Leadership Institute

Mental Health in Schools:
Becoming an Integrated Part of the School Improvement Agenda

I Why Mental Health in Schools?

II What’s the Current Status of Mental Health in Schools?

III About Mental Health in Schools & School Improvement Policy and Practice

IV Becoming an Integrated Part of School Improvement

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Part II

What’s the Current Status of Mental Health in Schools?

> Federal, State, & Local Involvement

> Prevailing Approaches in Schools

> Promising Activity, but . . .
Federal, State, & Local Involvement

Federal initiatives promoting mental health in schools primarily come from

(1) the U.S. Department of Education’s Office of Safe and Drug Free Schools Office of Special Education and Rehabilitative Services, and some of the school improvement initiatives under the No Child Left Behind Act,

(2) the U.S. Department of Health and Human Services through its Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) School Mental Health Program (two national centers focusing specifically on advancing mental health in schools)

(3) the “Safe Schools/Healthy Students” initiative, which is jointly sponsored by SAMHSA, U.S.D.O.E., and the U.S. Dept. of Justice,

(4) components of the Center for Disease Control and Prevention’s “Coordinated School Health Program”

(5) SAMHSA through its “Elimination of Barriers Initiative” and various other programs and projects, as well as its focus on schools in the Mental Health Transformation State Incentive Grant Program.

A smattering of projects that relate to agenda for MH in schools also are supported by several other federal agencies.

(Note: The future of all federal programs related to MH in schools is at risk because of ongoing budget crises.)
State & Local Involvement

While always done in a piecemeal and ad hoc manner, most states and some localities have pursued policies that have relevance to mental health in schools.

Few have specified that the focus was to enhance mental health in schools.

>Mostly the efforts have reflected a reaction to pressure to deal with a specific psychosocial problem such as violence prevention (including bullying), suicide prevention, and substance abuse prevention, and so forth.

>Recently, several states have enacted policies supporting social and emotional learning initiatives in schools.

>Most school districts deal indirectly with mental health through the work of their student support staff. A few districts have dealt directly with mental health by establishing mental health units or through School-based Health Centers and through co-located and/or linked community providers.
Prevailing Approaches in Schools

- Type of Interveners and Functions
- Delivery Mechanisms and Formats
Types of *Interveners* and *Functions*

I. *Interveners* Who May Play Primary or Secondary Roles in Carrying Out Functions Relevant to Learning, Behavior, and Emotional Problems

- Instructional Professionals
- Administrative Staff
- Health Office Professionals
- Counseling, Psychological, & Social Work Staff
- Itinerant Therapists
- Personnel-In-Training

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

>>>>>Direct Services and Instruction

>>>>>Coordination, Development, and Leadership Related to Programs, Services, Resources, and Systems

>>>>>Enhancing Connections with Community Resources
Delivery Mechanisms and Formats

I. School-Financed Student Support Services
   (e.g., pupil services/student support personnel)

II. School-District Specialize Units
    (e.g., separate units, family resource center, clinics)

III. Formal Connections with Community Mental Health Services

   Co-location of agency at schools
   C formal linkages with agencies to enhance access and service coordination
   C formal partnerships between a school district and community agencies for school-based/linked facilities
   C contracting with community providers

IV. Classroom-Based Curriculum and Specialized “Pull Out” Curricula

   C integrated into regular classroom instruction
   C specific curriculum or special intervention implemented by specially trained personnel
   C curriculum approach is part of a multifaceted set of interventions for positive development and prevention
Promising Activity, but . . .

Talk about fragmented!!!

Which of these addresses barriers to student learning?


Fragmented policy ←→ Fragmented practices
What does this mean for MH in Schools?

Current Situation at All Levels in the Educational System with Respect to MH and Other Student/Learning Supports

• Marginalization

• Fragmentation

• Poor Cost-Effectiveness (up to 25% of a school budget used in too limited and often redundant ways)

• Counterproductive Competition for Sparse Resources (among school support staff and with community-based professionals who link with schools)
**Study Questions**

Why do you think prevailing approaches are so fragmented?

How do you understand why mental health in schools is so marginalized in school improvement policy and practice?

What do you think can be done to end this marginalization?
Some Relevant References & Resources

> In addition to the book *Mental Health in School & School Improvement: Current Status, Concerns, and New Directions*
> http://smhp.psych.ucla.edu/mhbook/mhbooktoc.htm

browse the following online Center resources:

> About Mental Health in Schools –
> http://smhp.psych.ucla.edu/aboutmh/aboutmhover.htm

> More About Mental Health in Schools –
> http://smhp.psych.ucla.edu/aboutmh/moreaboutmh.html

> Resources and Publications –
> http://smhp.psych.ucla.edu/materials/resources.htm

> Quick Find Search Topic Menu –
> http://smhp.psych.ucla.edu/websrch.htm#quick

Also see the following reports from other centers:

> http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4068/

> http://rtckids.fmhi.usf.edu/rtcpubs/study04/index.htm
In Part III, we explore mental health in schools in the context of school improvement policy and practice.