When you hear the term *Mental Health in Schools* or *School Mental Health*, what comes to mind?

Probably you 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 limit discussion to expanding mental health services in schools.

**This trend is having unfortunate consequences.**

Bluntly stated, advocacy for more mental health *services* in schools often detracts from efforts to address the full range of mental health concerns confronting school staff, students, and their families. And, providing clinical services continues to be too narrow a focus for meeting the nature and scope of student-related problems manifested at schools each day.

Our analyses of school improvement policies and practices stress that a narrow agenda for MH in schools works against enhancing every student’s civil right to equity of opportunity for success at school and beyond. Our research stresses the following matters as key to advancing a broad approach to mental health in schools that is fully embedded in school improvement efforts.

- The concept of mental health needs to be framed as going beyond psychopathology to encompass promoting healthy development (i.e., positive social and emotional development) and addressing psychosocial and educational problems.
- In this context, schools have a role to play in ensuring there is a full continuum of interventions designed to (a) promote positive mental, (b) prevent learning, behavior, and emotional problems, (c) intervene as early as feasible when such problems arise, and (d) treat severe and chronic problems.

Those concerned with enhancing the role of mental health in schools must guide policy makers to a clear understanding of

- the many factors interfering with learning and teaching
- the large number of students who are experiencing learning, behavior, and emotional problems
- 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 currently reached
- the counterproductive competition for sparse resources
- the importance of developing a unified, comprehensive, and equitable system of student/learning supports

Given all this, it is time to focus on transforming student/learning supports. Doing so is fundamental to improving intervention effectiveness in ways that enhance equity of opportunity, promote whole child development, and engender a positive school climate. Doing so requires ending the marginalization of student/learning supports in school improvement policy and then framing and operationalizing them as a unified, comprehensive, and equitable system that weaves together school and community resources.
By embedding a broad definition of mental health in schools into a transformed system of student/learning supports, policy makers can

• avoid the unrealistic and often inappropriate call for more and more one-on-one direct services
• counter the mistaken view that collocating community services on school campuses can ever be a sufficient approach to filling critical intervention gaps at schools and for enhancing community and home engagement
• better address classroom, school-wide, and community interventions that can reduce the need for one-on-one services
• 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.

The bottom line in terms of equitable policy 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 school efforts to play a role in fully promoting social-emotional learning and comprehensively addressing barriers to learning and teaching.

*For further elaboration of these points, see


and the resources cited as part of the National Initiative for Transforming Student and Learning Supports – [http://smhp.psych.ucla.edu/newinitiative.html](http://smhp.psych.ucla.edu/newinitiative.html).

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