skilled licensed providers with consistent supervision, peer supervision, and training



SCHOOL SERVICE DELIVERY MODEL



Across these levels, CHNP provided behavioral health services to 1483 students, representing approximately 30% of the total school enrollment, during the 2013-2014 school year. Nearly 750 hours of consultation were provided and nearly 165 teachers and parents participated in CHNP professional development workshops.



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Questions to Consider

- Are we comfortable talking about behavioral health?
- What are your experiences with social emotional learning (SEL) programs?
- How are schools today talking about BH and SEL?
- Do BH services and supports belong in schools? If yes, what types?



Behavioral Health Defined

- Terminology – “behavioral health” is now the preferred term for mental health. . .
- Behavioral health is the scientific study of the emotions, behaviors, and biology relating to a person’s mental well-being, their ability to function in every day life and their concept of self
- Encompasses every day struggles, including loss, grief, and relationship problems
- Also, includes substance abuse
- Provides a more holistic view of our social and emotional lives



Behavioral Health Prevalence

- Most families are touched by mental illness and behavioral health
- One in four adults are experiencing behavioral health problems in the course of a year
- One in five children and adolescents suffer from behavioral health concerns severe enough to cause problems in their daily life
- In the U.S. today, one in 10 children suffers from a serious behavioral health problem



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BH and School Success

- Students who struggle with behavioral health experience less school success (Wagner, 2005)
- Social and emotional health is a prerequisite for sustained academic performance



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The Landscape: Behavioral Health (BH) Disorders

- Diagnosable BH Disorder 1 in 5 children
- ADHD 1 in 14 children
- Behavioral/Conduct Problem 1 in 28 children
- Anxiety 1 in 33 children
- Depression 1 in 50 children
- Autism Spectrum Disorders 1 in 100 children

Source: CDC Morbidity & Mortality Weekly Report, 2013



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Schools Today

- Students are experiencing:
 - BH disorders (diagnosed – biological, environmental, situational) including adjustment disorders
 - Every day life stressors
 - Peer Relationships
 - Family/home life stressors
 - Academic pressures
 - Health
 - Developmentally appropriate challenges



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Awareness

- Behavioral health impacts us all
- We all have behavioral health
- It can impact us differently at different times in our lives
- Spectrum



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Behavioral Health Treatment

- 60-70% of those who need behavioral health care do not receive any services
- The wait time for a first therapy appointment can be 3-6 months
- 40-60% of families who begin treatment end prematurely
- Commonly only attend 1-2 sessions in outpatient treatment
- Individual therapy as a luxury
- Boarding crisis in Massachusetts and across the U.S.



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Behavioral Health & Urban Communities

- Urban neighborhoods tend to have higher concentrations of poverty and physical health issues
- Children and adolescents from low-income families experience higher rates of:
 - Exposure to violence (community and family violence)
 - School mobility that stems from residential instability
 - School drop out
 - Academic underperformance (“academic achievement gap”)
 - Fewer resources and opportunities
- Less likely to receive behavioral health services



State of Affairs

- Need for behavioral health services among children and adolescents is large
- Behavioral health system for children and adolescents is fragmented
- Long wait lists for services
- Shortage of providers
- Community-based and wrap around services (CBHI), but not for all
- Barriers to services include:
 - Stigma
 - Access
 - Lack of adequate health insurance coverage
 - Language and cultural differences
 - Lack of coordination among service providers/agencies



Summarizing Facts about the BH Landscape

1. BH disorders are common: 1 in 5 children
2. BH disorders are 2-3 times higher in chronic physical conditions
3. 50% BH disorders begin by age 14; 75% by age 24
4. 60-70% of children do not receive needed BH services
5. 8-10 year is average delay in BH treatment between symptom onset and intervention

Early identification matters



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Reality

- Treatment and support helps
- There isn't a safety net for students
- Counseling referrals today
- While waiting for services and help, most students are with us in schools
- The first people, often in school, to talk to families about BH often botch it...
- Entry into a system of care
- The important role that schools play



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Harsh Reality

- School shootings are elevating the talk about behavioral health
- Warning signs
- Untreated BH
- Psychological distress



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- A preventative approach is needed
 - Continuum of care
 - Collaborations and partnerships
 - Integrating the medical and educational home
- Schools are addressing BH indirectly, often with time consuming, reactive approaches



Summary

- BH in schools is not about a specific population (tier 3)
- BH is about the social, emotional and behavioral health of all students
- A preventative (tier 1) approach allows us to use BH supports and services more effectively



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