

West Virginia students need access to mental health care. *SBHCs can help.*

WHY WE DID THIS STUDY

Children in West Virginia are confronted with challenging determinants of health. Over one-quarter of West Virginia children live in poverty. They may lack access to nutritious food and clean water. They may also live in unsafe and unstable homes. The ongoing opioid epidemic has further exacerbated West Virginia's challenging socio-economic environment.¹ Additionally, access to health care is limited across the state, which is predominantly rural and characterized by geographical features that render many communities isolated. Perhaps unsurprisingly, residents display some of the worst health outcomes in the country and often face challenges accessing high-quality health care.²

Yet there are positives. Among these are novel efforts to provide health care to children in West Virginia. The state's more than 170 school-based health centers (SBHCs) operated by federally

qualified health centers and two critical access hospitals, offer a promising mechanism to provide appropriate and to provide appropriate³ and cost-effective⁴ health care in a location most children find themselves daily – their local school. Nationwide, SBHCs have grown to reach more than 6.3 million students⁵ and have been endorsed by organizations like the American Academy of Pediatrics and the American Medical Association.⁶ Numerous studies have found that SBHCs are particularly adept at reaching marginalized populations who often struggle to access services in the traditional healthcare setting⁷ thus improving utilization and health outcomes.⁸ Research also indicates that mental health services are one of the most sought after services⁹ and that SBHCs may improve the mental health of students.^{10 11}

In this brief, we explore the provision of mental health services and factors that strengthen care delivery in West Virginia's SBHCs.

HOW WE DID THIS STUDY

Twenty-four, semi-structured interviews with SBHC providers and school personnel across a diverse set of counties were completed over 2019 – 2021. Interview questions focused on initiation and scope of services, utilization of services, staffing, funding, connectedness of SBHC to school and community, short- and long-term sustainability, and impacts of COVID-19. Qualitative coding of the transcripts focused on semantic/explicit content instead of latent content/assumptions. The study team also used a deductive approach to coding, such that they created thematic codes aligned with the interview protocol. Analysis consisted of identifying themes among the excerpts coded with the codes of interest.¹³

WHAT WE FOUND

Increasing need and acceptance for mental health services

Within the West Virginia context of a down turning economy and spiraling drug epidemic, interviewees highlighted the medical and mental health gaps filled by SBHCs in medically underserved communities, as well as

KEY FINDINGS

- Amidst the ongoing opioid epidemic, job loss, and poverty, COVID-19 has exacerbated mental health needs.
- Behavioral health shortages exist in West Virginia; interviewees identified key provider characteristics helpful in an SBHC.
- SBHCs provide needed and convenient services to communities and can supplement existing medical systems.

the relationships formed between schools and SBHCs as they grow to rely on one another for support (see Table 1).

While the COVID-19 pandemic has created additional stress and burdens,¹⁵ SBHC providers indicated that the schools where they provided services saw a need for increased mental health services for students prior to the pandemic. For example, several interviewees noted that the opioid epidemic displaced an increasing number of children from their homes due to familial substance use disorder, causing many students to move in with relatives, such as grandparents, or foster or residential care. Other providers shared the trauma incurred by families impacted by a historic flood in 2016. Interviewees expressed feeling overwhelmed at times because of student and family needs. They also shared an understanding that health not only refers to the physical body, but also to the “whole” individual—body and mind. Some schools request that SBHC services include behavioral health. Providers also discussed how families and students appear to be more comfortable seeking mental health care.

“I can’t tell you how many children, adolescents, and in between that I’m working with, or have worked with, whose parents are either no longer with them because of dying from a drug overdose or they’ve had them removed from their custody, and then they’re being raised by grandparents, who they themselves are also oftentimes extremely medically, and even in some cases, psychologically challenged. And I hate to say it, but... sometimes I kind of feel like we’re trying to push the river up the hill kind of deal.”

– Behavioral health provider

Unfortunately, the need for behavioral health services is met with the challenge of finding providers. It is well-known that rural areas of the U.S. experience a shortage of mental health professionals,¹⁶ and West Virginia is no exception. Interviewees highlighted the challenge of staffing SBHCs due to the nature of the work. SBHC providers discussed the importance of building strong relationships with school staff, maintaining

“It’s just sometimes really hard because it’s not how [providers] are trained in the textbook, particularly if they’re coming right out of school. They just really seem to struggle and then these kids have really heartbreaking stories. It’s just hard to leave that at the office.”

– SBHC operations

flexible schedules to accommodate the school setting, and the difficulties associated with limited access to student’s parents, all of which can be challenging for providers accustomed to providing care in a clinic environment. In order to support students affected by West Virginia’s changing context, providers also discussed exceeding expectations of their stated roles to meet the needs of their students and communities’ needs. For example, one provider shared that she rode a school bus with students to obtain the required signatures needed on consent forms. Another provider shared how, in an emergency, she picked up prescriptions for students with limited transportation options. One interviewee shared a conversation with an SBHC medical provider who discussed feeling overwhelmed by the increase in student mental health care needs and began advocating for the addition of a mental health care professional to the SBHC staff.

Partnerships with families, schools, and communities strengthen service delivery

Much of an SBHC’s success is derived from strong relationships with principals, school nurses and counselors, and teachers. Providers discussed how school staff help get the word out about available vaccines, refer students to the SBHC when they may need medical attention, and raise general awareness of the services SBHCs provide. School nurses were identified as a key partner to raise awareness and advocate for SBHCs, especially when they have seen how an SBHC works or experienced one themselves. Interviewees also shared how teachers seek out SBHC providers to ensure that a child receives care. One noted, “I have

teachers that, when I go to the elementary, they'll go, 'Hey, can you see so-and-so, they're not feeling well' ...I just feel like the teachers... they really seem to be able to kind of give you more info." Providers also respond to emergencies. For example, one provider shared how a teacher, when working with a student who could not be left alone, was approached by another student with a mental health crisis. This teacher immediately reached out to the provider who was able to respond to the situation. However, strong relationships are not necessarily the norm; relationships can strengthen the service delivery but also varied considerably across SBHCs.

Interviewees agreed that SBHCs can support students' school experience. At a time when many families are impacted by the opioid epidemic and unemployment, SBHCs make exceptional efforts to help students cope with the pressures of school and a challenging home life. Providers also noted that because the SBHC is located either in or on a school campus, their patients are often treated and sent back to class, which improves attendance. SBHCs also work to pull students out of non-core classes.

Although SBHCs offer needed care to students and communities, providers consistently noted that it is not the SBHC's mission to take business away from or replace existing medical systems in their areas. Some SBHCs can serve as a student's primary care provider (PCP); some cannot. Even if the SBHC has the capacity to serve as a student's PCP, they do not "compete" with other providers for patients. Providers see other networks as opportunities to build collaboration and partnership to better care for shared patients.

"We're all treating the same kids...We have to collaborate or we're never gonna make a difference in these kids."

– Medical provider

Finally, while some SBHCs initially faced opposition from communities, concerns quickly dissipated when families understood the services SBHCs were providing to communities in critical need. SBHCs work in collaboration with schools and participate in community outreach events to build awareness of services. The providers who live in the towns they serve shared how parents

and students will welcome or engage with them at community events.

For many, the SBHCs' proximity to school is a welcomed convenience. In many rural areas, transportation is an ongoing challenge. Having an SBHC at their school means students don't need to miss a half or full day to seek medical care and parents or caregivers do not have to take time off of work to take them to a provider. Outside of the pandemic, families could send their children to school knowing they will receive medical attention. For example, students could get their first two doses of antibiotics without the immediate inconvenience of traveling a long distance to their primary care provider, an impediment in rural areas in particular. Schools, families, and students value their SBHCs because they understand the gaps that SBHCs fill.

Some interviewees shared that engaging parents in their child's health care continues to be challenging. These challenges include receiving signed parental permission forms to utilize SBHC services, responding to calls and correspondences regarding needed services, and attending patient visits. In addition, students do not always want their parents involved in the care they receive (e.g., discussing issues with a mental health), which can make it challenging to update parents. Providers also shared that parents don't always perceive that SBHC providers are fully credentialed medical professionals and will opt to take their child to an external mental health or medical provider. Additionally, chronic stressors related to poverty that many West Virginia families experience may limit the time and resources parents have for ongoing engagement with the SBHC.

WHAT THESE FINDINGS MEAN

With the continuing economic decline, opioid epidemic, and rural health care gap in West Virginia, these research findings underscore the critical role SBHCs play, and can potentially play, as a sustainable network of comprehensive health care for children and adolescents. Not only do they provide access to primary care in medically underserved areas, SBHCs can also adapt to the critical needs of their patients—providing mental health care, a dedicated support system for children experiencing adversity, or a meaningful conduit when caregivers are unengaged or challenged to address their own health care needs.

Theme 1. Focus on mental health	
SBHCs are interested in expanding mental and behavioral health services.	In the legislature, there is a bipartisan “interest in using the school-based health centers as a way to expand behavioral health in the schools.”
Schools, families, and communities are increasingly accepting of mental health services.	“Not only am I seeing younger kids and whatnot being much more accepting and embracing mental health and behavioral health treatment , I'm also seeing significant improvement when it comes to LGBTQ type acceptance.”
Mental health services support the needs of children affected by job loss, the drug crisis, and the pandemic.	“The opioid epidemic. Kids not being raised by mother or their family unit. Kids whose parents are perhaps addicts or substance abuse users who are using substances and whose basic needs aren't being met. There are the economic issues of dads losing jobs, mom losing jobs. Just a lot of unemployment.”
Recruiting and retaining mental and behavioral health positions can be challenging.	“One of the biggest challenges...is being able to find mental health providers. Currently, I have two full-time openings and part-time opening and we've got more schools that are requesting services, but I can't provide services until I can find more providers.”

Theme 2. Partnerships with schools, communities, & families strengthen service delivery	
Schools and SBHCs work together to provide care.	“The school staff in terms of counselors and nurses and attendance directors ... anyone else who can be worried about a kid. Then they bring that to our attention.”
SBHCs can support their schools' educational goals.	“If they're worried about kids who are missing a lot of school and don't really have a good reason, or they're just worried about what's happening at home they'll get those kids to our behavioral health provider. It's not only that behavioral health is integrated in terms of the school-based health center. They're also integrated with the staff. ”
SBHCs work to build partnerships with the medical community and stress they are not here to replace existing systems.	“We're not here to take over the primary care. We're here for a supplement... behavioral health providers in the community are really accepting, we have a pretty close working relationship.”
Families and communities value their SBHCs when they are aware of the services provided.	“...most community people really welcome the school-based health clinics just because a lot of them, like I said, that's the only service there is in that area.”

SBHC personnel were clear: School-based health centers do not just serve as a medical center for primary care services but as a nurturing environment to support the psychosocial health needs of children, sometimes their families, and potentially the school.

This is a unique, valuable quality of a health care center and a considerable asset for schools in areas of the state where access to mental health care and support services are unavailable. Moving forward, policy makers must recognize the devastating effect that poverty and addiction continues to have on an increasing number of West Virginia's children and the opportunities SBHCs can play in addressing these challenges.

“We need to begin making our presence known in the school, making sure that the school knows what we can do for them and how we can help them and fostering the confidence of the parents in the care that we can provide here.”

– Medical provider

Currently, West Virginia has over 170 SBHCs operated by federally qualified health centers and by federally two critical access hospitals. It is one of the most robust networks of SBHCs in the country.

RECOMMENDATIONS

- WV should **dedicate state funding** to assess and evaluate the services and support provided by SBHCs in West Virginia. This work would not include regulating SBHCs, as all are operated by medical facilities that are already regulated, but rather, would **study and support them**.
- Dedicate annual state funding to provide a **continuum of mental health support** and services that cannot be funded from billing health insurance.
- Assess the **feasibility of SBHCs in every public school** to ensure SBHC services are available to every student.
- Create a **statewide movement** to drive **transformative change**, led by SBHC personnel and leadership.
- Implement targeted strategies to **build data bridges between SBHCs and public education**, with the long-term goal of sharing data points to **study the interrelationship between good health and academic outcomes**.

“If there's some sort of community event going on, we'll set up a little table there. We try to set up at basketball games and school events we try to attend. They've had some teen block parties in the communities. We've set up there. We also work with some of the other local agencies in providing hygiene items, so we work with other organizations on that kind of stuff. We definitely do a lot of community outreach.”

– Medical provider

ABOUT THE AUTHORS

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