Namita Kulkarni, BSPH
Sara Wall Bollinger, MA
July 2024

POLICY Brief

Gaps in Youth Mental Health Infrastructure in Rural New York

This policy brief's intended audience is the New York State Legislature. This policy brief's aim is to address the policy-level barriers that lead to a rise in mental health issues among youth in rural New York. While the burden of mental health issues keeps rising among youth in rural New York, policy-level barriers lead to a lack of availability and accessibility to mental healthcare services.[1] The following brief will concisely describe the shortcomings of current mental healthcare policies while providing the framework for future reform, which will increase accessibility and equitable mental health services. Given as such, K-12 schools need assistance from the New York State Legislature members working towards youth mental health to support healthcare infrastructure within school campuses in rural New York.

Scope of the Problem

Youth in rural New York, particularly in Tompkins, Seneca, and Tioga counties, experience significant mental health challenges.[2] A recent survey revealed that 39% of 8th graders reported being bullied, while 40.3% of 12th graders felt depressed most days, and 49.5% felt worthless at times.[2] Additionally, 38% of 10th graders sometimes felt life was not worth living.[2] According to a 2023 youth survey report developed by the Rural Health Institute of New York, depressive symptoms are the highest among LGBTQ+ (52.4%) vs.. straight (16.9%), transgender (59.8%) vs. cisgender (22.2%), disabled (40.8%) vs. not disabled (9.7%), BIPOC (29.1%) vs. white (21.9%), and female (31.1%) vs. male (14.5%) students.[3] Also, suicide ideation was the highest among transgender (58.3%) vs. cisgender (17.4%), LGBTQ+ (49%) vs. straight (11.9%), disabled (33.9%) vs. not disabled (6.6%), BIPOC (24%) vs. whites (17.4%) and females (23.4%) vs. males (12.9%).[3] This data underscores the heightened vulnerability of youth to mental health issues in rural New York. While mental health conditions among all youth are on the rise, the suicide rate in rural New York is significantly higher than in urban New York.[1] Between 2004 and 2020, the increase in suicide rates was also more pronounced in rural areas, rising by 83.1 % compared to 27.9 % in urban areas.[1] The COVID-19 pandemic exacerbated these mental health challenges and heightened the risk of suicide in rural regions in New York.[1] This evidence necessitates a push for greater mental healthcare services on rural New York K-12 school campuses to reduce mental health issues and their life-threatening consequences among youth.

Pre-Existing Policies

- **School-Based Health Centers:** Compared to 76% school-based health centers located in urban areas, there is a shortage of school-based health centers in rural New York, with only 18% located in rural areas of the state.[4]

- **Healthcare Professional Shortage:** According to HRSA, in 2021, Cortland County and St. Lawrence County had an HPSA score of 22.[5] Oswego County and Cayuga County had a higher HPSA score of 20, Essex County had an HPSA score of 21, Sullivan County

and Chautauqua County has an HPSA score of 19.[5] As of 2024, Allegany County, Franklin County, and Jefferson County had a higher HPSA shortage score of 17.[5] These counties have a high HPSA scores and notable FTE shortages, indicating severe shortage of healthcare professionals suggesting a high need of health professionals.

- **Article 31:**
  1. Due to the shortage of mental healthcare professionals in rural New York, Article 31 exacerbates the problem by preventing healthcare professionals from other specialties from referring K-12 students for mental health concerns.[6]
  2. Healthcare professionals cannot prescribe medication or refills on K-12 school campuses.
- **Telehealth services:** Telehealth services are unavailable on K-12 school campuses.
- **Mobile Clinics:** Policies do not allow mobile clinics on K-12 school campuses.
- **Mental Health in K-12 Curriculum:** There is a lack of mental health education in K-12 school curriculum despite amends in Article 804 requiring the New York Education Law to integrate into K-12 school education.[7]

Policy Recommendations

Increase School-Based Health Centers (SBHCs) on K-12 School Campuses:

1. Improves availability and accessibility of mental health services by reducing long travel distances to healthcare facilities.[8]
2. Increases referral system among K-12 students with mental health issues.[9]
3. Reduces drop-out rates and missed classes among K-12 students.
4. Provides free-of-cost healthcare services.[10]
5. Ensures cultural competency and equitable healthcare services for all K-12 students regardless of race, ethnicity, or socio-economic background.[11]
6. Provides a medical home for K-12 students without a medical provider.[9]
7. Connects K-12 students with various health and well-being programs.[12]
8. Useful to connect EHRs of K-12 students with SBHCs to ensure continuity of care with their home medical providers and prevent duplication of healthcare services.

Implement Strategies for Reducing Clinician Shortage:

1. Loan repayment programs and scholarships attract healthcare professionals to rural areas and alleviate the financial burden for healthcare providers.[13]
2. State and private funding for rural medical training builds a sustainable healthcare workforce.[14]
3. Provide comprehensive training programs that address both clinical and cultural adjustments, ensuring foreign licensed healthcare providers are well-prepared for their roles and lives in rural settings.[15]
4. Professional networks and rural health associations reduce professional isolation by enhancing job satisfaction and performance.[14]
5. Counseling programs for middle and high school students foster an early interest in healthcare careers, building a future rural workforce.[14]
6. Establish satellite clinics in K-12 schools to provide general healthcare services to students by physicians not specializing in mental health.

Establish Telehealth Services on K-12 School Campuses:

1. Provides mental healthcare services to students in rural areas with persistent clinician shortages.[16,10]
2. Reduces transportation costs.[16]
3. Prevents worsening of mental health conditions and substantial medical bills from treatment delays.[17]
4. Reduces language barriers by availing diverse healthcare providers to K-12 students.[17]

Initiate Mobile Clinics on K-12 School Campuses:

1. Ensure mental healthcare reaches remote rural areas by overcoming transportation barriers.[18]
2. Offers healthcare at lower costs than traditional facilities, saving parents money on emergency visits and overall healthcare expenses.[19]
3. Operating in schools, residential areas, and broader communities helps meet the diverse needs of students and families effectively. [19,20]
4. Prevents long wait times for mental health services, intervening early to prevent youth mental health crises.[20]

Integrate Mental Health Coping Strategies in K-12 Education:

1. Include cognitive behavioral therapy, skills training, coping skills and music therapy in the K-12 school curriculum to improve self-regulation and tackle mental health issues.[7]

This brief outlines the deficiencies in current mental health policies and proposes a framework for future reforms to enhance accessibility and equity in mental health services. It emphasizes the need for legislative support to bolster healthcare infrastructure within rural K-12 school campuses. These courses of action align with the New York State Legislature's mission and are the most socially feasible options compared to other alternatives.

References

1. Harris B DrPH, Gallant K MSW, Mariani A MPH. *Mental Health in Rural New York: Findings and Implications of a Listening Tour With Residents and Professionals*. NORC at the University of Chicago; 2023. https://nyssoc.com/wp-content/uploads/2023/02/Rural-NY-Listening-Tour-Report-2023.pdf

2. Catalyst Insight. https://clyde.catalyst-insight.com/public/dashboard/tompkins_ny

3. Reports details. Made With softr.io. https://nyrhi.softr.app/reports-details?recordId=recRK41dSiC8tecUb

4. School-Based Health Centers Fact Sheet (SBHC). https://www.health.ny.gov/statistics/school/skfacts.htm

5. HPSA Find. https://data.hrsa.gov/tools/shortage-area/hpsa-find

6. Smith T, New York State Office of Mental Health. *Treatment Planning and Documentation Standards for Article 28/31 Hospital Psychiatry Providers During Emergency Period*.; 2020. https://nyscouncil.org/wp-content/uploads/2021/02/OMH-COVID-19-Guidance-Article-28-31-Hospital-Psychiatry-Providers-Treatment-Planning-and-Documentation-03-25-20.pdf

7. Mental Health Education, Supports, and Services in Schools | Office of the New York State Comptroller. https://www.osc.ny.gov/state-agencies/audits/2022/08/18/mental-health-education-supports-and-services-schools

8. School-based health clinics benefit rural NYS communities | Cornell Chronicle. Cornell Chronicle. Published August 15, 2023. https://news.cornell.edu/stories/2023/08/school-based-health-clinics-benefit-rural-nys-communities

9. Tennyson S, Sipple JW, Fiduccia P, Brunner W, Lembo E, Kjolhede C. School-based health centers and rural community health. *Community Development*. 2023;54(4):549-566. doi:10.1080/15575330.2022.2163409

10. Introduction to school-based telehealth | Telehealth.HHS.gov. https://telehealth.hhs.gov/providers/best-practice-guides/school-based-telehealth

11. Guo JJ, Wade TJ, Pan W, Keller KN. School-Based Health Centers: Cost–Benefit Analysis and Impact on Health Care Disparities. *Am J Public Health*. 2010;100(9):1617-1623. doi:10.2105/AJPH.2009.185181

12. New York State Farm to School. CALS. https://cals.cornell.edu/cornell-cooperative-extension/work-teams/new-york-state-farm-school

13. Arredondo K, Touchett HN, Khan S, Vincenti M, Watts BV. Current Programs and Incentives to Overcome Rural Physician Shortages in the United States: A Narrative Review. *J Gen Intern Med*. 2023;38(Suppl 3):916-922. doi:10.1007/s11606-023-08122-6

14. Rovito K, Kless A, Costantini SD. Enhancing workforce diversity by supporting the transition of internationally educated nurses. *Nurs Manage*. 2022;53(2):20-27. doi:10.1097/01.NUMA.0000816252.78777.8f

15. Evidence-based recommendations to improve attraction, recruitment and retention of health workers in remote and rural areas. In: *Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention: Global Policy Recommendations*. World Health Organization; 2010. Accessed June 13, 2024. https://www.ncbi.nlm.nih.gov/books/NBK138626/

16. Pediatric Mental Health Care Access Program (PMHCA): Improving Behavioral Health Services | MCHB. Accessed June 23, 2024. https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access

17. Hazel Health | Home. https://www.hazel.co/

18. Springett Q. Mobile Mental Health Clinics: What Are They and What Do They Do? AVAN Mobility. Published June 24, 2024. https://www.avanmobility.com/learning-center/mobile-mental-health-clinic/

19. How Do Mobile Health Clinics Improve Access to Health Care? https://publichealth.tulane.edu/blog/mobile-health-clinics/

20. Malone NC, Williams MM, Smith Fawzi MC, et al. Mobile health clinics in the United States. *Int J Equity Health*. 2020;19:40. doi:10.1186/s12939-020-1135-7