



*A Center Brief Report . . .*

## Gap Analysis of the Resource Synthesis Related to Integrating Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health

April, 2004

### **Abstract**

The internet is emerging as the single most important dissemination tool. For many professionals, it is the primary way they access information and resources. Thus, analyses of what is and isn't online are essential in advancing the internet's value for enterprises such as the New Freedom Initiative. This report presents analyses of a synthesis of online, noncommercial resources that have relevance for advancing efforts to integrate mental health in schools into the New Freedom Initiative. Not surprisingly, the analyses indicate that the online resources in many arenas of concern are limited, and there are major gaps. The importance of this report is not in this statement of the obvious, but in the specifics that provide a detailed needs assessment. The delineation of needs is intended to guide development of a more basic set of online resources with a view to accelerating the envisioned transformation of the mental health system. We conclude by urging those responsible for the New Freedom Initiative to bring together relevant agencies, centers, and organizations to encourage them to establish a coordinated and cohesive approach for filling online resource gaps.

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Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U45 MC 00175) U.S. Department of Health and Human Services.

## Preface

The final report of the President's New Freedom Commission on Mental Health recognizes that any effort to enhance interventions for children's mental health must involve schools.<sup>1</sup> Fortunately, schools provide a wide range of programs and services for all students who are not succeeding, and many of these interventions are relevant to mental health and psychosocial concerns. However, schools could and will need to do much more if the Commission's vision of a transformed mental health system is to become a reality.

In the fall of 2003, the two national centers that focus specifically on mental health in schools undertook the challenge of (a) delineating more fully where mental health in schools fits into the Commission's goals and recommendations and (b) reviewing the nature and scope of readily accessible resources relevant to integrating the various agenda for mental health in schools into the recommendations. The intent is to aid those who have the task of operationalizing the Commission's work.

To these ends, by January 2004 the two Centers had prepared a brief entitled: *Integrating Agenda for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health* (online at <http://smhp.psych.ucla.edu/>). That document stresses that school involvement is an important focus for any effort to transform how mental health interventions are delivered in the U.S.A. and that such efforts can and should capitalize on the needs of and opportunities presented by schools. In the brief, the Centers draw on the extant body of knowledge related to mental health in schools to formulate suggestions about how the Commission's six goals and 19 recommendations apply to mental health in schools.

Building on that work, the Center for Mental Health in Schools developed a synthesis highlighting a set of readily accessible online, noncommercial resources relevant to integrating the various agenda for mental health in schools into the Commission recommendations. The emphasis was on online resources because the internet is emerging as the single most important dissemination tool. For many professionals, it is the primary way they access information and resources. Thus, analyses of what is and isn't online are essential in advancing the internet's value for enterprises such as the New Freedom Initiative. Part I of the synthesis does provide a sampling of published *general* resources and references. Part II is organized around the Commission's goals and recommendations and presents online resources that have specific relevance to each. While the synthesis is not exhaustive, Part II encompasses a major sampling of what is readily accessible online.

To identify critical gaps in what is available online, the resource synthesis was analyzed. This report presents the methodology used, the analyses, and implications for the New Freedom Initiative.

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<sup>1</sup>The Commission's Final Report is online at  
<http://www.mentalhealthcommission.gov/reports/reports.htm>

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## Methodology and Criteria for Resource Gap Analyses

To conduct a resource gap analysis related to each of the Commission's major goals and recommendations as applied to mental health in schools, the synthesis of online resources was analyzed using the following criteria:

(1) **Availability/Access/Amount** – (e.g., Can a stakeholder readily access at least one online resource covering the topic in a way that provides a basic understanding of what is involved? Are there at least five online accessible resources relevant to the topic?)

(a) in general?

(b) specific to schools?

(2) **Nature and Scope of Coverage** – (e.g., How well do the online accessible resources cover a range of considerations, such as school-based or linked practices, capacity building – especially infrastructure development and stakeholder development and training, policy, research)?

(a) in general?

(b) specific to schools?

(3) **Synthesis of Most Relevant Knowledge-base of What Works** – (e.g., Is there at least one online resource synthesizing the most relevant available scholarly and empirical base for what works?)

(a) in general?

(b) specific to schools?

Ratings were done independently by two center staff on a 4 point Likert scale with 1 = good and 4 =quite limited. The two sets of ratings were then averaged.

In addition, the raters judged the degree of coordination among sources (e.g., How connected are resource disseminators?)

Finally, a comprehensive, multifaceted, and cohesive approach to mental health in schools was applied to raise considerations that go beyond the Commission's goals and recommendations.

## Analyses of Strengths, Limitations, and Gaps

Staff of the Center for Mental Health in Schools who had compiled the synthesis conducted the initial analyses presented here. The findings are reported in a tabular format. Table 1 summarizes the ratings. Table 2 provides examples of major gaps that were identified.

The good news is that there are some readily accessible online, noncommercial resources relevant to goals and recommendations of the President's New Freedom Commission on Mental Health. At the same time, the limitations and gaps in what is available online are patently evident. These are particularly glaring when online resources are viewed through the lens of applications to child and adolescent populations, school settings, and the varied agenda for mental health in schools.

It will be essential to address the online resource limitations and gaps as the New Freedom Initiative moves forward with its plans to transform the mental health system in America. Tables 1 and 2 constitute a major needs assessment that can be used to guide planning to enhance development and use of online resources.

Beyond needs assessments, of course, is the problem of how to meet the needs. For the most part, this is a matter of identifying existing mechanisms and creating new ones that can be directed toward addressing specific needs. Examples of key mechanisms are existing centers, agencies, and organizations.

In terms of center, agencies, and organizations that touch upon mental health *in general*, the good news is that there are a great many at work across the country and many make resources available and accessible online. At the same time, one finds the inevitable fragmentation that results from the different agenda items being pursued (e.g., TA, training, and info dissemination in general or for a specific problem or audience; advocacy and consumer functions; a focus on research/training/services for a particular problem or topic; an agency/discipline/guild with a dedicated mission).

The problem of accessing a resource on a given topic from the various potential sources has been reduced greatly by internet search engines such as Google. However, the need still exists for a sophisticated categorical mapping that can guide users quickly and in a consumer-friendly way to sites that are most likely to meet their needs. And, such a map also needs to differentiate the likely quality of resources and whether they are being sold commercially or can be accessed at no cost to the consumer.

In terms of arenas with major gaps, it should be noted that the preponderance of centers/agencies that are designated as concerned with mental health focus mostly on mental illness and psychosocial problems. They come closest to addressing positive mental health and promoting healthy social-emotional development when they stress secondary and tertiary prevention and topics such as resiliency and assets building. The deficit is best appreciated by visiting the few centers that focus directly on promoting healthy social-emotional development and coping.

When it comes to centers/agencies that have relevance to addressing mental health and psychosocial concerns *specifically in schools*, there are a reasonable number that touch on the matters. Again, however, fragmentation is apparent, and most of the emphasis is on adapting general resources for school application. Only a few entities are dedicated to designing and developing resources specifically for mental health in schools.

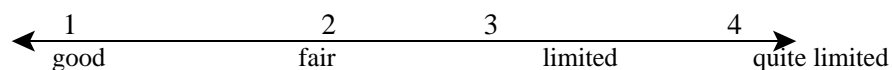
**Table 1**  
**Resource Gap Analysis:**  
**New Freedom Commission and Mental Health in Schools\***

Rating Scale:	← 1                      2                      3                      4 →			
	good	fair	limited	quite limited
Goal/Recommendations	Availability/ Access/Amount	Nature & Scope of Coverage	Synthesis of Most Relevant Knowledge Base of What Works	
<i>Goal 1, Recs. 1.1 - 1.2</i>				
> <b>National Strategy for Suicide Prevention</b>				
>>in general	2	2.5		3.5
>>specific to schools	3	3		4
> <b>National Campaign to Reduce Stigma</b>				
>>in general	3.5	3.5		4
>>specific to schools	3.5	4		4
> <b>Addressing MH with Same Urgency as Physical Health</b>	2.5	3		4
<hr style="border-top: 1px dashed black;"/>				
<i>Goal 2, Recs. 2.1-2.5</i>				
> <b>Plan of Care</b>				
>>in general	2.5	2.5		3
>>specific to schools	2.5	2.5		3.5
> <b>Consumer/Family Involvement</b>				
>>in general	2	2		3.5
>>specific to schools	2.5	2.5		3.5
> <b>Aligning Federal Programs</b>				
>>in general	2.5	2.5		3
>>specific to schools	3	3		3
> <b>Comprehensive State Planning</b>				
>>in general	2.5	3		3.5
>>specific to schools	4	4		4
> <b>Protecting/Enhancing Rights</b>				
>>in general	1.5	2		3.5
>>specific to schools	2	2.5		3.5

\*See Table 2 for examples of major gaps related to each goal/recommendation.

**Resource Gap Analysis:  
New Freedom Commission and Mental Health in Schools (cont.)**

**Rating Scale:**



Goal/Recommendations	Availability/ Access/Amount	Nature & Scope of Coverage	Synthesis of Most Relevant Knowledge Base of What Works
<i>Goal 3, Recs. 3.1 - 3.2</i>			
<b>&gt;Culturally Competent Quality of Care</b>			
>>in general	1.5	2	3
>>specific to schools	2.5	3	3.5
<b>&gt;Access to Quality Care Rural/Remote Areas</b>			
>>in general	2	2.5	3
>>specific to schools	3.5	3.5	3.5
<i>Goal 4, Recs. 4.1-4.4</i>			
<b>&gt;Promoting MH of Young Children</b>			
>>in general	1.5	1.5	2
>>specific to schools	2.5	2.5	2.5
<b>&gt;Improving/Expanding School Mental Health</b>	2	2	3
<b>&gt;Screening Co-occurring MH/Substance Abuse</b>			
>>in general	2.5	3	2.5
>>specific to schools	3	3.5	4
<b>&gt;Screen in Primary Care; Link to Treatment/Support</b>	2	2	3
<i>Goal 5, Recs. 5.1-5.4</i>			
<b>&gt;Accelerate Research on MH, including scale-up</b>			
>>in general	2.5	2.5	3.5
>>specific to schools	3.5	3.5	3.5
<b>&gt;Advance Dissemination/Sustainability</b>			
>>in general	2	2.5	3.5
>>specific to schools	2.5	2.5	3
<b>&gt;Improve Provision of Evidence-based Work</b>			
>>in general	3	3	3.5
>>specific to schools	3.5	3.5	3.5
<b>&gt;Develop Knowledge-Base re. Disparities/ Long-Term Effects of Medication/Trauma/ Acute Care</b>			
>>in general	3	3.5	3.5
>>specific to schools	3.5	3.5	3.5



**Table 2**

**Major Examples of Online Resource Gaps**

**Major Gaps Related to Each Goal** – A clear need exists for a set of online overview syntheses and guides specifically designed to facilitate the New Freedom Initiative as a whole.

- A. *Overview State-of-the-Art Syntheses.* While some form of introductory discussion can be found online related to most areas, there is a dearth of state-of-the-art syntheses focusing on each of the major commission topics. The situation is worse when the topic is viewed with respect to child and adolescent populations and applications in school settings. Major gaps could be filled by developing overviews that cover (a) the nature of the problem addressed, (b) the current knowledge base and the status of research and applied efforts (including financing) related to addressing the problem, and (c) priorities for taking next steps in advancing the work.
- B. *Synthesis and Guide Specifically for Integrating School and Community Efforts.* There is a gap with respect to online aids that clarify ways to enhance the cohesive use of existing community and school resources. This is a particularly important topic given the need to minimize fragmentation and redundancy in resource use and reduce counterproductive competition for resources. Both a synthesis and a guide are needed to fill the gap. Side-bars and appendices could be used in both works to illustrate applications to specific Commission recommendations.
- C. *Syntheses and Guides on Enhancing Dissemination, Replicability, Diffusion, and Sustainability.* While each of these warrant a synthesis and guide, they are related and shared concerns. Thus, there also is a need for an analysis that connects the respective knowledge bases, strategies and barriers, and priorities for research. A major emphasis is needed on how to move from a project focus to large-scale efforts, and thus, the syntheses and guides should encompass a focus on capacity building and systemic change with appropriate adaptations to specific locales and settings.
- D. *Syntheses and Guides on Applications to Child and Adolescent Populations.* The above resources can provide a foundation for developing syntheses and “how to” guides to facilitate planning, implementation, and evaluation of each recommendation as applied to children and adolescents in community and school contexts.

To underscore needs, the following examples highlight a few major online resource gaps related to each Commission recommendation as applied to children/adolescents and mental health in schools.

**Goal 1, Recommendation 1.1 and 1.2**

>**National Strategy for Suicide Prevention** – A fair amount of online resources are available and accessible clarifying the problem and need, the empirical support for existing programs, and outlining what form a national strategy for suicide prevention might take. A fair amount of resources also are available and accessible online discussing specific suicide prevention strategies designed and developed for schools.

***Some Major Gaps***

Needed online:

- Overview synthesis relevant to designing a national strategy specifically for suicide prevention (e.g., knowledge/research base, best practices)
- Guide delineating tasks and steps that must be pursued if a national strategy is to be adopted, implemented, and evaluated
- Guide for how to integrate schools into a national strategy and accomplish the capacity building and systemic changes necessary for schools to play such a role

## Examples of Online Resource Gaps (cont.)

>**National Campaign to Reduce Stigma** – Anyone looking to develop a national campaign to reduce stigma will find relatively little aid from online resources. What is available primarily focuses on the problem and need and a few recommendations about what might be done to fight stigma and discrimination.

### *Some Major Gaps*

Needed online:

- Overview synthesis relevant to designing a national campaign specifically to reduce stigma (e.g., knowledge/research base, best practices)
- Guide delineating tasks and steps that must be pursued if a national campaign is to be adopted, implemented, and evaluated
- Guide for how to integrate schools into a national campaign and accomplish the capacity building and systemic changes necessary for schools to play such a role

>**Addressing Mental Health with the Same Urgency as Physical Health** – Most online resources focused on mental health directly or indirectly make the case that mental health is an urgent concern. Those that discuss parity provide a clear rationale for a policy to support the urgency.

### *Some Major Gaps*

The resource gaps described related to a national strategy for suicide prevention and a national campaign to reduce stigma clearly underscore deficiencies handicapping efforts to improve understanding of and commitment to doing something about addressing mental health with the same urgency as physical health. Missing are resources clarifying strategies and providing materials for educating the general population over time about the urgency. A major gap is the dearth of online resources outlining school-related strategies and providing materials for school use.

## Goal 2, Recommendations 2.1-2.5

>**Plan of Care** – Several specific resources guiding the general planning of care for a child with serious emotional disturbance are readily accessed online. However, there are insufficient resources to guide schools in connecting IEPs into overall systems of care planning.

### *Some Major Gaps*

Needed online:

- Overview synthesis and guide on personalizing a plan of care
- Overview synthesis and guide relevant to enhancing the connection of school and community intervention plans in order to strengthen the system of care

>**Consumer/Family Involvement** – Here, too, there are specific resources, but few address the school situation.

### *Some Major Gaps*

Needed online:

- Guide for family members and youngsters clarifying how to cope with systemic barriers to their appropriate involvement and how to play an ongoing role in producing needed system changes in community and school settings, particularly with respect to special education
- Overview synthesis related to best practices for educating family members and students and enhancing coping ability

## Examples of Online Resource Gaps (cont.)

>**Aligning Federal Programs** – Online resources discussing the problem are available. Not available are resources that provide analyses of barriers to alignment and strategies for overcoming the barriers.

### *Some Major Gaps*

Needed online:

- Overview synthesis on aligning programs (including a focus on policy considerations, projected cost-benefit analyses, etc.)
- Guide for pursuing waivers and on braiding (as contrasted with blending) funds, as well as on how to establish mechanisms to facilitate alignment

>**Comprehensive State Planning** – Essentially what is online are plans from several states.

### *Some Major Gaps*

Needed online:

- Overview synthesis highlighting components of and processes for state planning
- Guide on ways to integrate schools into such planning

>**Protecting/Enhancing Rights** – Online resources delineate rights and procedures for protecting those rights. However, too little is available on the capacity building and system changes necessary for improving on the status quo.

### *Some Major Gaps*

Needed online:

- Overview synthesis highlighting what works with respect to protecting rights
- Guide and materials for training staff in agencies and at schools
- Guide and materials for enhancing the capacity of consumers and their families to protect themselves

## Goal 3, Recommendations 3.1-3.2

>**Culturally Competent Quality of Care** – Online resources related to cultural competency for professionals are burgeoning. Gaps exist with respect to a focus on the full range of human diversity relevant to providing quality care and specific applications to mental health in schools.

### *Some Major Gaps*

Needed online:

- Overview synthesis placing culturally competent care in the context of a fuller range of human diversity
- Guide and materials for applications to mental health in school and related capacity building

## Examples of Online Resource Gaps (cont.)

>**Access to Quality Care Rural/Remote Areas** – The problem is well-documented; online resources are needed that can help address the problem.

### *Some Major Gaps*

Needed online:

- Overview synthesis of knowledge base, especially highlighting relevant models for enhancing access in rural/remote areas, specific strategies for maximizing use of what is available (including enhancing school-community resource integration), and use of technology (including telehealth) for service delivery and staff development
- Guides for how rural/remote areas can establish mechanisms for building capacity and making systemic changes that lead to enhanced access to quality care

## Goal 4, Recommendation 4.1 - 4.4

>**Promote the Mental Health of Young Children** – The resources available here are growing at an exponential rate. They clarify the empirical support for the importance of work in this arena and for existing approaches in the community, home, and school settings.

### *Some Major Gaps*

Needed online:

- Guides outlining strategies for enhancing the policy commitment to and cohesive approaches for promoting mental health in young children in primary socialization settings
- Overview synthesis and guide clarifying strategies for translating the knowledge base and project demonstrations into large scale community and school initiatives

>**Improve and Expand School Mental Health Programs** – Here, too, available resources are appearing online at an exponential rate. They clarify the empirical support for the importance of work in this arena and for existing approaches. They also are outlining strategies for translating the knowledge base and project demonstrations into large scale initiatives.

### *Some Major Gaps*

Needed online:

- Synthesis delineating and analyzing the knowledge base and approaches related to the varying agenda for mental health in schools
- Synthesis mapping and analyzing the resources already being expended for programs and services that are relevant to mental health in schools
- Guide for how to counter the counterproductive competition among school staff and between school and community staff who play a role related to mental health in schools
- Guide for effectively braiding existing school resources, integrating available community resources, and generating economies of scale

## Examples of Online Resource Gaps (cont.)

>**Screening for Co-occurring Mental Health Problems and Substance Abuse** – Resources clarifying need and existing practices are available and readily accessible online. Lacking are in-depth analyses of best practices and their limitations, especially as applied to school settings. Also lacking are resources related to advancing research in this arena.

### *Some Major Gaps*

Needed online:

- Overview synthesis of knowledge base for school-based applications, including cautions about misuse of first-level screening procedures and how to minimize false positives
- Guides to appropriate strategies for school-based screening and follow-up

>**Screening for MH in Primary Care and Linking Treatment and Support** – Increasing attention to enhancing the role of primary care health providers related to mental health concerns has resulted in development of several significant resources which are online (e.g., *Bright Futures: Mental Health*). The major need at this point is for online quick training aids on MH for primary care providers, including self-tutorials and materials for continuing medical education courses.

### *Some Major Gaps*

Needed online:

- Quick training aids on MH screening and follow-up strategies

## Goal 5, Recommendations 5.1-5.4

>**Accelerate Research on MH, including scale-up** – As suggested above, introductory discussions can be found online related to most areas. There is, however, a dearth of state-of-the-art syntheses for the various topics as applied to children and adolescents in general and related to school settings in particular. This applies also to the topics of replicability and systemic change.

### *Some Major Gaps*

Needed online:

- Overview syntheses related to the most prominent mental health and psychosocial problems of children and adolescents in general and related to school settings, with special emphasis on outlining priorities for research
- Overview syntheses related to addressing the problems of replicability and systemic change in general and related to school settings, with special emphasis on outlining priorities for research

>**Advance Dissemination/Sustainability** – Lists of evidence-based practices are readily available online. Advancing use and sustainability will require building on the generic analyses of the knowledge base, strategies and barriers, and priorities for research related to enhancing dissemination, replicability, diffusion, and sustainability. In particular, this means enhancing understanding about what is involved in moving from a project focus to large-scale efforts, including a focus on capacity building and systemic change (with appropriate adaptations to specific settings).

### *Some Major Gaps*

Needed online:

- Overview synthesis analyzing the state of the art related to evidence-based practices, with an emphasis on the problems of (a) moving from efficacy to effectiveness and (b) moving from narrow-band to comprehensive, multifaceted approaches
- Overview synthesis and guide focused on dissemination, diffusion, replicability, and sustainability, with an emphasis on both community and school settings

## Examples of Online Resource Gaps (cont.)

>**Improve Provision of Evidence-based Work** – Little attention has been paid to the capacity building and systemic change concerns that must be addressed if the workforce is to increase the application of evidence-based practices. Thus, it is not surprising how sparse the online resources are in this arena.

### *Some Major Gaps*

Needed online:

- Training aids to promote on-the-job (continuing education) learning and materials to support pre-service education, including an emphasis on child and adolescent populations and school settings
- Overview Synthesis analyzing the current state-of-the-art related to evidence-based practices clarifying strengths, limitations, and gaps with special attention to child and adolescent populations and the need of schools to serve large numbers of students

>**Develop Knowledge-Base: Disparities/Long-Term Effects of Medication/Trauma/Acute Care** – By definition, what is online related to any understudied area will be quite limited.

### *Some Major Gaps*

Needed online:

- Overview syntheses clarifying the state-or-the-art and providing analyses of strategies for and barriers to developing the knowledge base in each of the four arenas, including an emphasis on child and adolescent populations and school settings

## Goal 6, Recommendations 6.1-6.2

>**Health Technology/Telehealth to Improve Access/Coordination** – This growing arena of practice is still in its early stages of development. Thus, the need is not only to enhance use but to keep professionals-in-training, practitioners, and the general public up-to-date on the latest research and applications.

### *Some Major Gaps*

Needed online:

- Overview syntheses clarifying the state-or-the-art and practice guides, including an emphasis on child and adolescent populations and school settings

>**Integrated Electronic Records/Info Systems** – Online resources analyzing and providing guidance in this arena are limited and reflect prevailing practices, and thus, the focus is on a narrow range of within setting information systems. A major need is for online resources that can guide development of next-generation integrated, cross setting info systems.

### *Some Major Gaps*

Needed online:

- Overview syntheses of knowledge base, especially highlighting relevant models for integrated info systems, specific strategies for transforming current systems to connect across settings (e.g., between agencies, connecting with schools)
- Guides on how to establish mechanisms for building capacity and making systemic changes in developing and implementing next generation integrated electronic info systems

## About Enhancing Resource Development, Dissemination, and Use

Obviously, existing centers, agencies, and organizations are a key element in efforts to enhance resource development, dissemination, and use and more generally will be needed to play a major role in assuring the success of the Commission's aim to transform the mental health system. As such entities pursue their specific agendas, areas of overlap are evident. Thus, questions arise about how resource producers and disseminators should and can relate to each other.

In general, formal mechanisms do not exist for resource providers to share their expertise and coordinate their activity on a regular basis. Some, of course, have developed relationships of varying degrees of formality. For the most part, however, communication is informal and cursory. As a result, there is a considerable amount of "parallel play." Typically, this means some unnecessary redundancy of effort and product, a lack of coordination related to overlapping initiatives, a tendency not to capitalize on each others' expertise, and little exploration of ways to collaborate to enhance effectiveness.

Moreover, as information and resources burgeon at an exponential rate, a multitude of common concerns arise for everyone. One subset of concerns revolves around the dissemination and diffusion of knowledge. How is anyone to stay informed about the explosion of information and resources? What is worth disseminating and diffusing? Are there effective ways to "filter" the flow of documents? What should be the future role of information and resources organizations in all this? These and many other concerns confront those pursuing technical assistance, training, and research agenda relevant to addressing mental health and psychosocial problems and promoting healthy development.

None of this is surprising. For some time, those most concerned have recognized the need to do something about the current state of affairs. Specific ideas have been formulated.\* However, no satisfactory solutions have been forthcoming to date.

Clearly, the current piecemeal and fragmented way in which centers, agencies, and organizations operate limits progress. There is a need to develop ways to enhance linkages, networking, and coordinated efforts in arenas where their work overlaps. This requires attention to underscoring the need for greater connection, clarifying the mutual benefits to be accrued, and outlining some next steps for advancing the process. This is work that the New Freedom Initiative can help advance.

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\*Center for Mental Health in Schools (2001). *Toward Enhancing Resource Center Collaboration*. Los Angeles: Author at UCLA.

## **Beyond the Commission's Goals and Recommendations**

Any effort to enhance interventions for children's mental health must involve schools. Schools already provide a wide range of programs and services for all students who are not succeeding, many of which are relevant to mental health and psychosocial concerns. And, schools could do much more and will need to if the mandates of the *No Child Left Behind Act* and the *Individuals with Disabilities Education Act* and the recommendations of the *President's New Freedom Commission on Mental Health* are to be achieved.

Those concerned with integrating agenda for mental health in schools into the Commission's goals and recommendations must not lose sight of the larger context which legitimizes mental health in schools. Advancing mental health in schools is about much more than expanding services and creating full service schools. It is about establishing comprehensive, multifaceted approaches that strengthen students, families, schools, and neighborhoods and do so in ways that maximize learning, caring, and well-being for all students.

### **The Policy Problem**

Unfortunately, there is no cohesive policy vision for the role schools should play in addressing factors that interfere with learning and teaching, including mental health and psychosocial matters. The tendency in policy discussions related to mental health in schools is to focus on how to enhance availability and access to mental health services in schools. Factors usually discussed as barriers to doing more range from sparse resources to the proliferation of piecemeal and overspecialized interventions arising from categorical funding. The growing emphasis on evidence-based practices interacts with these matters, and there is increasing concern about how policy that mandates use of existing evidence-based practices may exacerbate rather than counter limited access and fragmented intervention.

These are all important policy matters. However, they are not the most fundamental concern. For these matters to be addressed effectively, policy makers must pursue them from a perspective that fully appreciates the degree to which current school policies and practices marginalize the entire enterprise of providing student support programs and services. That is, the fundamental policy problem related to mental health in schools is that existing student support services and school health programs do not have high status in the educational hierarchy and in current health and education policy initiatives. The continuing trend is for schools and districts to treat such activity, in policy and practice, as desirable but not a primary consideration. Since the activity is not seen as essential, the programs and staff are marginalized. Planning of programs, services, and delivery systems tends to be done on an ad hoc basis; interventions are referred to as "auxiliary" or "support" services. Student support personnel almost never are a prominent part of a school's organizational structure. Even worse, student support staff usually are among those deemed dispensable as budgets tighten. This, of course, reduces availability and access.

The marginalization spills over to how schools pursue special education mandates and policies related to inclusion. It also shapes how they work with community agencies and initiatives for systems of care, wrap-around services, school-linked services, and other school-community collaborations. It also negatively effects efforts to adopt evidence-based practices and to implement them with fidelity.

### **Addressing the Policy Interface**

All policy to enhance mental health in schools must interface with school improvement policy or it will be marginalized in daily practice at school sites. Schools are not in the mental health business. Moreover, many are leery of mental health, especially when the focus is presented in ways that equate the term only with mental disorders. The mission of schools is to educate all students.

However, 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. In some schools, the number of students who are not doing well outnumbers those who are. Thus, it is especially the case in such settings that a school's mission overlaps with a variety of other public and private agencies and entities.

As the Carnegie Task Force on Education has stressed:

*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.*

From this perspective, the Center for Mental Health in Schools at UCLA and its Policy Leadership Cadre for Mental Health in Schools have stressed the value of embedding policy for mental health in schools within the concepts of addressing barriers to student learning and promoting healthy social and emotional development.

### **Frameworks to Guide Development of Policy and Practice**

The figure, table, and set of guidelines on the following pages provide basic frameworks for enhancing the agenda for children's mental health and mental health in schools. Based on these frameworks, we suggest that policy is needed to guide and facilitate the development of a potent "enabling" or "learning support" component to address barriers to learning/development and support the promotion of healthy development at every school and in its surrounding community. Such policy should specify that the component is to be pursued as a primary and essential facet of school and community improvement and in ways that complement, overlap, and fully integrate with direct efforts to facilitate learning and development. The aim, over time, is for schools and communities to develop such a component by weaving family, community, and school resources into a cohesive and integrated continuum of interventions, encompassing systems for (a) promoting healthy development and preventing problems, (b) intervening early to address problems as soon after onset as feasible, and (c) assisting those with chronic and severe problems.

Because systems are driven by what they are held accountable for, accountability frameworks and indicators for schools and community agencies will have to be expanded to ensure such a component is pursued with equal effort in policy and practice. The expanded data sets also can be used to improve the evidence-base for school and community interventions.

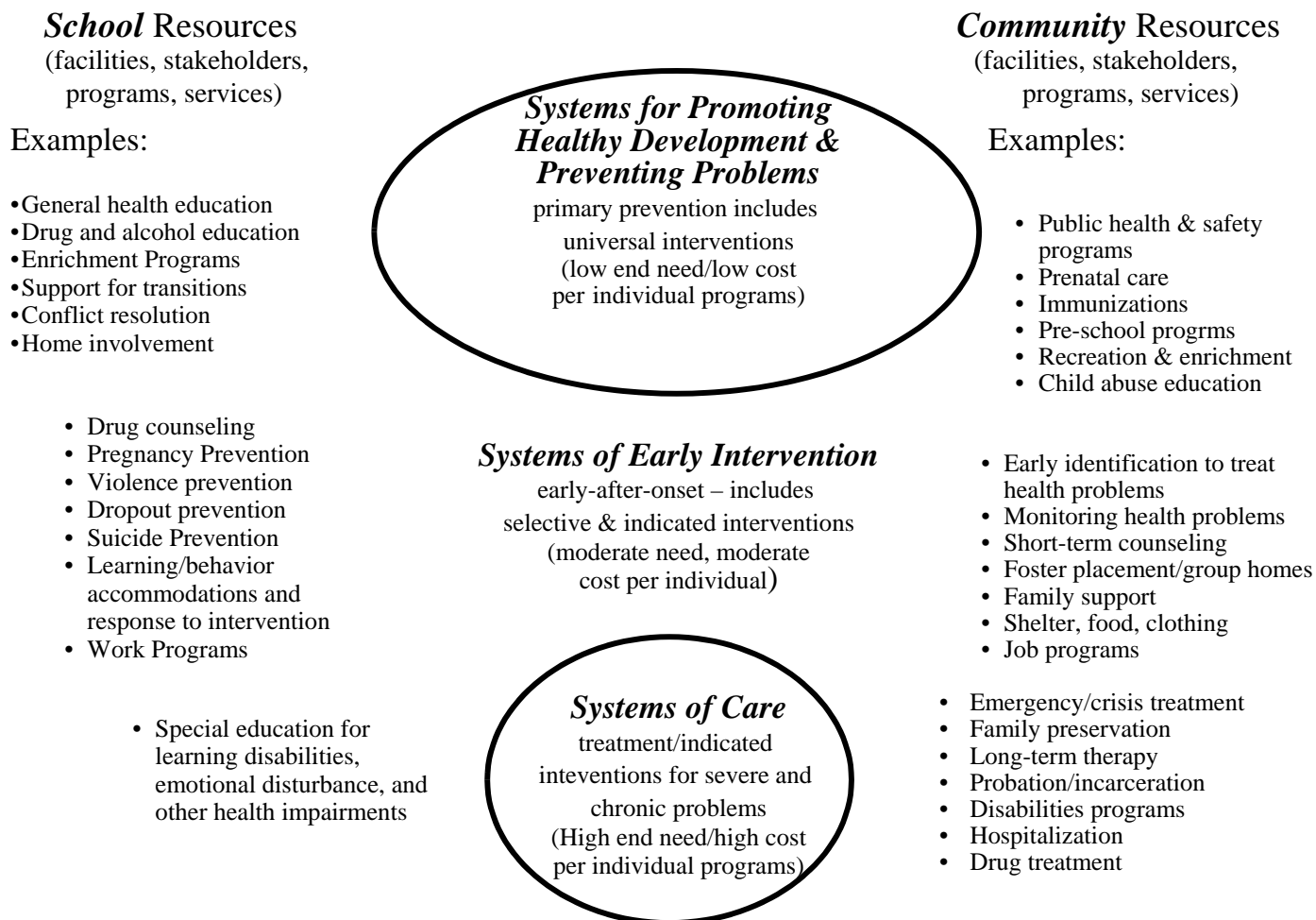
All of this, of course, has major implications for pursuing systemic changes and redesigning infrastructure related to community agencies and schools. Here, too, the New Freedom Initiative can be instrumental in advancing progress related to mental health in schools and in the process take another major step forward in transforming the mental health system in America.

### **Concluding Comments**

With specific respect to mental health in schools, the synthesis of online resources provides a guide to existing aids that can help advance the work of the New Freedom Initiative. However, as the analyses offered in this report indicates, the online resources in many arenas of concern are limited, and there are major gaps. In this respect, the analyses provide a beginning needs assessment to guide development of a more basic set of online resources that can accelerate the envisioned transformation of the mental health system. We urge those responsible for the New Freedom Initiative to bring together the relevant agencies, centers, and organizations to encourage them to establish a coordinated and cohesive approach for filling online resource gaps.

## Figure 1. Interconnected Systems for Meeting the Needs of All Children

- » Providing a Continuum of School-community Programs & Services
  - » Ensuring use of the Least Intervention Needed



Systemic collaboration\* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems of prevention*, *systems of early intervention*, and *systems of care*.

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\*Such collaboration involves horizontal and vertical restructuring of program sand services  
(a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)  
(b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies

**Table 3. From primary prevention to treatment of serious problems: A continuum of community-school programs to address barriers to learning and enhance healthy development**

<i>Intervention Continuum</i>	<i>Examples of Focus and Types of Intervention</i> (Programs and services aimed at system changes and individual needs)
Systems for Health Promotion & Primary prevention	<ol style="list-style-type: none"> <li>1. <i>Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness</i> <ul style="list-style-type: none"> <li>• economic enhancement of those living in poverty (e.g., work/welfare programs)</li> <li>• safety (e.g., instruction, regulations, lead abatement programs)</li> <li>• 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)</li> </ul> </li> </ol>
Systems for Early-after-problem onset intervention	<ol style="list-style-type: none"> <li>2. <i>Preschool-age support and assistance to enhance health and psychosocial development</i> <ul style="list-style-type: none"> <li>• systems' enhancement through multidisciplinary team work, consultation, and staff development</li> <li>• education and social support for parents of preschoolers</li> <li>• quality day care</li> <li>• quality early education</li> <li>• appropriate screening and amelioration of physical and mental health and psychosocial problems</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>3. <i>Early-schooling targeted interventions</i> <ul style="list-style-type: none"> <li>• orientations, welcoming and transition support into school and community life for students and their families (especially immigrants)</li> <li>• support and guidance to ameliorate school adjustment problems</li> <li>• personalized instruction in the primary grades</li> <li>• additional support to address specific learning problems</li> <li>• parent involvement in problem solving</li> <li>• 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)</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>4. <i>Improvement and augmentation of ongoing regular support</i> <ul style="list-style-type: none"> <li>• enhance systems through multidisciplinary team work, consultation, and staff development</li> <li>• preparation and support for school and life transitions</li> <li>• teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support)</li> <li>• parent involvement in problem solving</li> <li>• resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth)</li> <li>• comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth)</li> <li>• Academic guidance and assistance</li> <li>• Emergency and crisis prevention and response mechanisms</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>5. <i>Other interventions prior to referral for intensive, ongoing targeted treatments</i> <ul style="list-style-type: none"> <li>• enhance systems through multidisciplinary team work, consultation, and staff development</li> <li>• 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)</li> </ul> </li> </ol>
Systems for Treatment for severe/chronic problems	<ol style="list-style-type: none"> <li>6. <i>Intensive treatments</i> <ul style="list-style-type: none"> <li>• referral, triage, placement guidance and assistance, case management, and resource coordination</li> <li>• family preservation programs and services</li> <li>• special education and rehabilitation</li> <li>• dropout recovery and follow-up support</li> <li>• services for severe-chronic psychosocial/mental/physical health problems</li> </ul> </li> </ol>

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## **Exhibit 1**

### **Guidelines for Mental Health in Schools**

#### ***1. General Domains for Intervention in Addressing Students' Mental Health***

- 1.1 Ensuring academic success and also promoting healthy cognitive, social, and emotional development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)
- 1.2 Addressing barriers to student learning and performance (including educational and psychosocial problems, external stressors, psychological disorders)
- 1.3 Providing social/emotional support for students, families, and staff

#### ***2. Major Areas of Concern Related to Barriers to Student Learning***

- 2.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)
- 2.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/ crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)
- 2.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

#### ***3. Type of Functions Provided related to Individuals, Groups, and Families***

- 3.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
- 3.2 Referral, triage, and monitoring/management of care
- 3.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)
- 3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
- 3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
- 3.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

(cont.)

*Guidelines for Mental Health in Schools (cont.)*

**4. *Timing and Nature of Problem-Oriented Interventions***

- 4.1 Primary prevention
- 4.2 Intervening early after the onset of problems
- 4.3 Interventions for severe, pervasive, and/or chronic problems

**5. *Assuring Quality of Intervention***

- 5.1 Systems and interventions are monitored and improved as necessary
- 5.2 Programs and services constitute a comprehensive, multifaceted continuum
- 5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
- 5.4 School-owned programs and services are coordinated and integrated
- 5.5 School-owned programs and services are connected to home & community resources
- 5.6 Programs and services are integrated with instructional and governance/management components at schools
- 5.7 Program/services are available, accessible, and attractive
- 5.8 Empirically-supported interventions are used when applicable
- 5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
- 5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
- 5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)
- 5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

**6. *Outcome Evaluation and Accountability***

- 6.1 Short-term outcome data
- 6.2 Long-term outcome data
- 6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

