2/15/23)**This resource is from the national**
Center for MH in Schools & Student/Learning Supports at UCLA

Featured:

>*What problems arise when additional MH professionals are brought into a school?*

>*Focusing on Mental Health in Schools from a Public Health Perspective*

>*Links to a few other relevant shared resources*

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For discussion and interchange:

>*What problems arise when additional MH professionals are brought into a school?*

President Biden Calls for More Mental Health Care at Schools in State of the Union
https://www.edweek.org/policy-politics/biden-calls-for-more-mental-health-care-at-schools-in-state-of-the-union/2023/02

Most folks generally appreciate the call for enhancing the focus on mental health concerns at schools. COVID-19 certainly has underscored the need.

The issue remains: *How best to do it?*

As in the past, we see leaders at federal, state, and local levels simply drawing on old and simplistic ideas, such as hiring another student support staff member for a school (e.g., a counselor, psychologist, social worker). Our Center has addressed the shortcomings of this way of understanding mental health in schools. For example, a year ago we stressed:

>*Mental Health in Schools: We won't Argue Against Adding More Counselors, BUT ...*

And last month we stressed:

Is current advocacy for more and more student support professionals interfering with efforts to transform student/learning supports?

And we have heard concerns from schools:

Feedback from a concerned colleague:

This colleague had a lot to say in responding to our inquiries about how schools are adding professionals to address mental health concerns.

"Four mental health agency workers appeared at the beginning of the school year. I had no idea that hiring/a new contract had been made by the school district. Numerous other school systems around my end of the state also contracted to bring new mental health counselors in from outside of the school system supplied by the same company.

  In a legislative session, our state government voted in a new mandatory ratio of one mental health professional per a fixed number of students in a school system. That's why many districts had to scramble to hire multiple counselors. The agency provided one counselor per school building free of charge to each school district. The only demand in return was for each school to absolutely guarantee an office/space/room in each building of the school district for the exclusive use of their employee-counselor. If that could not be guaranteed (by a school Board of Ed not agreeing) then that agency would provide NO counselors at all to that school district.

  This state government mandate is a response to school shootings/violence to give the appearance of helping school safety by forcing each school system to hire (one or more, sometimes up to 4 or more) mental health workers per school district without providing funding. This is a cunning way to meet that ratio on paper when the district reports back to the state dept of education. Maybe it is a helpful thing/has

benefits. The negative side is that required hiring of new mental health staff may be an unfunded mandate by the state government.

It also will contribute to existing, tenured mental health workers researching more attractive job offerings that may lead to working somewhere else. Adding more mental health staff is not like replacing a teacher. The departing teacher leaves behind a classroom workspace and the basic classroom furniture for the next teacher to take. New mental health staff in schools need all new office space and furniture because they are adding not replacing adults in empty school spaces-classrooms. It is possible that new mental health hires can receive more (sometimes new, upgraded) furniture, supplies, workspace, and access to secretarial help within a school compared to tenured mental health professionals already in a school system where they are already expected to know the system seeing that they have worked here for years. Watch out: Employees can get pushed aside....

I believe it's mandatory that administrators in schools realize and understand the very important role of coordinating to avoid a "Taking from Peter to pay Paul" dynamic. I think this can be managed by administrators only when they take the responsibility for managing the staff employed by the outside mental health agency the way they do the in-house staff. This is notably harder to do with district-hired staff that serve multiple buildings across the district. Sometimes they are treated like visitors to school building in their own school district. Building administrators may not think of them as "one of our own" to look out for.

My views depend upon how many new mental health hires come at once. If it's 3 or more new hires versus one existing tenured mental health professional, the social norms at work (duties, access to supplies and professional development money, and work space) will be scrambled and must be rebuilt. Do secretaries in schools' front offices take on these new staff and their supply needs in addition to what all they do already? (Seems like "yes" if the new hires come for free. Any school administrators will cooperate to make room for free workers).

Administrators need to take on a mindful and deliberate role to make this transition to the "new order" (new hires outnumbering the old) and ensure school district support/resources are available equitably across all mental health professionals in the same district or building.

In addition, more people are pulling the same kids out of class which creates NEW, in-house competition & forces rescheduling (when 2 adults want the same student simultaneously) .... Stress increases when this de-facto new competition kicks in. More new professionals are going to pull the same high-need students out of the classroom more often along with services providers hired by the district. The particulars of this must be worked out and all involved parties (teachers, admins, new & old support staff, & parents) reassuring that their job responsibilities and interests are important and not being overlooked, undervalued, or replaced in the new way of doing things. The new ways feel very different to every older district employee compared to how school services have been done in the past. I ask the student's teacher before I try to pull a child. A child's teacher has proven to the one to find class time that has the least academic impact (child won't get behind on assignments). Before I figured this out, I got a lot of "no, you can't pull him/her now. They have work to make-up. They missed class because so-and-so adult pulled them out of class already making them miss classtime."

In sum, there are no simple or quick solutions or "fixes." Multiple factors are involved that create changes. As I have said, hiring and placing new mental health professionals in the same system with no student support staff retiring or leaving a job open creates its own peculiar considerations/challenges.

Psychologically, we know from the research that people (employees) will make adjustments to survive where they are or move jobs (If I've lost much of my way of doing things that worked for me in my old job, why not look at my options for advancement / better benefits and face "changes" at a new job that pays better?)."

For more responses from the field, see **http://smhp.psych.ucla.edu/pdfdocs/responses.pdf**

What have been your experiences with community resources coming to schools?

Center Comments on Enhancing Resources for MH in Schools

Our Center has long emphasized that connecting community, school, and home resources is essential to the well-being of children and youth and to enhancing equity of opportunity for them to thrive. This is not what is happening when the pandemic relief funds and special grants are used just to add

one or two more student support staff. Nor is it happening when efforts to meet MH needs at schools simply bring in a few more MH professionals from the community and drop them into schools.

Adding a few more personnel cannot effectively meet the needs of schools to support students and staff in their daily struggles to address the many barriers to learning and teaching (including mental health concerns). And when budgets tighten, even these personnel are likely to be cut.

> ***We stress that all this counters making essential school improvements by reframing support programs, services, and infrastructure into a potent system of student/learning supports.***

Developing such a system in a way that fully integrates with a district's educational mission starts with understanding who is already at each school and how to use them more effectively. See

> >*An Aid for Initial Listing of Current Resources Used at a School for Addressing Barriers to Learning and Teaching*

Also see

> >*Why School-owned Student Support Staff are So Important*

The next step involves reworking the roles and functions of support staff and how they work together. See

> >*Student Support Staff: Moving in New Directions through School Improvement*

> >*Framing New Directions for School Counselors, Psychologists, & Social Workers*
> >*Embedding Mental Health as Schools Change*

In making the essential changes, decision makers need to do more to include student support staff in discussions about how best to address barriers to learning and teaching in ways that fully embed mental health concerns. For the most part, support staff have been absent for too long from the school tables where school improvement plans and decisions are made.

Moving Forward

Addressing most learning, behavior, and emotional problems requires a unified, comprehensive, and equitable system of student/learning supports. Developing such a system requires collaboration between schools and community resources and with those at home. While all this is not easy to accomplish, to settle for less is to maintain the currently unsatisfactory state of affairs that severely limits efforts to enable schools to play a potent role in meeting the needs of the many students, families, and school staff who are not doing well. For a perspective on this, see

> >*Student/Learning Supports: A Brief Guide for Moving in New Directions*

A note about collaboration:

We all share share goals related to education and socialization of the young. Ultimately, schools, communities, and those at home must collaborate with each other in order to succeed.

Obviously, true collaboration involves more than meeting and talking. The point is to work together to produce actions that yield important results. For this to happen, steps must be taken to ensure that collaborative infrastructures are developed in ways that ensure they can be effective. This includes providing them with the training, time, support, and authority to carry out their roles and functions. It is when such matters are ignored that groups find themselves meeting and meeting, but going nowhere.

Collaboration is about building relationships. However, it is important to understand that the aim is to build potent, synergistic, *working* relationships, not simply to establish positive personal

connections. Collaborations built mainly on personal connections are vulnerable to the mobility that characterizes many such groups.

Establishing stable and sustainable working relationships requires clear roles, responsibilities, and an institutionalized infrastructure, including effective mechanisms for performing tasks, solving problems, and mediating conflict.

Through well designed collaboration, schools and communities can help build the type of unified, comprehensive, and equitable system needed to make a significant impact in addressing the safety, health, learning, and general well-being of all youngsters.

For discussion and interchange:
>Focusing on mental health in schools from a public health perspective

Despite decades of discussion about ensuring *all students* have an equal opportunity to succeed at school, too little attention has been paid to rethinking the way schools provide student supports from a public heath perspective. The problems encountered by students and schools are complex and overlapping. The number of students not doing well at some schools is staggering. Student/learning supports as they currently operate can't meet the need, especially in schools serving low wealth families. Schools must develop a system that can reach the many, rather than just a few

Here are excerpts for two articles that emphasize a public health perspective:

(1) From: *Population Health and Psychology's Role*

Envision a future where people receive help for psychological distress at the earliest stages of need; where people routinely engage in self-care and try to build their behavioral health literacy. Imagine having greater access to supports and interventions across the spectrum of need that are part of a larger infrastructure for public mental health. What if the places where we live, work, play, and worship are not just passive environments, but "engines for mental health and well-being"?

Achieving this reality is possible, but it requires that the field of psychology expand our current paradigm for behavioral health and work toward a population health approach. This means taking a social-ecological perspective that acknowledges the broader cultural, economic, and systemic contexts that influence health status. It means promoting the health of the entire population, providing effective and efficient clinical care to those with a behavioral health diagnosis; intervening early or mitigating risk for those likely to develop challenges or with subclinical symptoms; and maintaining or optimizing health for those who are relatively healthy. It means acknowledging, as we emerge from the covid-19 pandemic, psychologists need to partner with other professionals to meet the great need that exists and is expected to grow....

>Psychologists are encouraged to "work within and across diverse systems" and collaborate with partners to expand society's understanding of health and develop a deep understanding of the communities and systems in which they live and work..... Psychologists can engage in collaborative partnerships with community leaders and local institutions to develop a deep understanding of local systems and needs and advocate for resources for lasting strategies to address and advance health.

>Psychologists are encouraged to "work upstream by promoting prevention and early intervention strategies."...

>Finally, "a diverse array of community partners" is necessary to advance population health. Local stakeholders are crucial for providing knowledge and guidance, but often larger entities have greater resources to implement policies and programs....

Population health will only be achieved when businesses, schools, law enforcement, community-based organizations, and others are working in partnership towards identified goals. Creating psychologically informed programs that are delivered or embedded in environments where people are naturally, such as schools, can meet important population health goals by improving health, social skills, school performance, and reducing problematic behavior such as bullying or substance use...."

(2) From: *Mental Health in Schools and Public Health*

The figures usually indicated for diagnosable mental disorders suggest that between 12% and 22% of all youngsters under age 18 are in need of services for mental, emotional, or behavioral problems. The picture worsens when one expands the focus beyond the limited perspective on diagnosable mental disorders to encompass the number of young people experiencing psychosocial problems and those who are at risk of not maturing into responsible adults.

The reality for many large urban schools is that well over 50% of their students manifest significant learning, behavior, and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty. Almost every current policy discussion stresses the crisis nature of the problem in terms of future health and economic implications for individuals and for society and calls for major systemic reforms.

A growing problem is that more and more youngsters manifesting emotional upset, misbehavior, and learning problems are routinely assigned psychiatric labels denoting severe internal disorders (e.g., attention deficit/hyperactivity disorder, depression, learning disabilities). This trend flies in the face of different. Moreover, the trend to diagnosing so many learning, behavior, and emotional proble the reality that the problems of most youngsters are not rooted in internal pathology, and many troubling symptoms would not develop if environmental circumstances were appropriately different. Moreover, the trend to diagnosing so many learning, behavior, and emotional problems as disorders leads to large numbers of misdiagnoses and inappropriate and expensive treatments. All of this contaminates research, policy, practice, and training. Reducing misdiagnoses and misprescriptions requires placing mental illness in perspective with respect to psychosocial problems and broadly defining mental health to encompass the promotion of social and emotional development and learning. ...

In general, from the perspective of health promotion and problem prevention, a comprehensive framework for mental health intervention must address risk factors, protective buffers, and the promotion of full development related to youngsters, families, schools, and communities. Promotion of mental health encompasses efforts to enhance knowledge, skills, and attitudes in order to foster social and emotional development, a healthy lifestyle, and personal well-being.

Promoting healthy development, well-being, and a value-based life are important ends unto themselves and are keys to preventing psychosocial and mental health problems. Such interventions focus not only on strengthening individuals, but also on enhancing nurturing and supportive conditions at school, at home, and in the neighborhood. All this includes a particular emphasis on increasing opportunities for personal development and empowerment by promoting conditions that foster and strengthen positive attitudes and behaviors (e.g., enhancing motivation and capability to pursue positive goals, resist negative influences, and overcome barriers).

While prevention encompasses efforts to promote well-being, the primary focus is on interventions to reduce risks and enhance buffers either through programs designed for the general population (often referred to as universal interventions) or for selected groups designated at risk. With respect to risk factors, again the intervention focus is not only on individuals, but on conditions at home, in the neighborhood, and at school. This recognizes that the primary causes for most youngsters' emotional, behavior, and learning problems are external factors (e.g., related to neighborhood, family, school, and/or peer factors....).

Studying Mental Health Problems as Systems, Not Syndromes

".... Whether my mood while writing this manuscript is anxious or cheerful is the outcome of causal relations among elements of my mood system, including my personality and disposition; the previous night's sleep; my caffeine consumption; and external influences such as my email inbox. The same applies to mental health states. From a systems perspective, such states result from interactions of numerous biological, psychological, and social features, including specific risk and protective factors, moods, thoughts, behaviors, biological predispositions, and social environments...."

>Links to a few other relevant shared resources

Biden Calls for More Mental Health Care at Schools in State of the Union

Celebrating and Learning about Black History and Culture

Patterns of Community Violence Exposure among Urban Adolescents and Their Associations with Adjustment

Psychological Capital Related to Mental Health in Youth

Teachers' Mental Health and Perceptions of School Climate Across the Transition from Training to Teaching

A Dozen Years of Demonstrating That Informant Discrepancies Are More than Measurement Error: Toward Guidelines for Integrating Data from Multi-informant Assessments of Youth Mental Health (special issue of the Journal of Clinical Child and Adolescent Psychology (JCCAP) – on the most common outcome of assessments of youth mental health, namely discrepancies among the reports provided by informants such as parents, teachers, and youth themselves)

3 Ways to Increase Student Ownership in Learning

Mental, Emotional Support Needs for Teachers Increase

Teachers' Mental Health and Perceptions of School Climate Across the Transition from Training to Teaching

A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to Upcoming/Archived Webcasts/Podcasts – http://smhp.psych.ucla.edu/webcast.htm

2/15 School violence prevention
2/15 Preparing students for their transition out of high school
2/16 Rethinking Race and Education Seminar
2/17 Equity driven strategies for addressing chronic absence
2/21 Middle level students planning for high school
2/22 Paving the Way to College for Students Experiencing Homelessness
2/23 Rethinking Race and Education Seminar
2/23 Getting ready to change out of school time
2/28 The power of relationships in supporting positive school climate
2/28 Behavioral threat assessment best practices

To Listserv Participants

- **Please share this resource with others.** (Everyone has a stake in the future of public education and this is a critical time for action.)
- **Let us know what's going on** to improve how schools address barriers to learning & teaching and reengage disconnected students and families. (We can share the info with the over 130,000 on our listserv.)
- **For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu**
- **Looking for information?** (We usually can help.)
- **Have a suggestion for improving our efforts?** (We welcome your feedback.)

We look forward to hearing from you!
Send to ltaylor@ucla.edu

*If you didn't make so many rules,
there wouldn't be so many
for me to break!*

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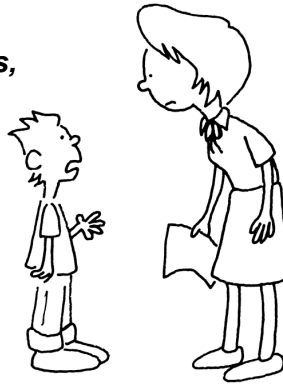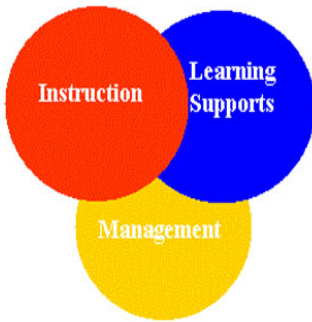
For information about the
National Initiative for Transforming Student and Learning Supports
go to **http://smhp.psych.ucla.edu/newinitiative.html**

Equity of opportunity is fundamental to enabling civil rights;
transforming student and learning supports is fundamental to
promoting whole child development, advancing social justice,
and enhancing learning and a positive school climate.

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**THE MORE FOLKS SHARE, THE MORE USEFUL AND
INTERESTING THIS RESOURCE BECOMES!**

For new sign-ups – email Ltaylor@ucla.edu

Also send resources ideas, requests, comments, and experiences for sharing.

**We post a broad range of issues and responses to the Net Exchange
on our website at http://smhp.psych.ucla.edu/newnetexchange.htm
and on Facebook (access from the Center's home page http://smhp.psych.ucla.edu/)**