
Contents

Preface	v
Acknowledgments	vii
About the Authors	viii
Introduction	ix
PART I. THE FIELD OF MENTAL HEALTH IN SCHOOLS	1
1. Mental Health in Schools: Past and Present	3
2. About Moving Toward a Comprehensive Approach	23
PART II. THREE MAJOR ISSUES CONFRONTING THE FIELD	33
3. Labeling, Screening, and Over-Pathologizing	34
4. Evidence-Based Practices in Schools: Concerns About Fit and Implementation	46
5. Social Control Versus Engagement in Learning: A Mental Health Perspective	57
PART III. MOVING FORWARD: SCHOOL-BASED STRATEGIES FOR ADDRESSING BEHAVIOR, LEARNING, AND EMOTIONAL PROBLEMS	69
6. A Period of Transition and Possible Transformation	71
7. Strategies for Embedding Mental Health in School Improvement	83
8. Social and Emotional Learning and Promotion of Mental Health: Implications for Addressing Behavior Problems	107

9. Challenges and Opportunities for Promoting Mental Health in the Classroom	130
10. Mental Health Assistance for Students at School	152
11. Focusing on the Well-Being of School Staff	191
PART IV. POLICY AND SYSTEMIC CHANGE FOR MOVING FORWARD	201
12. New Directions	203
13. Collaboration: Working Together to Move Forward and Enhance Impact	215
14. Show Us the Data: Using and Extending the Research Base	249
15. Addressing Systemic Change	265
Call to Action: Moving Forward	281
Appendix: Leadership at a School Site for an Enabling or Learning Supports Component	286
References	291
Index	302

Preface

This book is about improving schools, preventing problems, and engaging students *by moving in new directions for mental health in schools*. This ambitious agenda requires the attention of all who have a stake in public education. Therefore, our intended audience is quite broad (e.g., leaders, administrators, student support staff, teachers, other practitioners, researchers, those involved in personnel preparation, and policy makers).

Many matters arise when the topic of mental health in schools is discussed. Prominent are questions such as the following:

Why should schools be involved with mental health?

Should the focus of mental health in schools be on

- mental *illness*? mental *health*? *both*?
- special education students or all students? or
- services or programs or a comprehensive system of supports?

What is the *context* for the work, and who should be *responsible* for its planning, implementation, and evaluation?

We explore all this and much more with a view to moving in new directions.

Over the years, we have pursued the advancement of mental health in schools by focusing on fully integrating the matter into school improvement policy, planning, and practice. Since 1986, our work has been carried out under the auspices of the School Mental Health Project at UCLA, and since 1995, our efforts have been embedded in the Project's national Center for Mental Health in Schools.

One facet of the Center's work is designed to facilitate discussion of issues, write and share policy and practice analyses and recommendations, and develop prototypes for new directions. Another facet provides guides to and resources for practice.

The following is a book-length compilation that pulls together our work over many years. It complements our two books published by Corwin in 2006: (1) *The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning* and (2) *The Implementation*

Guide to Student Learning Supports in the Classroom and Schoolwide: New Directions for Addressing Barriers to Learning. Readers who want to drill deeper into the many topics covered in this book can turn to these and to the growing body of resources available at no cost on the UCLA Center's Web site (<http://smhp.psych.ucla.edu>).

Because of the urgency for creating a school environment that promotes mental health and reduces problems, our primary aim here is to stimulate major systemic transformation. To this end, we stress new directions and resources for systemic change. At the same time, we highlight resources to aid those who currently are striving each day to make lives better for students and school staff.

We begin with a brief reflection on what schools have been and are doing about mental health concerns. Then, we explore major concerns, emerging trends, new directions, policy and systemic change implications, and end with a call to action. While we identify system deficiencies, we have nothing but the highest respect for those professionals who strive each day to ensure that all students have an equal opportunity to succeed at school.

As always, we owe many folks for the contents of this book. We thank everyone for their contribution, and as always, we take full responsibility for any misinterpretations and errors.

Howard Adelman and Linda Taylor

DEDICATION

To those trailblazers who are moving the field forward.

Introduction

Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them.

—U.S. Department of Health and Human Services (2001)

One of those institutions is the school. Indeed, available research suggests that for some youngsters schools already are the main providers of mental health services. As Burns and her colleagues (1995) found, “the major player in the de facto system of care was the education sector—more than three-fourths of children receiving mental health services were seen in the education sector, and for many this was the sole source of care” (p. 152).

WHY MENTAL HEALTH IN SCHOOLS?

In discussing the involvement of schools in mental health, the first question that arises is, “Why should there be a focus on mental health *in schools*?”

While many societal considerations are involved in responding to this question, for the most part the usual answers incorporate either or both of the following points:

- Accessing and meeting the needs of students (and their families) who require mental health services is facilitated at schools
- Addressing psychosocial and mental and physical health concerns is essential to the effective school performance of students

Implied in both answers is the hope of enhancing the nature and scope of mental health interventions to fill gaps, enhance effectiveness, address problems early, reduce stigma, and fully imbue clinical and service efforts with public health, general education, and equity orientations.

Point one typically reflects the perspective and agenda of agencies and advocates whose mission is to improve mental health services. The second point reflects the perspective and agenda of student support professionals and some leaders for school improvement and also provides a supportive rationale for those who want schools to play a greater role related to addressing young people's health concerns.

ADVANCING MENTAL HEALTH IN SCHOOLS

Around the world, many stakeholders are determined to enhance how schools address mental health and psychosocial concerns. And now is a critical period for doing so.

Anyone who has spent time in schools can itemize the multifaceted mental health and psychosocial concerns that warrant attention. For those committed to advancing mental health in schools, the question is,

How should our society's schools address these matters?

The answers put forward tend to reflect different agenda. As a result, efforts to advance the imperative for mental health in schools are confronted with the problem of coalescing agenda and doing so in ways that are responsive to the oft-voiced public concern that schools cannot be responsible for meeting every need of their students.

Education is the mission of schools, and school policy makers are quick to point this out when schools are asked to do more, especially with respect to mental health. They do not disagree with the idea that healthier students learn and perform better. The problem is that prevailing school accountability pressures increasingly have concentrated on instructional practices—to the detriment of all matters not seen as *directly* related to raising achievement test scores.

Those concerned with enhancing mental health in schools must accept the reality that schools are not in the mental health business. Then, they must develop an understanding of what is involved in achieving the mission of schools. After that, they must be ready to clarify how any agenda item for mental health in schools helps accomplish that mission. Of particular importance is how proposed approaches help meet the demand for improving schools, reducing dropout rates, closing the achievement gap, and addressing racial, ethnic, disability, and socioeconomic disparities.

EMBEDDING MENTAL HEALTH IN THE SCHOOL IMPROVEMENT AGENDA

In 2001, the Policy Leadership Cadre for Mental Health in Schools stressed that advancing mental health in schools is about much more than expanding services

and creating full-service schools. The aim is to become part of a comprehensive, multifaceted, systemic approach that strengthens students, families, schools, and neighborhoods and does so in ways that maximizes learning, caring, and well-being.

To this end, policy decision makers and school improvement leaders must transform the education support programs and services that schools own and operate. Such a transformation must draw on well-conceived, broad frameworks and the best available information and scholarship to develop a comprehensive system of supports for addressing problems and enhancing healthy development. Accomplishing this will require weaving together resources from the school, community, and family.

BUILDING ON WHAT HAS GONE BEFORE

Advancing a field requires a perspective on the past and the present. Therefore, Part I offers a brief reflection on what schools have been and are doing about matters related to mental health and then highlights some basic considerations as a foundation for moving forward.

Advancing this field requires a perspective on major concerns and issues that have arisen about the focus on mental health in schools. Part II highlights such matters.

Advancing the enterprise requires a sense of current and emerging opportunities and new strategies for moving forward in developing a comprehensive system that is implemented in the classroom and schoolwide. This is the focus of Part III.

Advancing any field requires rethinking policy and facilitating systemic change. Part IV outlines some major policy and systemic change considerations.

1

Mental Health in Schools

Past and Present

A variety of psychosocial and health problems have long been acknowledged as affecting learning and performance in profound ways. Moreover, behavior, learning, and emotional problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure.

Efforts to address mental health concerns in schools are not new. What's new is the emergence of the *field* of mental health in schools. We begin by highlighting some of what has transpired over the last 60 years.

PAST AS PROLOGUE

Because of the obvious need, school policy makers have a lengthy, if somewhat reluctant, history of trying to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of health, social service, counseling, and psychological programs schools have provided from the end of the 19th century through today (Baumgartner, 1946; Christner & Mennuti, 2009; Dryfoos, 1994; Flaherty, Weist, & Warner, 1996; Tyack, 1992).

One interesting policy benchmark appeared in the middle of the 20th century when the National Institute of Mental Health (NIMH) increased the focus on mental health in schools by publishing a monograph on the topic (Lambert, Bower, & Caplan, 1964). Since then, many initiatives and a variety of agenda have emerged. Included are efforts to expand clinical services in schools, develop new programs for *at risk* groups, and incorporate programs for the prevention of problems and the promotion of social-emotional development (Adelman & Taylor, 1994; Califano, 1977; Collaboration for Academic, Social, and Emotional Learning, 2003; Dryfoos, 1994; Knitzer, Steinberg, & Fleisch, 1990; Millstein, 1988; Steiner, 1976; Stroul & Friedman, 1986; Weist & Murray, 2007).

Bringing Health and Social Services to Schools

Over the past 20 years, a renewed emphasis in the health and social services sectors on enhancing access to clients led to increased linkages between schools and community service agencies, including collocation of services on school sites (Center for the Future of Children, 1992; Warren, 2005). This *school-linked services* movement added impetus to advocacy for mental health in schools. It promoted school-based health centers, school-based family resource centers, wellness centers, afterschool programs, and other efforts to connect community resources to the schools.

Many advocates for school-linked services coalesced their efforts with those working to enhance initiatives for youth development, community schools, and the preparation of healthy and productive citizens and workers (Blank, Berg, & Melaville, 2006). These coalitions expanded interest in social-emotional learning and protective factors as ways to increase students' assets and resiliency and reduce risk factors (Greenberg et al., 2003; Hawkins, Kosterman, Catalano, Hill, & Abbott, 2008). However, the amount of actual mental health activity in schools generated by these efforts remains relatively circumscribed (Foster et al., 2005; Teich, Robinson, & Weist, 2007).

Federal Support for the *Field* of Mental Health in Schools

In 1995, a direct effort to advance mental health in schools was initiated by the U.S. Department of Health and Human Services through its Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Office of Adolescent Health (Anglin, 2003). The purpose of the initiative is to enhance the role schools play in mental health for children and adolescents. Specifically, the emphasis is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and their communities address psychosocial and mental health concerns. Particular attention is given to mental health promotion, prevention, and responding early after the onset of problems as critical facets of reducing the prevalence of problems and enhancing well-being.

The core of the work has been embedded in two national centers. The two, which were initially funded in 1995 with a primary emphasis on technical assistance and training, successfully reapplied during the 2000 open competition. A third open competition for a five-year funding cycle was offered in 2005 with an increasing emphasis on policy and program analyses to inform policy, practice, research, and training. Again, the initially funded centers applied and were successful in the process. The two centers are the Center for Mental Health in Schools at UCLA and the Center for School Mental Health at the University of Maryland, Baltimore. (It should be noted from 2000 through 2006, HRSA and the Substance Abuse and Mental Health Services Administration [SAMHSA] braided resources to jointly support the initiative.)

Other federal initiatives promote mental health in schools through a smattering of projects and initiatives. These include (1) programs supported by the U.S. Department of Education's Office of Safe and Drug-Free Schools (including a grants program for the Integration of Schools and Mental Health Systems), its Office of Special Education and Rehabilitative Services, and some of the school improvement initiatives under the No Child Left Behind Act; (2) the Safe Schools/Healthy Students initiative, which is jointly sponsored by SAMHSA and the U.S. Departments of Education and Justice; (3) components of the Centers for Disease Control and Prevention's Coordinated School Health Program; and (4) various projects funded through SAMHSA's Elimination of Barriers Initiative and Mental Health Transformation State Incentive Grant Program. Several other federal agencies support a few projects that fit agenda for mental health in schools. All of the above have helped the field emerge; none of the federal programs are intended to underwrite the field. Government-funded projects are time limited and affected by economic downturns.

In recent years, a growing number of states have funded projects and initiatives, and a few have passed legislation with varying agenda related to mental health in schools. A variety of public and private entities also support projects that contribute to the emerging field.

Other countries are moving forward as well. The growing interest around the world is reflected in the establishment in the early 2000s of the International Alliance for Child and Adolescent Mental Health and Schools, which has members in 30 countries (Weist & Murray, 2007).

Call for Collaboration

Few doubt the need for collaboration. Over the years, those with a stake in mental health in schools frequently have called for joining forces (Center for Mental Health in Schools, 2002; Rappaport, Osher, Garrison, Anderson-Ketchmark, & Dwyer, 2003; Taylor & Adelman, 1996). Building bridges across groups, however, is complex and requires a long-term commitment. We discuss this matter in detail in Chapter 13.