Going Back to School: APRN’s Find ways to Improve Access to Mental Health Care

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The speakers have no conflicts of interest to disclose.

OBJECTIVES:

• Identify the gap in psychiatric care for children & adolescents, and the potential for School-Based Mental Health (SBMH) in closing that gap
• Examine different levels of appointment compliance with different mental health service locations
• Identify ways that APRN’s may participate in school-based mental health clinics
“The Gap”
- Approximately 20% of children/adolescents in US have one or more mental health disorders
- Approximately 70% of these do not receive mental health services
- Of those who seek services, approximately 50% terminate prematurely.

(AAP/AACAP, 2005)

Untreated Mental Health Disorders in Youth

- REASONS
  - Shortage of Mental Health Professionals
    - "The Bureau of Health Care Professionals estimates that simply to maintain the current utilization rates of psychiatric care, the nation will need 12,624 child/adolescent psychiatrists in 2020; 8,312 are expected."
    (AAP/AACAP, 2005)
  - Confusing array of diagnostic codes w/out adequate reimbursement for time spent
  - Lack of Access/Transportation
  - Financial Constraints
  - Stigma / Lack of Information
    - For low income youth, service need is greater & shortages of providers more acute
    (Karas et al, 2006)

- CONSEQUENCES
  - Results of untreated mental health (MH) disorders:
    - School failure/drop out
    - Drug/EtOH abuse
    - Violence/Incarceration
    - Unemployment
    - Social Isolation
    - Community violence affects up to 80% urban youth, impacting academics, depression & disruptive behavior
  - DEATH RATES by AGE GROUP:
    - Suicide = 3rd in ages 10-24
    - Homicide = 2nd in 15-24; 3rd in ages 1-4, 4th in ages 5-14
    (AAP, 2004; CDC, 2010)
    >=14 out of past 30 days identified as "mentally unhealthy" by adolescents.
    (MMWR, 2013)
Rapid Growth of SBMH Programs

PRECIPITATING FACTORS:
- Pediatricians: approximately 75% of children w/ MH disorders seen in 1° care, accounting for ~1/2 of pediatric visits, & variable comfort with diagnoses & treatments (Pediatrics, 2004)
- Overall increase in prevalence of children with mental/behavioral disorders; 1/5 students per school translates to 4-6 per classroom.
- Increase in school violence; crimes including rape, robbery, assault and homicide – against students & teachers (Costello-Wells, et al, 2003)

Federal Initiatives:
- Surgeon General-1999
- NIMH-2001
- President’s New Freedom Commission - 2003
- AAP Policy on SBMH-2004 (Weist, 2005)
- Healthy People 2010
- SHPPS (School Health Policies & Programs Study) 2012 (Demissie, 2012)

Rapid Growth of SBMH Programs

THE POTENTIAL BENEFITS OF SBMH:
- In the US, about 52 million children, 114,000 school, 6 million adults working in schools => 1/5 of population can be reached in schools. (Paternite, 2005)
- SBMH Advantages:
  - Familiar setting
  - May help families avoid stigma & intimidation
  - Eliminates or reduces transportation problems
  - Facilitates parent participation in MH appts
  - More students self-refer
  - May promote better compliance with appts
  - May promote longer-lasting commitments to care
  - May improve diagnosis & assessment of progress in multiple settings
  - May improve process of IEP/504 implementation (AAP, Policy, 2004)
  - May facilitate a trusting environment for adolescents seeking privacy & confidentiality (Kendal et al., 2011)

MindPeace 2002

"MindPeace advocates for high quality mental health care for all children in Greater Cincinnati"
Currently no single “Best Practice” Model—process rather than program

Most Models Propose:
- School, family, agency partnerships
- MH education, promotion, assessment, prevention & treatment
- Early Intervention (EI)
- Services for general & special education students
- Control by all stakeholders
- Based on local needs
- Outcomes documentation

MindPeace Model Principles:
- Comprehensive array of services, continuum
- Individualized, EI
- Least restrictive environment
- Family/youth full partners
- Service coordination
- Financially sustainable
- Smooth transitions
- Community based/awareness

The Role of the APRN in SBMH

- MindPeace utilizes different treatment models in their over 175 schools, but all offer therapy, case management and psychopharmacology. For the latter, only 15-18 provide this on site, and most are provided by psychiatric APRNs.
  — (Susan Shelton, MindPeace, personal communication)
- An Indianapolis model proposes the following APRN roles:
  - Conduct initial psychiatric evaluations on referred clients
  - Prescribe medication based on the prognosis of the psych eval
  - Monitor medication compliance with the client, family & school personnel’s input
  - Conduct staffing w/ psychologists or therapists regarding medication concerns
  - Provide medication inservices to school staff, as needed
  - Refer clients to inpatient psychiatric services or other appropriate placements
  — (Costello-Wells et al, 2003)

<table>
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<th>School</th>
<th>Total Sched</th>
<th>Total Seen</th>
<th>% of scheduled seen</th>
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<tr>
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<td>Jull HS</td>
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<tr>
<td>WEP Elem</td>
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Office Clinic Appointment Data

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<th></th>
<th>Total booked</th>
<th>Total seen</th>
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<tbody>
<tr>
<td>PPC</td>
<td>141</td>
<td>84</td>
<td>60</td>
</tr>
<tr>
<td>College Hill</td>
<td>184</td>
<td>134</td>
<td>73</td>
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PPC – Primary Patient Care Clinic with embedded psychiatric APRN (nearly 100% Medicaid)

College Hill – outpatient clinic mixed Medicaid and insurance

Overview of School and Clinic Appointment Data

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<th>Total Scheduled</th>
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<th>% of scheduled seen</th>
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<tr>
<td>Medicaid Schools</td>
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<td>165</td>
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<td>OHHS</td>
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<td>60</td>
</tr>
<tr>
<td>College Hill</td>
<td>184</td>
<td>134</td>
<td>73</td>
</tr>
</tbody>
</table>

Medicaid School Clinics 12 different schools

OHHS – suburban school district high school only, mix of insurance and Medicaid

PPC – Primary Patient Care Clinic with embedded psychiatric APRN (nearly 100% Medicaid)

College Hill – outpatient clinic mixed Medicaid and insurance

SUMMARY

- “The burden of suffering experienced by children with mental health needs & their families has created a health crisis in this country” (David Satcher, MD, Surgeon General, 2000)
- The consequences of not addressing these needs are life-long burdens to children, families and society.
- “SBMH programs offer the promise of improving access to diagnosis and treatment for the mental health problems of children & adolescents” (AAP, Policy, 2004)
- Our limited data shows improved compliance with SBMH over other treatment locations

QUESTIONS ????
REFERENCES

- Mindpeace: Cincinnati Mental Health Resources for Children. Available at: http://www.mindpeacecincinnati.com
- Paternite CE. School-based mental health programs and services: overview and introduction to the special issue. Journal of Abnormal Child Psychology. 2005; 33:6, 657-663.