

## Should Policy Specify a Formal Role for Schools Related to Mental Health?

Around the country, indeed, around the world – there is talk about mental health in schools. But what’s being talked often differs in fundamental ways. This not only tends to confuse many stakeholders, it seems to be a source of increasing policy and practice conflicts.

Some of the conflicts can be traced to varying perspectives, attitudes, and vested interests associated with mental health in schools. In turn, these differences result in divergent agendas for policy, practice, research, and training. Any answer to whether policy should specify a formal role for schools related to mental health is shaped by the underlying agenda.

This brief highlights:

- A starter list of the varying agenda for mental health in schools
- The pros and cons related to the issue: Should policy specify a formal role for schools related to mental health?

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## *A Starter List of the Varying Agenda for Mental Health in Schools*

It would help if those discussing mental health in schools and school mental health took some time to clarify, analyze, and discuss the implications of different agendas.

To catalyze such activity, we have tried to group agendas in terms of the *primary* interests of various parties with respect to mental health in schools. We come up with seven major interests at work – each of which can be subdivided. (While some are complementary, many are not. Thus, it is not surprising that competing policy and practice interests come into conflict with each other.)

### **Starter List of Agenda Groupings**

- (1) Efforts to use schools to increase *access* to kids and their families for purposes of
  - (a) conducting research related to mental health concerns
  - (b) providing services related to mental health concerns.
- (2) Efforts to increase *availability* of mental health interventions
  - (a) through expanded use of school resources
  - (b) through co-locating community resources on school campuses
  - (c) through finding ways to combine school and community resources.
- (3) Efforts to get schools to adopt/enhance specific programs and approaches
  - (a) for treating specific individuals
  - (b) for addressing specific types of problems in targeted ways
  - (c) for addressing problems through school-wide, “universal” interventions
  - (d) for promoting healthy social and emotional development.
- (4) Efforts to improve specific processes and interventions related to mental health in schools (e.g., improve systems for identifying and referring problems and for case management, enhancing “prereferral” and early intervention programs)
- (5) Efforts to enhance the interests of specific disciplines, contractors, businesses, etc. that are
  - (a) already part of school budgets
  - (b) seeking to be part of school budgets.
- (6) Efforts to change (e.g., rethink, reframe, reform, restructure) the way student supports are conceived at schools
  - (a) through enhanced focus on multi-disciplinary team work (e.g. among school staff, with community professionals)
  - (b) through enhanced coordination of interventions (e.g., among school programs and services, with community programs and services)
  - (c) through appropriate integration of interventions (e.g., that schools own, that communities base or link with schools)
  - (d) through modifying the roles and functions of various student support staff
  - (e) through developing a comprehensive, multifaceted, and cohesive component for systematically addressing barriers to student learning at every school.
- (7) Efforts to reduce school involvement in mental health programs and services (e.g., to maximize the focus on instruction, to use the resources for youth development, to keep the school out of areas where family values are involved).

**Issue: *Should policy specify a clear and formal role for schools in mental health?***

As the above agenda items help underscore, most schools are involved in mental health concerns in some way. However, policy makers generally have not specified a clear and formal role for schools with respect to mental health, except with respect to mandated special education services and as part of a few federal initiatives. And, in some places, the pressure on policy makers is to keep schools away from any program and service identified as addressing mental health problems.

While discussion of mental health in schools relates to all of the agenda items, examples of the heat this topic generates are found in recent national debates about the role of schools related to

- diagnosing and treating mental health problems
- psychotropic medication
- mental health screening
- rights to privacy and parents' rights to make decisions about their children's mental health.

**Examples of what one hears:**

*Mental health is a private concern involving family values, and schools should not be involved in family values.*

*The mission of schools is education; they are not in the mental health business.*

*Mental health problems are barriers to learning, and as a result, schools must play a role in addressing such problems.*

*In addition to academics, most schools have stated goals for fostering social and emotional learning (i.e., promoting mental health), but they aren't held accountable for achieving these goals.*

*School sites are not equipped to handle mental health concerns.*

*Schools are in a unique position to enhance access and availability of mental health services.*

*Schools shouldn't play doctor.*

*Schools cause mental health problems, they ought to play a role in correcting them.*

**Positions:**

- There should be a formal policy against mental health in schools
- Mental health should be understood as beyond the mission of schools.
- School policy already does as much as it should in addressing mental health concerns.
- Policy should be developed that specifies a clear and formal role for schools in addressing mental health concerns so that they can more effectively address barriers to learning and promote healthy development.

From a reading of an early draft of proposed federal legislation entitled the "School-based Mental Health Improvement Act" sponsored by Senators Edward Kennedy and Pete Domenici, it seems likely that each of these positions is likely to be raised in relation to the congressional debate.

## Examples of documents relevant to the issue:

>>*Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.* U.S. Department of Health and Human Services  
<http://www.hhs.gov/surgeongeneral/topics/cmh/childreport.htm>

This report states that "responsibility for children's mental healthcare is dispersed across multiple systems... [one of which is] school." This report opts to "Promote cost-effective, proactive systems of behavior support at the school level... These systems of behavior support should emphasize universal, primary prevention methods that recognize the unique differences of all children and youth, but should include selective individual student supports for those who have more intense and long-term needs." The report also states the importance of strengthening "the resource capacity of schools to serve as a key link to a comprehensive, seamless system of school- and community-based identification, assessment and treatment services to meet the needs of youth and their families where they are."

>>*Achieving the Promise: Transforming Mental Health Care in America.*  
President's New Freedom Commission on Mental Health  
<http://www.mentalhealthcommission.gov/reports/reports.htm>

Goal 4 of this report specifically calls for schools to play a role in a transformed mental health system through early mental health screening, assessment, and referral to services. Schools are seen as a particularly invaluable site for the screening of mental health concerns.

>>*School's Shouldn't Play Doctor.* M. Cannon & M. Gryphon of the Cato Institute.  
<http://www.cato.org/cgi-bin/scripts/printtech.cgi/dailys/07-14-04.html>

In reaction to recommendations related to mental health in schools from the President's New Freedom Commission on Mental Health, policy analysts from the Cato Institute argue that "empowering public schools to 'play a larger role in mental health care for children' could do special needs students and their parents more harm than good. ... Empowering public schools with more power over children's mental health treatment invites conflict. Instead, states should empower parents to choose the school that meets their children's needs. That would improve the mental health of all involved."

>>*Statement of Karen Hayes, Associate Director Concerned Women for America of Illinois Given at Illinois Children's Mental Health Partnership Preliminary Plan Public Forum, July 23, 2004, Chicago, Illinois*  
<http://states.cwfa.org/images/content/statement%20of%20Karen%20Hayes.pdf>

(Concerned Women for America (CWA) describes itself as "the nation's largest public policy women's organization.")

The following are excerpted main points from Hayes' reaction to the Illinois Children's Mental Health Partnership Preliminary Plan.

The statement begins with the premise that the act is "one of the largest recent attempts by the state to subvert, devalue and undermine parental authority" and concludes that "it is neither beneficial to children, nor to taxpayers, to ask government bureaucracies to set competency standards for mental health." Specific views stressed state that the plan:

- "will enormously expand state government." Both socially and fiscally, government bureaucracies are challenged in trying to educate children in basic academics. How can they take on the additional role of being the mental health evaluator and caretaker? (e.g., "local school districts are not equipped or capable to add 'mental health provider' to their primary and rightful mission of academically educating our children"),
- will place another heavy burden on the backs of taxpayers,
- is full of vague and subjective rhetoric and rife with terms that beg definition (e.g., Whose

will prevail? Who decides who is “at risk”, what info is necessary to share, what “positive family outcomes” are, what is “meaningful family involvement”? How will all children’s mental health be “assessed”? Who determines what a child’s “social and emotional” needs are? What kind of approach is “comprehensive and culturally sensitive”?),

- paves the groundwork for “citizen indoctrination by out of control government bureaucracy” and creates “a special interest group bonanza”,
- creates a mandatory program that “challenges the U.S. Supreme Court’s protection of parental authority by usurping parental determinations of their own children’s health, welfare and education”,
- doesn’t specify parental consent as required by the Protection of Pupil Rights Amendment, 20 USC 1232 h,
- is in “clear violation” of the 1998 Illinois Public Act 90-0789, which was designed to protect children from “nosey” questions and remediation when the answers are deemed a problem,
- calls for collection of mental health data on children, together with bureaucratic linkage of the data which CWA believes is illegal, according to the Family Educational Rights and Privacy Act,
- calls for an “unworkable and inappropriate” state policy ensuring that “all Illinois school districts develop a policy for incorporating social and emotional development into the district’s education program”

Finally, the statement notes: “The recommendation to ‘explore strategies for maximizing the purchase of psychotropic drugs...at discounted prices’ seems to give us an incredible look at where this task force thinks Illinois children are headed at a bargain rate.”

>>*Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations*. By the Policy Leadership Cadre for Mental Health in Schools.

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

To support a comprehensive, multifaceted approach to mental health in schools, this resource and reference work addresses national policy and practice concerns about what mental health (MH) in schools is, is not, and should be. Major topics covered include: definitional concerns, the rationale for mental health in schools, a set of guidelines to clarify the nature and scope of a comprehensive approach, and the ways in which mental health and psychosocial concerns currently are addressed in schools.

>>*School-Based Mental Health Services Support Improved Classroom Behavior and School Safety*. National Association of School Psychologists

<http://www.nasponline.org/advocacy/sbmhsvcs.html>

The National Association of School Psychologists states that, "there is a clear need for greater access to mental health services to meet the social, emotional, behavioral and academic needs of America's students." And, "School psychologists, school counselors, and school social workers are the best-trained mental health professionals available to every public school system in the country. They are the first line of defense in providing teachers and families ways to help children learn to behave responsibly. Providing direct consultation to teachers and other school staff, school mental health professionals support improved classroom behavior and school safety."

>>*Scientology's war on psychiatry*

<http://www.rickross.com/reference/scientology/psychiatry/psychiatry11.html>

Scientology views the concept of mental illness as fraudulent and all efforts related to addressing mental health that are based in the formal mental health field as dangerous. This spills over into an agenda against mental health in schools and an effort how schools approach mental health and psychosocial concerns. As this article indicates: “Scientologists have promoted legislation in Florida, Utah and New Hampshire that seeks to discredit psychiatry and drug therapies, especially for kids. The laws would penalize, even criminalize, schoolteachers who recommended mental health treatments to students or parents. At the same time, Scientologists have [gone into] the public schools, promoting a drug abuse program...”

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## Summary of Key Issues\*

### *Arguments for MH in schools*

- Mental health problems are barriers to school learning, and schools must play a role in addressing such barriers in order to enhance student success.
- Schools have positive and negative effects on social and emotional learning and should be formally maximizing the positive and minimizing the negative.
- Schools are in a unique position to enhance access and availability of mental health services and to implement public health approaches to promoting mental health and preventing problems.
- Schools can help make the mental health system more effective and can reduce costs by helping to prevent many problems and by intervening with others before they require more expensive interventions.
- A focus on mental health contributes to school climates that are supportive and nurturing, which is important to student engagement, home and community involvement, and teacher morale and retention.

### *Arguments against MH in schools*

- Enabling schools to focus on mental health concerns enables them to become inappropriately enmeshed in private, family matters and values and can abridge family rights to make decisions about what is in their child's best interests.
- When schools focus on mental health it undermines efforts to improve student academic performance because it takes time and other sparse resources away from instruction.
- Student problems at school will be worsened through self-fulfilling prophecies and stigmatization.
- Mental health is not part of the mission and accountability our society has assigned its schools.
- Schools should address specific problems such as substance abuse, but should not be allowed to pursue such matters using diagnostic labels, screening, medication, psychotherapy, or any of the processes advocated by the mental health "establishment" (including the pharmaceutical industry).

\*Some related issues are highlighted in the Center's Policy Issues Analysis Brief on *Screening Mental Health Problems in Schools* – <http://smhp.psych.ucla.edu/pdfdocs/policyissues/mhscreeningissues.pdf>

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For a sampling of resources related to the topics covered in this brief, see the Center's Online Clearinghouse Quick Finds – <http://smhp.psych.ucla.edu/>

As always, we view this document as a working draft and invite readers to suggest improvements. Also, we are interested in collating information on (a) how policy makers are dealing with the above issues in formulating policy and (b) any policies that specify a clear and formal role for schools in mental health. Send to [ltaylor@ucla.edu](mailto:ltaylor@ucla.edu)