Introduction
It is estimated that more than 10% of all children and adolescents have a psychiatric disorder associated with functional impairment. However, only 20% of children in need of mental health services receive them. Access to services remains one of the largest barriers to meeting the mental health needs of children.

Over the last two decades, the federal government and professional organizations have called for schools to provide a broad range of prevention, early intervention, and clinical mental health services for students. School-based interventions is one way to overcome the barrier to getting services to children as schools already require attendance and are highly accessible to children and families.

There are multiple models for providing mental health services through the school system. Consultation models include both direct and indirect case consultation and systems consultation. Direct service models include school-based health centers which provide services on-site, school-linked health centers which provide services off-site, and expanded school mental health programs which creates a partnership between school and community agencies to provide a full spectrum of mental health services.

Objectives
1. Present how our school based therapy services work in collaboration with a local community based clinic in central Massachusetts.
2. Discuss case examples highlighting some of the benefits and challenges of this system.
3. Provide recommendations for other clinicians providing similar services as well as gather suggestions to help further improve our program.

School-based therapy at Community Healthlink
School Support Services has been a service provided by Community Healthlink for the last decade.

Program Philosophy:
- The goal of school support services is to provide clinical services to students in need as well as consultation, training, and support to schools and families.
- Help with early identification and intervention services to prevent the development of more severe difficulties in the future.
- Provide services that are individualized and systemic including:
  - On-site individual counseling for children and adolescents
  - Consultation and training to school systems
  - Family Consultation
  - Access to psychiatrists
  - Parent/child interventions
  - Information and referral to appropriate services

Community Healthlink School Support Services works with more than 50 public and private schools in 12 school districts in Central Massachusetts. See Figure 1.

Services are provided at the school by more than 30 professional staff including master’s level social workers, mental health counselors and psychologists.

Services are provided on-site at schools, during school hours.

Counseling services are billed to third-party insurers. Funding from United Way of Central Massachusetts provides additional support.

Psychiatric services are provided by therapist referral at two available community locations in northern and central Massachusetts (Leominster and Worcester).

Case Examples

Joey
15 year old male with ADHD and PTSD who receives school based therapy services. He was referred to psychiatry for further diagnostic clarification and medication management. He has done well with stimulant adjustment and has also benefitted from home therapy services after referral from his school therapist.

Nathan
8 year old male with ADHD and tic disorder who receives school based therapy services for multiple years. He recently moved to a neighboring town which does not have school based services available. His family has been able to provide transportation for him to continue with weekly therapy in our outpatient community clinic.

Lisa
13 year old female with MDD and ADHD who received school based therapy services for multiple years. She recently moved to a neighboring town which does not have school base services available. Her family has been able to provide transportation for her to continue with weekly therapy in our outpatient community clinic.

Sally
18 year old female with MDD and GAD who received school based therapy services for her last two years of high school with ongoing medication management through direct psychiatric referral. Following graduation, a plan was developed for her to transition to get therapeutic support through her college. Unfortunately, she dropped out of college after 1 month and has had trouble connecting with outpatient therapeutic services. She continues to get psychiatric medication management but no longer has a therapist.

Conclusions
- School based services offer many benefits but also come along with some unique challenges.
- Benefits
  - Opportunity for prevention and early intervention.
  - Provision of services in a less stigmatizing environment and easily accessible location.
  - Access to psychiatrists
  - Decrease in emotional and behavioral problems
  - Increase in prosocial behavior in children
  - Increase family engagement
  - Improvement in the school environment
  - Need for fewer special education and disciplinary referrals.

- Challenges include transitions and limited access during school breaks, availability of appropriate space within the school, and confidentiality. Family engagement can also be a challenge for those families who work during the day.

- Case Example is key: the success of this model provides access helpful clinicians with excellent communication skills to bridge the gaps between the school, family and community based providers.

References

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