

Policy & Practice Notes

Mental Health in Schools: An Opportunity to Embed the Field into School Improvement Policy and Practice

One of the ironies of the extensive budget cutting across the country is the increasing interest in mental health in schools and ways to integrate programs and services and reallocate resources.

Clearly, mental health activity already is going on in schools. Equally evident, there is a great deal to be done to improve what is taking place. The current norm related to efforts to advance mental health in schools is for a vast sea of advocates to compete for the same dwindling resources. This includes advocates representing different professional practitioner groups within schools and from the community. Naturally, all such advocates want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. Politically, this makes some sense. But in the long-run, it may be counterproductive in that it fosters piecemeal, fragmented, and redundant policies and practices. However, as diverse school and community resources attempt to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways, there has been considerable redundancy, inappropriate competition, and inadequate results.

The opportunity currently is to weave school owned resources and community owned resources together to develop comprehensive, multifaceted, and cohesive systems that encompass the full continuum of interventions. To capitalize on this opportunity, it is essential to embed mental health into school improvement policy and practice. The Center for Mental Health in Schools at UCLA has discussed an approach for accomplishing this – see *Embedding Mental Health into a Learning Supports Component: An Essential Step for the Field to Take Now* – online at

<http://smhp.psych.ucla.edu/pdfdocs/embeddingmh.pdf>

A health agenda (and especially a clinical health agenda) by itself is too narrow to fit into the broad mission of schools in our society and is inadequate for enabling equity of opportunity for all to succeed at school. We can continue to build a few islands of excellence (demonstrations, pilots) and “Cadillac models,” but with over 90,000 schools in the U.S.A., the scale of need demands moving quickly in fundamentally new directions. It is time for those who want to expand the focus on mental (and physical) health to adopt and embed their work under a comprehensive umbrella concept that can be fully integrated into school improvement policy and practice.

**Send your views about this matter to us
(Ltaylor@ucla.edu or adelman@psych.ucla.edu);
we will synthesize and circulate what we receive.**



*The Center co-directors are Howard Adelman and Linda Taylor; it operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA,

Write: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563
Phone: (310) 825-3634 email: smhp@ucla.edu website: <http://smhp.psych.ucla.edu>

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Resources & Publications –

<http://smhp.psych.ucla.edu/materials/resources.htm>

For an extensive list of published references related to MH in schools,
see *Mental Health in Schools - A Sampling of References* –

<http://smhp.psych.ucla.edu/qf/references.htm>

For more information about Mental Health in Schools, see
the many online resources accessible by going to the
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