The Current Status of Mental Health in Schools: A Policy and Practice Analysis

In many schools, the need for enhancing mental health is a common topic. And, as the final report of the President's New Freedom Commission on Mental Health recognizes, efforts to enhance interventions for children's mental health must involve schools. Thus, those interested in improving education and those concerned about transforming the mental health system in the U.S.A. all are taking a new look at schools.

Anyone who has spent time in schools can itemize the multifaceted MH and psychosocial concerns that warrant attention. The question for all of us is:

How should our society's schools address these matters?

In answering this question, it is useful to reflect on what schools have been and are doing about mental health concerns. Therefore, this report begins by highlighting a bit of history and outlines the current status of MH in schools. Then, we explore emerging trends and discuss policy implications.

Past as Prologue

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. School policy makers have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with factors 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.

Many initiatives and a variety of agenda have emerged – including 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. And, ongoing efforts to enhance access to clients in health and social services sectors has resulted in increased linkages between schools and community service agencies.

Over the years, the most widespread activity related to MH in schools has been carried out by school staff described variously as student support staff, pupil personnel professionals, and specialists. Schools have used their resources to hire a substantial body of these professionals. As a result, it is these school staff who have been the core around which programs have emerged.

And, in support of MH in schools, various federal initiatives have been developed. Besides those emanating from the U.S. Department of Health and Human Services, significant initiatives have been generated by the U.S. Department of Education and through special interagency collaborative projects.

Where the Field is Now

Most schools have some interventions to address a range of MH and psychosocial concerns, such as school adjustment and attendance problems, bullying, violence, relationship difficulties, emotional upset, physical and sexual abuse, substance abuse, dropouts, and delinquency. Some are funded by the schools or through extra-mural funding; others are the result of linkages with community service and youth development agencies. Some programs and services are found throughout a district; others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." Overlapping problems may be targeted and dealt with in isolation of each other through separate, categorical programs or may be addressed as part of other school-wide and classroom programs. The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals.

Despite the range of personnel and activity, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with MH and psychosocial problems. And, schools do report having many children and adolescents in need of assistance; for some, the numbers have risen to over half those enrolled.

Given this state of affairs, it is poignant to see how low a priority schools assign in both policy and practice to addressing psychosocial and mental health concerns. Indeed, this arena of activity is extremely marginalized.

As a result, interventions are developed and function in relative isolation of each other, and they rarely are envisioned in the context of a comprehensive approach to addressing behavior, emotional, and learning problems and promoting healthy development. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific services and programs, with too little thought or time given to mechanisms for program development and collaboration. Functionally, most practitioners spend their time applying specialized interventions to targeted problems, usually involving individual or small groups of students. Consequently, efforts to address behavior, emotional, learning, and physical problems rarely are coordinated with each other or with educational programs. Intervention planning and implementation are widely characterized as being fragmented and piecemeal which is an ineffective way for schools to deal with the complex sets of problems confronting teachers and other school staff. The fragmentation has been well documented, and a variety of federal, state, and local initiatives have offered models for enhancing coordination.

Analyses indicate that there is a fundamental policy weakness that maintains the unsatisfactory status quo related to how schools address learning, behavior, and emotional problems. School policy and school improvement planning are currently dominated by a two-component systemic model. That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, ending the marginalization of efforts to effectively address barriers to learning, development, and teaching requires establishing a third component as a fundamental facet of transforming the educational system.

In states and localities where pioneering efforts are underway to move from a two- to a three- component policy framework, the component to address barriers to learning is denoted by various terms, such as an Enabling Component, a Learning Supports Component, a Comprehensive Student Support System. This third component not only is intended to provide a basis for combating marginalization, it establishes a focal point for developing a comprehensive approach in which MH and psychosocial concerns are embedded and fully integrated with the school's mission. To this end, the pioneering efforts recognize that all three components are essential, complementary, and overlapping.

Where is the Field Going?

It is clear that the field of mental health in schools is in flux. There is widespread agreement that a great deal needs to be done to improve what is taking place, but no specific perspective or agenda is dominating policy, practice, research, or training.

One perspective on the future comes from the *New Freedom Initiative's* efforts to follow-up on the work of the *President's New Freedom Commission on Mental Health*. The stated aim in the Commission's report is to more wisely invest and use sparse resources. One set of relevant resources certainly are those already committed to MH in schools. However, because of the Commission's limited focus on MH in schools, this venue is unlikely to play a major role in immediate efforts to transform the mental health system, never mind enhancing MH in schools.

Approaching MH in schools from a different perspective, a variety of stakeholders are pushing to enhance policy and practice in ways that directly connect various mental health agenda with the mission of schools. This emerging view is calling for much more than expanded services and full service schools. It is focused on enhancing strategic collaborations to develop comprehensive approaches that strengthen students, families, schools, and neighborhoods and doing so in ways that maximize learning, caring, and well-being. Moreover, advocates of the emerging view stress that when students are not doing well at school, mental health concerns and the school's mission usually overlap because the school cannot achieve its mission for such students without addressing factors interfering with progress. This is especially the case in schools where the number of students not doing well outnumbers those who are.

The specific emphasis of the emerging view is on developing, over time, a full continuum of systemically interconnected school and community interventions that encompasses (a) a *system* for promoting healthy development and preventing problems, (b) a *system* for responding to problems as soon after onset as is feasible, and (c) a *system* for providing intensive care. This encompasses the full integration of mental health concerns into a school's efforts to provide students with learning supports by connecting in major ways with the mission of schools.

Policy Implications

- *Ending the Marginalization of MH is Schools*. Based on the background and analyses set forth in this report, it is concluded that the most fundamental policy concern at this time is to end the *marginalization* of mental health in schools. To achieve this goal, it is suggested that a policy shift is needed to ensure that every school improvement effort includes a focus on development, implementation, and validation of a comprehensive system to address barriers to learning and teaching. Moreover, it is suggested that such a system needs to be built using a unifying umbrella concept that fits school improvement needs and embeds concerns about mental health. The report includes specific examples of policy that incorporate this perspective.
- *Addressing the Complications of Systemic Change*. At the same time, to address the complexities of implementing innovative changes in schools, policy must specifically focus on the complications of *systemic change*, including rethinking and redeploying use of existing resources and phasing-in changes over time. Those who set out to enhance mental health in schools across a district are confronted with two enormous tasks. The first is to develop, implement, and validate prototypes; the second involves large-scale replication. One without the other is insufficient. The report provides a framework highlighting key elements of and the linkages between these tasks. Policy is needed to ensure that strategic planning for school improvement accounts for each of the highlighted elements with respect to (1) prototypes for ensuring that all students have an equal opportunity to succeed in school and (2) how the school will accomplish and validate essential changes. And, at the district level, the need is for policy ensuring strategic planning for how the district will facilitate replication and scale-up of prototype practices

Concluding Comments

At present, mental health activity is going on in schools with competing agenda vying for the same dwindling resources. Diverse school and community stakeholders are attempting to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways. This has led to inappropriate competition for sparse resources and inadequate results.

Enhancing MH in schools clearly is not an easy task. The bottom line is that limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable and staff development remains deficient; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other; limited systemic change is likely as long as the entire enterprise is marginalized in policy and practice.

The present state of affairs calls for realigning policy and practice around a unifying and cohesive framework based on well-conceived models and the best available scholarship. Initiatives for MH in schools must be connected in major ways with the mission of schools and integrated into a restructured system of education support programs and services. This means braiding resources and interventions with a view to ensuring there is a *system of learning supports*, rather than separate programs and services. Coordinated efforts naturally are part of this, but the key is development of a system of learning supports that meets overlapping needs and does so by fully integrating mental health agenda into school improvement planning at school and district levels. The implications for policy and practice seem clear:

> *Policy and practice must end the marginalization of mental health in schools. To do less is to leave too many children behind.*

School systems are not responsible for meeting
every need of their students.
But when the need directly affects learning,
the school must meet the challenge.
Carnegie Council Task Force on Education of Young Adolescents (1989)

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