

About the Center for Mental Health in Schools at UCLA (Sept. 2004)

1. Mission and Goals

Operating under the auspices of the School Mental Health Project at UCLA, the national Center for Mental Health in Schools was established in 1995. Our *mission* and *aims* are to improve outcomes for young people by enhancing the field of mental health in schools.

Because we know that schools are not in the mental health business, all our work approaches mental health and psychosocial concerns in ways that integrally connect such efforts with school reform and improvement. We do this by integrating health and related concerns into the broad perspective of addressing barriers to learning and promoting healthy development. We clarify the need to restructure current policy, practice, research, and training to enable development of a comprehensive and cohesive approach that is an essential and primary component at every school. We stress that without a comprehensive component for addressing barriers to learning many students cannot benefit from instructional reforms, and thus, achievement scores will not rise in the way current accountability pressures demand.

The guiding principles and frameworks for the work of the Center emphasize ensuring (1) mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools, communities, and homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective and through collaboration, the Center strives not only to improve practitioners' competence, but to foster changes in the systems with which they work. Such activity also addresses the varying needs of locales and the problems of accommodating diversity among interveners and among populations served.

Specific attention is given to enhancing policy, practice, theory, research, and training to

- (a) reduce marginalization, fragmentation, counterproductive competition, and inequities with respect to how school districts and school sites address psychosocial and mental health concerns and
- (b) increase productive collaboration between schools and communities (including families) in addressing such concerns.

The work encompasses

- C advancing efforts designed to plan, develop, implement, and evaluate school-based programs in ways that enhance coordination, integration, and equity and reduce marginalization;
- C analyzing and facilitating discussion of current systems, practices, needs, and trends in ways that contribute to systemic advances;
- C developing new models for school-based policy, practice, research, and training and participating in their development, implementation and evaluation;
- C demonstrating the value of school-university collaboration in developing, enhancing, and evaluating advancements in the field.

In accomplishing the above, the emphasis is on strategic activity that

- C meshes with and facilitates the systemic reform movements reshaping the role of schools and their community partners in addressing mental health, psychosocial, and related concerns;
- C enhances current and emerging stakeholder roles, functions, and competence (always with a view to benefitting the large number of children and youth in need)
- C assists individuals, groups, and localities in ways that increase their access to available resources and support for enhancing policy, practice, research, basic training, and continuing education relevant to mental health in schools.

2. Audience(s) addressed

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.

Examples of those using the Center include administrators of national and state departments of education and state and county departments of health and mental health; directors of state school health and mental health programs and initiatives; executives of child and family commissions; administrators of national and regional resource centers and associations; legislators; members of boards of education; administrators, support staff, and teachers from school districts and regional education service areas; primary health care providers; members of community-based organizations; family members of mental health consumers; university center administrators and faculty; administrators of national education reform organizations; staff of health law programs; public and private mental health practitioners; and agents representing school-based health centers, special education and treatment programs, and health system organizations; foundations, and much more.

3. Data Access and Uses

The center receives a constant flow of information and resources, outreaches for more, and based on ongoing assessments and analyses of needs related to policy, practice, research, and training, develops new resources and networks and provides strategic support. A key aspect of this is a focus on the latest reports, evaluations, prevalence/incidence data, and empirically and evidence based outcome studies. All identified relevant resources are added to the our clearinghouse and entered as topical links on our website's Quick Find for ready access.

4. Topic Area Focus

Currently, our work is organized around the general areas of focus and evolving list of specific concerns outlined in Exhibit 1.

I. Systemic Concerns

- A. Policy Issues & Research Base
 - 1. The Concept of MH in Schools
 - 2. Addressing Barriers to Student Learning
 - 3. MH in Schools & School Reform and Restructuring
 - 4. Research Base
 - 5. Rethinking Student Support
 - 6. Integrating School and Community
- B. Systemic Changes & Enhancing and Sustaining Systems/Programs/Services
 - 1. Collaborative Teams
 - 2. Mapping and Analyzing Resources
 - 3. School-Community-Family Connections
 - 4. Restructuring Student Support Programs
 - 5. Financial Strategies
 - 6. Evaluation, Quality Control, and Standards
 - 7. Sustainability and Scale-Up
 - 8. Reframing Staff Roles and Functions
- C. Developing Comprehensive, Multifaceted, and Integrated Approaches
- D. Building System Capacity and Networking

II. Program/Process Concerns

- A. Program Areas
 - 1. Classroom Enhancement & Youth Development
 - 2. Support for Transitions
 - 3. Crisis Response and Prevention
 - 4. Home Involvement
 - 5. Student and Family Assistance
 - 6. Community Outreach (including Volunteer Participation)
- B. Processes to Develop Comprehensive Approaches & School-Community Connections
 - 1. Enabling Component
 - 2. School-Based Health Centers
 - 3. Financing
- C. Staff Development Tools

III. Psychosocial & Mental Health Concerns

- A. Substance Abuse
- B. Depression and Suicide
- C. Grief
- D. Dropout Prevention
- E. Learning Problems
- F. Teen Pregnancy Prevention and Support
- G. Eating Problems
- H. Physical and Sexual Abuse
- I. Neglect
- J. Gangs
- K. Self-Esteem
- L. Relationship Problems
- M. Anxiety
- N. Disabilities
- O. Gender, Sexuality
- P. Reactions to Chronic Illness
- Q. School Adjustment (Including Newcomer Acculturation)

5. Strategic Approach

Currently, all the center’s work is accomplished strategically through activities organized around six major tasks: (1) needs assessments and analyses (individuals and systems), (2) translating analyses into a content focus and generating new ideas, frameworks, data, and knowledge for policy, practice, research, and training, (3) gathering & developing materials — including development of guidebooks and training curricula, (4) designing & initiating effective delivery systems — strategies for direct assistance to practitioners, including newsletters, electronic networking, clearinghouse, and a consultation cadre; strategies to support those currently providing training; and strategies for stimulating policy for local training and TA, (5) providing a variety of TA and training venues, and (6) quality improvement strategies.

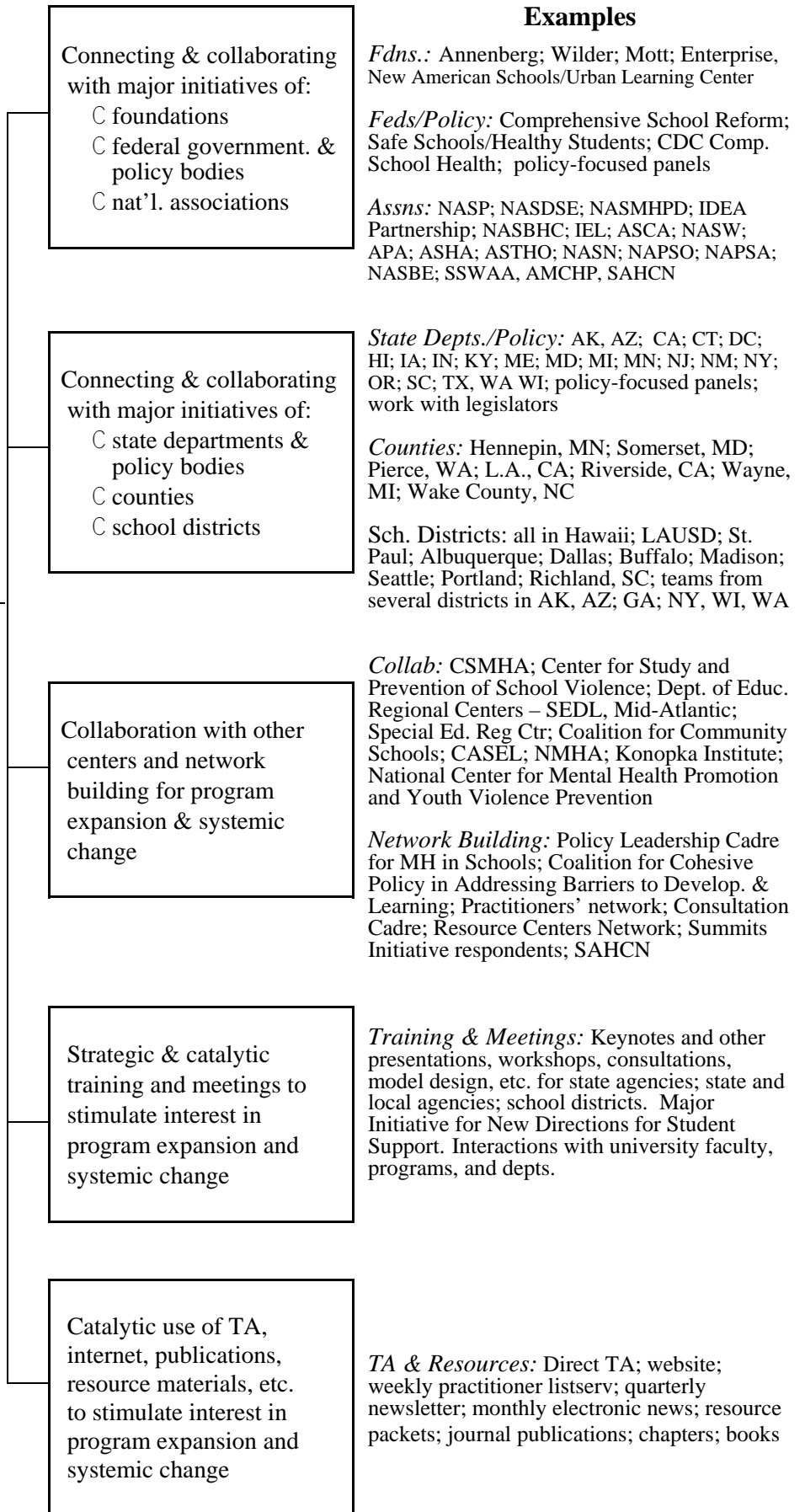
The point, of course, is to enhance mental health in schools. Exhibit 2 outlines the strategic approach we take in pursuing our mission and aims.

Exhibit 2. Center’s strategic approach to enhancing MH in Schools.

Strategic Approach to Achieving Aims for Enhancing Mental Health in Schools*

*Emphasis is on enhancing policy, practice, theory, research, and training by improving resource availability & delivery systems, analyzing policies and practices, helping build state and local capacity for improving policy and practice, and developing leadership to

- (1) expand programmatic efforts that enable all students to have an equal opportunity to succeed at school
- (2) accomplish essential systemic changes for sustainability and scale-up.



6. Current Communication and Outreach Methods and Special Resources

We provide (a) a growing set of specially prepared, no cost resource aids (Introductory, Resource, and Technical Aid Packets, Samplers) on key topics, (b) training and intervention tools (continuing education modules, quick training aids, training tutorials, guidebooks), (c) a topical, printed, quarterly newsletter and an electronic monthly newsletter update, (d) special reports, (e) a regularly updated website that features topical information and ready access to helpful and unique technical assistance and training resources, (f) self-accessible technical assistance resources – including our Clearinghouse, Quick Finds, and Consultation Cadre, and (g) papers/chapters for journal/book publication. All of this activity is designed as forms of outreach to appropriate individuals and organizations and stresses use of delivery systems and strategies that provide free and ready access via the internet and through other clearinghouses. In addition, we use direct email and standard mail to outreach each month to samples of schools and state and local administrators.

7. Connection, Collaboration, and Strategic Initiatives

We pursue (a) targeted workshops, conferences, presentations, and listservs, as well as participation with major panels, forums, and organizations, (b) involvement in major systemic reform initiatives across the country, and (c) special partnerships and networking arrangements with key organizations and other centers. To date, our efforts to facilitate productive networking have paid off with establishment of the Policy Leadership Cadre for Mental Health in Schools, the Coalition for Cohesive Policy in Addressing Barriers to Development & Learning, a weekly Practitioners' networking listserv, a Consultation Cadre, and more.

A major strategic initiative begun in 2002 is the Summits Initiative: *New Directions for Student Support*. After holding a national and several regional Summits, we have begun a process to establish the initiative in every state. State summits already have been held in Minnesota, Wisconsin, Indiana, and California. Texas is scheduled for late September and Connecticut for November. Others already in the planning stages include Rhode Island and New York. The strategy begins with the statewide summit. The Center then facilitates follow-up steps designed to organize initiative steering and work groups for each state's ongoing initiative. These mechanisms provide an essential infrastructure for moving the work forward.

8. Center Staff

Howard Adelman, Co-Director,
Linda Taylor, Co-Director,
Perry Nelson, Center Coordinator,
and many, many graduate and undergraduate students and volunteers

9. Contact Information:

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