Mental Health in Urban Schools
The mission of the National Institute for Urban School Improvement is to partner with Regional Resource Centers (RRCs) to develop powerful networks of urban local education agencies (LEAs) and schools that embrace and implement a data-based, continuous improvement approach for inclusive practices. Embedded within this approach is a commitment to evidence-based practice in early intervention, universal design, literacy and positive behavior supports.

The Office of Special Education Programs (OSEP), U.S. Department of Education, has funded the NIUSI to facilitate the unification of current general and special education reform efforts as these are implemented in the nation’s urban school districts. NIUSI creation reflects OSEP’s long-standing commitment to improving educational outcomes for all children, specifically those with disabilities, in communities challenged and enriched by the urban experience.
HOW DOES THIS ON POINT HELP TO EXPLORE AND SUPPORT NIUSI’S AGENDA FOR INCLUSIVE SCHOOLS?

NIUSI, established in 1997, works with urban schools, families, students, and communities to develop the skills, contexts, and values that improve results for all students in environments of increasing diversity. Schools that successfully reach all their students are inclusive. They use a variety of teaching approaches, engage with families and communities to support lifelong learning, and keep students motivated to learn and create. To do this work well, particularly in large, urban school systems, means that schools need attend to the social and emotional lives of their students, promote healthy climates for learning, and promote mental health so that learning can be as powerful as possible.

If you want to read more about NIUSI’s work, its Systemic Change Framework, and annual National Inclusive Schools Week, please visit our Web site at www.inclusiveschools.org.

We hope that you find this On Point relevant and useful to your work with students and schools.

MENTAL HEALTH IN URBAN SCHOOLS

When it comes to mental health, urban schools have a wide range of assets and strengths—many of which have gone untapped. These assets reside within the school staff, the students, their families, and community resources, and bring with them resilience, perseverance, and hope. Urban schools are among the most ready of our nation’s schools to focus on mental health. Part of this readiness stems from an appreciation of the importance of promoting healthy social-emotional development, and part of it arises from the mental health concerns that arise daily or at critical times during the school year. As a result, some students misbehave, some seem emotionally upset, some experience physical or sexual abuse, some cannot get along with others, some have difficulty adjusting to school requirements, and more. The mental health concerns that come from living in complex urban settings are reflected in the issues that arise at school.

These issues do not belong to the students alone. Families and school staff are affected as well. A sense of some of this is captured by an old joke:

_Mother to son: Time to get up and go to school._
_Son: I don’t want to go. It’s too hard and the kids don’t like me._

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Mother: But you have to go – you’re their teacher.

Anyone who has spent time in an urban school can itemize the many positive contributions that can result from an enhanced focus on mental health in schools. The question for all of us is: How should our urban schools engage these challenges?

MENTAL HEALTH IN URBAN SCHOOLS: WHAT’S IT ABOUT?

Many people hear the term mental health and they think mental illness. Others hear mental health in schools and they think it’s only about therapy and counseling. But, it isn’t just about the activities that mental health professionals do in their offices, such as providing students with therapy or counseling. Mental health in schools potentially is also about:

- Providing programs to promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers
- Providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- Supporting the mental health of families and school staff
- Building the capacity of all school staff to address barriers to learning and promote healthy development
- Addressing systemic matters at schools that affect mental health, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning
- Drawing on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development

School-based interventions relevant to mental health encompass a wide variety of specific practices and encompass an array of resources and issues. Let’s take a brief look at what urban schools currently are doing and highlight what they hopefully will be doing in the near future.

WHAT DO URBAN SCHOOLS CURRENTLY PROVIDE?

Most urban schools have some programs to address a range of mental health (MH) and psychosocial concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence. Some are funded by the schools, and others are the result of linkages with community service and youth development agencies. Some programs are provided throughout a district, while others are carried out at or linked to
targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as “at risk.” The activities may be implemented in regular or special education classrooms or as “pull out” programs. They may be designed for an entire class, groups, or individuals.

School districts use a variety of personnel to address MH concerns. These may include “pupil services” or “support services” specialists, such as psychologists, counselors, social workers, psychiatrists, and psychiatric nurses, as well as a variety of related professionals and paraprofessionals. The majority of them tend to focus on students as problems or as having problems.

Those who work in schools are a diverse group. So are the students and families who attend. Examples of the kinds of diversity include: age, gender, race, ethnicity, national origin, migration and refugee status and experiences, religion, spirituality, sexual orientation, disability, language, socioeconomic status, education, group identity, communication modality, developmental stages, level of acculturation/assimilation, stages of ethnic development, workplace culture, family and lifestyle, and popular culture.

Human diversity is fundamental to the processes, content, and outcomes of schooling. And, diversity competence is central to any discussion of mental health in schools. All interventions that address access to learning and promote healthy development must consider significant individual and group differences. School personnel must develop the competence to account for human diversity in daily practice. In urban settings, the resources of schools and communities are needed to address complex and overlapping psychosocial and mental health concerns. Despite a range of activity, few urban schools come close to having enough resources to deal with the complex MH and psychosocial problems through traditional responses. Urban schools report having large numbers of students in need of assistance; in some situations, it is estimated that more than half of the students enrolled experience mental health challenges.

WHAT ARE EMERGING TRENDS FOR MENTAL HEALTH IN SCHOOLS?

Unfortunately, activities related to psychosocial and mental health concerns in urban schools are not assigned a high priority on a regular basis. They gain stature for a while whenever a high visibility event occurs (e.g., a shooting on campus, a student suicide, an increase in bullying). Such efforts are developed in an ad hoc, piecemeal, and highly marginalized way. This has led to fragmented approaches, redundancy, counterproductive competition, and inadequate results.

There is a great deal to be done to improve
what is taking place. The emerging view of how to enhance mental health in schools contrasts markedly with the one-on-one service model that has dominated past school mental health agenda. Such work is just surfacing on a large scale. The emerging view involves much more than expanding services and creating full service schools. It is about becoming a collaborative part of comprehensive approaches that strengthen students, families, schools, and neighborhoods and doing so in ways that maximize learning, caring, and well-being. It requires fully integrating a mental health agenda into an urban school’s efforts to provide students with learning supports. Two parables help differentiate the old and emerging views of mental health in schools. The old view fits the starfish metaphor.

The day after a great storm had washed all sorts of sea life far up onto the beach, a youngster set out to throw back as many of the still-living starfish as he could. After watching him toss one after the other into the ocean, an old man approached him and said, It’s no use your doing that, there are too many, You’re not going to make any difference.

The boy looked at him in surprise, then bent over, picked up another starfish, threw it in, and then replied: It made a difference to that one!

This parable, of course, reflects all the important clinical efforts undertaken by staff alone and when they meet together to work on specific cases. The emerging view is captured by what can be called the bridge parable.

In a small town one weekend, a group of school staff went fishing together down at the river. Not long after they got there, a child came floating down the rapids calling for help. One of the group on the shore quickly dived in and pulled the child out. Minutes later another, then another, and then many more children were coming down the river. Soon every one was diving in and dragging children to the shore and then jumping back in to save as many as they could. In the midst of all this frenzy, one of the group was seen walking away. Her colleagues were irate. How could she leave when there were so many children to save? After long hours, to everyone’s relief, the flow of children stopped, and the group could finally catch their breath.

At that moment, their colleague came back. They turned on her and angrily shouted:

How could you walk off when we needed everyone here to save the children?

She replied, It occurred to me that someone ought to go upstream and find out why so many kids were falling into the river. What I found is that the old wooden bridge had several planks missing, and when some children tried to jump over the gap, they couldn’t make it and fell through into the river. So I got someone to fix the bridge.
Fixing and building better bridges is a good way to think about the type of comprehensive approach that underscores the importance of taking time to improve and enhance resources, programs, and systems in urban schools, including a focus on mental health concerns. In the context of the emerging view, it has been cautioned that schools are not in the mental health business: education is their business. Mental health agendas must connect in major ways with the mission of schools and integrate with the full range of student supports designed to address barriers to learning. All this, of course, is a call for major systemic changes. Such changes will require weaving school-owned resources and community-owned resources together to develop comprehensive and cohesive approaches for addressing barriers to learning and enhancing healthy development. Moreover, pursuit of such changes also must address complications stemming from the scale of public education in the U.S.A. That is, efforts to advance mental health in schools also must adopt effective models and procedures for helping every school.

The reality that psychosocial and mental health concerns must be addressed if urban schools are to function satisfactorily and students are to learn and perform effectively is underscored by the Carnegie Council Task Force on Education of Young Adolescents (1989) in stating:

*School systems are not responsible for meeting every need of their students.*

This necessity is revealed in the aims of the No Child Left Behind Act and the Individuals with Disabilities Education Act. It is also consistent with the goals and recommendations of the President’s New Freedom Commission on Mental Health. Indeed, these initiatives reflect a shared agenda and must coalesce in school improvement policies and initiatives in ways that more wisely invest and use sparse resources.

**HOW CAN SCHOOLS PLAY A UNIQUE ROLE IN MENTAL HEALTH?**

One of the real strengths of the emerging view of mental health in schools is that we can capitalize on the unique and natural opportunities at schools to promote healthy personal and social development, and we can minimize school transactions that interfere with positive growth and contribute to mental health and psychosocial problems. In some form or another, every school has goals that emphasize a desire to enhance students’ personal and social functioning. Such goals call for a focus on:

- Enhancing the daily smooth functioning of schools and the emergence of a safe, caring, and supportive school climate
- Facilitating students’ holistic development
• Enabling student motivation and capability for academic learning
• Optimizing life beyond schooling

Sadly, the stated goals too often are not connected to daily practices at schools. This seems to be even more the case as increasing accountability demands mount for quick academic gains on achievement. At the same time that calls grow louder about the need to attend to social and emotional learning and address mental health and psychosocial problems, the focus on these matters continues to be ignored for the most part in schools. District-wide, full-scale commitment to such programs is rare. The situation is unlikely to change as long as the focus on such matters is viewed as taking time away from efforts to increase achievement test scores.

WHAT ARE SOME NATURAL OPPORTUNITIES TO ENHANCE MENTAL HEALTH IN SCHOOLS?

Given the current state of school resources, the emerging view of mental health in schools must first and foremost rethink and redeploy existing resources and take advantage of natural opportunities. Natural opportunities at schools for countering psychosocial and mental health problems and promoting personal and social growth can be grouped into four categories:
• Daily opportunities
• Yearly patterns
• Transitions
• Early after the onset of student problems

Daily Opportunities. Schools are social milieus. Each day in the classroom and around the school students interact with their peers and various adults in formal and informal ways. Every encounter, positive and negative, represents a potential learning experience. All school staff, and especially teachers, can be taught ways to use the encounters to minimize transactions that work against positive growth and to capitalize on many opportunities to enhance social-emotional learning.

Appreciation of what needs attention can be garnered readily by looking at the school day through a mental health lens. Is instruction carried out in ways that strengthen or hinder development of interpersonal skills and connections and student understanding of self and others? Is cooperative learning and sharing promoted? Is inappropriate competition minimized? Is the school climate safe, supportive, and caring? Are interpersonal conflicts mainly suppressed, or are they used as learning opportunities? Are roles provided for all students to be positive helpers throughout the school and community? How widespread is bullying? How safe do students and staff feel at school? Of course, appreciating problems and opportunities is not enough. Pre- and in-service education must focus on teaching those working in schools how to minimize what is going wrong and enable personal and social growth.
Major examples of natural opportunities in the classroom to enhance mental health and minimize emotional and behavioral problems arise each time students relate to each other and to staff during class and group instruction. Some activities are especially rife with opportunity, such as cooperative learning experiences, peer sharing and tutoring, and when addressing interpersonal and learning problems. Examples of some major school-wide opportunities include providing roles for all students to be positive helpers and leaders throughout the school and community (e.g., service learning); engaging students in strategies to enhance a caring, supportive, and safe school climate; and focusing on both attitude and skill development during conflict resolution and crisis prevention efforts.

**Yearly Patterns.** The culture of most schools yields fairly predictable patterns over the course of the year. The beginning of the school year, for example, typically is a period of hope. As the year progresses, a variety of stressors and opportunities for personal and social development emerge. Examples of stressors include homework assignments that are experienced as increasingly difficult, interpersonal conflicts, and testing and grading pressures.

### Monthly Themes for Urban Schools

<table>
<thead>
<tr>
<th>Month</th>
<th>Theme</th>
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<tbody>
<tr>
<td>September –</td>
<td>Getting off to a Good Start</td>
</tr>
<tr>
<td>October –</td>
<td>Enabling School Adjustment</td>
</tr>
<tr>
<td>November –</td>
<td>Responding to Referrals in Ways That Can “Stem the Tide”</td>
</tr>
<tr>
<td>December –</td>
<td>Re-engaging Students: Using a Student’s Time Off in Ways that Pay Off!</td>
</tr>
<tr>
<td>January –</td>
<td>New Year’s Resolutions - A Time for Renewal; A New Start for Everyone</td>
</tr>
<tr>
<td>February –</td>
<td>The Mid-Point of a School Year - Report Cards &amp; Conferences: Another Barrier or a Challenging Opportunity</td>
</tr>
<tr>
<td>March –</td>
<td>Reducing Stress; Preventing Burnout</td>
</tr>
<tr>
<td>April –</td>
<td>Spring Can Be a High Risk Time for Students</td>
</tr>
<tr>
<td>May –</td>
<td>Time to Help Students and Families Plan Successful Transitions to New Grade/School</td>
</tr>
<tr>
<td>June –</td>
<td>Summer and the Living Ain’t Easy</td>
</tr>
<tr>
<td>August –</td>
<td>Now is the Time to Develop Ways to Avoid Burnout</td>
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2 See the website of the Center for Mental Health in Schools for details on how to pursue such themes: http://smhp.psych.ucla.edu
Additional stressors and developmental experiences arise around special events associated with holidays, social events, sports, grade promotions, and graduation.

Each month strategies can be implemented that encourage school staff to minimize stressors and enhance coping through social-emotional learning and shared problem solving. To support such efforts the Center for Mental Health in Schools at UCLA has developed a set of monthly themes as examples for schools to draw upon and go beyond (See Monthly Themes Table). The point is to establish a focus each month and build the capacity of school staff to evolve the school culture in ways that reduce unnecessary stressors and naturally promote social and emotional development.

**Transitions.** Students are regularly confronted with a variety of transitions—changing schools, changing grades, and a range of other minor and major transitory demands. Such transitions are ever-present and usually are not a customary focus of institutionalized efforts to support students. Every transition can exacerbate problems or be used as a natural opportunity to promote positive learning and attitudes and reduce alienation. Schools need to build their capacity to address transitions proactively and in the process to be guided by their goals for enhancing personal and social functioning.

On a daily basis, staff can capture opportunities before school, during breaks, at lunch, and after school. With respect to newcomers, the focus can be on welcoming and social support processes and addressing school adjustment difficulties. Examples of desirable interventions for frequently occurring school-wide and classroom-specific events include welcoming new arrivals (students, their families, staff); preparing students for the next year; providing ongoing social supports as students adjust to new grades, new schools, and new programs; addressing adjustment difficulties as the year begins; and using before-school, after-school, inter-session activities as times for ensuring generalization and enrichment of such learning.

**At the First Indication that a Student is Experiencing Problems.** Stated simply, every student problem represents a need and an opportunity to avoid exacerbating and to enhance a student’s mental health. Often the first response when a problem arises is to control it; the second response should include a mental health focus.

**HOW CAN SCHOOLS SUPPORT THE MENTAL HEALTH OF SCHOOL STAFF?**

We all need to pay more attention to promoting the well-being of teachers and other school staff so that they can promote the well-being of students. Just as with students, staff need supports that enhance protective buffers, reduce risks, and promote well-being. Every school needs
to commit to fostering staff and student resilience and creating an atmosphere that encourages mutual support, caring, and sense of community. Staff and students need to feel good about themselves and have the ability to cope with challenges proactively and effectively.

Students achieve when they have quality teaching and appropriate support to enable learning. Teachers, principals, student support personnel, office staff, and bus drivers all impact learning outcomes at a school. How staff work together and support each other makes a crucial difference.

A good place to start in enhancing a school’s supportive environment is to improve the ways every newcomer—staff, student, parent, or community member—is welcomed and “inducted” into the school. Too often, newcomers experience benign neglect or worse. The goal should be to make such transitions a special occasion and an opportunity to make the arrival an enriching experience. How are new staff welcomed, oriented, and then supported during their first months at a school? How is information provided about the school’s history and current improvement efforts? What attitudes are conveyed about students, their families, and colleagues? Ask staff: What would you have liked when you first came to this school? What supports are available when teachers and students need help?

After gathering the data, what changes do you think are needed so that staff would look forward to coming to work each day? The ideal is to create an atmosphere that fosters smooth transitions, positive informal encounters, and social interactions; facilitates social support; provides opportunities for ready access to information and for learning how to function effectively in the school culture; and encourages involvement in decision-making.

**HOW CAN SCHOOLS CREATE A MENTALLY HEALTHY SCHOOL CLIMATE?**

Concerns about school climate should always include a major focus on the mental health of schools. The concept of climate plays a major role in shaping the quality of school life, learning, and the mental health of all who are involved. (School/classroom climate sometimes is referred to as the learning environment, as well as by terms such as atmosphere, ambience, ecology, and milieu.)

Research indicates a range of strategies for enhancing a positive climate. All staff who work in schools have a significant role to play in ensuring that such strategies are in place. Proactive efforts to develop a positive school climate require careful attention to (1) enhancing the quality of life at school and especially in the classroom for students and staff, (2) pursuing a curriculum that promotes not only academic, but also social and emotional learning, (3) enabling teachers
and other staff to be effective with a wide range of students, and (4) fostering intrinsic motivation for learning and teaching. With respect to all this, the literature advocates:

- A welcoming, caring, and hopeful atmosphere
- Social support mechanisms for students & staff
- An array of options for pursuing goals
- Meaningful participation by students and staff in decision making
- Transforming the classroom infrastructure from a big classroom into a set of smaller units organized to maximize intrinsic motivation for learning that are not based on ability or problem-oriented grouping
- Providing instruction and responding to problems in a personalized way
- Use of a variety of strategies for preventing and addressing problems as soon as they arise
- A healthy and attractive physical environment that is conducive to learning and teaching.

For any school, a welcoming induction and ongoing support are critical elements in both creating a positive sense of community and facilitating staff and student school adjustment and performance. School-wide strategies for welcoming and supporting staff, students, and families at school every day are part of the broad goal of creating schools where staff, students, and families interact positively with each other and identify with the school and its goals.

**WHO MAKES IT HAPPEN?**

Increasing a school’s focus on mental health requires advocacy, planning, and building the capacity of school staff. At most schools, student support professionals represent natural leaders for pursuing all this. As a starting point, such staff can form a small work group dedicated to moving the agenda forward. The mechanism for working on the agenda can be a Learning Support Resource Team. Such a team allows mental health professionals (school staff and community providers) and others providing student support to work together mapping and analyzing all relevant resources. In turn, this provides a basis for developing a comprehensive approach and doing so in ways that involve key stakeholders in ensuring that all resources are deployed in a cohesive and productive way.

From an everyday perspective, it is such a team that ensures broad and programmatic coordination, braiding of resources, efficient communication, effective systems for referral and triage to get people to the right programs and services quickly and effectively, continuous monitoring of progress and outcomes, setting of priorities for program development, and shared decision-making. Minimally, every school needs a few staff willing to steer efforts that create a supportive environment. Such a group, for example, might consist of support service staff, an administrator,
one or two teachers, an office staffer, and possibly a few parents. To begin with, the group can provide leadership for ensuring that the school climate promotes rather than diminishes mental health.

Those concerned with enhancing mental health in schools must approach the matter with an understanding that they are part of a larger enterprise and one that meshes with the basic mission of schools. That enterprise is one of providing essential support systems that enable students to learn in ways that ensure schools achieve their mandates. Those concerned with mental health in schools must encourage reformers to view the difficulty of raising achievement test scores through
the complementary lenses of addressing barriers to learning and promoting healthy development. When this is done, it is more likely that mental health in schools will be understood as essential to the aim of leaving no child behind.

References

Online Sources

For more information on mental health in urban schools:

• http://smhp.psych.ucla.edu. On the homepage, click on “About Mental Health in Schools.”

Also see the following online resources from the Center for Mental Health in Schools at University of California, Los Angeles:

• Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations http://smhp.psych.ucla.edu/pdfdocs/policymakers/cadreguidelines.pdf


A Few Related References by the Authors in Journals and Edited Books


