“They Get Me”: Engaging African-American and Latino Adolescent Males in SBHC Mental Health Services

Ranbir Bains, MSN, APRN, CPNP
Carrie Franzen, PhD, LMFT
Jesse White-Fresé, MA, LPC

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Presentation Objectives

- Identify the impact of health research as an effective advocacy tool
- Describe the results of content analysis on interviews of adolescent males of color using SBHC mental health services
- Understand how adolescent males of color perceive and experience SBHC mental health services
About the Connecticut Association of School Based Health Centers

The CT Association of School Based Health Centers was incorporated in 1996 as the single formalized voice of School Based Health Centers (SBHC) in CT.

CASBHC represents 80 SBHCs sites in 20 communities, funded by the Department of Public Health.

CASBHC focus areas are: advocacy for school based health centers; technical assistance and training; and a centralized resource for information about SBHC services, staffing, funding, development, and sustainability.

“Healthy Kids Make Better Learners”
Health Research Advocacy Project

- New grant initiative announced by the Connecticut Health Foundation effective January 2011

- 18-month project

- Purpose: to help nonprofits conduct research and use results for advocacy of a health issue

- CT Association of SBHCs (CASBHC) 1 of 4 organizations awarded
The project was launched with one simple question:

“How many African-American and Latino adolescent young men receive mental health services in CT SBHCs?”

The answer was -- We didn’t know ....
Research Questions

How many African-American and Latino adolescent males use SBHC mental health services?

How often do they use SBHC mental health services?

Why do they use SBHC services more than community-based treatment services?

What have been the health outcomes of these interventions?
Partnerships made it happen

- CASBHC contracted UConn School of Nursing to develop the Brief
- CASBHC contracted a design firm for the layout
- CASBHC Workgroup wrote the content and guided the layout
- CASBHC formed a Data Workgroup for the project
- DPH had the aggregate SBHC data in Clinical Fusion

CASBHC Issue Brief
CASBHC Data Workgroup Members

- Project Director/CASBHC Executive Director
- SBHC Administrator
- SBHC Nurse Practitioner
- SBHC Mental Health Therapist
- University of CT School of Nursing staff
- University of CT Data Analyst
Research to Advocacy

- Issue Brief was the centerpiece of a Legislative Advocacy Kickoff event in September 2012
- Participated in a legislative forum on “Improving Student Health to Close the Achievement Gap”
- Distributed 1500 copies of the Issue Brief to advocates, community agencies, legislators, SBHC sites, foundations, and at an NPR health disparities forum
- Used text and quotes from the Brief in legislative public hearings to discourage cuts to SBHCs
- Participated in a panel at a state university on Health Issues Impacting Young Men of Color
- Invited to provide testimony on SBHCs and children’s mental health before legislative mental health task force after Newtown tragedy - used parts of Issue Brief in remark
- Preparing research paper for publication
Nationally 1 in 4 adolescents have symptoms of mental health disorders and of these about 36% receive services (Merikangas, He, Burstein et al., 2011).

Less than 10% of African American and Latino adolescents receive services (Substance Abuse and Mental Health Services Administration, 2009b).

When they do access services they are less likely than their white counterparts to receive needed care (Fox, McManus, Zarit, 2007).
Foregone health care -- Health care that is not sought

Adolescents reasons for seeking health care are complex, especially for sensitive issues.

Concerns about confidentiality is one of the major reasons cited for not seeking care (Klein, Wilson, McNulty et. al, 1999).

Adolescents with emotional issues and involved in high risk behaviors are more likely to forgo healthcare (Ford, Bearman, Moody, 1999).
Methods

Design
Secondary analysis of transcripts of semi-structured interviews conducted with adolescent males who were receiving mental health services from mental health providers at the SBHCs.

The questions included:
• reasons for seeking services
• major issues they faced
• benefits to services at SBHCs
• barriers to treatment
Interview Questions

Tell me a little about yourself?  How old are you?  What grade are you in?
Where is your family from?
Who is in your family?
How do you identify yourself ethnically or racially?
What do you like to do in your free time?
How is your health?
Where do you go for healthcare?
How did you get involved in the SBHC?
Who referred you to the SBHC?
What were you referred for?
Do you get individual/group therapy?
Have you ever received such services outside of school?
What are the main issues faced by young men like you, today?
How do the services at the SBHC help you?
Has anything every kept you from seeing a counselor at the SBHC?
How does your parent/guardian feel about the services you receive at the SBHC?
Are there any problems with coming here for services?
How do you think the counselors and other staff at the SBHC treat you?
Do they understand you?
Do you think the SBHC is reaching out to African American and Latino males?
What do you think they should do differently?
Student Participants

22 adolescent males
Ages 13-18 years
45% African American
55% Latino
50% had been referred by school staff or family
13% referred themselves
Data for others not available
Setting

- 4 geographical areas in Connecticut
- 4 high schools; 3 middle schools
- All in urban, at risk, low socioeconomic areas
- Similar in racial and ethnic demographics
Data Analysis

✓ Used Krippendorff’s Content Analysis

✓ Close examination of text, categorizing of similar meanings, clustering of categories, themes.
Dendogram

- Risky behavior
  - Anger issues
  - Drugs and alcohol
  - Running with the wrong crowd

- Problems at home
  - Lack of parenting
  - Responsibilities at home
  - Lack of discipline

- Depression
  - Sexuality
  - Violence
  - Racism
  - Sexual harassment

- Unsafe behaviors

- Unsettled home life

- The burdens and hurdles of my life

- Issues we face
I have to like keep my grades up
My grades are going up
My grades have started to improve
I try to focus on class work

Grades improving

I only got one suspension
I am more respectful and mature now
My behaviors have dropped
I am trying to stay in school
I could control my anger now

Better Behavior

Think before you speak pretty much
Write down the conflict
You can make a volcano diagram and just list all your stresses

Learning to manage stress

Talk to both my parents and let them know how it is distracting me
To actually sit down and talk to my sister
I can talk to them because they are my family

Improving family relations

Achieve my best potential
Results

1. Burdens and hurdles of my life
Risky behavior, anger issues, depression, family issues; lack of parental support; helping out with younger siblings; violence; drugs; peer pressure

2. The door is always open
Can just come down and talk to them; before things build up; will always be seen, informality of access

3. Sanctuary within chaos
Able to cope better with access to mental health services; things have been cooling down; good advice that helps them get through the day; place to lift them up; provides safety

4. “They get us”
Trust counselors; best friends; confidential services; race does not matter

5. Achieve my best potential
Function to the best of my abilities; academic improvements; behavior improved; strategies to cope with behaviors; improved relationships with family
Section III: How African-American and Latino Adolescent Males Experience and Perceive SBHC Mental Health Services
Six Content Categories

1. Referral Process
2. Reasons for Using SBHC: Issues Faced
3. Access and Barriers to Services
4. Assessment of Services
5. Interventions
6. Staff Characteristics
Emergent Themes

1. Immediacy
2. Discrimination/racism
3. Anger management
4. Relationships
5. Safety, confidentiality, and trust
6. Achieve potential
Referral Process

Because, remember I came over from Jamaica, so I had to get immunized and stuff....I don’t remember but they, they tell you, they, they tell you the basics on what you need to know. You feeling sick, you come here. If you feel ill, you come here. If you feel like you have diarrhea, come here. If something’s wrong, anything’s wrong, your head hurts, then you come straight here.... Well, I came to the center, um, to talk to the social worker. I was having trouble with some subjects and she helped me and I told her the reason, I had a girlfriend at the time, and I was like... I had trust issues.
Issues Faced

• Depression
• Bullying and mean behavior of others
• Suicidal ideation
• Family: family member substance abuse, family disruption
• Academic and school: attendance, poor performance, discipline
• Relational: sexuality, sexual identity, trust, anger, and violence
• Learning and cognitive problems including ADHD
• Discrimination and racism
• Substance abuse
Issues: Suicidal Ideation

Like, I was fighting with my dad all the time...And I wasn't getting along with anyone. I was so tired of everyone asking so much from me...I just felt really alone and left out...just, I really didn't even want anything. I tried hanging myself.
Issues: Racism and Discrimination

When people found out I was from Colombia...you know how Colombia is usually associated with drugs. So everyone assumed I sell drugs...that wasn't like true at all...So everyone was asking, started asking for drugs.
Assessment of Services

Students articulated direct correlation between mental health services received and positive outcomes
It’s really helping me because like when I’m mad, like usually when I didn’t know about the school-based health and I’m mad, I get mad, I walk out of class, I get suspended, so before, like now that I know we have the school-based health center, I ask the teacher can I come here so I can relax or something like that and it helps me so I won’t get in trouble. I haven’t been suspended for the whole year, I’ve been Student of the Month. I got a Falcon Pride award and I get all As and Bs. I feel really good. I’m doing way, much better.
Interventions

Cognitive-Behavioral Therapy Interventions

Anger management

Coping skills

Stress Reduction
Interventions: Anger Management

...that like the thing to do would be to try to walk away, like when everybody get in a fight or something...or instead of walking away or something like maybe talk to him or get an adult involved.
I feel as like she understands strongly because she’s white and, um, and I’m black...she understands, like, better than a lot of other people...Like, she just, like, I hate to say it but she acts black, kind of... I’m comfortable.
Health Research Advocacy Project

Four significant study findings:

- SBHCs remove or mitigate barriers to mental health treatment for African-American and Latino adolescents males.
- SBHCs provide an atmosphere of safety, confidentiality and trust; characteristics that are of paramount importance to adolescent males.
- Students perceived the School Based Health Centers staff as open and nonjudgmental - critical to student engagement in services.
- In CT School Based Health Centers (SBHC), African-American and Latino adolescent male students utilize mental health services at an average of 13 visits per student. In community-based mental health treatment, the majority drop out after 2-3 sessions.
Implications

- Reach adolescents that may not otherwise get care
- Availability of mental health services within their realm encourages usage
- May offset consequences of unmet mental health needs

Limitations:
- Adolescents interviewed only once and at the SBHC
- Only adolescents who were currently receiving services were interviewed
References


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For more information, contact:
Jesse White-Fresé, M.A., L.P.C., Executive Director
CT Association of School Based Health Centers
jesse@ctschoolhealth.org
203-230-9976
Visit our website at www.ctschoolhealth.org

LIKE US ON FACEBOOK!

Ranbir Bains, MSN, APRN, CPNP
Ranbir.bains@new-haven.k12.ct.us

Carrie Franzen, PhD, LMFT
cfranzen@wcmh.org
Connecticut School Based Health Centers Engage Adolescent African-American and Latino Males in Mental Health Services

African-American and Latino males are half as likely to receive mental health services compared to non-Hispanic White youth, yet both groups experience emotional and behavioral problems that often result in school and social issues. It is important to understand how African-American and Latino young men perceive and experience available mental health services, particularly services offered through School Based Health Centers (SBHC), as SBHCs are generally more accessible to adolescents than community-based services. This Issue Brief describes the factors that contribute to effective utilization of mental health services in Connecticut’s SBHCs by adolescent African-American and Latino male students, and examines the ability of SBHCs and their staff to engage this population.

Barriers to Accessing Services

Nationwide, nearly 1 in 5 children and adolescents experience symptoms of mental health disorders, and of those, only 15% to 20% receive services. Of the children and adolescents who receive mental health services, 70-80% receive them in schools. African-American males are among the most underserved populations with respect to mental health services. Approximately 13% of African-American youth have a diagnosed depressive disorder. Among African-American and Latino adolescent males, less than 10% make use of outpatient mental health services. Of those that initiate community-based mental health treatment, the majority drop out after 2-3 sessions. The fragmentation of mental health services has been highlighted as a unique barrier faced by African-American males in accessing mental health services.

In Connecticut, in a 2011 survey conducted by Connecticut Association of School Based Health Centers (CASBHC), the vast majority of SBHC mental health providers reported lack of transportation (60%), lack of insurance (63%) and stigma (69%) as major barriers for adolescent males of color who seek mental health services in community-based settings.

An analysis of Connecticut-specific demographic and visit data collected by the 75 state-funded SBHCs (school years 2007-2008/2008-2009) revealed 1,130 males in grades 7-12 identified as African-American or Hispanic that received mental health services. It is significant that these 1,130 young men received mental health treatment in 15,386 visits in the two year period, an average of 13.6 visits each.

In an effort to elicita the voices of the young men who receive mental health services in SBHCs, 22 male students from four Connecticut SBHC communities were interviewed. Forty-five percent of the sample was African-American; which included youth who identified as African-American, Jamaican, or Haitian and 55% were Latino, of which 66% were Puerto Rican, and the others were Colombian, Dominican, Mexican, Honduran, and Brazilian. Participating youth were in grades 7 through 12 and ranged in age from 13 to 18 years old. While the majority of the youth (73%) had lived in their school district for most of their lives, 14% had come from other countries within the past three years and another 13% moved from other parts of the country in the past four years.