

Strengthening Health Care for Adolescents*
(<http://smhp.psych.ucla.edu/pdfdocs/strengthening.pdf>)

Everyone agrees that by working together, schools, homes, and communities are better positioned to minimize problems and maximize results. Research shows that healthy students do better at school, (e.g., higher rates of attendance, higher achievement scores). A key partner in keeping students healthy is the medical community. The focus on health care reform has provided two key documents you might want to share in strengthening your partnership with health providers.

(1) *Adolescent Health Services: Missing Opportunities* (2008) by Institute of Medicine
<http://www.iom.edu/cms/12552/35625/60680.aspx>

Here is an excerpt:

“On the basis of an extensive review of research, site visits, and public input, the committee concludes:

1. Most adolescents are thriving, but many engage in risky behavior, develop unhealthy habits, and experience physical and mental health conditions that can jeopardize their immediate health and contribute to poor health in adulthood.
2. Although many current models of health services for adolescents exist, there is insufficient evidence to indicate that any one approach of health services for adolescents achieves significantly better results than others.
3. Health services for adolescents currently consist of separate programs and services that are often highly fragmented, poorly coordinated, and delivered in multiple public and private settings.
4. Health services for adolescents are poorly equipped to meet the disease prevention, health promotion, and behavioral health needs of all adolescents. Instead, adolescent health services are focused mainly on the delivery of care for acute conditions, such as infections and injuries, or special care addressing specific issues, such as contraception or substance abuse.
5. Large numbers of adolescents are uninsured or have inadequate health insurance, which can lead to a lack of access to regular primary care, as well as limited behavioral, medical, and dental care. One result of such barriers and deficits is poor health.
6. Health care providers working with adolescents frequently lack the necessary skills to interact appropriately and effectively with this age group.
7. The characterization of the health status of adolescents by such traditional measures as injury and illness is not adequate to capture the developmental and behavioral health of adolescents of different ages and in diverse circumstances.

The committee’s recommendations offer an initial strategy for improving adolescent health services:

- > *Coordinate Primary Care* Federal and state agencies, private foundations, and private insurers should support and promote a coordinated primary health care system for adolescents.
- > *Focus on Disease Prevention, Health Promotion, and Behavioral Health* Providers of adolescent primary care services and the payment systems that support them should make disease prevention, health promotion, and behavioral health a major component of routine health services. They should focus attention on the particular needs of specific groups of adolescents who may be especially vulnerable to risky behavior or poor health.
- > *Engage the Community* Health care providers, health organizations, and community agencies should develop coordinated, linked, and interdisciplinary adolescent health services.
- > *Keep it Confidential* Federal and state policy makers should maintain current laws, policies, and ethical guidelines that enable adolescents who are minors to give their own consent for health services and to receive those services on a confidential basis when necessary to protect their health.

- > Prepare the Providers Regulatory bodies for health professions that treat adolescents should develop licensing, certification, and accreditation requirements. Public and private funders should provide targeted financial support to expand and sustain interdisciplinary training programs in adolescent health”

(2) *Health Care Reform and Adolescents -An Agenda for the Lifespan:* A Position Paper of the Society for Adolescent Medicine (2009)

http://www.adolescenthealth.org/PositionStatement_Health_Care_Reform_and_Adolescents.pdf

Here is a brief excerpt:

“The statement stresses the vital role that quality health care services can play in every adolescent’s life and offers five principles to ensure that health care reform helps adolescents become healthy adults.

Assure financial access to services both through health insurance coverage that reaches all adolescents and through publicly funded safety net programs that provide special services to adolescents or reach special populations of young people.

Establish a comprehensive benefit package that includes services for prevention, screening, diagnosis, and treatment of the full range of acute and chronic physical, mental, and behavioral health concerns and conditions that affect adolescents.

Help clinicians provide high quality care to adolescents by supporting adolescent-focused education and training programs for health care professionals to expand the workforce prepared to serve adolescents; establishing reimbursement policies that provide adequate payment to a wide range of clinicians and include incentives to promote high quality, cost-effective care; and establishing reimbursement policies that support delivery of services in diverse settings.

Ensure that confidentiality protections are in place for adolescents’ communications with health care professionals and health care records, including electronic records, to help adolescents receive optimal care and learn to function independently in the health care system.

Address the needs of special populations of adolescents and young adults along with the general needs of adolescents, younger children, and adults. These groups include youths in public systems of care such as foster care and juvenile justice, homeless and runaway youths, pregnant and parenting teens, immigrant and migrant youth, youth from diverse racial and ethnic groups, sexual minority youth (lesbian, gay, bisexual, transgender and questioning youth), and youth with chronic physical and mental health conditions or disabilities.”

*This *Information Resource* was prepared by the Center for Mental Health in Schools at UCLA.

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