

## Review Article

# Embedding Mental Health into School Improvement Policy and Practice

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## Abstract

Based on analyses of school improvement policy and practice, it is clear that efforts to address mental health concerns in schools are marginalized in school improvement policy. To end the marginalization, prevailing school policy and practices for addressing learning, behavior, and emotional problems require reframing. This paper reports on facets of our Center's R&D work that (a) clarifies key matters related to advancing mental health in schools, (b) delineates the need to expand school improvement policy and practice from a two to a three component framework, and (c) embeds mental health interventions into the third component by reframing how schools address barriers to learning and teaching and reengage disconnected students.

## INTRODUCTION

### Embedding Mental Health into School Improvement Policy and Practice

For over 60 years, mental health has been an increasing focus in schools [1]. One landmark occurred in 1972 when the U.S. Office of Education and NIMH published a major monograph on the topic [2]. Since then, many initiatives and a variety of agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups, increase prevention programs, and promote social-emotional development.

Over the past 40 years, a renewed emphasis on enhancing access to clients in the health and social services arenas has resulted in increased linkages between schools and community service agencies. This “school-linked services” movement has added impetus to advocacy for mental health in schools. More recently, some advocates for school-linked services have coalesced their efforts with initiatives for youth development, community schools, and the preparation of healthy and productive citizens and workers [3]. These coalitions have expanded interest in social-emotional learning and protective factors as ways to increase students' assets and resiliency and reduce risk factors. During the COVID-19 crisis and school closures, school psychologists, counselors, social workers, and School Based Health Centers added telehealth to school mental health activity.

With a view to advancing the work in schools, the U.S. Department of Health and Human Services in the mid 1990s established the Mental Health in Schools Program. The program provided initial funding for two national centers: our Center for

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## Keywords

• Mental Health; School improvement; Learning; Behavior

Mental Health in Schools at UCLA (recently renamed the Center for MH in Schools & Student/Learning Supports) and a center at the University of Maryland, Baltimore. The emphasis of the two centers has been on increasing the capacity of policymakers, administrators, school personnel, primary care health providers, MH specialists, agency staff, consumers, and other stakeholders to enhance how schools and communities address psychosocial and mental health concerns.

Since its creation, our Center's analyses of school improvement policy and practice have focused on where mental health fits into school improvement policy and practice. A core conclusion is that, because mental health in schools is marginalized in such policy, prevailing policy and practices require reframing to end the marginalization and its consequences.

## SOME KEY MATTERS RELATED TO ADVANCING MENTAL HEALTH IN SCHOOLS

When the general public hears the term *Mental Health in Schools* or *School Mental Health*, the tendency is to think about students who have psychological problems, about what services they need, and how schools don't provide enough of such services. This is not surprising given the widespread tendency for the term *mental health* to be thought of as referring to mental disorders/illness and for relevant interventions to be seen as services (e.g., counseling/therapy).

As a result, many well-intentioned initiatives and policy reports aimed at advancing mental health in schools have focused mainly on expanding mental health *services*. However, advocacy for more mental health *services* in schools often detracts from

efforts to encourage policy makers to address the full range of mental health concerns confronting school staff, students, and their families.

Our analyses of school improvement policy and practice stress the following matters as key to advancing a broad approach to mental health in schools [4-13].

- The concept of mental health encompasses a continuum of interventions ranging from promoting positive social and emotional development to treating mental disorders.
- Mental health *problems* are fully enmeshed with psychosocial and educational problems.
- Schools have a role to play in (a) promoting positive mental health (e.g., social-emotional development), (b) preventing learning, behavior, and emotional problems, (c) intervening as early as feasible when such problems arise, and (d) treating severe and chronic problems.
- However, since the mission of schools is education, a mental health agenda (and especially a clinical services agenda) *by itself* is too narrow to be a high priority for our society's schools.

With respect to improving school improvement policy, greater attention is needed to providing policy makers with compelling data on

- the many factors that are interfering with learning and teaching
- the large number of students who are experiencing learning, behavior, and emotional problems (including the increases that can be anticipated when schools reopen after the COVID-19 crises)
- the fragmented and marginalized state of affairs related to the limited set of services, programs, and initiatives currently provided as student/learning supports
- the small proportion of students reached
- the counterproductive competition for sparse resources.

## LEARNING SUPPORTS AS A THIRD COMPONENT OF SCHOOL IMPROVEMENT POLICY AND PRACTICE

As an essential step in countering policy marginalization, the Center's policy analyses conclude that all narrow agenda for addressing learning, behavior, and emotional problems need to be embedded into a broad concept such as *Learning Supports*. This position was adopted by the National Association of School Psychologists (NASP), with 29 national and state organizations signing on to the policy recommendation [12].

It is worth quoting some of what was stated in a NASP publication that introduced the work: "Sometimes in the world of public policy, people read something that resonates with them in a new and unexpected way and results in a change in the way we do business. Some call this a paradigm shift, while others say they've had an epiphany. Whatever the assessment, when we

start to be able to see the forest through the trees, it helps us successfully navigate our path to our destination.

After reading a policy analysis issued by the UCLA Center for Mental Health in Schools this year, it became clear to several of NASP's public policy leaders and staff, including myself, that we needed to reframe our work from the viewpoint of the forest versus the trees. The document that stimulated this change was called Synthesis and Analysis of Recommendations to Congress for ESEA Reauthorization from the Perspective of Addressing Barriers to Learning & Teaching (2010). It reviewed recommendations for the reauthorization of the Elementary and Secondary Education Act (ESEA) offered by witnesses at hearings on Capitol Hill and written recommendations submitted by a variety of national organizations, NASP included. The policy analysis determined that current recommendations were generally insufficient and would amount to mere 'tinkering' with our educational system. The report asserted that real meaningful policy reforms were not likely to be achieved based upon current proposals because their primary focus was almost exclusively on two components: instructional (e.g., standards, high quality instruction, teacher quality, etc.) and organizational (e.g., accountability, budgets, governance, resource and facility management, etc.). While these two components of schooling are critical, the researchers' analysis determined that this focus alone is insufficient to achieve the true policy and practice reforms necessary to ensure that all students learn. In short, a child who is struggling to overcome barriers to learning (e.g., poverty and homelessness, school climate and safety, student engagement, and individual learning and mental health challenges) will not be fully available for instruction, even with strong curricula, highly qualified teachers, and a rigorous accountability system. ...

The UCLA researchers propose that a three component framework for ESEA reauthorization be advanced that balances instruction, management, and a third component- learning supports for students. Learning supports are defined as 'the resources, strategies, and practices that provide physical, social, emotional, and intellectual supports to enable all students to have an equal opportunity for success at school by directly addressing barriers to learning and teaching and by reengaging disconnected students.' Federal policy that almost exclusively addresses issues related to only two components essential to school reform is the equivalent of trying to successfully sit upon a two legged stool. Much attention has been given to instructional and organizational issues over the past decade, yet our schools have not attained the goal of high achievement and school completion for all students. The only essential component of education that has not been fully integrated into policy, and hence practices, is that which encompasses learning supports. Without equal attention to this critical third leg, schools will continue to fall short of their mission for every student to learn and succeed in school. Further, programs and initiatives within this third component, such as school wide positive behavior supports, response to intervention, school-community partnerships, social-emotional learning, and other learning support types of programs will compete for the remaining resources resulting in fragmentation and marginalization of services and supports. Despite the wonderful work represented by all of these programs, no single learning support program can meet every student need.

‘Comprehensive and coordinated’ learning supports that reflect a full continuum of learning supports and personnel are essential to school improvement and in order for these to be effective, the importance of learning supports must become integral to every school improvement discussion and dialogue.”

As the above underscores, no single program or service can address the range of factors interfering with equity of opportunity to succeed at school for the large number of students affected. And the competition for resources resulting from separate advocacy for such programs and services is contributing to the continuing marginalization and resultant fragmentation of such endeavors and the fact that they reach only a small proportion of the many students who should be beneficiaries.

The bottom line in terms of policy is that a health agenda is inadequate for addressing barriers to learning and teaching and reengaging disconnected students in instruction.

Embedding the agenda for mental health in schools into a three component framework for school improvement will help

- minimize the unrealistic and often inappropriate call for more and more one-on-one direct services and reduce the demand for such services
- counter the mistaken view that collocating community services on school campuses can fill critical intervention gaps at schools and enhance community and home engagement
- improve classroom, schoolwide, and community interventions for promoting positive social and emotional development, preventing problems, responding quickly when a problem arises, and providing specialized help for chronic and severe problems
- facilitate the weaving together of school, home, and community resources to gain economic benefits and enhance outcomes
- enhance coordination and cohesion of all resources (school, community, family) intended to support young people.

## INTERVENTION FRAMEWORK FOR EMBEDDING MENTAL HEALTH IN LEARNING SUPPORTS

Embedding mental health into the proposed third component (e.g., a learning supports component) for school improvement policy establishes an essential foundation for ending marginalization of mental health concerns in schools. The third component provides a unifying concept for pursuing a wide range of mental health and psychosocial interventions and other factors interfering with learning and teaching.

Operationalizing a unified and equitable third component involves a comprehensive, multifaceted, and cohesive system of supports. Over the last decade, versions of what we describe below have been developed in venues across the country (see examples highlighted and lessons learned in *Where's it Happening?* – <http://smhp.psych.ucla.edu/summit2002/nind7.htm>).

The resources for building the system come from redeploying and weaving together school and community resources (including family human and social capital). The process must be guided by a carefully defined and broad intervention framework and an operational infrastructure that is designed to develop, implement, and sustain the system. A broad intervention framework and dedicated operational mechanisms can facilitate school-community collaboration in ways that (a) minimize counterproductive competition for sparse resources and (b) redeploy and integrate resources to fill critical gaps in keeping with high priority needs.

While interventions are commonly framed in terms of tiers or levels (e.g., MTSS), such a framework is an insufficient organizer. To escape the trend toward generating laundry lists of programs and services at each level, it is necessary also to organize them into a demarcated group of intervention domains of support. So, our intervention prototype has two facets:

- one organizes all intervention addressing learning, behavior, and emotional problems into a circumscribed set of domains of support
- the second conceptualizes levels of intervention as a full *continuum of integrated intervention subsystems* that interweave school-community-home resources.

*Domains of Support.* As Figure 1 illustrates, interventions for addressing barriers to learning and teaching are grouped into six domains. These encompass efforts to

- *enhance strategies in regular classroom to enable learning* (e.g., working collaboratively with other teachers and student support staff to ensure instruction is personalized with an emphasis on enhancing intrinsic motivation for all students and especially those manifesting mild-moderate learning and behavior problems; re-engaging those who have become disengaged from learning at school; providing learning accommodations and supports as necessary; using response to intervention in applying special assistance; addressing external barriers with a focus on prevention and early intervening)
- *support transitions* (e.g., assisting students and families as they negotiate the many hurdles encountered during school and grade changes, daily transitions, program transitions, accessing supports, and so forth)
- *increase home and school connections and engagement* (e.g., addressing barriers to home involvement, helping those in the home enhance supports for their children, strengthening home and school communication, increasing home support of the school)
- *increase community involvement and collaborative engagement* (e.g., outreach to develop greater community connection and support from a wide range of entities, including enhanced use of volunteers and other community resources, establishing a school-community collaborative)
- *respond to, and where feasible, prevent school and personal crises* (e.g., preparing for emergencies, implementing

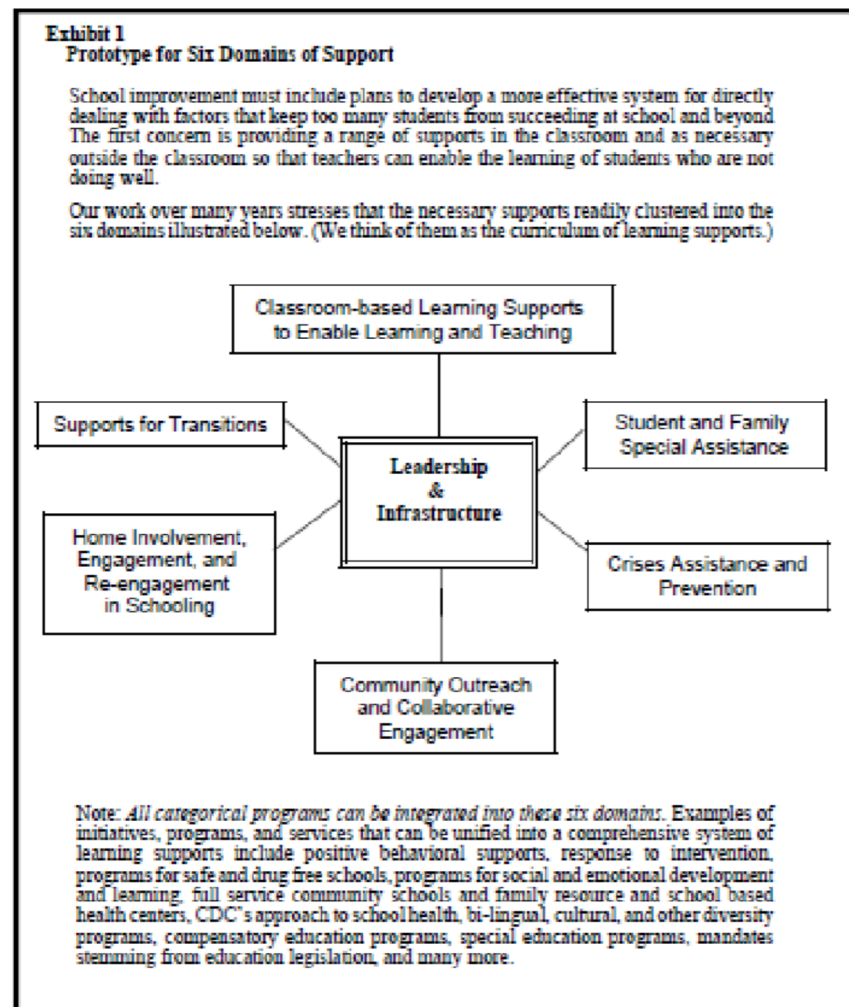


Figure 1 Prototype for six domains of Support.

plans when an event occurs, countering the impact of traumatic events, implementing prevention strategies; creating a caring and safe learning environment)

- facilitate student and family access to special assistance (including specialized services on- and off-campus) as needed

There are a variety of resources that discuss and provide examples related to each of these domains [e.g., 8,9,10].

**Continuum of integrated subsystems: expanding the 3-tier model.** Beyond intervention content, a fundamental second facet of a unified and comprehensive system or learning supports is on an overlapping and intertwined continuum of interventions that strives to

- promote healthy development and prevent problems
- intervene early to address problems as soon after onset

as is feasible

- assist with chronic and severe problems.

As graphically portrayed in Figure 2, (a) each level represents a subsystem, (b) the three subsystems overlap, and (c) all three require integration into an overall system that weaves together school and community resources. Note that this framework expands thinking beyond the multi-tiered framework that schools tend to use.

As a framework for preventing and addressing behavior and learning problems, the Every Student Succeeds Act references use of a school-wide tiered model (also referred to as a multi-tier system of supports). The tiered model is defined as "a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students' needs, with regular observation to facilitate data-based instructional decision-making."

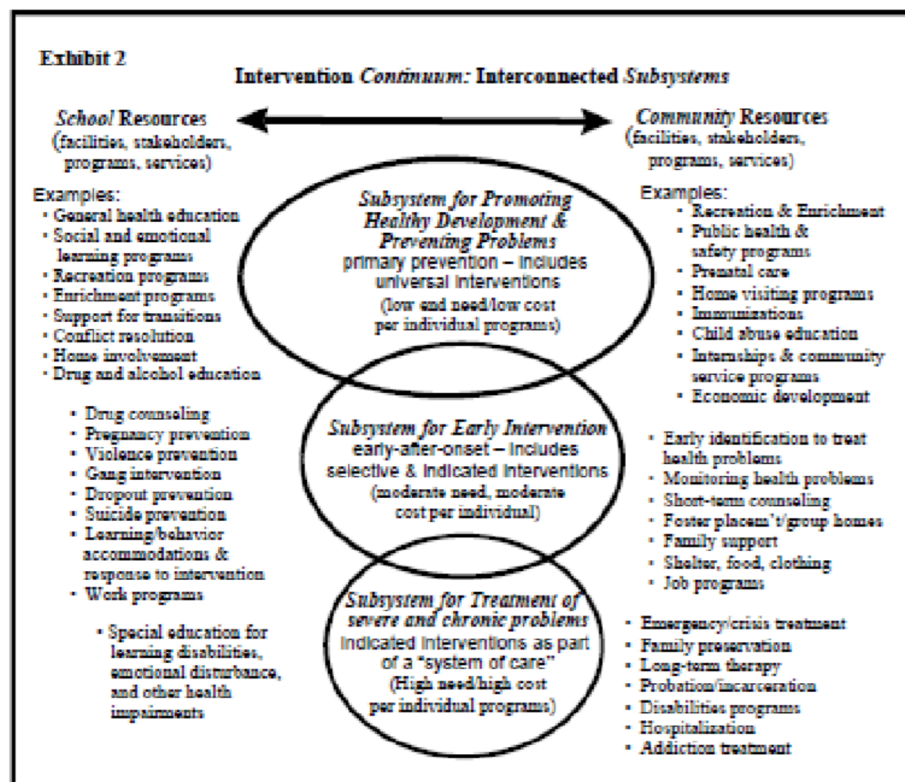


Figure 2 It represents Intervention Continuum: Interconnected Subsystems.

Emphasis on the tiered model is a carryover from previous federal policy guidelines related to Response to Intervention and Positive Behavioral Interventions and Supports. The result over the last few years of this policy emphasis is that schools increasingly are framing student and learning supports in terms of tiers or levels. As currently conceived, however, the multi-tier model is an insufficient organizing framework for developing a unified, comprehensive, and equitable system of learning supports. The simplicity of the tiered presentation as widely adopted is appealing and helps underscore differences in levels of intervention. However, focusing simply on levels of intervention, while essential, is insufficient. Three basic concerns about such a formulation are that it mainly stresses levels of intensity, does not address the problem of systematically connecting interventions that fall into and across each level, and does not address the need to connect school and community interventions. As a result, it has done little to promote the type of intervention framework that policy and practice analyses indicate is needed to guide schools in developing a unified and comprehensive system of student and learning supports. In contrast, Figure 2 illustrates that intervention tiers/levels are better conceived as a set of interconnected, overlapping subsystems that pulls together school and community resources or addressing barriers to learning and teaching.

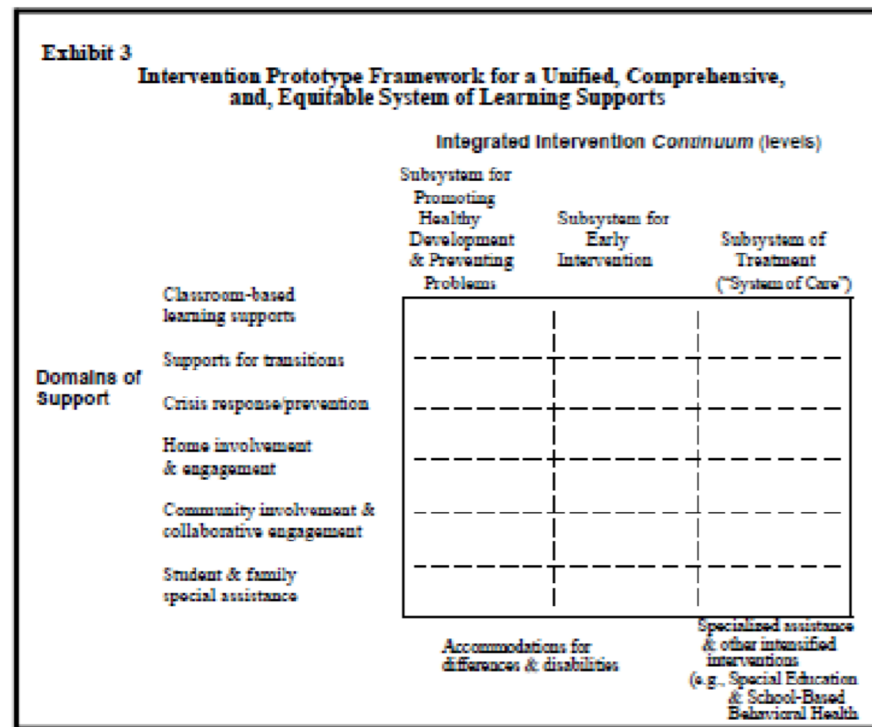
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As illustrated in Figure 3, the six domains and the continuum constitute the prototype intervention framework for a comprehensive system of learning supports. Such a framework is meant to guide school improvement planning related to developing a learning supports component that is unified and equitable. The matrix provides a framework for mapping what is in place and analyzing gaps.

Effectively designed and developed at a school, learning supports component increases supports for all students and fully embeds mental health concerns. The emphasis is on

- unifying student and learning supports by grouping the



**Figure 3** Intervention Prototype framework for a unified, comprehensive and Equitable system of Learning Supports.

many fragmented approaches experienced at school in ways that reduce the number of separate and sometimes redundant intervention responses to overlapping problems

- addressing barriers to learning and teaching by improving personalized instruction and increasing accommodations and special assistance when necessary
- enhancing the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to individual readiness and ongoing involvement and with the intent of fostering intrinsic motivation as a basic outcome
- re-engaging disconnected students
- adding specialized remediation, treatment, and rehabilitation as necessary.

In doing all this, a learning supports component enhances equity of opportunity, plays a major role in improving student and school performance and promoting whole child development, fosters positive school-community relationships, minimizes the school's reliance on social control practices, and contributes to the emergence of a positive school climate.

### CONCLUDING COMMENTS

Ultimately, how schools address learning, behavior, emotional, and physical problems will affect not only those experiencing such problems, but the entire society. It is time

for school improvement to encompass policy and planning that enables every school to replace its outdated patchwork of programs and services used in addressing barriers to learning and teaching.

However, as John Maynard Keynes cogently pointed out: *The real difficulty in changing the course of any enterprise lies not in developing new ideas but in escaping old ones.*

With this in mind, we suggest the old ideas that policy makers need to escape in order to move in new directions include the notions that:

- effective school improvement can be accomplished despite the marginalization in school improvement policy and practice of efforts to address barriers to student learning and teaching
- addressing barriers for the many students in need can be accomplished by continuing to overemphasize one-on-one direct services and paying sparse attention to classroom and school wide interventions that can reduce the need for such services
- improving student and learning supports mainly involves enhancing coordination of interventions instead of transforming the enterprise into a comprehensive system that is fully integrated into school improvement policy and practice
- adopting a continuum of interventions is a sufficient

framework for transforming current student/learning supports

- collocating community services on school campuses could be a sufficient strategy for filling critical intervention gaps at schools and for enhancing community and home engagement.

Escaping these old ideas is a step toward ending the marginalization in school improvement policy of mental health and all other student and learning supports programs and services.

The bottom line in terms of equitable policy and practice is that we cannot continue to provide a small number of sites with a few more health and social services to establish a few islands of excellence (demonstrations, pilots) and “Cadillac models.” The scale of need demands moving quickly in fundamentally new directions. With over 90,000 public schools in the U.S.A. and so many students who are not doing well, it is time to embed mental health in schools into a unified, comprehensive, and equitable system of learning supports. This will enhance the fit with the mission of schools and contribute in a powerful way to schools playing a role in fully promoting social-emotional development and comprehensively addressing learning, behavior, and emotional problems. To do less is a recipe for maintaining a terribly unsatisfactory status quo.

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