School-based health hubs bring care to BC classrooms

Your third patient this morning is Kaitlin. She is worried about Casey, her child in grade 8, who takes a 20 km roundtrip bus ride to and from school every day in rural BC. Casey's older sibling has had issues with petty theft and alcohol use. Their father is currently unemployed due to a slowdown in the logging industry. Kaitlin has a part-time job at a community grocery store.

Casey struggles socially and turns to social media extensively. Casey often complains about feeling anxious and lonely. Kaitlin knows that Casey is experimenting with alcohol and cannabis, and she is asking for your help.

The problem

As many as one in eight children and youth in BC meet the criteria for a mental health disorder, including anxiety, attention-deficit/hyperactivity disorder (ADHD), substance use, and depression. In a review by Schwartz and colleagues, the authors found that only 44% of children with a mental health disorder received any mental health services.[1] This is especially alarming when coupled with substance use: 67% of children in BC who died from illicit drug toxicity in 2025 also struggled with mental health issues.[2]

What can we do?

School-based health hubs (SBHHs) are one way to improve access to care by providing care directly at a young person's school. An SBHH is a collaborative team—usually composed of doctors, nurses, counselors, and other mental and physical health care professionals—that provides child and youth health care in an elementary or secondary school. Throughout BC, there are currently 16 SBHHs. In all instances, they were initiated by physicians, nurse practitioners, and other health care and education professionals as a local, community-based response to the medical needs of children and youth, particularly those suffering from mental health and substance use issues.

SBHHs do not replace established relationships with longitudinal care in the community; rather, they enhance those services and aid children and youth who are disconnected from care. As every community is unique, each SBHH is tailored to its needs and resources, while still sharing a common goal of increasing access to health care for students.[3,4]

SBHHs help with the following:

- Bridging gaps: They provide services in a familiar, accessible, and safe school environment. The accessibility of SBHHs also fosters trust between students, families, and health care professionals, encouraging earlier intervention and preventive care.[5]
- Improving health outcomes: By connecting students and families to community resources and providing culturally competent care, SBHHs contribute to long-term health equity by addressing underlying social determinants of health, such as poverty and discrimination.[6,7]
- Promoting health equity: SBHHs address critical barriers to health care access, ensuring that students, particularly those from isolated or marginalized communities, receive the medical, mental, and social support they need to thrive.[5-7]
- Enhancing educational engagement: SBHHs improve student attendance, academic performance, and overall educational engagement through accessible primary care appointments, mental health counseling, chronic disease management, and health education.[5,7]
- Increasing graduation rates: Regular school attendance and feeling safe and supported improve student learning and success. When students finish school and graduate, they are more successful in acquiring meaningful employment and life stability.[8]
- Reducing emergency department visits: SBHHs meet the needs of pediatric patients, reducing emergency department visits for minor conditions and maintaining capacity for critical situations.[9]
- Improving collaboration: SBHHs strengthen relationships between school staff and physicians and other health care professionals by bringing services closer together and developing a network of support. One family physician expressed that this network is the only thing stopping them from burning out.

Next steps

Building on their collective learning from SBHHs across 16 communities through the Child and Youth Mental Health and Substance Use Community of Practice, the Shared Care Committee is now supporting a funded spread initiative. With two communities in the Interior Health region eager to start, implementation began on 9 September 2026 at the first site and is scheduled for January 2027 at the second site.

Additionally, physicians and health care professionals will continue to engage with health authorities, Divisions of Family Practice, the Ministry of Health, the Ministry of Children and Family Development, and other partners to support the growth and

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adoption of SBHHs and improve pediatric mental health and substance use care throughout BC.

If you are interested in learning how to initiate your own SBHH, reach out to Sonia Virk, advisor, communities of practice, for more information at svirk@doctorsofbc.ca. ■

—Robert M. Lehman, BSc, MD, CCFP, MCISc, FCFP
Certified Couples' Therapist; Family Physician, Sunshine Coast; Child and Youth Mental Health and Substance Use Community of Practice Steering Committee Member; Community of Practice Collaborative Care Working Group Chair

—Wilma Arruda, BSc, BEd, MD, FRCPC
Pediatric Consultant, John Barsby Wellness Centre, Nanaimo; Child and Youth Mental Health and Substance Use Community of Practice Steering Committee Member; Community of Practice Collaborative Care Working Group Member

—Chantal Guillemette, MD, CCFP
Family Physician, Kaslo/Nelson; Community of Practice Collaborative Care Working Group Member

—Janice McLaughlin, BSc, MD
Family Physician, Comox/Courtenay; Foundry Comox Valley Family Physician Lead; Community of Practice Collaborative Care Working Group Member

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