

Addressing Barriers to Learning

*New ways to think . . .
Better ways to link*



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Nothing less than the futures of children is at stake.

Nicholas Hobbs

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WELCOME

A new year and a new resource . . .

Let us introduce ourselves: We are the School Mental Health Project at UCLA, and we are developing one of two new national centers focusing on **mental health in schools**. The other center is at the University of Maryland in Baltimore. Over the next five years, with funding from the U.S. Department of Health and Human Services, Maternal and Child Health Bureau, these centers will develop a variety of training and technical assistance opportunities. Each center will work closely to complement the other's activities. Both will attend to developmental and cultural diversity, as well as addressing geographic locales with special needs. We look forward to assisting you in your efforts to help students, their families, schools, and communities. Together we can make a significant contribution to the well-being of young people across the nation.

Contents

C On pages 2 and 3, we describe our center's mission, outline our objectives for this newsletter, and explain the rather unorthodox title we have chosen to give it.

C See pages 4-9 for a feature article on ***Mental Health in Schools: Emerging Trends***

C Pages 9-12 highlight the many facets of our center's activity.

AN INVITATION

As the century comes to a close, schools are making bold moves to reform their instructional and management practices. At the same time, initiatives to restructure community services and establish linkages with schools are improving access for many students and families.

Increasingly, evident, however, is the fact that those concerned with school reform and initiatives to restructure community resources must turn their attention to enhancing effectiveness by *filling gaps* and *linking reforms*.

Therefore, we have adopted as the guiding theme for our efforts

New ways to think, better ways to link.

In keeping with this theme, we will begin a two faceted initiative this year to enhance efforts to *address barriers to learning*.

C One facet will focus on helping redress a glaring and fundamental gap in school reform efforts -- namely, the current tendency to ignore the restructuring of existing school-owned programs and services that address barriers to schools' teaching and students' learning. This, of course, encompasses a variety of mental health concerns.

(continued on p. 2)

AN INVITATION (cont.)

- C The second facet aims to enhance thinking about school-linked services so that the emphasis is more on coordinating with existing school programs and services and less on just linking with school sites. With respect to mental health, this can, of course, help enhance program access, availability, and efficacy.

As we undertake this initiative, we are looking to you to help us identify good interactive approaches for in-depth exploration of the above concerns. This newsletter provides one such vehicle; others in the works are a clearinghouse, a cadre of peer consultants, and networking on the World Wide Web. Of course, nothing can replace face-to-face discussions. So we are considering a series of regional one-day meetings for exploring how to address the serious gaps and linkage problems found in current reforms. We also would like to facilitate such discussions at meetings that interested parties already attend.

We invite your ideas . . .***What do you suggest?***

Let us have your comments and suggestions via letter, FAX, e-mail, phone, or carrier pigeon.

In particular, if you want us to link up with existing meetings this year, let us know the details (which organization, when, where, who might attend, topics or content focus, etc.)

At UCLA

Under the auspices of the School Mental Health Project in the Department of Psychology, our aims are to improve outcomes for young people through a focus on policy and practices that enhance programs and systems. *We approach mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and enhancing healthy development.*

Goals include

- C enhancing current and emerging practitioner roles, functions, and competence
- C meshing with and facilitating the systemic reforms reshaping mental health in schools
- C assisting localities in building and maintaining infrastructure for training, support, and continuing education.

Specific attention is given strategies that counter fragmentation and enhance school and community programs. Besides conducting a system needs analysis and providing consultation and coaching, immediate plans include development of this newsletter, an on-line clearinghouse, electronic networking, a consultation cadre, workshops, guidebooks, continuing education curricula ... *and more.*

We want your input as the center develops an agenda and strategies.

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At the University of Maryland, Baltimore, the *Center for School Mental Health Assistance (CSMHA)* aims to offer comprehensive, state-of-the-art training and technical assistance to school health staff to expand and improve mental health services. Center staff will assess mental health needs for school health programs; promote development of a school mental health provider network; gather, develop and disseminate resource materials on issues and interventions; provide ongoing consultation to address the full range of administrative, clinical, and systems issues; conduct training sessions to address identified areas of need; and develop guidelines for school mental health specialization for mental health professionals. The center will be operational in early 1996.

Contact Mark Weist, Project Director at Department of Psychiatry, University of Maryland, 645 W. Redwood St., Baltimore, MD 21201-1549 -- (410) 328-3522; FAX (410) 328-1749.

Over the last decade, the staff of the School Mental Health Project at UCLA (with some support for a couple of years from the Robert Wood Johnson Foundation) has addressed concerns relevant to school-based and linked mental health intervention. One of our activities has been publication of a series of newsletters. With the establishment of the two national centers focused on mental health in schools, we are picking up publication where we left off, but with an expanded agenda.

The enlarged agenda called for renaming the newsletter. We debated calling it *Mental Health in Schools*. However, that name does not convey the scope of what must be done in schools to minimize psychosocial problems and enhance social/emotional development.

Schools know their mission is to ensure that students learn. However, in a large segment of the nation's schools that mission can only be accomplished by *addressing barriers to learning*. So we adopt this as a descriptive name. In doing so, we hope policy makers, school administrators, teachers, parents, students, business people, and all other key stakeholders will appreciate that the topic of mental health in schools is central to addressing many of the most fundamental barriers to learning. Interventions that are appropriately conceived and carried out to address barriers to learning and enhance healthy development are not a supplementary set of activities or a side-show. They are *essential* to a school's success in achieving its educational mission. Much of our center's work will be designed to help make certain this is understood in policy and practice.

In the coming years, this newsletter will be a source of information and an opportunity for sharing. It will be a forum for expressing ideas and debating issues. It will address

- C system and policy concerns -- such as confidentiality dilemmas, restructuring of educational support programs, school-linked services, continuing education

- C program concerns -- such as family involvement, referral and case management procedures, violence prevention, mainstreaming and full inclusion, integration of SBHCs with school and community programs, mental health education, networking, cross-disciplinary training
- C individual and family interventions for specific problems -- such as youth depression, sexual abuse, substance abuse, relationship problems.

We hope you will contribute to making the newsletter a vehicle for sharing and a stimulus for thought and change.

Send in letters to the editor, short articles, commentaries, humorous anecdotes, cautionary tales; share dates for events, ideas you want to convey, and concerns you'd like explored.

Each issue will contain a range of information, as well as a brief feature article on a topic relevant to mental health in schools. In this first issue, we outline our Center's plans and offer an article on the nature and scope of mental health in schools.

We look forward to your contributions.

Inserted in this newsletter is a form designed to inform us of your interests, resources, and concerns. We plan to base much of our work on the responses we receive, so take a few minutes to be certain we account for you.

What You've Told Us Already

To date, the brief survey of consultation needs indicates that respondents most frequently want help with

- C policy issues related to mental health in schools
- C crisis and violence prevention
- C restructuring school support services and related legal issues
- C comprehensive, integrated programmatic approaches
- C parent/home involvement

MENTAL HEALTH IN SCHOOLS: EMERGING TRENDS

It is widely recognized that social, emotional, and physical health deficits and other persistent barriers to learning must be addressed if students are to benefit appropriately from their schooling (see Table on p. 5). Many professionals struggle to ease problems, increase opportunities, and enhance the well-being of students, families, and school staff. While all can benefit from interventions to enhance social and emotional development, such activity is essential for students manifesting severe and pervasive problems. The box below outlines an array of interveners involved in schools who are concerned with these matters.

Types of interveners who might play primary or secondary roles in counseling, psychological, and social service activity

Instructional professionals

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

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 for the above roles

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)

All schools have and benefit from the activity of such interveners (see below).

Types of functions provided

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)
- 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 for programs, services, resources, 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

Table

Nature and Scope of Student Needs that Must be Addressed

**I. Barriers to learning/parenting/teaching
(beyond medical/dental needs)**

*A. 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
- immigration-related concerns (e.g., limited
English Proficiency, legal status)

B. Observable problems

- school adjustment problems (incl. prevention
of truancy, pregnancy, and dropouts)
- relationship difficulties (incl. dysfunctional
family situations, insensitivity to others)
- language difficulties
- abuse by others (physical and sexual)
- substance abuse
- emotional upset
- delinquency (incl. gang-related problems and
community violence)
- psychosocial concerns stemming from sexual
activity (e.g., prevention of and reactions to
pregnancy or STDs)
- psychopathology

*C. 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
- personality disorders or psychopathology

D. Crises 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)

E. Difficult transitions

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

**II. Severity and pervasiveness of
problems addressed**

A. Mild-moderate-severe

B. Narrow-pervasive

**III. Areas of focus in enhancing healthy
psychosocial development**

A. Responsibility and integrity

(e.g., understanding and valuing of societal
expectations and moral courses of action)

B. Self-esteem

(e.g., feelings of competence, self-determination,
and being connected to others)

C. Social and working relationships

(e.g., social awareness, empathy, respect,
communication, interpersonal cooperation
and problem solving, critical thinking,
judgement, and decision making)

D. Self-evaluation and self-direction/regulation

(e.g., understanding of self and impact on
others, development of personal goals,
initiative, and functional autonomy)

E. Temperament

(e.g., emotional stability and responsiveness)

F. Personal safety and safe behavior

(e.g., understanding and valuing of ways to
maintain safety, avoid violence, resist
drug abuse, and prevent sexual abuse)

G. Health maintenance

(e.g., understanding and valuing of ways to
maintain physical and mental health)

H. Effective physical functioning

(e.g., understanding and valuing of how to
develop and maintain physical fitness)

I. Careers and life roles

(e.g., awareness of vocational options, changing
nature of sex roles, stress management)

J. Creativity

(e.g., breaking set)

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Few schools, of course, can afford the entire array of personnel and activity outlined on page 4. And, because so many young people experience serious problems that interfere with learning and performing in school, most schools indicate that *they need much more* than they have.

The problem of at risk students has grown so great that educators find they must hold special national summits where the emphasis is not only on the academic plight of students, but also on how to make schools safe. Keith Geiger, President of the National Education Association, reflecting on the association's 1995 "Safe Schools Summit," laments:

How does a history teacher explain the relevance of the Emancipation Proclamation to students who feel enslaved by fear? How does a guidance counselor persuade a boy to study hard and aim for college if that boy, in his gut, doesn't expect to live past his 20th birthday?

Am I exaggerating? David Sachter, director of the U.S. Centers for Disease Control and Prevention, told the summit about a major new CDC survey of 16,000 students, grades 9 through 12 in both public and private schools.

Nearly 22 percent of those surveyed said they had carried a weapon in the previous month. Nearly one quarter (24.1%) of students had seriously considered attempting suicide in the previous 12 months; 8.6 percent had actually attempted suicide in that period. This study follows an earlier CDC finding that violence among young people has reached "epidemic" proportions (p. 14).

There is growing consensus about the crisis nature of the situation. And it is widely recognized that failure to address the problems of children and schools can only exacerbate the health and economic consequences for society. The literature on mental health related interventions in schools encompasses an enormous array of specific practices and issues. In this limited space, we will simply outline the

state of the art and a few emerging reforms that are reshaping the work of mental health professionals in the schools.

New directions call for functions that go beyond direct service and traditional consultation. All who work in the schools must be prepared not only to provide direct help but to act as advocates, catalysts, brokers, and facilitators of systemic reform. Particularly needed are efforts to improve intervention efficacy through integrating physical and mental health and social services. More extensively, the need is for systemic restructuring of all support programs and services into a comprehensive and cohesive set of programs.

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.

State of the Art

Comprehensive approaches recognize the role school, home, and community life play in creating and correcting young people's problems. From such a perspective, schools must provide interventions that address individual problems and system changes. It is widely recognized that social, emotional, and physical health problems and other barriers to learning must be addressed if students are to learn in ways that allow schools to accomplish their educational mission (Dryfoos, 1994; Tyack, 1992). In this regard, there is renewed interest in the notion that school-based and linked services increase access to underserved and hard-to-reach populations.

An extensive literature reports positive outcomes for psychosocial interventions available to schools.

This research can be characterized as promising, albeit restricted in scope. It provides a menu of "best practices." Many of the reports are from narrowly focused brief demonstrations that by their very nature could only produce limited outcomes. Still, a significant number of appropriately developed and implemented programs have demonstrated benefits not only for schools (e.g., better student functioning, increased attendance, less teacher frustration), but for society (e.g., reduced costs related to welfare, unemployment, and use of emergency and adult services). Thus, the literature is encouraging and also emphasizes that the search for better practices remains a high priority and must reflect the diverse demographics and conditions of a changing society.

School professionals are engaged in an increasingly wide array of activity, including promotion of social and emotional development, direct services, outreach to families, and various forms of support for teachers and other school personnel. There is enhanced emphasis on coordination and collaboration within a school and with community agencies to provide the "network of care" necessary to deal with complex problems over time. As this article highlights, counseling, psychological, and social services

in schools are expanding and changing rapidly.

Schools' efforts to address psychosocial problems encompass (a) prevention and prereferral interventions for mild problems, (b) high visibility programs for high-frequency psychosocial problems, and (c) strategies to address severe and pervasive mental health problems.

Emerging Trends

Proliferation of psychosocial programs in schools tends to occur with little coordination of planning and implementation. As awareness of deficiencies has increased, major systemic changes have been proposed. Four emerging trends are

- C the move *from* narrowly focused *to* comprehensive approaches
- C the move *from* fragmentation *to* coordinated/integrated intervention
- C the move *from* problem specific and discipline-oriented services *to* less categorical, cross-disciplinary programs
- C the move *from* viewing mental health programs as "supplementary services" *to* policy changes that recognize mental health services as an essential element in enabling learning.

Each trend has implications for what goes on in schools and for the ways in which our Center will operate.

New Roles for Mental Health Professionals

Based on our analysis of emerging trends, the range of functions mental health specialists should perform for schools are

- C Direct service activity (e.g., crisis intervention in emergency situations; short-term assessment and treatment, including facilitating referral and case management; prevention through mental health promotion and enhancing resources through supervising mental health professionals-in-training and volunteers),

- C Resource coordination and development (e.g., organizing existing programs; integrating with instruction through inservice mentoring and consultation; interfacing with community agencies to create formal linkages; preparing proposals and developing new programs; acting as an agent of change to create readiness for systemic reform and facilitating development of mechanisms for collaboration and integration; providing support for maintenance of reforms; participation on school governance and planning bodies),
- C Enhancing access to community resources (e.g., identifying community resources; assisting families to connect with services; working with community resources to be more responsive to the needs of a district's students; community coalition building).

The relatively small number of mental health personnel available to schools cannot provide much in the way of direct services. The more their expertise is used at the level of program organization, development, and maintenance, the more students they can help.

This fact is the basis for suggesting that the three areas of function listed above be prioritized so school-based mental health professionals can use their time to produce the broadest impact (Adelman & Taylor, 1991). Used properly, such personnel can play a potent role in creating a comprehensive, integrated approach to meeting the needs of the young by interweaving what schools can do with what the community offers. School mental health professionals bring specialized understanding of cause (e.g., psychosocial factors and pathology) and intervention (e.g., approaching problem amelioration through attitude and motivation change and system strategies). This knowledge can have many benefits. For instance, mental health perspectives of "best fit" and "least intervention needed" strategies can contribute to reduced referrals and increased efficacy of mainstream and special education programs. With respect to pre and inservice staff development, such perspectives can expand educators' views of how to help students with everyday upsets as well as with crises and other

serious problems -- in ways that contribute to positive growth. Specialized mental health understanding also can be translated into programs for targeted problems (e.g., depression, dropout prevention, drug abuse, gang activity, teen pregnancy).

Despite the range of knowledge and skills they bring to a setting, mental health professionals usually find their overwhelming caseload of students restricts them to providing direct services. Even then, they see a small proportion of the many students, families, and school staff who could benefit from their efforts. This is not surprising given the relatively limited cadre of specialists school districts employ.

This lamentable state of affairs raises several points for discussion. One often discussed idea is that greater dividends (in terms of helping more people) might be forthcoming if such personnel devoted their talents more to prevention. At an even more fundamental level, it seems likely that larger numbers would benefit if these professionals devoted a greater portion of their expertise to creating a comprehensive, integrated approach for addressing barriers to learning and enhancing healthy development. For this to happen, however, there must be a shift in priorities with respect to how they use their time. Specifically, this involves redeploying time to focus more on functions related to

- (a) coordination, development, and leadership (e.g., to evolve and maintain resource integration) and
- (b) evolving long-lasting collaborations with community resources.

Used properly, such personnel can contribute greatly to creation of a comprehensive, integrated approach.

Concluding Comments

Emerging trends are reshaping the work of mental health professionals in schools. New directions call for going beyond direct service and beyond traditional consultation. All who work in schools must be prepared not only to provide direct help but to act as advocates, catalysts, brokers, and facilitators of systemic reform. Particularly needed are efforts to improve intervention outcomes by integrating physical and mental health and social services. More comprehensively, the need is for systemic restructuring of all education support programs and services to improve the state of the art

and provide a safety net of care for generations to come. We will have more to say about this in the next issue.

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Note: a fuller discussion of this topic will be published later this year. See L. Taylor & H.S. Adelman (in press), Mental health in the schools: Promising directions for practice. In L. Juszczak & M. Fisher (Eds.) *Health care in schools*. A special edition of *Adolescent Medicine: State of the Art Reviews*. Also, see H.S. Adelman (1995), Clinical psychology: Beyond psychopathology and clinical interventions. *Clinical Psychology: Science and Practice, 2*, 28-44.

CONSULTATION, TECHNICAL ASSISTANCE, MUTUAL SUPPORT, AND MUCH MORE!

In addition to developing strategies for direct assistance to practitioners, we want to work with and support the efforts of those currently providing training and technical assistance, and we are developing strategies to work with those shaping policy. Besides this quarterly newsletter and circulation of other center prepared resources, by late January we will initiate a clearinghouse, a system for electronic networking, a consultation cadre list, and direct technical assistance.

By mid-1996, we will inaugurate a series of regional get-togethers. We plan to work with other interested organized groups to ensure there are at least four *regional get-togethers* held in geographically diverse locales across the country each year. We will work with local organizers to identify participants and to weave together resources to underwrite costs. To extend opportunities for interchange, we also will explore the potential of organizing periodic *televideo conferences*. All special events such as workshops and teleconferences will be videotaped, edited, and made available to interested parties. We will also contact relevant local, regional, and national conferences with a view to ensuring they include a topical focus on mental health in schools.

Along with the center in Maryland, we will interface with practitioners already in the schools and those working in communities who are connecting with schools currently or who should be. Our center also will work to enhance the efforts of those currently providing training and technical assistance around the country.

Of course, if there is to be substantive and sustained systemic change, policy must be reshaped and appropriate infrastructures developed. With this in mind, we also will pursue the following policy-oriented strategy

- C We already are conducting a needs assessment of the states to clarify the status of their activity related to mental health in schools.
- C Based on analysis of the findings, we will consult with a "blue ribbon" group of reform leaders to recommend ways to address deficiencies.
- C Then, we will work with groups currently involved in reshaping national and state policies to integrate the recommendations into the mainstream of reform activity.

The emphasis, of course, will be on school district and community level activity designed to enable what needs to go on in a classroom, school, and surrounding neighborhood. And central to this are policies and strategies that lead to development and maintenance of a comprehensive, integrated approach to the problems of children and youth to enable them to grow into healthy, literate, and productive citizens.

With your help, we will make a conscientious effort in all our work to accommodate your geographic locale and address diversity (e.g., age, sex, ethnicity, religion, gender, disability, motivation).

We know that both the content and processes of all we do must be designed with a view to your wide ranging needs.

CLEARINGHOUSE: Ask for What You Want; Share What You Have

An extensive array of school programs, curricula, and special materials exists around the country. We're busy right now identifying what's available to you, and we're also updating and enlarging our holdings. By February, we will start to share information about what we have learned is available from other sources and how to access various resources, and we should have the first draft of a catalogue of relevant and useful materials and resource aids.

As with all our work, the focus will be on materials related to specific mental health and psychosocial problems, programs and procedures, and systems and policies. Besides providing access through the mails and by Fax, we plan to create a database accessible over the Internet. We also will feature resources of special interest in a Clearinghouse column in the newsletter.

**IF YOU HAVE
SOMETHING YOU
WOULD LIKE TO
SHARE WITH YOUR
COLLEAGUES,
PLEASE SEND IT TO US.**

ELECTRONIC NETWORKING

To assess the current level of technology available to potential users, we need to hear from you about computer availability, access to the Internet or E-mail (via a network or modem), and general computer ability. The information sheet inserted in this newsletter asks about these matters. While it is our intention to eventually create multiple pathways for electronic networking, we are beginning with the Internet interface. This will quickly allow access to those already using search devices such as Gopher and Web browsers such as Mosaic and Lynx.

By the time you read this, our web site will be up and running. If you have access, type in <http://www.lifesci.ucla.edu/repository/psychology> then, find **Related Resources**, click on the **Psychology resources category**, and select **UCLA School Mental Health Project**. What you'll find initially is a description of the School Mental Health Project at UCLA, information about the Center itself, updates from the Center Clearinghouse, excerpts from the newsletter, and what's being developed. As we receive information about upcoming events and descriptions of "Lessons Learned," these will be added. And if there is sufficient interest, we will create a computer bulletin board.

We also are generating a listing of addresses and E-mail, phone, and FAX numbers that will be available to you to encourage networking. If you want this list, please so indicate on the inserted information sheet.

A CONSULTATION CADRE and CENTER TECHNICAL ASSISTANCE

We have begun to identify and recruit a consultation cadre spanning the country and representing a diverse range of expertise (e.g., personnel from universities, school districts, city/county/state mental health agencies, teaching hospitals, etc). Over time this will guarantee access to a large pool of consultants.

During work hours, Center staff will be available by phone, E-mail, and regular mail to facilitate consultation.

Those seeking such consultation are encouraged to FAX information and material (and even to send videotapes of observable problems) so that Center staff have a base of information before the consultation interchange.

LESSONS LEARNED

Sharing effective practices is one of the best ways to help others learn. Send us a brief description of programs and procedures that you find useful. We'll compile them for inclusion in the Clearinghouse and as part of our Internet transmissions, and we'll feature some in the Lessons Learned column of this newsletter.

Describe work with students, parents, teachers, and administrators. Those of you involved in program development and system reform can share your strategies and innovations. Your colleagues want to know what to do with students who are oppositional, how to improve referral and case management systems, how to establish meaningful relationships between home and school, how to integrate health and human services at a school, how to develop comprehensive approaches to addressing barriers to student learning, how to address funding concerns, etc., etc., etc.

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***Kids need us the most,
when they're at their worst.***

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WE LOOK FORWARD TO FACILITATING YOUR SHARING OF LESSONS LEARNED!

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Center Staff:
*Howard Adelman, Co-director
Linda Taylor, Co-Director
Perry Nelson, Coordinator
Mary Partridge, Coordinator
Michael Allen, Associate*
. . . and a host of graduate and undergraduate students

A FOCUS ON POLICY

We are pleased to report that the initial response to our policy survey of state departments has been excellent. Over the next couple of months, we will analyze findings state-by-state, summarize them in an upcoming newsletter, and share them over the Internet. Subsequently, we will draft a series of working recommendations in consultation with identified reform leaders and others currently involved in reshaping relevant national and state policies (e.g., those concerned with school reform, initiatives to integrate health and human services, the special education inclusion movement). The recommendations will stress ways for states to improve their approach to addressing the multitude of mental health and psychosocial problems found in schools through relatively modest adaptations of their current reform efforts. We envision this as encompassing policy, infrastructure, and operational shifts related to Goals 2000 and the Improve America's Schools Act and with respect to the various initiatives for integrating health and human services and enhancing their linkage to schools.

As recommendations are established, we will recontact groups currently involved in reshaping relevant national and state policies and work with them to see that the recommendations are woven into their efforts and are acted upon. This will include providing essential training and technical support. In the process, we will highlight possible new structures for professional development (e.g., school-community-university coalitions, professional-to-professional and agency-to-agency networks, informal collaborations, self-study groups). We will also help clarify factors that must be addressed to avoid serious slippage between policy and effective collaborative action.

PLEASE FILL OUT THE INSERTED INFORMATION SHEET AND SEND IT TO US.

School Mental Health Project/
Center for Mental Health in Schools
Department of Psychology
UCLA
405 Hilgard Ave.
Los Angeles, CA 90024-1563
PZ-86

**Training and Technical Assistance Center -- Mental Health in Schools
RESPONSE FORM**

We plan to base much of our work on what you indicate are major interests, needs, concerns, and current resources. Please take a few minutes to inform us. This can be returned in a separate envelop or by folding it in three to use the return address on the back as a mailing label.

Your Name _____ Title _____
Agency _____

Address _____

Phone _____ Fax _____ E-mail _____

Please indicate how you might interact with the following Center resources:

NEWSLETTER

Are you interested in writing a feature article for the newsletter? Yes ___ No ___

If so, on what topic?

CLEARINGHOUSE

What types of materials are you looking for?

___ Resource materials ___ Protocols ___ Bibliography ___ Abstracts
___ Policy papers ___ Program descriptions ___ Articles ___ Other _____

Would you be willing to send us something for the Clearinghouse? Yes ___ No ___
(Please feel free to do so beginning today.)

CONSULTATION CADRE

If you are interested and willing to be listed and provide a limited amount of *free* consultation by phone or E-mail and have not yet signed up to do so, check below and we will contact you for further information.

___ "I am interested in helping as part of the Consultation Cadre."

TECHNICAL ASSISTANCE

Do you think you will be likely to contact us for technical assistance? Yes ___ No ___

(Continued on back)

REGIONAL MEETINGS

How interested are you in attending a regional get-together focused on enhancing local policy, leadership, and infrastructure related to mental health in schools?

____ Very interested ____ Moderately ____ Mildly ____ Not interested

What month would be best? _____

ELECTRONIC NETWORKING

Do you have access to the World Wide Web? Yes _____ No _____

If yes, what web sites are you already using that are relevant to mental health in schools?

Remember, our site is: _____

HOW CAN WE BEST HELP?

Do you have any comments or recommendations to share with us at this time?

Return to:

School Mental Health Project/
Center for Mental Health in Schools:
Training and Technical Assistance
UCLA/Dept. of Psychology
405 Hilgard Ave.
Los Angeles, CA 90095-1563