ISSUE BRIEF

Mental Health, School-Based Health Centers, and Girls of Color: Policy and Practice Recommendations
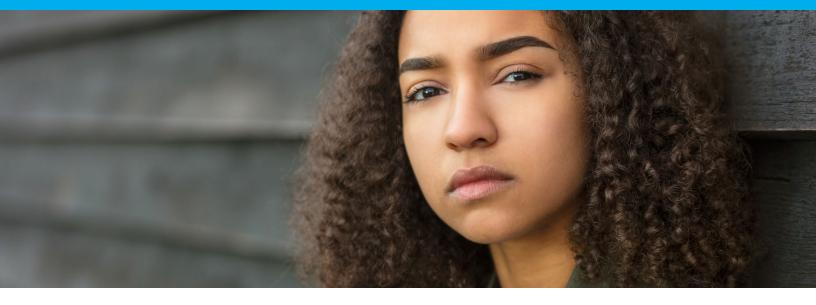
Kimberlyn Leary, Ph.D.

This compendium of policy and practice recommendations aggregates a set of proposals to enhance mental health outcomes and thriving for girls of color. To understand the background and context for these recommendations, please review the Georgetown Law Center's Initiative on Gender Justice & Opportunity issue briefs on Mental Health and Communities of Color, Mental Health and Girls of Color, and The Promise and Challenge of School-Based Mental Health Care for Girls of Color.

Placing Girls at the Center

Position Girls of Color as Psychological Subjects. Girls of color face high rates of suicide and endure significant adverse childhood experiences,[1] yet their pain goes unrecognized or is mislabeled, and their needs remain unmet. It is imperative that adults in intervening public systems and those in the health and mental health profession begin to recognize girls of color as psychological subjects with important perspectives on the care they are receiving or have failed to receive. Programs should reflect information on student preferences and regularly collect and apply student feedback.[2]

---

1   Natalia E. Pane, *The Rate of High School-Aged Youth Considering and Committing Suicide Continues to Rise, Particularly Among Female Students*, Child Trends: Data Point (Nov. 12, 2018), https://www.childtrends.org/high-school-aged-youth-considering-and-committing-suicide-among-female-students; Jeffrey A. Bridge, Lisa M. Horowitz, Cynthia A. Fontanella, Arielle H. Sheftall, Joel Greenhouse, Kelly J. Kelleher, John V. Campo, *Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015*, JAMA Pediatrics (published online May 21, 2018), https://jamanetwork.com/journals/jamapediatrics/fullarticle/2680952?utm_campaign=articlePDF%26utm_medium%3darticlePDFlink%26utm_source%3darticlePDF%26utm_content%3djamapediatrics.2018.0399; Robert Wood Johnson Found., Traumatic Experiences Widespread Among U.s. Youth, New Data Show, https://www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s--youth--new-data-show.html (last visited May 29, 2019).

2   Pernilla Garmy, Agneta Berg & Eva K. Clausson, *A Qualitative Study Exploring Adolescents' Experiences with a School-Based Mental Health Program*, BMC Public Health (Oct. 21, 2015), *available at* https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-015-2368-z.

Policy Innnovation

> **Revise School Discipline Policies.** Many school discipline policies give school resource officers and school officials broad discretion, which can result in students being arrested and referred to the juvenile justice or criminal justice system for discipline problems that could be handled in school. Changes to discipline policies (and components of those policies like those pertaining to acceptable dress codes or hair style policies) are likely to sponsor at-scale change in the arrest rates of students. New York City, for example, is revising its school discipline code governing police involvement in schools to limit arrests of students for low level offenses; it may also reduce the maximum amount of time for suspensions. The memorandum of agreement also limits school personnel from calling in school resource officers for infractions like uniform violations, lateness, or lying, when such behaviors can be addressed safely.[3]

---

3   Alex Zimmerman, *NYC Announces Its First Overhaul of How Police Operate in Schools since Mayor Giuliani*, Chalkbeat, June 20, 2019, https://chalkbeat.org/posts/ny/2019/06/20/nyc-announces-its-first-overhaul-of-how-police-operate-inside-schools-since-mayor-giuliani/; *see also* Memorandum of Understanding Among Department of Education of the City of New York, New York Police Department of the City of New York and the City of New York on The Performance of School Security Functions by the New York City Police Department for the Benefit of the City School District of the City of New York and its Students and Staff (2019), https://drive.google.com/file/d/1cWroXdguo4u00gCTkOFOi8sFkLyPEyNu/view.

Expanding Scientific Knowledge

Conduct Research on Mental Health and Girls of Color. Research is urgently needed on the mental health needs and treatment preferences of girls of color. Additionally, research must focus on which types of evidence-based treatment best meet the needs of girls of color. Although the value proposition of school-based health care includes attention to cultural responsiveness, there is a dearth of research on the impact of school-based health care on mental health outcomes for girls of color. Without additional research, we don't yet know the most effective ways to leverage school-based health care to address and mitigate the risk factors associated with being a girl of color or how to design school-based mental health care so that programs may be maximally responsive to the needs of girls of color. Mapping tools like those designed by the School-Based Health Alliance can be leveraged to identify needed synergies between high-need areas (e.g., as determined by rates of school discipline for girls of color) and the availability of school-based health resources.[4] Additionally, research will also be needed to track the impact of changes to school discipline policies (see above) for girls of color.

Collect Disaggregated Data. Affirmative visibility for girls and young women of color requires data that accurately tracks their life experience, including mental health assessments, access to health care, and treatment outcomes. In order to design interventions that address the focused needs of girls and young women of color, data must be collected that is disaggregated by race, gender, and other pertinent variables. Researchers must be incentivized to report outcomes that include the lived experience of girls and young women of color to be made easily accessible to policy makers, among others. When public or private research funding proposals give priority to disaggregated data collection, researchers are more likely to design studies that highlight, for example, specific intersectional outcomes.

---

4   *The Children's Health and Education Mapping Tool*, School-Based Health Alliance, http://www.sbh4all.org/resources/mapping-tool/ (last visited May 29, 2019).

Providing the Right Care at the Right Time

Elevate Trauma-Informed Practice. Exposure to adverse childhood experiences constitutes a discrete set of risk factors for girls of color. Systems and institutions can best serve girls of color at scale and meet the needs of the community by adhering to trauma-informed practices as articulated by the Substance Abuse and Mental Health Services Administration in outreach, referral, treatment, and clinical follow-up.[5]

Improve Access to Youth Mental Health Services. Policy initiatives to improve delivery and accessibility of mental health services in communities of color should maintain a specific focus on youth availability and access. These initiatives should recognize access to insurance as an enabling resource, enhance the provision of culturally competent care, meet the needs of youth in the juvenile justice system, and sponsor innovation across the continuum of care. In addition, specific policy prescriptions aimed at ensuring continuity of the State Children's Health Insurance Program are part of the critical infrastructure necessary to improve mental health outcomes for girls of color.[6] Federal initiatives to address workforce shortages of child psychiatrists are also essential to ensure that girls who need specialty care are able to receive it in a timely manner.

5   SAMHSA-HRSA Center for Integrated Health Solutions, https://www.integration.samhsa.gov/clinical-practice/trauma-informed (last visited May 29, 2019).

6   Victoria Keeton, Samira Soleimanpour & Claire D. Brindis, *School-Based Health Centers in an Era of Health Care Reform: Building on History*, 42 Current Problems in Pediatric Adolescent Health Care 132 (2012).

Identify Exemplars of School-Based Health Center Expansion and Identify Principles that Enable Successful Scale-up. To facilitate growth in communities of color, promising practices and their core components should be elevated. For example, over the course of 10 years, the Georgia Collaborative for School-Based Healthcare expanded from 2 to 48 school-based health centers. Key elements of that growth included planning grants to support year-long planning process with all potential stakeholders in a given community; designing services commensurate with locally perceived need; delivering services through evidence-based models; identifying minimum criteria for outcomes benchmarks; and reporting out metrics that measure whether the services provided addressed local and system needs (e.g., improved health and well-being and reduced costs).[7] Developing toolkits based on model efforts enables communities to leverage learning from parallel efforts.

Build Capacity of School-Based Health Care Centers through Strategic Partnerships. Under the Affordable Care Act, hospitals are obligated to conduct a community-needs assessment to identify key health needs in a community and devise targeted solutions for implementation.[8] Additionally, many health systems engage in philanthropic activities supporting public health initiatives. School-based health centers should identify opportunities to partner with health systems to improve their business and management operations. For example, few school-based health centers have the resources to hire billing staff with requisite knowledge of billing codes or sufficient capacity to pursue outstanding payments.[9] Since health systems excel at financial back-office functionality, building partnerships between health care entities and school-based health centers may enable centers to operate with greater efficiency and more effective billing practices.

7   Interview with Dr. Veda Johnson, Marcus Professor in Gen. Acads. and Pediatrics, Dir. of PARTNERS for Equity in Child and Adolescent Health for the Dep't of Pediatrics, Emory Univ. (Apr. 1, 2019).

8   *Community Health Needs Assessments*, The Network for Public Health Law, https://www.networkforphl.org/resources/topics__resources/health_reform/community_health_needs_assessments/, (last visited Nov. 5, 2019).

9   *Who Pays for SBHCs*, School-Based Health Alliance, https://www.sbh4all.org/school-health-care/school-based-health-care-financing/ (last visited May 30, 2019).

Preparing for the Future

Promote Innovation in the Continuum of Care. Although school-based health care represents an expansion of the continuum of care, technology and other innovative practices must be utilized for greater continuity of engagement.

Technology plays a critical and mediating role in the lives of most young people and therefore should be included in any mental health outreach.[10] It has also changed student expectations about what counts as responsible and responsive health care. As Jeannette Pai-Espinosa, President of National Crittenton, noted:

> For many youths with well-founded distrust in systems, expecting them to feel comfortable seeking care for sensitive personal concerns, let alone to disclose trauma or violence they have experienced, seems unrealistic. Girls of color, for example, may not be willing to ask certain questions of a provider if they expect they will be blamed or shamed rather than understood. Technology may expand access to care for students who are not comfortable with traditional access points and those for whom direct contact with a mental health professional is stigmatizing.[11]

For example, rather than expecting a girl to walk in to request help, schools could provide stepped care through curated internet resources or provider access via chat, texts, or video call before she seeks direct care in more traditional ways. A continuum of access offers a lower threshold for girls to gain needed information or learn about resources that honor the understandable distrust some young people have toward systems.

Technology may also be utilized to extend clinical resources. For example, tele-psychiatry may allow more school-based health centers to expand their ability to provide clinical consultation, given the critical workforce shortage of child and adolescent psychiatrists.

---

10   This framing of the role of technology and clinical care was suggested by Jeannette Pai-Espinosa. Interview with Jeannette Pai-Espinosa, President, The Nat'l Crittenton Found. (Apr. 6, 2019).

11   *Id.*

Technology platforms can be used to support and nurture communities of practice to sharpen their capacity for cultural awareness. Technology can be leveraged to provide technical assistance to schools to train referring and treating staff to sensitively respond to culturally unique risk factors.[12] For example, innovation that focuses on helping girls of color give voice to their treatment preferences and needs could be incorporated into Khan Academy-type content delivered through professional organizations and networks such as the National Child Traumatic Stress Network.[13]

Organizations like the Steve Fund, the Jed Foundation, and the Crisis Text Line are piloting unique approaches to address the mental health needs of under-represented youth through modalities that distinctly appeal to contemporary youth, including trauma-informed mindfulness practices.[14] Dually situating care in schools and community settings, including faith communities, may also facilitate early intervention.

12   Yolanda Anyon, Seow Ling Ong & Kelly Whitaker, *School-Based Mental Health Prevention for Asian American Adolescents: Risk Behaviors, Protective Factors, and Service Use*, 5 Asian Am. J. of Psychology 134 (2014).

13   The National Child Traumatic Stress Network was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. The Center is administered by the Substance Abuse and Mental Health Services Administration and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS). *See Who We Are*, Nat'l Child Traumatic Stress Network, https://www.nctsn.org/about-us/who-we-are (last visited May 30, 2019).

14   The Steve Fund, https://www.stevefund.org/; The Jed Foundation, https://www.jedfoundation.org/; Crisis Text Line, https://www.crisistextline.org/.

Build Proactive Readiness to Leverage Funding and Policy Opportunities. By developing model language and creating a portfolio of evidence-based interventions to mitigate, community-based agencies can proactively develop readiness to respond to federal and state invitations for public comment or granting opportunities. Opportunities are presented by legislation like the Family First Prevention Act, which modifies federal child welfare financing to provide services ("mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services") to families who are at risk of entering the child welfare system,[15] and Florida's "Marjory Stoneman Douglas High School Public Safety Act," which funds school guardians to enhance school safety and requires them to complete a certification program in diversity training.[16] Both opportunities offer the possibility of introducing interventions and language relevant to the needs of girls of color in school settings. Unless relevant advocacy and policy agencies achieve readiness, opportunities to interject interventions relevant to the needs of girls of color may be lost.

Prioritize Access to Insurance as an Enabling Resource. For the vast majority of Americans, access to insurance is necessary to access health care and mental health care services. Policy initiatives that sustain Medicaid expansion and retain mental health and substance abuse treatment as essential benefits are part of the critical infrastructure necessary to improve mental health outcomes for communities of color.

---

15   Family First Prevention Services Act of 2017, H.R. 253, 115th Cong. (2017).

16   FLA. STAT. § 30.15(1)(K) (2018).

Provide Culturally Competent Care. Individual health care and mental health care settings play a critical role in ensuring culturally competent practice. By committing to adherence to the National Standards on Culturally and Linguistically Appropriate Services, health care and mental health care entities can affirmatively position themselves to improve quality, reduce disparities, and advance health equity.[17]

Improve Mental Health Services in Juvenile Justice. The staggering rates of mental health disorders among juvenile justice populations must be addressed through primary prevention (screening and early intervention) and through the provision of quality care to system-involved and detained youth, including a community-based continuum of supports and services.[18] Coordinated at-scale change across youth-serving facilities can be achieved by adoption of institutional policies focused on developmentally sensitive, trauma-informed practice.[19]

Improve the Patient Experience of Care. Health care and mental health care entities need to deepen their understanding of the communities they seek to serve, including, for example, by mitigating the "tax" levied on those seeking health care and mental health services — especially low-income clients. For example, they should consider expanding operating hours and reducing wait times to accommodate workplace schedules and decrease ancillary costs for transportation and childcare.

17   Stephanie Pinder-Amaker & Kimberlyn Leary, *Changing Institutional Values and Diversifying the Behavioral Workforce, in* Racism and Psychiatry: Contemporary Issues and Interventions 181-204 (Morgan Medlock, Derri Shtasel, Nhi-Ha T. Trinh & David R. Williams 2019).

18   *Intersection between Mental Health and the Juvenile Justice System. Literature Review: A Product of the Model Programs Guide*, Off. Juv. Just. & Delinq. Prevention, https://www.ojjdp.gov/mpg/litreviews/ Intersection-Mental-Health-Juvenile-Justice.pdf (last updated July 2017).

19   *Essential Elements of a Trauma-Informed Juvenile Justice System*, Nat'l Child Traumatic Stress Network (2015), *available at* https://www.nctsn.org/sites/default/files/resources//essential_elements_trauma_ informed_juvenile_justice_system.pdf.