

# Trauma and School-based Health Centers

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## INTRODUCTION

- Exposure to trauma and adverse events in childhood increases risk for behavioral health disorders and school failure.
- Populations living in poverty or minority groups are at greater risk for exposure to trauma and less likely to have access to services.
- School-based health centers staffed with mental health providers have the potential to mitigate exposure to trauma.

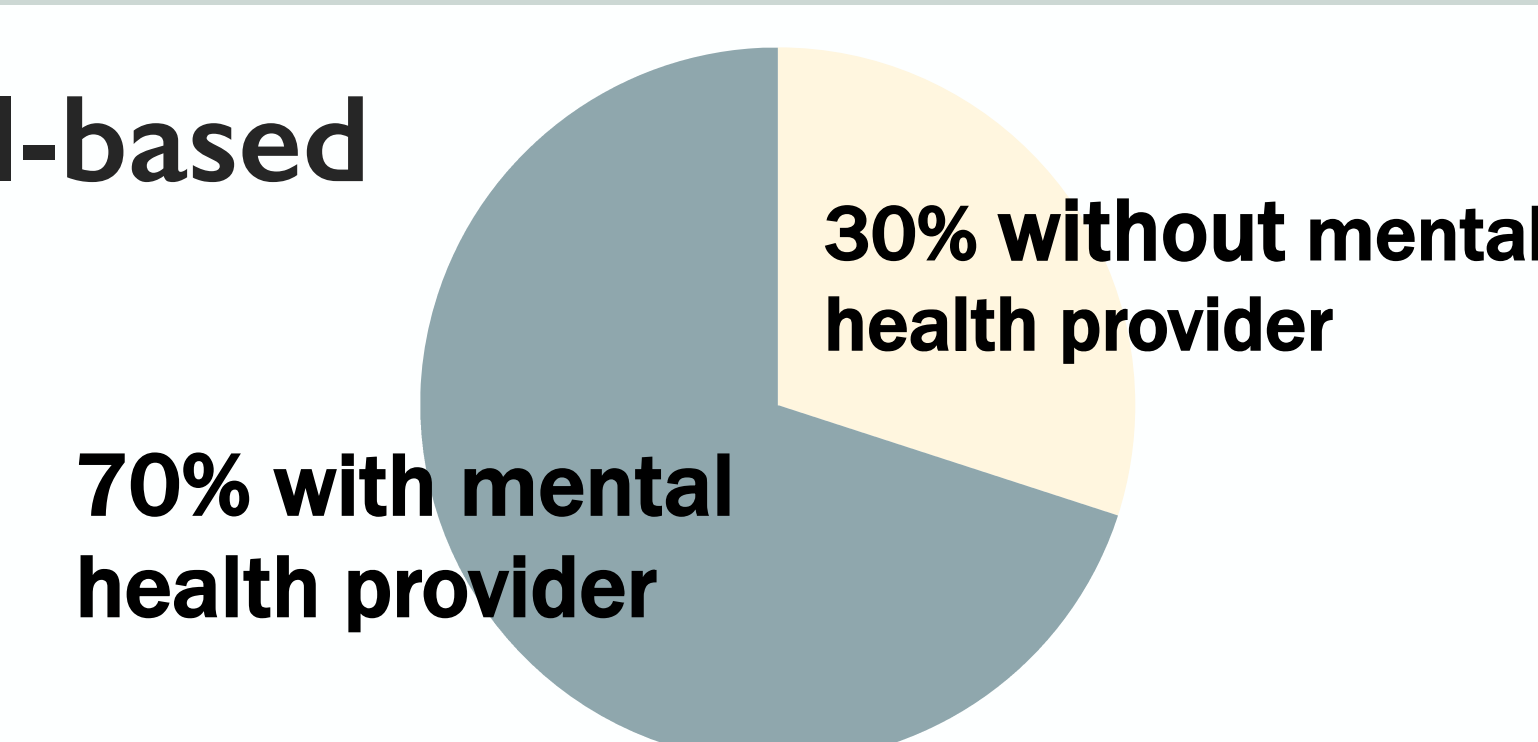
## RESEARCH AIM

- Review US national trends of characteristics of **school-based health centers (SBHCs)** with **onsite mental health providers (MHPs)**
- Examine SBHC MHP staff profile

## METHODS

- Secondary analysis of cross-sectional School-based Health Alliance Census School Year 2010-2011 Report
- Descriptive statistics
- Chi-square analysis for differences among SBHCs with or without MHPs

## CHART School-based Health Centers (N=1381)



## TABLE MHP Staffing Profile of SBHCs (N=978)

	% WITH MHP	MEAN FTE
Licensed Social Worker	85.1	0.82
Unlicensed social worker	19.9	0.85
Psychologist	15.1	0.85
Alcohol and drug counselor	13.5	0.74
Psychiatrist	11.2	0.27
Psychiatric Nurse Practitioner	2.9	0.45

## SIGNIFICANT FINDINGS

### Characteristics of SBHCs with MHPs

- Similar proportion of SBHCs with MHPs among urban, suburban, and rural locations
- Wider range of MH services available
- Serve students in grades 9-12
- In schools with large student populations
- In operation greater than 10 years
- State government main revenue source
- Very few psychiatric nurse practitioners

## CONCLUSION

Exposure to childhood trauma is pervasive and a major predictor of behavioral health disorders and poor academic achievement. Providing mental health care in schools is an important point of contact for many students and families. Reviewing SBHC characteristics that enable inclusion of a MHP and examining SBHC MHP staffing profiles may help stakeholders expand this model of care in order to address exposure to chronic childhood trauma.

## REFERENCES

- Alegria, M., Vallas, M., & Pumariega, A. J. (2010). Racial and Ethnic Disparities in Pediatric Mental Health. *Child and Adolescent Psychiatric Clinics of North America*, 19(4), 759-774
- Keeton, V., Soleimanpour, S., & Brindis, C. D. (2012). School-Based Health Centers in an Era of Health Care Reform: Building on History. *Current Problems in Pediatric and Adolescent Health Care*, 42(6), 132-156
- Turner, Finkelhor, D., & Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science & Medicine*, 62(1), 13-27

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