Guidebook:

Mental Health
and
School-Based Health Centers

*This Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project, Dept. of Psychology, UCLA. Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563 (310) 825-3634 Fax: (310) 206-5895; E-mail: smhp@ucla.edu Website: http://smhp.psych.ucla.edu

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Guidebook:

Mental Health and School-Based Health Centers

Introductory Perspective: The Mental Health Facets of School-Based Health Centers

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Module II: Working with Students Who Come to the Center

Module III: Program Reporting: Getting Credit for All You Do

Coda: Toward a Comprehensive, Integrated Approach to Addressing Barriers to Student Learning
Schools of the 21st century will call upon us all to play new and expanding roles. Those working in schools have both the opportunity and the responsibility to lead the way into the new century. To do so, they must become major participants in the movements to reform and restructure schools, and they must help shape initiatives that are attempting to link community resources to schools.

Working closely with others concerned about psychosocial problems and healthy development, school-based health centers can help broaden reform and restructuring in ways that truly address the barriers to student learning and enhance healthy development. In the process, they will continue to redefine their roles and functions and expand the ways in which schools contribute to the well-being of young people and the society. In schools, a focus on physical and mental health must be part of a comprehensive, integrated approach to addressing barriers to student learning and enhancing healthy development. To work effectively in such a context, school-based health centers must play a multifaceted and catalytic role and must focus both on helping individuals deal with personal problems and on helping systems (classrooms, schools, families) function more effectively.
GUIDEBOOK:

MENTAL HEALTH AND SCHOOL-BASED HEALTH CENTERS

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The Center develops introductory, resource, and technical aid packets on key topics. The Introductory Packets consist of overview discussions, descriptions of model programs (where appropriate), references to publications, access information to other relevant centers, agencies, organizations, advocacy groups, and Internet links, and a list of consultation cadre members ready to share expertise. The Resource Aid Packets are designed to complement the Introductory Packets. They are a form of tool kit for fairly circumscribed areas of practice. They contain materials to guide and assist with staff training and student/family interventions -- including overviews, outlines, checklists, instruments, and other resources that can be reproduced and used as information handouts and aids for training and practice. Technical Aid Packets are designed to provide basic understanding of specific practices and tools. The Center also prepares continuing education modules and guidebooks such as this one.

Materials from some of the Center's diverse Clearinghouse resources have been included in this guidebook.

Below is a brief listing of some other relevant packets and related materials you may want to request as supplementary resources. The materials are listed related to our three major Clearinghouse categories.

I. System Concerns

Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections (Introductory Packet)

Discusses processes and problems related to working together at school sites and in school-based centers. Outlines models of collaborative school-based teams and interprofessional education.

II. Program/Process Concerns

Violence Prevention and Safe Schools (Introductory Packet)

Outlines selected violence prevention curricula and school programs and school-community partnerships for safe schools. Emphasizes both policy and practice.

Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs (Introductory Packet)

Highlights the principle of least intervention needed and its relationship to the concept of least restrictive environment. From this perspective, approaches for including students with disabilities in regular programs are described.

Parent and Home Involvement in Schools (Introductory Packet)

Provides an overview of how home involvement is conceptualized and outlines current models and basic resources. Issues of special interest to under-served families are addressed.

Confidentiality and Informed Consent (Introductory Packet)

Focuses on issues related to confidentiality and consent of minors in human services and interagency collaborations. Also includes sample consent forms.
Understanding and Minimizing Staff Burnout (Introductory Packet)

Addresses various sources and issues of burnout and compassion fatigue among school staff and mental health professionals. Also identifies ways to reduce environmental stressors, increase personal capability, and enhance social support to prevent burnout.

Assessing to Address Barriers to Learning (Introductory Packet)

Discusses basic principles, concepts, issues, and concerns related to assessment of various barriers to student learning. It also includes resource aids on procedures and instruments to measure psychosocial, as well as environmental barriers to learning.

Cultural Concerns in Addressing Barriers to Learning (Introductory Packet)

Highlights concepts, issues and implications of multiculturalism/cultural competence in the delivery of educational and mental health services, as well as for staff development and system change. This packet also includes resource aids on how to better address cultural and racial diversity in serving children and adolescents.

Screening/Assessing Students: Indicators and Tools (Resource Aid Packet)

Designed to provide some resources relevant to screening students experiencing problems. In particular, this packet includes a perspective for understanding the screening process and aids for initial problem identification and screening of several major psychosocial problems.

Students and Psychotropic Medication: The School’s Role (Resource Aid Packet)

Underscores the need to work with prescribers in ways that safeguard the student and the school. Contains aids related to safeguards and for providing the student, family, and staff with appropriate information on the effects and monitoring of various psychopharmacological drugs used to treat child and adolescent psycho-behavioral problems.

School-Based Mutual Support Groups (for Parents, Staff, Older Students) (Technical Aid Packet)

This is a technical guide for establishing self-led support groups. It provides a step-by-step framework for establishing and maintaining such groups and includes resource aids such as announcement flyers and letters.

III. Psychosocial Problems

Dropout Prevention (Introductory Packet)

Highlights intervention recommendations and model programs, as well as discussing the motivational underpinnings of the problem.

Learning Problems and Learning Disabilities (Introductory Packet)

Identifies learning disabilities as one highly circumscribed group of learning problems, and outlines approaches to address the full range of problems.

Teen Pregnancy Prevention and Support (Introductory Packet)

Covers model programs and resources and offers an overview framework for devising policy and practice.
Substance Abuse (Resource Aid Packet)

Offers some guides to provide schools with basic information on widely abused drugs and indicators of substance abuse. Includes some assessment tools and reference to prevention resources.

Clearinghouse Catalogue (Resource Aid Packet)

Our Clearinghouse contains a variety of resources relevant to the topic of mental health in schools. This annotated catalogue classifies these materials, protocols, aids, program descriptions, reports, abstracts of articles, information on other centers, etc. under three main categories: policy and system concerns, program and process concerns, and specific psychosocial problems. (Updated regularly)

Consultation Cadre Catalogue (Resource Aid Packet)

Provides information for accessing a large network of colleagues with relevant experiences related to addressing barriers to student learning and mental health in schools. These individuals have agreed to share their expertise without charging a fee. The catalogue includes professionals indicating expertise related to major system and policy concerns, a variety of program and process issues, and almost every type of psychosocial problem. (Updated regularly)

Catalogue of Internet Sites Relevant to Mental Health in Schools (Resource Aid Packet)

Contains a compilation of internet resources and links related to addressing barriers to student learning and mental health in schools. (Updated regularly)

Organizations with Resources Relevant to Addressing Barriers to Learning: A Catalogue of Clearinghouses, Technical Assistance Centers, and Other Agencies (Resource Aid Packet)

Categorizes and provides contact information on organizations focusing on children’s mental health, education and schools, school-based and school-linked centers, and general concerns related to youth and other health related matters. (Updated regularly)

Where to Get Resource Materials to Address Barriers to Learning (Resource Aid Packet)

Offers school staff and parents a listing of centers, organizations, groups, and publishers that provide resource materials such as publications, brochures, fact sheets, audiovisual & multimedia tools on different mental health problems and issues in school settings.
PREFACE

MENTAL HEALTH AND SCHOOL-BASED HEALTH CENTERS

Nothing less than the futures of children is at stake.
Nicholas Hobbs

Over the last decade, the staff of the School Mental Health Project at UCLA has addressed concerns relevant to school-based and linked mental health intervention. For a couple of years, the Robert Wood Johnson Foundation provided us with some support related to development of the mental health facets of school-based health centers. In October 1995, the U.S. Department of Health and Human Services, Maternal and Child Health Bureau, Office of Adolescent Health provided support to help establish two national centers focused on mental health in schools: our Center at UCLA and another at the University of Maryland at Baltimore. Our center's agenda encompasses the aim of ensuring that mental health in schools is part of a comprehensive, integrated approach to addressing the many mental health and psychosocial concerns with which students, schools, families, and communities increasingly are confronted.

Why a comprehensive approach? The need for comprehensive approaches stems from awareness of the role school, home, and community life play in creating and correcting young peoples' problems, especially those who are under-served and hard-to-reach. From such a perspective, it is clear that a focus on mental health in schools encompasses activity to both help individuals and change systems. More specifically, a comprehensive approach encompasses (a) prevention and prereferral interventions for mild problems, (b) high visibility programs for high-frequency psychosocial problems, and (c) strategies to assist with severe and pervasive mental health problems.

Much of our Center's work is designed to enhance policy and practice for addressing barriers to student learning and promoting healthy development, as well as to ensure there are relevant resources to aid practitioners, researchers, and policy makers. Among the resources we offer are a clearinghouse, technical assistance, print and electronic newsletter, a website, specially designed packets on key topics, continuing education modules, and guidebooks.
This guidebook on *Mental Health and School-Based Health Centers* consists of

(a) an introductory overview focused on where the mental health facets of school-based health centers (SBHC) fit into the work of schools,

(b) three modules, each containing a set of units and resource aids focused on day-by-day SBHC operational considerations and concerns related to

- approaching the problem of limited resources not only as a one of fund raising, but as a major reason for integrating center activity with school and community efforts
- specific facets of working with students who come to the center
- approaching evaluation as a process of getting credit for all you do

(c) a coda that highlights ways to and benefits of weaving together all resources for addressing barriers to student learning into a comprehensive, integrated approach.

SBHCs, like people, are developing organisms. A SBHC's activity should reflect its level of development. Initially, staff feel pressure to do everything at once -- which is a certain recipe for burnout. The procedures described in the various units take time to develop and implement. Thus, in some instances, we differentiate between initial and subsequent developmental phases. For a unit to be most useful, staff members should review it periodically to evaluate which aspects they have incorporated and which they are now ready to add.

While the Center's co-directors assume full responsibility for the guidebook's contents, every facet of our Center's activity reflects the direct and indirect contributions of too many people to be acknowledged here. The Center staff does want to once again thank each of you, and we hope you feel a sense of satisfaction in seeing your contributions in products such as this guidebook.

Finally, we hope the material contained in all our documents represent a timely and progressive approach. At the same time, the content, like the field itself, is in a state of continuous evolution. Thus, we are extremely interested in receiving your feedback. Please send your comments to: Howard S. Adelman and Linda Taylor, Co-Directors, Center for Mental Health in Schools, UCLA Department of Psychology, Los Angeles, CA 90095-1563.
To Users of this Guidebook:

The material in the guidebook is designed as an evolving set of modules. Each module consists of several units conceived to stand alone. Although the material could be read straight through like a text, it is meant to be used as a resource work. You might approach the content as you would use an Internet website (i.e., exploring specific topics of immediate interest and then going over the rest in any order that feels comfortable). The introduction is meant to start you off with a big picture framework for understanding the context of School Based Health Centers and mental health in schools. The Coda on Comprehensive Approaches and Mental Health in Schools provides an additional perspective on emerging trends.

A good way to start is simply to browse through the Table of Contents and any units, exhibits, or resource aids that you think may be of use to you. We recommend reading the introduction as soon as you have the time. Then, do an in depth review of a unit that focuses on the matter that is of greatest concern to you at this time.
Data on diagnosable mental disorders (based on community samples) suggest that from 12% to 22% of all children suffer from mental, emotional or behavioral disorders, and relatively few receive mental health services. The picture is even bleaker when expanded beyond the limited perspective of diagnosable mental disorders to include all young people experiencing psychosocial problems and who Joy Dryfoos defines as "at risk of not maturing into responsible adults." The number "at risk" in many schools serving low-income populations has climbed over the 50% mark. Harold Hodgkinson, director of the Center for Demographic Policy, estimates across the nation 40% of students are in "very bad educational shape" and "at risk of failing to fulfill their physical and mental promise." Because so many live in inner cities and impoverished rural areas and are recently arrived immigrants, he attributes their school problems mainly to conditions they bring with them when they enter kindergarten. These are conditions associated with poverty, difficult and extremely diverse family circumstance, lack of English language skills, violent neighborhoods, physical and emotional problems, and lack of health care. One impact is that at least 12% fail to complete high school, which leads to extensive consequences for them, their families, and society.

Why Mental Health in Schools?
What Do Schools Offer Related to Mental Health?
Where Does a School-Based Health Center Fit In?
A Multifaceted and Catalytic Role for School-Based Health Centers
Why Mental Health in Schools?

Advocates for more mental health programs and services in schools note the following:

? All available evidence suggests that many young people are experiencing mental health and psychosocial problems.

? Most of these individuals go unidentified by helping professions.

? Most who are identified go unserved.

? Even when identified and referred to treatment programs for help, most students do not connect with the referral.

? And, in many locales, referral is not even feasible because appropriate services are not available.

For the most part, however, such reasoning has not carried the day.

Mental Health and the Mission of Schools

What has led schools to offer some mental health-related programs are the legal mandates requiring certain services for students diagnosed with special education needs. Another factor is recognition by school policy makers and practitioners that social, emotional, and physical health problems and other major barriers to learning must be addressed if schools are to function satisfactorily and students are to learn and perform effectively.

It is clear, however, that mental and physical health programs are not a primary item on a school's agenda. This is not surprising. After all, schools are not in the health business. Their mandate is to educate.

Activities not directly related to instruction often are seen only as taking resources away from a school's primary mission. Indeed, it is commonplace to hear teachers and school administrators comment: "We have enough to do here without taking on the role of providing health and social services!"

Thus, if the focus on mental health in schools across the country is to expand, the entire enterprise must be integrated into schools in ways that make it an integral and essential part of enabling the school to meet its primary mission. In this respect, one message that must be conveyed is that too many students are not benefitting from instruction (including new approaches advocated by reformers) because they are encountering barriers to learning (see Exhibits 1 and 2).

A complementary message that must be conveyed is that the mission of educating all students requires a comprehensive set of interventions that address barriers to learning in an integrated way. What is needed is a full continuum of programs and services.
**Exhibit 1: Barriers to Learning**

Outlined below are some common barriers usually identified as interfering with learning/parenting/teaching. Think about and perhaps discuss with your colleagues which of these you see everyday and what others you would add to the list.

**Deficiencies in basic living resources and opportunities for development**
- dearth of food in the home
- inadequate clothing
- substandard housing (incl. being homeless)
- lack of transportation
- income at or below the poverty level (e.g., due to unemployment or welfare status)
- lack of after-school supervision for child
- lack of youth recreation and enrichment
- immigration-related concerns (e.g., limited English proficiency, legal status)
- lack of home involvement in schooling
- lack of peer support
- lack of community involvement
- lack of school support services
- lack of social services
- lack of physical, dental, and mental health services

**Psychosocial problems**
- physical health problems
- school adjustment problems (incl. school avoidance, truancy, pregnancy, and dropouts)
- relationship difficulties (incl. dysfunctional family situations, insensitivity to others, social withdrawal, peers who are negative influences)
- deficiencies in necessary skills (e.g., reading problems, language difficulties, poor coordination, social skill deficits)
- abuse by others (physical and sexual)
- substance abuse
- Overreliance on psychological defense mechanisms (e.g., denial, distortion, projection, displacement)

**General stressors and underlying psychological problems associated with**
- external stressors (objective and perceived) and deficits in support systems
- competence deficits (low self-efficacy/self-esteem, skill deficits)
- threats to self-determination/autonomy/control
- feeling unrelated to others or perceiving threats to valued relationships
- emotional upsets, personality disorders, mood disorders and other psychopathology

**Crisis and emergencies**
- personal/familial (incl. home violence)
- subgroup (e.g., death of a classmate or close colleague)
- school-wide (e.g., earthquake, floods, shooting on campus)

**Difficult transitions**
- associated with stages of schooling (e.g., entry, leaving)
- associated with stages of life (e.g., puberty, gender identity, job and career concerns)
- associated with changes in life circumstances (e.g., moving, death in the family)

**Note:** The severity and pervasiveness of all the problems addressed may be mild, moderate, or severe; they also may be narrow or pervasive in terms of how broadly they are manifested.
Exhibit 2: A Graphic Representation of the Problem of Barriers to Learning

Range of Learners
(categorized in terms of their response to academic instruction)

I = Motivationally ready & able

II = Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities

III = Avoidant/very deficient in current capabilities/ has a disability/ major health problems

Efforts to Expand School-Related Health and Social Services

Over the last decade, leaders for an expanded focus on health in schools have advocated for an eight component model to ensure a comprehensive approach (Allensworth, Wyche, Lawson, & Nicholson, 1997; Kolbe, 1993). The eight components are (1) health education, (2) health services, (3) biophysical and psychosocial environments, (4) counseling, psychological, and social services, (5) integrated efforts of schools and communities to improve health, (6) food service, (7) physical education and physical activity, and (8) health programs for faculty and staff.

The focus on comprehensive school health is admirable. It is not, of course, a comprehensive approach for addressing a full range of barriers to learning -- nor does it profess to be. Moreover, its restricted emphasis on health tends to engender resistance from school policy makers who do not think they can afford a comprehensive focus on health and still accomplish their primary mission to educate students.

Reform-minded policy makers may be more open to proposals encompassing a broad range of programs to enhance healthy development if such programs are part of a comprehensive approach for addressing barriers to learning.
Some are suggesting that the *school-linked services* movement, especially in the form of full service schools is the answer. And each day brings additional reports from projects such as New Jersey's School-Based Youth Services Program, the Healthy Start Initiative in California, the Beacons Schools in New York, Communities-in-Schools, and the New Futures Initiative.

A review by Michael Knapp (1995) underscores the fact that the literature on school-linked services is heavy on advocacy and prescription and light on findings. Not surprisingly, findings primarily reflect how hard it is to institutionalize such approaches. Keeping the difficulties in mind, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run.

Outstationing community agency staff at schools allows easier access for students and families -- especially in areas with underserved and hard to reach populations. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance family involvement. Analyses suggest better outcomes are associated with empowering children and families and having the capability to address diverse constituencies and contexts. Families using school-based centers are described as becoming interested in contributing to school and community by providing social support networks for new students and families, teaching each other coping skills, participating in school governance, and helping create a psychological sense of community.

At the same time, it is clear that initiatives for school-linked services produce tension between school district *pupil services personnel* and their counterparts in community-based organizations. When "outside" professionals are brought in, school specialist staff often view the move as discounting their skills and threatening their jobs. These concerns are aggravated whenever policy makers appear to overestimate the promise of school-linked services with regard to addressing the full range of barriers to learning. And, ironically, by downplaying school-owned resources, the school-linked services movement has allowed educators to ignore the need for restructuring the various education support programs and services that schools own and operate.

A continuum is outlined in Exhibit 3 to illustrate a comprehensive range of programs to address barriers to learning and enhance healthy development. As can be seen, the continuum ranges from programs for primary prevention (including the promotion of mental health) and early-age intervention --through those for addressing problems soon after onset-- on to treatments for severe and chronic problems. In doing so, it encompasses prevention and prereferral interventions for mild problems, high visibility programs for high-frequency psychosocial problems, and strategies to assist with severe and pervasive mental health problems. Such an approach recognizes the role school, home, and community life play in creating and correcting young people's problems, especially those who are under-served and hard-to-reach.

With respect to *comprehensiveness*, the programs outlined highlight that many problems must be addressed developmentally and with a range of programs -- some focused on individuals and some on environmental systems, some focused on mental health and some on physical health, education, and social services. With respect to concerns about *integrating* programs, the continuum underscores the need for concurrent interprogram linkages and for linkages over extended periods of time. From such a perspective, schools must provide interventions that address individual problems and system changes. At the same time, schools must continue to explore formal and informal ways to link with public and private community agencies.
### Exhibit 3: From Primary Prevention to Treatment of Serious Problems: A Continuum of Community-School Programs

<table>
<thead>
<tr>
<th>Intervention Continuum</th>
<th>Examples of Focus and Types of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary prevention</strong></td>
<td>(Programs and services aimed at system changes and individual needs)</td>
</tr>
<tr>
<td>1. Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness</td>
<td></td>
</tr>
<tr>
<td>• economic enhancement of those living in poverty (e.g., work/welfare programs)</td>
<td></td>
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<tr>
<td>• safety (e.g., instruction, regulations, lead abatement programs)</td>
<td></td>
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<tr>
<td>• physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)</td>
<td></td>
</tr>
<tr>
<td>2. Preschool-age support and assistance to enhance health and psychosocial development</td>
<td></td>
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<tr>
<td>• systems’ enhancement through multidisciplinary team work, consultation, and staff development</td>
<td></td>
</tr>
<tr>
<td>• education and social support for parents of preschoolers</td>
<td></td>
</tr>
<tr>
<td>• quality day care</td>
<td></td>
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<tr>
<td>• quality early education</td>
<td></td>
</tr>
<tr>
<td>• appropriate screening and amelioration of physical and mental health and psychosocial problems</td>
<td></td>
</tr>
<tr>
<td>3. Early-schooling targeted interventions</td>
<td></td>
</tr>
<tr>
<td>• orientations, welcoming and transition support into school and community life for students and their families (especially immigrants)</td>
<td></td>
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<tr>
<td>• support and guidance to ameliorate school adjustment problems</td>
<td></td>
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<tr>
<td>• personalized instruction in the primary grades</td>
<td></td>
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<tr>
<td>• additional support to address specific learning problems</td>
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<tr>
<td>• parent involvement in problem solving</td>
<td></td>
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<tr>
<td>• comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)</td>
<td></td>
</tr>
<tr>
<td>4. Improvement and augmentation of ongoing regular support</td>
<td></td>
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<tr>
<td>• enhance systems through multidisciplinary team work, consultation, and staff development</td>
<td></td>
</tr>
<tr>
<td>• preparation and support for school and life transitions</td>
<td></td>
</tr>
<tr>
<td>• teaching &quot;basics&quot; of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support)</td>
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</tr>
<tr>
<td>• parent involvement in problem solving</td>
<td></td>
</tr>
<tr>
<td>• resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth)</td>
<td></td>
</tr>
<tr>
<td>• comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth)</td>
<td></td>
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<tr>
<td>• Academic guidance and assistance</td>
<td></td>
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<tr>
<td>• Emergency and crisis prevention and response mechanisms</td>
<td></td>
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<tr>
<td>5. Other interventions prior to referral for intensive and ongoing targeted treatments</td>
<td></td>
</tr>
<tr>
<td>• enhance systems through multidisciplinary team work, consultation, and staff development</td>
<td></td>
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<tr>
<td>• short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)</td>
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<tr>
<td>6. Intensive treatments</td>
<td></td>
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<tr>
<td>• referral, triage, placement guidance and assistance, case management, and resource coordination</td>
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<tr>
<td>• family preservation programs and services</td>
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<tr>
<td>• special education and rehabilitation</td>
<td></td>
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<tr>
<td>• dropout recovery and follow-up support</td>
<td></td>
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<tr>
<td>• services for severe-chronic psychosocial/mental/physical health problems</td>
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</tr>
</tbody>
</table>
What Do Schools Offer Related to Mental Health?

Schools clearly are involved in dealing with barriers to learning. Newcomers to school settings often are not aware that schools do own and operate a variety of mental health and psychosocial programs and services. They hire pupil service professionals and institute services and programs aimed at such concerns as drug abuse, teen pregnancy, dropout prevention, and on and on. In addition, efforts increasingly are made to link with community health and social services.

How Much is Offered?

In large school districts, one finds an extensive range of preventive and corrective activity oriented to students' problems. Some programs are provided 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." 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. With specific respect to mental health, the full range of topics arise -- including matters related to promoting mental health, minimizing the impact of psychosocial problems, managing psychotropic medication, and participating in systems of care. It is common knowledge, however, that few schools come close to having enough resources to deal with a large number of students with mental health and psychosocial problems. Most schools offer only bare essentials.

Federal and state mandates play a significant role in determining how many pupil services professionals are employed. Based on a sample of 482 districts of varying sizes in 45 states, recent data indicate that 55% report having counselors; 40.5% have psychologists; 21% have social workers; and 2.1% have psychiatrists (Davis, Fryer, White, & Igoe, 1995). In general, the ratio for school psychologists or school social workers averages 1 to 2500 students; for school counselors, the ratio is about 1 to 1000 (Carlson, Paavola, & Talley, 1995). Given estimates that more than half the students in many schools are encountering major barriers that interfere with their functioning, such ratios inevitably mean that more than narrow-band approaches must be used if the majority are to receive the help they need (Fleisch, Knitzer, & Steinberg, 1990).

Types of Interveners and Their Functions

In assisting teachers, specialists with mental health orientations tend to focus on students seen as problems or as having problems. The many functions of such specialists can be grouped into three categories

(1) direct services and instruction,

(2) coordination, development, and leadership related to programs, services, resources, and systems,

(3) enhancing connections with community resources.
Prevailing direct intervention approaches encompass identification of the needs of targeted individuals, prescription of one or more interventions, brief consultation, and gatekeeping procedures (such as referral for assessment, corrective services, triage, and diagnosis). In some situations, however, resources are so limited that school staff can do little more than assess for special education eligibility, offer brief consultations, and make referrals to special education and/or community resources. Well-developed systems include mechanisms for case coordination, ongoing consultation, program development, advocacy, and quality assurance. There also may be a focus on primary prevention and enhancement of healthy development through use of health education, health services, guidance, and so forth -- though relatively few resources usually are allocated for such activity.

Because resources are so limited, efforts to address barriers to learning and enhance healthy development are not seen as the sole province of professionals/specialists. Professionals trained to provide mental health interventions have a special role to play. But so do all staff hired by a school, and so do students, family members, community agency personnel, volunteers, and so forth; all can and should be part of efforts to address mental health and psychosocial concerns.

All the efforts are meant to contribute to reduction of problem referrals, an increase in the efficacy of mainstream and special education programs, and enhanced instruction and guidance that fosters healthy development. When given the opportunity personnel dealing with mental health and psychosocial concerns also can contribute to program development and system reform, as well as helping enhance school-community collaborations.

Exhibit 4 outlines the types of interveners and specific functions related to meeting psychosocial and mental health needs found in schools.

Even though poor health and other barriers to student learning are seen as directly related to poor educational outcomes, programs to address barriers to learning are treated as "add-on." That is, in terms of policy and practice, they are not assigned top priority and often are among the first cut when budgets are tight. As long as this is the case, many students will continue to be cut off from the benefits of instructional reforms. And for schools serving large numbers of such students, this means continuation of the pattern of test score averages that do not rise substantially. This is a central paradox of school reform. That is: school restructuring clearly is intended to enhance student achievement. To this end, reform efforts predominantly focus on improving instruction and school management, with little attention paid to restructuring and enhancing resources that address barriers to learning. Consequently, too many students are unable to take advantage of improved teaching.

**Where Does a School-Based Health Center Fit In?**

As long as so many students have social, emotional, and physical health deficits and other persistent barriers to learning, schools must find increasingly more potent ways to address such factors so that these youngsters can benefit appropriately from their schooling. This includes enhancing healthy development.
Exhibit 4: Types of Interveners and Functions

I. Interveners Who May Play Primary or Secondary Roles in Carrying Out Functions Relevant to Mental Health and Psychosocial Concerns

### Instructional Professionals
(e.g., regular classroom teachers, special education staff, health educators classroom resource staff and consultants)

### Administrative Staff
(e.g., principals, assistant principals, deans)

### Health Office Professionals
(e.g., nurses, physicians, health educators, consultants)

### Counseling, Psychological, and Social Work Professionals
(e.g., counselors, health educators, psychologists, psychiatrists, psychiatric nurses, social workers, consultants)

### Itinerant Therapists
(e.g., art, dance, music, occupational, physical, speech-language-hearing, and recreation therapists; psychodramatists)

### Personnel-In-Training

### Others
- Aides
- Classified staff (e.g., clerical and cafeteria staff, custodians, bus drivers)
- Paraprofessionals
- Peers (e.g., peer/cross-age counselors and tutors, mutual support and self-help groups)
- Recreation personnel
- Volunteers (professional/paraprofessional/nonprofessional -- including parents)

II. Functions Related to Addressing Mental Health and Psychosocial Needs at the School and District Level

### Direct Services and Instruction
(based on prevailing standards of practice and informed by research)
- Crisis intervention and emergency assistance (e.g., psychological first-aid and follow-up; suicide prevention; emergency services, such as food, clothing, transportation)
- Assessment (individuals, groups, classroom, school, and home environments)
- Treatment, remediation, rehabilitation (incl. secondary prevention)
- Accommodations to allow for differences and disabilities
- Transition and follow-up (e.g., orientations, social support for newcomers, follow-thru)
- Primary prevention through protection, mediation, promoting and fostering opportunities, positive development, and wellness (e.g., guidance counseling; contributing to development and implementation of health and violence reduction curricula; placement assistance; advocacy; liaison between school and home; gang, delinquency, and safe-school programs; conflict resolution)
- Increasing the amount of direct service impact through multidisciplinary teamwork, consultation, training, and supervision

### Coordination, Development, and Leadership Related to Programs, Services, Resources, and Systems
- Needs assessment, gatekeeping, referral, triage, and case monitoring/management (e.g., participating on student study/assistance teams; facilitating communication among all concerned parties)
- Coordinating activities (across disciplines and components; with regular, special, and compensatory educ.; in and out of school)
- Mapping and enhancing resources and systems
- Developing new approaches (incl. facilitating systemic changes)
- Monitoring and evaluating intervention for quality improvement, cost-benefit accountability, research
- Advocacy for programs and services and for standards of care in the schools
- Pursuing strategies for public relations and for enhancing financial resources

### Enhancing Connections with Community Resources
- Strategies to increase responsiveness to referrals from the school
- Strategies to create formal linkages among programs and services
The school-based health center movement is contributing to this effort and is in a position to play a special catalytic role in improving approaches for addressing barriers to student learning. This movement was created in response to concerns about teen pregnancy and a desire to enhance access to physical health care for underserved youth. Soon after opening, most clinics find it essential also to address mental health and psychosocial concerns. The need to do so reflects two basic realities. One, some students' physical complaints are psychogenic, and thus, treatment of various medical problems is aided by psychological intervention. Two, in a large number of cases, students come to clinics primarily for help with nonmedical problems, such as personal adjustment and peer and family relationship problems, emotional distress, problems related to physical and sexual abuse, and concerns stemming from use of alcohol and other drugs.

Thus, as these centers evolve, so does the provision of counseling, psychological, and social services in the schools. At the same time, given the limited number of staff at such clinics, it is not surprising that the demand for psychosocial interventions quickly outstrips the resources available. Without a massive infusion of money, school-based and linked health centers can provide only a restricted range of interventions to a limited number of students. Thus, the desire of such centers to be comprehensive centers in the full sense of the term remains thwarted.

Policy initiatives to restructure community health and human services have fostered the concept of school-linked services and contributed to a burgeoning of school-based and linked health and family resources centers (Advocates for Youth, 1994; Dryfoos, 1994; U.S. Department of Education, 1995). The intent in encouraging linkages between schools and community agencies is to increase efficacy by enhancing comprehensiveness, case management, integration of resources, accessibility, and use of services by students and their families. The movement also underscores the importance of offering mental health in schools. For example, at many of the now over 1000 school-based or linked health centers, up to 50% of student visits are for psychosocial concerns (Adelman, Barker, & Nelson, 1993; Anglin, Naylor, & Kaplan, 1996; Robert Wood Johnson Foundation, 1989).

Dryfoos (1994, 1995) encompasses the trend to develop school-based primary health clinics, youth service programs, community schools, and other similar activity under the rubric of full service schools. (She credits the term to Florida's comprehensive school-based legislation.) As she notes in her review:

> Much of the rhetoric in support of the full service schools concept has been presented in the language of systems change, calling for radical reform of the way educational, health, and welfare agencies provide services. Consensus has formed around the goals of one stop, seamless service provision, whether in a school- or community-based agency, along with empowerment of the target population. ... most of the programs have moved services from one place to another; for example, a medical unit from a hospital or health department relocates into a school through a contractual agreement, or staff of a community mental health center is reassigned to a school, or a grant to a school creates a coordinator in a center. As the program expands, the center staff work with the school to draw in additional services, fostering more contracts between the schools and community agencies. But few of the school systems or the agencies have changed their governance. The outside
agency is not involved in school restructuring or school policy, nor is the
school system involved in the governance of the provider agency. The result
is not yet a new organizational entity, but the school is an improved
institution and on the path to becoming a different kind of institution that is
significantly responsive to the needs of the community (p. 169).

Full service schools reflect the desire for comprehensiveness; the reality remains
much less than the vision. As long as such efforts are shaped primarily by a school-
linked services model (i.e., initiatives to restructure community health and human
services), resources will remain too limited to allow for a comprehensive continuum
of programs.

A Multifaceted and Catalytic Role
for School-Based Health Centers

Those in the school-based health center movement are confronted with many
challenges. Key among these are:

? How can school-based health centers best use their limited resources in
responding to the increasing volume of psychosocial problems they
encounter?

? How can a center help produce better outcomes for those experiencing
problems?

Central to meeting such challenges is working together with school, family, and
community to use existing resources more effectively and in the process build more
comprehensive approaches.

A Multifaceted Focus

She’s depressed.

That kid’s got an attention deficit hyperactivity disorder.

He’s learning disabled.

In discussing mental health, it is easy to fall into the trap of thinking only in terms
of psychopathology. As the noted anthropologist Ruth Benedict wisely noted:

Normality and exceptionality (or deviance) are not absolutes; both are
culturally defined by particular societies at particular times for
particular purposes.

Not only is it easy to think only in terms of psychopathology; it is easy to fall into
the trap of thinking about the causes of problems only in terms of the individual --
ignoring the role of the environment or system.

A multifaceted approach deals with both the individual and the system.
**Addressing System Supports**

Mental health professionals must not ignore the social bases of a student's problems. This means attending to environmental concerns such as basic housing and daily survival needs, family and peer relations, and school experiences.

Individual-focused interventions aimed at deficiencies in system supports may range from helping a student find adequate clothing to eliciting support of school staff to protect a youngster from harassment by gang members. To improve students' daily living and school situations, there is a need to work with school staff to address how the school might improve its programs to counter prevailing frustration, unhappiness, apathy, and hopelessness. In general, this involves interventions that expand students' opportunities in ways that increase expectations about a positive future.

**Individual, Group, Family**

In designing interventions and making referrals, the matter of individual, group, or family counseling arises. Related matters are those of home visits, working through others, and referring to nontraditional programs such as peer counseling.

Although the first inclination may be to think in terms of providing or referring a student for individual counseling, an effective mental health focus requires appreciating the value of group and peer support. Besides the documented therapeutic benefits that many individuals derive from working in groups and with peers, these approaches have the advantage of allowing programs to provide direct service to a greater number of persons. With demand as large as it is and resources as limited as they are, this is no small consideration.

Some students, of course, cannot address their problems effectively in a group setting or to peers -- at least initially. In some cases, such students also are found to have such extensive problems that long-term intervention is the treatment of choice, and the center's time is best spent helping them connect with a service that can provide extended treatment.

If a student's problems are based mainly in the home, the intervention often needs to focus on the parents rather than the student. This may mean offering parents a few counseling sessions at the center or referrals to other counseling services. The student may not even need to be involved in such counseling (e.g., if her or his problems are simply a by-product of the parents' behavior). Of course, if the parents won't change, the student may need help to cope with and minimize the impact of the negative home situation.
Teacher:

*Cara showed up today bruised and battered. We think her dad is abusing her.*

A parent to a school nurse:

*I don't know what to do with Matt. He always seems angry and won't do any school work. I'm so depressed, I can hardly deal with him any more.*

Parent involvement in schools is a prominent item on the education reform agenda. As Epstein (1987) notes, "the evidence is clear that parental encouragement, activities, and interest at home and participation in schools and classrooms affect children's achievements, attitudes, and aspirations, even after student ability and family socioeconomic status are taken into account."

Home involvement is especially important when students have problems. Clearly, families play a key role in causing and sometimes maintaining a student's problems. They also can play a major role in correcting or at least minimizing problems. And, any family that has a youngster with a problem is likely to pay a price economically, psychologically, and socially.

In all cases, besides whatever direct health and human services the family requires, there may also be a need for social and emotional support.

Think about the families of the students who are referred to you because of problems.

*How do the school and center interact with family members? Do family members see school and center staff as allies? If not, why not?*

Parents and other caretakers find it difficult to attend to the needs of their children when their own pressing needs are not attended to. This may help account for why parents who are most receptive to efforts to involve them in schools and schooling are a relatively small group.
Parents and others in the home need to feel welcomed and appreciated by the school.

Parents and others in the home often need to have an opportunity to share concerns.

Parents and others in the home need good information when there are problems -- information about the problem and presentation of such information in a context that also recognizes assets.

Parents and others in the home need information and ready access to resources.

In situations where large numbers of students are having problems, the need is for healthy families, healthy schools, and healthy communities. It seems likely that efforts to involve increasing numbers of parents in improving the well-being of their children must include a focus on improving the well-being of the many parents who are struggling to meet their own basic personal and interpersonal needs.

Thus, schools must be prepared to add programs and services that address such basic needs and staff must reach out to parents with interventions that are welcoming and encourage use of such programs. At the same time, schools must resist the temptation to scold such parents.

A Comprehensive Approach

She said she wanted information about dieting. Then, she burst into tears. Slowly, painfully, the quiet desperation spilled out. She felt stupid and ugly. School was a burden; home was a mess. The only way to get boys was to give them whatever they wanted. But none of them wanted her for long. Nothing seemed to be working out; living seemed too hard.

Meeting the needs of youngsters often requires a blending of experts. Preventing unwanted pregnancies can be as much a matter of affecting attitudes as anything else. Physical complaints often are rooted in psychosocial problems. Schools and school-based health centers are confronting large numbers of students who report serious emotional turmoil, feelings of depression, substance abuse, and histories of physical and sexual assault.

The Need to Improve the Response

At this stage in the evolution of school-based mental health programs, services are introduced quickly in response to pressing needs. As a result, coordinated service plans often have not been developed.

For example, both the school and center may operate parallel substance abuse programs, while neither offers a suicide prevention program. Or, a student may be receiving counseling at a school-based health center and also be in a school-based substance abuse program, with neither program aware of the student's involvement with the other.
Lack of coordination and integration among programs tends to work against long-term effectiveness.

Similarly, lack of a reasonably comprehensive range of intervention options works against meeting the needs of many students.

**Needed: Coordinated Action**

As noted, minimally there is a need for coordination among school district programs and between such programs and those offered by school-based health centers.

Coordination of programs in order to improve effectiveness require

- cooperative working relationships among center, school, and community programs
- case monitoring and problem solving with respect to individual students -- in ways that appropriately account for confidentiality

Integration of programs involves blending and restructuring of resources.

**Needed: Expanded Intervention Options**

Principles of intervention (such as treating the whole person, providing the best fit, and using the least intervention needed) stress the importance of a comprehensive and coordinated set of options that can lead to

- a good match with a student's needs
- use of procedures that are no more intrusive and restrictive than is essential.

Such principles suggest the need for a range of interveners and intervention options. Exhibit 5 provides examples with a specific focus on the role of a SBHCs mental health professional.

And, once good coordination is established, it is time to focus on expanding the range of available intervention options with a view to comprehensiveness and integration of activity.

Such a focus includes interventions to both correct existing problems and prevent future ones. That is,

- service options to increase the likelihood of a good intervention match for a particular student
- prevention and positive mental health programs (mental health education)
- activities designed to improve the school's psychosocial climate.

Anyone seeing school-based health center staff in action as they pursue their many tasks knows they are more than busy. They are inundated with referrals for students whose problems stem from a variety of problems.
### Exhibit 5: Examples of the Range of Interveners and Interventions Needed

<table>
<thead>
<tr>
<th>Type of Intervener</th>
<th>Examples of Interventions</th>
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<tbody>
<tr>
<td><strong>1. Self-help</strong></td>
<td><em>printed materials</em></td>
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<tr>
<td>(Role for center's staff is to make information readily available to students and facilitate organization of groups)</td>
<td><em>information phone lines</em></td>
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<tr>
<td></td>
<td><em>resource references</em></td>
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<td></td>
<td><em>general support groups</em></td>
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<tr>
<td></td>
<td><em>specific problem-oriented groups</em></td>
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<tr>
<td><strong>2. Family/friends/interested others</strong></td>
<td>Connect student with</td>
</tr>
<tr>
<td>(Role of center's staff is to connect student with social/economic supports and monitor results)</td>
<td><em>personal advocate(s)</em></td>
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<td></td>
<td><em>adopt a student program</em></td>
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<tr>
<td></td>
<td>*clubs, teams, and other recreation activities to expand social contacts</td>
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<tr>
<td></td>
<td><em>part time employment</em></td>
</tr>
<tr>
<td><strong>3. Volunteer aides/tutors/peer counselors</strong></td>
<td><em>academic support</em></td>
</tr>
<tr>
<td>(Center's staff can help establish programs and, if feasible, help recruit, supervise, and case coordinate)</td>
<td><em>counseling by peers</em></td>
</tr>
<tr>
<td><strong>4. Regular school staff</strong></td>
<td><em>academic support</em></td>
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<tr>
<td>(Center's staff can help develop programs to recruit, train, and establish collaborative and consultation relationships with regular school staff)</td>
<td><em>counseling</em></td>
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<td><em>provide special status roles at school for alienated students</em></td>
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<td></td>
<td><em>mental health education for students/parents</em></td>
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<td></td>
<td><em>crisis intervention</em></td>
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<tr>
<td><strong>5. Special support staff -- including school-based health center staff and professionals from the community who provide services at school</strong></td>
<td><em>assessment</em></td>
</tr>
<tr>
<td>(Role of center's staff is referral, case management, or direct intervention)</td>
<td><em>consultation about a student and/or the school's psychosocial climate</em></td>
</tr>
<tr>
<td></td>
<td><em>advocacy</em></td>
</tr>
<tr>
<td></td>
<td><em>extra academic support</em></td>
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<tr>
<td></td>
<td><em>mental health education</em></td>
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<tr>
<td></td>
<td><em>short-term counseling or therapy (individual/group/family)</em></td>
</tr>
<tr>
<td></td>
<td><em>collaborative counseling</em></td>
</tr>
<tr>
<td></td>
<td><em>crisis intervention</em></td>
</tr>
<tr>
<td></td>
<td><em>referral to district or community services to address basic survival needs (personal/academic)</em></td>
</tr>
<tr>
<td><strong>6. District support services or community services</strong></td>
<td><em>assessment</em></td>
</tr>
<tr>
<td>(Role of center's staff is referral)</td>
<td><em>advocacy</em></td>
</tr>
<tr>
<td></td>
<td><em>consultation about a student and/or the school's psychosocial climate</em></td>
</tr>
<tr>
<td></td>
<td><em>extra academic support</em></td>
</tr>
<tr>
<td></td>
<td><em>MH education</em></td>
</tr>
<tr>
<td></td>
<td><em>short-term counseling or therapy (individual/group/family)</em></td>
</tr>
<tr>
<td></td>
<td><em>collaborative counseling</em></td>
</tr>
<tr>
<td></td>
<td><em>crisis intervention</em></td>
</tr>
<tr>
<td></td>
<td><em>referral to other services and special placement considerations to address basic survival needs</em></td>
</tr>
</tbody>
</table>
Many staff want to redesign their roles so that they can work more intensively with others at a school site to maximize the impact schools have on addressing the most profound barriers causing students to fall by the wayside. And all this has the potential not only to enhance the success of a great many more youngsters, but also should prove more satisfying to the professionals involved.

How can this be done? "Not by working harder, but by working smarter." One essential element in working smarter is to have an enhanced conceptual base for understanding what is meant by "a comprehensive approach.

**Direct Services and More**

To be comprehensive, the mental health focus of school-based centers must be multifaceted. As indicated in Exhibit B, three groupings of primary and complementary functions are fundamental in meeting mental health and psychosocial needs: (1) direct services and instruction, (2) coordination, development, and leadership related to programs, services, resources, and systems, and (3) enhancing connections with community resources.

Obviously, maintaining such a breadth of focus is difficult. The difficulty is reduced when centers work to integrate their practices and resources with others at the school and in the community. Accomplishing this often requires the center to play a catalytic role first to build mechanisms for communication and networking and then to create mechanisms for building a comprehensive, integrated approach to addressing barriers to effective student functioning.

**Programmatic Approaches: Going Beyond Clinical Interventions**

A large number of young people are unhappy and emotionally upset; only a small percent are clinically depressed. A large number of youngsters behave in ways that distress others; only a small percent have ADHD or a conduct disorder. In some schools, the majority of students have garden variety learning problems; only a few have learning disabilities. Thankfully, those suffering from true internal pathology represent a relatively small segment of the population. Society must never stop providing the best services it can for such individuals and doing so means taking great care not to misdiagnose others whose "symptoms" may be similar but are caused to a significant degree by factors other than internal pathology. Such misdiagnoses lead to policies and practices that exhaust available resources in serving a relatively small percent of those in need. That is a major reason why there are so few resources to address the barriers interfering with the education and healthy development of so many youngsters who are seen as troubled and troubling.

Because behavior, emotional, and learning problems usually are labelled in ways that overemphasize internal pathology, it is not surprising that helping strategies take the form of clinical/remedial intervention. And for the most part, such interventions are developed and function in relative isolation of each other. Thus, they represent another instance of using piecemeal and fragmented strategies to address complex problems.
One result is that an individual identified as having several problems may be involved in programs with several professionals working independently of each other. Similarly, a youngster identified and treated in special infant and pre-school programs who still requires special support may cease to receive appropriate help upon entering school. And so forth.

Dealing with a full continuum of concerns requires a comprehensive and integrated programmatic approach. Such an approach may require one or more mental health, physical health, and social services. That is, any one of the problems may require the efforts of several programs, concurrently and over time. This is even more likely to be the case when an individual has more than one problem. And, in any instance where more than one program is indicated, it is evident that interventions should be coordinated and, if feasible, integrated.

Establishing a comprehensive, integrated approach is excruciatingly hard. Efforts to do so are handicapped by the way interventions are conceived and organized and the way professionals understand their functions. Conceptually, intervention rarely is envisioned comprehensively. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific programs. Functionally, most practitioners and researchers spend most of their time working directly with specific interventions and samples and give little thought or time to comprehensive models or mechanisms for program development and collaboration. Consequently, programs to address physical, mental health, and psychosocial problems rarely are coordinated with each other or with educational programs.

With respect to addressing barriers to learning, comprehensiveness requires more than
- a focus on health and social services
- outreach to link with community resources
- coordination of school-owned services
- coordination of school and community services.

Moving toward comprehensiveness in addressing barriers to learning encompasses restructuring, transforming, and enhancing
- all relevant school-owned programs and services
- community resources and
- weaving these school and community resources together.
Organizations that Can Be Useful Resources to School-Based Health Center Staff

There are a host of organizations that can provide SBHC's with technical assistance, consultation, materials, continuing education, and so forth. One relatively easy way to obtain reference to most of these agencies is to obtain the following aid packets from the our Center:

**Catalogue of Internet Sites Relevant to Mental Health in Schools**
Contains a compilation of internet resources and links related to addressing barriers to student learning and mental health in schools. (Updated regularly)

**Organizations with Resources Relevant to Addressing Barriers to Learning: A Catalogue of Clearinghouses, Technical Assistance Centers, and Other Agencies**
Categorizes and provides contact information on organizations focusing on children’s mental health, education and schools, school-based and school-linked centers, and general concerns related to youth and other health related matters. (Updated regularly)

**Where to Get Resource Materials to Address Barriers to Learning**
Offers school staff and parents a listing of centers, organizations, groups, and publishers that provide resource materials such as publications, brochures, fact sheets, audiovisual & multimedia tools on different mental health problems and issues in school settings.

**Clearinghouse Catalogue**
Our Clearinghouse contains a variety of resources relevant to the topic of mental health in schools. This annotated catalogue classifies these materials, protocols, aids, program descriptions, reports, abstracts of articles, information on other centers, etc. under three main categories: policy and system concerns, program and process concerns, and specific psychosocial problems. (Updated regularly)

**Consultation Cadre Catalogue**
Provides information for accessing a large network of colleagues with relevant experiences related to addressing barriers to student learning and mental health in schools. These individuals have agreed to share their expertise without charging a fee. The catalogue includes professionals indicating expertise related to major system and policy concerns, a variety of program and process issues, and almost every type of psychosocial problem. (Updated regularly)

As a beginning, you should pay special attention to the following organizations because of their direct interest in SBHCs and/or child/youth health and mental health. Minimally, each provides a variety of Fact Sheets on mental health and psychosocial concerns. They also will provide catalogues on their various publications -- many of which are topical and relatively inexpensive. If you have access to the Internet, you can check out their websites and find out what they offer you.
Advocates for Youth  
1025 Vermont Avenue, NW  
Washington, DC 20005  
Ph. 202/347-5700  
Fax: 202/347-2263

American Academy of Child & Adol. Psychiatry  
3615 Wisconsin Avenue, NW  
Washington, DC 20005  
Ph. 202/966-7300  
Fax: 202/966-2891  
Website: http://www.aacap.org

American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242  
Ph: 202/336-5500  
Website: http://www.apa.org/

Center for Mental Health Services  
Office of External Liaison  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Suite 13-103  
Rockville, MD  20857  
Ph: 301/443-9848  
Fax: 301/443-5163  
email: vmontgom@samhsa.gov

ERIC Clearinghouse for Counseling and Student Services  
Ph: 800/414-9769  
Fax: 910/334-4114  
Website: http://www.uncg.edu/~erricas2/

Federation of Families for Children's Mental Health  
1021 Prince St.  
Alexandria, VA  22314-2971  
Ph: 703/684-7710  
Fax: 703/836-7710  
Website: http://www.ffcmh.org/  
email: ffcmh@crosslink.net

National Association of School Psychologists  
4340 East West highway, Suite 402  
Bethesda, MD  20814  
Ph: 301/657-0270  
Fax: 301/657-0275  
Website: http://www.uncc.edu/~erricas2/nasp/  
email: nasp8455@aol.com

National Association of Social Workers  
50 First Street, NE  
Washington, DC 20002-4241  
Ph: 800/638-8799  
Fax: 202/336-8310  
Website: http://www.naswpress.org/

National Institute of Mental Health Information Resources  
5600 Fishers Lane, Room 7C-02  
Rockville, MD  20857  
Ph: 301/443-4513  
Fax: 301/443-4279  
Website: http://www.nimh.nih.gov/publicat/

National Maternal and Child Health Clearinghouse  
2070 Chain Bridge Rd., Suite 450  
Vienna, VA  22182-2536  
Ph: 703/821-8955  
Fax: 703/821-2098  
Website:  http://www.ichp.ufl.edu/

National Technical Assistance Center for Children's Mental Health  
3307 M Street, NW, Fourth Flr.  
Washington, DC 20007-3935  
Ph: 202/687-5000  
Fax: 202/687-8899  
Website:  http://www.dml.georgetown.edu/depts/pediatrics/gucdc/index/html/  
email: gucdc@medlib.georgetown.edu

And, of course, you should contact our sister center and us:

Center for School Mental Health Assistance  
Dept. of Psychiatry  
University of Maryland at Baltimore  
680 West Lexington Street, 10th Flr.  
Baltimore, MD 21201-1570  
Ph: 888/706-0980  
Fax: 410/706-0984  
Website: http://csfma.ab.umd.edu/  
email: csmha@csfma.ab.umd.edu

UCLA Center for Mental Health in Schools  
Dept. of Psychology  
405 Hilgard Ave.  
Los Angeles, CA  90095-1563  
Ph: 310/825-3634  
Fax: 310/206-5895  
Website: http://www.lifesci.ucla.edu/psych/mh/  
email: smhp@ucla.edu
A Few Related References

For a fuller discussion of the topic of Mental Health in Schools, see


Other References Cited or Relevant as Background


*A Primer on Creating School-Based Health Centers*