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Student access to health services shows dramatic improvement

by Stacey Colwell

COUNTY - In 2012, children and adolescents had to wait about five months for even one mental health or addictions appointment on the South Shore.

Recently, those wait times have dropped dramatically, to between one day and a week.

Officials at the region's health authority and school board say that's due in large part to unique co-operation between the two organizations.

My colleagues across the province talk enviously about the kind of relationship we have, where we can do anything we decide because neither of these organizations puts up any walls, said director of community health Todd Leader, explaining the typical model involves one board making a formal request of the other.

We've created a middle ground where we simply do things together. It's as simple as that.

Senior staff from both the health district and the school board hold regular meetings together to identify issues and find solutions.

We tend to worry about the money last, because we really try to hammer out our vision and where we're going and then the money becomes the thing you have to do at the end, said South Shore Regional School Board director of programs and student services Jeff DeWolfe.

We see it all as a shared responsibility.

They also never sit back and rest on their laurels.

As long as there are kids failing to thrive and succeed in school, or as long as kids are having any kind of health difficulties, then we haven't finished our jobs, said Mr. Leader.

He said the concept was the brainchild of South Shore Health executive Kari Barkhouse a few years ago.

Since then, action has happened at a far greater pace than we could have imagined prior to that.

The school-based staff the committee helps co-ordinate include a facilitator and five outreach workers for high-risk students via the schools-plus program; five community health workers available in all junior and senior high schools to talk to students about mental health, addictions and sexuality; four clinical therapists for specific treatment needs; eight nurses; 14 guidance counsellors; four student support workers to help African Nova Scotian and aboriginal students; one physiotherapist and two occupational therapists; a liaison for students with health care needs; four psychologists; and five speech-language pathologists.

Mr. DeWolfe said community health workers are in every Grade 7 to 12 school a minimum of once per week, which allows students to be admitted on the spot into specialized services for addictions or mental or sexual health.

As a result, Mr. Leader said young people are not only getting faster access, but earlier access.

A student now doesn't have to reach a point of having a crisis or full-blown diagnosable disorder before they get to see our staff.

In addition, those staff say they are actually seeing a shift in the type of population they are serving, because many kids are coming forward when they never would have via the old model.

They're self-identifying issues they may find private or embarrassing or scary and they don't want their parents involved.

In the end, the new model helps both the education and health of young people.

We know this is absolutely a two-way street. We know from tons of research that education and literacy are absolute determinants of health. People with lower levels of education tend to be sicker and die earlier, said Mr. Leader, adding mentally and physically healthy students are in turn more successful in the classroom.

Because they're not distracted by anxiety or depressive symptoms they're feeling, or the physical health needs they have or bullying that's going on. Any of those things can keep students from succeeding in education, and we know well end up seeing them in the health system throughout their lives far more.

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