Proposal for a Policy-Oriented Document on MH in Schools

For discussion at the meetings of the Leadership Policy Cadre for MH in Schools

In the coming year, various efforts that are underway should be incorporated into a document that provides a policy-oriented analysis and recommendations. Such a document might be structured around the following six questions:

(1) What are appropriate guidelines for MH in schools? (e.g., encompassing a full continuum of interventions from prevention of psychosocial and MH problems, MH education, and youth development – to early intervention such as provided by school-based and linked service providers – to providing for serious emotionally disturbed youngsters served through special education programs and systems of care)

(2) What are the prevailing and emerging “models” for MH in schools?

(3) What must be accomplished to enhance the focus on MH in schools? (i.e., “How do we get there from here?”)

(4) What organizations should be working together in efforts to lead the way?

(5) What capacity building (including TA and training) is needed to support the above?

(6) What existing resources can be coalesced and what are the sources for additional support?

(cont.)
With respect to the six questions, it can be noted that:

(1) Guidelines – The American Academy of Pediatrics and the National Assn. of School Nurses (with funding from HRSA) has a panel working on developing guidelines (see the attached draft outline for a list of the topics on which the panel is developing guidelines -- this outline is in draft form and not for general circulation at this time).

(2) Major models – From our perspective, there are at least four models which are not mutually exclusive:

   (a) the “Student Support Services” model that is prevailing practice in most school districts;

   (b) the “School-district Mental Health Unit” model that exists in various forms in a few districts (e.g., L.A., Memphis, Dallas);

   (c) the “Linking/Basing Community MH Services to Enhance/Expand What Schools Do” model (e.g., co-location of services, full service schools, Comer’s School Development Model; New Jersey’s School-Based Youth Services program);

   (d) the “Restructuring of Student Support Programs/Services” approach (e.g., New American Schools’ Urban Learning Center Model, restructuring in L.A.U.S.D., Memphis City Schools, Hawai‘i).

(3) Systemic change – There is a dearth of models, plans, and policy related to this.

(4) Coalescing concerned organizations – Key items on the meeting agenda include identifying and discussing steps to bring together the many groups that have a stake in enhancing MH in schools. This encompasses groups such as the various school support service guilds and associations (e.g., NASP, NASW, SSWAA, ACA, NASN, ASHA, NASBHC, NASDSE, etc., etc.), the various family alliance organizations, the various nongovernmental “Centers” and coalitions (such as our center and our sister center in Baltimore, Nat. TA Center for Children’s MH, the various violence prevention centers, the Center for Effective Collab. & Practice, EDC, CASEL, the Coalition for Cohesive Policy in Addressing Barriers to Development and Learning, the Community School Coalition, the Leadership Policy Cadre for MH is Schools), special initiatives (e.g., Making-the-Grade, school-linked services initiatives), various other groups who define their focus as being on Youth Development, etc. etc. And, of course, there is the matter of interface with governmental agencies and private foundations.

(5) Capacity building – A good start on enhancing TA and training have been made by various centers and agencies. But clearly there needs to be work done on how the various efforts work together (e.g., dividing and sharing activity) and with respect to the interface with institutions of higher education,

(6) Resources – Finally, the work plan should address the mapping and analysis of resources for enhancing MH in schools and discuss the implications for coalescing what exists and filling gaps.
3. MENTAL HEALTH IN SCHOOLS -- Counseling, Psychology, and Social Service Programs*

3.1 General Areas for Intervention in Addressing Student Needs

3.1.1 Promoting academic success and healthy cognitive, social, and emotional
development and resilience
   (including promoting opportunities and protective factors; fostering development of assets and
general wellness)

3.1.2 Addressing barriers to student learning and performance
   (including educational and psychosocial problems, external stressors, psychological disorders)

3.1.3 Providing social/emotional support for students, families, staff

3.2 General Nature of Student Needs that Should Be Addressed

3.2.1 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)

3.2.2 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)

3.2.3 Disorders
   (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct
Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; PTSD; Anorexia and
Bulimia; special education designated disorders such as Emotional Disturbance and
Developmental Disabilities)

3.2.4 Areas for promoting academic success and healthy cognitive, social, and emotional
development and resilience
   (e.g., school performance; responsibility and integrity; self-efficacy; social and working
relationships; self-evaluation and self-direction; temperament; personal safety and safe
behavior; health maintenance; effective physical functioning; careers and life roles; creativity)

3.3 Type of Functions Provided related to Individuals, Groups, Families

3.3.1 Assessment for first level screening of problems, diagnosis, and intervention planning
3.3.2 Referral, triage, and monitoring/management of care
3.3.3 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)
3.3.4 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
3.3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
3.3.6 Enhancing connections with and involvement of home and community resources

*Working draft from Expert Panel #3 for the National Guidelines Project on Health, MH, & Safety in Schools
the American Academy of Pediatrics and the National Assn. of School Nurses (with funding from HRSA).
Expert Panel #3 is co-chaired by Howard Adelman & Carlos Vega.

(continued)
3. MENTAL HEALTH IN SCHOOLS -- Counseling, Psychology, and Social Service Programs

3.4 Timing and Nature of Intervention

3.4.1 Primary prevention
3.4.2 Early-after-onset interventions
3.4.3 Interventions for severe/pervasive/chronic problems

3.5 Assuring Quality of Intervention

3.5.1 Stakeholders participate in clarifying needs, activity, and use of resources
3.5.2 Programs and services constitute a comprehensive, multifaceted continuum
3.5.3 Interveners have appropriate knowledge and skills for their roles and functions
3.5.4 School-owned programs and services are coordinated and integrated
3.5.5 School-owned programs and services are connected to home & community resources
3.5.6 Programs and services are integrated with instructional and governance/management components at schools
3.5.7 Program/services are available, accessible, and attractive
3.5.8 Empirically-supported interventions are used when applicable
3.5.9 Differences among students/families are appropriately accounted for
   (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
3.5.10 Legal considerations are appropriately accounted for
   (e.g., mandated services; mandated reporting and its consequences)
3.5.11 Ethical issues are appropriately accounted for
   (e.g., privacy and confidentiality; coercion)
3.5.12 Contexts for intervention are appropriate
   (e.g., office; clinic; classroom; home)
3.5.13 Systems and interventions are monitored and improved as necessary
3.5.14 Continuing professional development is provided

3.6 Outcome Evaluation and Accountability

3.6.1 Short-term outcome evaluation
3.6.2 Long-term outcome evaluation