A Strategic and Shared Agenda to Advance Mental Health in Schools through Family and System Partnerships

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ABSTRACT

The paper reviews data on the gap between young people who need and young people who receive mental health care. The fact that need far outstrips available resources underscores the importance of moving forward a shared agenda that builds a coalition of shared values and goals among families, schools, mental health agencies and other community programs and stakeholders. The importance of a coordinated public health approach, emphasizing broad systems enhancement, early intervention, and more intensive programs and services, is emphasized, and recommendations for strategic action at local, state and national levels are presented.

Introduction

Approaches to meeting the mental health needs of children and adolescents are governed, in part, by the philosophical grounding and the organizational structures of the multiple agencies that are charged to meet them. Without a common vocabulary and a shared agenda, these approaches develop in ways that are often separate and uninformed by each other's efforts. In 2000, these understandings prompted an initiative sponsored by the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of State Directors of Special Education (NASDSE), designed to stimulate a cross-system dialogue between two groups that exert significant influence on the services to school-aged children and young people with social and emotional disturbance and their families.

The two organizations recognized that a meaningful national discussion should engage key individuals in each governmental system in the full range of roles. In addition, the discussion should involve family organizations as a system. Although family organizations are significantly different in nature from governmental agencies, they nevertheless command significant influence over the development and implementation of governmental policy. Moreover, family organizations represent the interests of the intended beneficiaries of governmental policy and interact with agencies across the formal systems.

A concept paper as a tool for national dialogue and stimulus for change

With support from The Policymaker Partnership (an alliance of policy groups supported by a grant from the Office of Special Education Programs of the United States Department of Education), NASMHPD and NASDSE gathered a group of researchers, technical assistance providers, administrators, practitioners, advocacy organizations and family members to discuss ways to join systems of education and mental health to meet the needs of young people and families better. More than 40 individuals met to frame a paper that could inform policy makers about the interaction of policy initiatives in each system, respond to the current trends and contexts and envision a shared agenda that could enable new cross-system collaboration. In two face-to-face sessions, monthly conference calls, subgroup work and ongoing individual critique of an emerging draft document, the workgroup pursued a concept paper that could ground dialogue and encourage cross-system efforts.

In the concept paper, NASMHPD and NASDSE focus on the state role in building a shared agenda. The state is a critical unit of organization in understanding the potential for cross-system change, and states vary significantly in their organizing structure and authorizing legislation. Therefore the workgroup was charged with developing a paper that could inform discussion, invite state-level dialogue and encourage the development of state-specific strategies. NASMHPD and NASDSE envisioned that cross-stakeholder discussions would trigger a sequence of events that would be grounded in the ideas and recommendations expressed in the concept paper. The organizations believed that following a focused dialogue, the stakeholders would be united in action initiatives that would address near-term issues and would build the coalitions necessary to address long-term policy development. Most important, family organizations would be an equal partner with state systems in shaping the new opportunities for cross-agency and cross-stakeholder linkages. Together schools, agencies and families will pursue youth development, family support and strategic interventions that address the needs of students with mental health needs.

Organizational support as a tool for leveraging support and action

Mental health and education agencies have shared interests in seeing that the social and emotional needs of children and young people are met. They also share in the accountability for public resources that are devoted to that purpose. Together, NASMHPD and NASDSE affiliate and represent key individuals who can influence the organization and delivery of services to school-aged children and young people with mental health needs. In a two-part strategy, these organizations put forth a call for a shared agenda. First, they encouraged stakeholders to share insights, experiences and recommendations that could improve both policy and practice by developing a document that could ground national discussion. Then, by developing additional support for action initiatives, they moved beyond dialogue.

Through the Policymaker Partnership, NASMHPD and NASDSE planned to offer small 'seed grants' to states that would commit to engaging stakeholders in discussions grounded in the concept paper and address the current and ongoing issues that challenge the state systems that deliver services to children, young people and families with mental health problems. These grantees would become demonstration sites that would showcase the potential for improving policy and practice through expanded participation and shared indicators of success. Additionally, through the continuing support of NASMHPD and NASDSE, the grantees would share their learnings with each other and with other states that seek a shared agenda. Furthermore, the system leaders in these states would become a community of change agents that would create new knowledge and could influence policy and practice nationally.

The concept paper: grounding research, ideas and beliefs

The logic of the initiative that NASMHPD and NASDSE heave pursued is described in the previous section. This section discusses the research, ideas and beliefs that have been confirmed by the organizations and the individuals involved in developing the document.

The paper, *Mental Health, Schools and Families Working Together for All Children and Youth: Toward a Shared Agenda*, acknowledges that many children and young people experience difficulties in gaining the social, personal, educational and vocational skills needed to succeed in our society. It offers recommendations and strategies to policy makers at all levels of government to help transform the two state-operated, child-serving systems that often do business as separate entities. In addition, this paper challenges public systems to engage family organizations in a meaningful relationship that better meets the social-emotional and mental health needs of all children.

This kind of partnership requires policy makers and family organizations to develop and embrace a shared

agenda based on a common conceptual framework that can underpin a comprehensive approach to mental health services in schools: a seamless, fluid, interlinked multi-level framework that encompasses positive child and youth development, prevention, early intervention and intensive interventions.

Important components of the paper are presented in the following sections. The entire document is available at www.ideapolicy.org/sharedagenda.pdf.

Prevalence: how many children have emotional problems?

The authors of the Surgeon General's *Report on Mental Health* concluded that 'one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year' (U.S. Department of Health and Human Services Office of the Surgeon General, 1999).

Friedman and colleagues delineated the estimated range of children to experience an emotional disorder into two smaller groups based on the amount of impairment. Twenty percent of all young people experience an emotional disorder; nine to thirteen percent will experience a serious emotional disturbance with substantial functional impairment; five-nine percent will experience a serious emotional disturbance with extreme functional impairment. Further, Friedman asserts that poverty levels and other measures of low socio-economic status may affect the number of children with emotional disorders and he advises communities with these characteristics to use the high end of the ranges provided to estimate prevalence of young people with emotional disorders (Friedman *et al*, 1996). Other studies have supported this finding (Policy Leadership Cadre for Mental Health in Schools, 2001).

How many children receive services?

According to a number of experts, of the three-to-five percent of children with severe emotional problems, it is estimated that fewer than two percent receive any mental health services (Hoagwood & Erwin, 1997). For young people in the juvenile justice system the picture is even worse. The prevalence of young people with emotional disabilities is estimated to be at least three to five times as great in juvenile correctional facilities as in public schools (Leone & Meisel, 1997). Clearly, the need for mental health services far outstrips the available resources.

Rationale for a shared agenda

As the work group experienced first-hand in their deliberations, schools, state mental health systems and organizations representing families operate within quite different organizational cultures, which include divergent orientations and organizations, as well as legal mandates and funding sources. Experience has shown that much of the misunderstanding and discord that occurs among different child-serving agencies arises from erroneous assumptions and beliefs about the mission and goals of the other agencies, and the legal and funding mandates that help drive an agency's agenda in meeting the needs of children and young people.

At the same time, family and youth organizations, public education and state mental health systems share key values and goals. All want every child and young person to become a healthy, productive and caring citizen. All want safe and effective schools, homes and communities. All acknowledge the need to improve positive family participation and cultural responsiveness to families. Coalitions must be built that are based on these shared values and goals (Kinney *et al*, 1994; Woodruff *et al*, 1999).

There are several key reasons why developing a shared agenda is critical. Particularly in the current time of national crisis and shrinking resources, a well-planned and -implemented agenda can better identify needs and deploy resources, resulting in more comprehensive, integrated and cost-effective programs and services. It also would foster enhanced accountability for public dollars. The complex and multiple needs of children facing significant mental health challenges cannot be met without a shared agenda. Currently, many children fall through the cracks as a result of too many specialized programs working in isolation (Dryfoos, 1998; Marx & Wooley, 1998).

The timing is right to develop a shared agenda. Leaders of family and youth organizations and state education and mental health systems realize that no one system can adequately address the needs of all children. Moreover, the three potential partners are all in the midst of significant changes. More than ever, family voices include a variety of languages and cultural and ethnic backgrounds. At the same time, school and mental health reforms are creating more opportunities for inter-agency partnerships and integrated programs and services. The intersection of these forces creates a push for change and opens the opportunity for developing a shared agenda.

Outcomes we all want

For a collaborative effort of this sort to thrive and be sustained, it must demonstrate positive outcomes for children and young people. In the very early stages of development of the shared agenda, partners must identify what their distinct sets of outcomes share in common, and build their partnership on this common ground. Academic achievement becomes the responsibility not only of the schools, but also of mental health agencies and family organizations. Children's social-emotional and behavioral well-being becomes the responsibility not only of families and mental health agencies, but also of schools (Carnegie Council on Adolescent Development, 1989).

Partnerships for a shared agenda: strengths and challenges

Each of the partners brings unique strengths to the table. **Family and youth organizations** bring passion and knowledge based on practical, real-life experience. They can provide the child-serving systems with critical feedback on the accessibility and effectiveness of services. Not only are parents, youth, and other family members the real experts on their own children, but also they often, of necessity, become experts in navigating the systems. Thus they are in a unique position to teach policy makers and providers about cultural competence and system responsiveness. In addition, they provide an invaluable base of support and assistance for families and young people in need. Just as important, they provide advocacy training and leadership development for their members (DeChillo *et al*, 1996).

Education agencies and schools are exploring reforms leading toward creating learning environments that are responsive to a wider array of student learning needs. Educators have developed effective research-based structures and practices that offer behavioral supports and interventions to build school climates favorable to learning (Durlak, 1995; Greenberg *et al*, 1999). Many school administrators across the country have embraced a number of whole-school approaches to build a healthy, safe and nurturing school environment and a positive school climate (Adelman & Taylor, 1998). Public schools, by their very nature, provide the most natural environment in which to offer students of all ages and abilities assistance of these kinds.

The state public mental health agencies in most states have made great progress in improving children's mental health services in the past 15 years. The system of care for children and young people with severe emotional disturbances emphasizes the importance of strength-based interventions, inter-agency collaboration, serving children in the least restrictive settings, family involvement, cultural competence and other key principles consistent with school reform. While not available everywhere, today there are more community-based services for children, young people and their families than ever before, including therapeutic foster care, day treatment, respite care and other non-traditional programs and interventions, all 'wrapped around' children and young people through service coordination (case management) and service teams for each child. Finally, the system of care approach has developed a rich research literature and technical assistance component (Duchnowski *et al*, 2002).

Challenges in building a shared agenda

Potential partners face a number of major challenges in developing a shared agenda. These challenges, however, are not insurmountable. Mental health and education have developed their own ways of looking at the world, a complex set of laws, regulations and policies, exclusive jargon and a confusing list of alphabet-soup acronyms. Funding sources at the federal, state and local levels have traditionally reinforced a separation of agencies into 'silos', resulting in agencies that are almost totally isolated entities, each with its own research and technical assistance components and its own service delivery system, even though they are serving many of the same children (Weist & Christodulu, 2000). This isolation, combined with the bureaucratic complexity of each agency, requires a long-term commitment of all partners to build mutual trust in order to bridge the gaps between them. Collaborative structures must be based on a shared vision and a set of agreed upon functions designed to enable a shared agenda (Schorr, 1997).

Family and youth organizations face different challenges. Barriers to family involvement include professionals who view the family as the cause of the child's problem (parent blaming), or who hold the view that professionals always know best, or who are insensitive to family work schedules or families' socio-economic problems. Probably the major barrier for family and youth organizations is the difficulty they have in speaking with a unified voice. Family organizations are not a 'system' in the same sense as are state mental health and education systems.

Over time, potential partners must identify strengths and challenges together. Areas of concern include values, policy, funding and infrastructure as well as legal matters, advocacy, leadership and capacity building.

The foundation of a shared agenda: a common conceptual framework

The multi-tiered framework described below (*Figure 1*) is based on a public health model. It provides a comprehensive foundation upon which to build a shared agenda among family organizations and state mental health and education agencies (Policy Leadership Cadre for Mental Health in Schools, 2001).

A number of initiatives within different federal agencies have adopted the core aspects of this particular public health model.

Positive child, youth and family development and problem prevention

All systems that support children and youth must be concerned with **promoting social-emotional development and learning**, which includes parenting and formal programs that teach social and problem-solving skills. It encompasses enrichment and recreation programs, both during school and before and after school. It involves training teachers and staff on how to support positive school and classroom behavior (Roth *et al*, 1998).

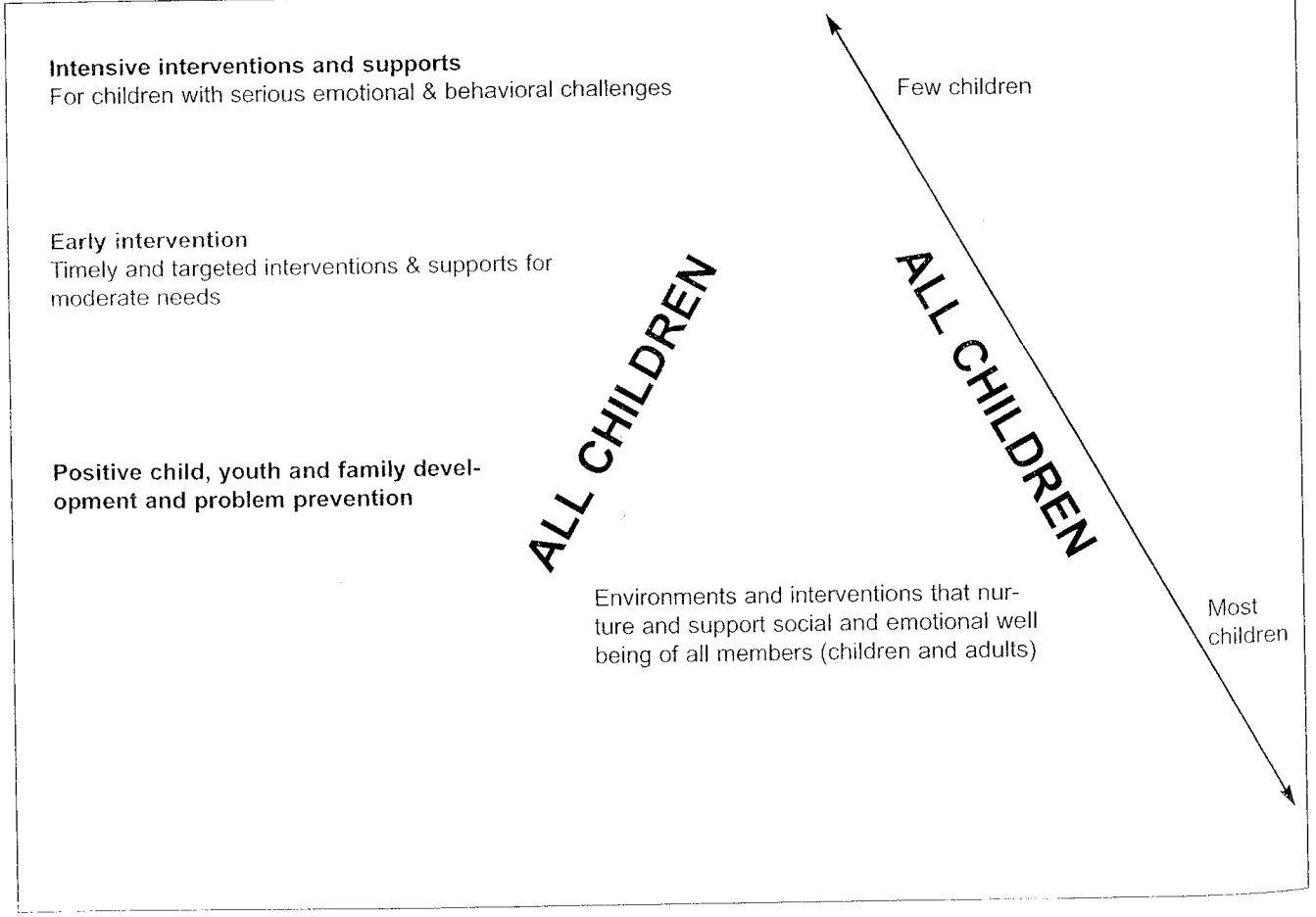
Problem prevention

Preventing foreseeable and recurring problems include promoting healthy development and safe environments. It also includes creating systems of prevention for all children and families. Examples of programs to promote positive development and prevent problems are welcoming and social support programs for new students and their families, values-based alcohol and drug education and support for transitions and child abuse education (Elliott, 1998).

Early intervention

This level involves addressing the emotional and behavior problems that children experience at an early age and intervening as soon as a problem occurs, no matter what the age of the child. Examples include small group activities, behavioral support plans, after-school programs and drop-out re-entry programs (Rones & Hoagwood, 2000).

FIGURE 1 *The Multi-Tiered Framework*



Intensive interventions and supports

This level includes more intense and sustained services and supports for children who experience severe, persistent or chronic emotional or behavioral disabilities. These children and young people and their families usually require individualized multidisciplinary and multi-agency service plans to access a coordinated system of care. Examples of strategies in a service plan include intensive home-based services, respite care, individual, group and family therapy, therapeutic foster care, crisis intervention, intensive after-school programs and in-school aides, all of which are linked through service coordination (Woodruff *et al*, 1999).

The promise of a conceptual framework

The multi-tiered framework represents a conceptual shift and grounds a shared vision of systemic interventions that drive the planning and implementation of services directed toward the well-being of all children. Moreover, if students receive the kind of help they need earlier, fewer children will need intensive interventions.

Using a common and comprehensive framework, mental health and school staff can appreciate and pursue a more integrated role in comprehensive school-wide efforts to meet the social and emotional needs of all students. Mental health workers can be co-trained with school staff on these strategies, and become an integral part of the school ethos and environment. School personnel can learn how best to use the expertise of the mental health workers (Adelman & Taylor, 2000; Weist, 1999).

Education, mental health systems, families and young people can join together. They already are doing so in communities around the nation. Together, they are addressing barriers to learning and improving the lives of all young people. It is time to move to action in every community and school.

Recommendations

The following recommended action steps will be initiated through NASMHPD and NASDSE. These two national organizations represent individuals who have the influence and authority within states to introduce change. Through their interaction in the Policymaker Partnership, these two groups can shape national discussions while forging action initiatives and engaging other important stakeholders at the state level. Collectively, their efforts may allow states to reconceptualize their relationship with the individuals and families who are the consumers of their service. Toward this end, the advisors to this document recommend that NASPHPD and NASDSE work through the Policymaker Partnership and the IDEA Partnerships to do the following.

Initiate the process for implementing the recommendations

- Establish and maintain a national cross-sector advisory body.
- After a planned national dissemination of this document, NASMHPD and NASDSE should maintain communication among the members of the Concept Paper work group for the purpose of advising states and national organizations as requested.

Identify and convene teams from interested states

NASMHPD and NASDSE should convene cross-sector teams from states that wish to pursue the vision presented in this document. Their work will inform each other and the national organizations and agencies in their related fields. Each selected state will identify the ways in which the cross-sector teams will work to support this vision within their own state framework.

NASMHPD and NASDSE should support states in the following actions.

- Identify ways in blending and braiding resources in support of a shared agenda. Blending of funds implies that funds are mixed for a common purpose and lose their categorical identity. Braiding implies that resources dedicated to address similar concerns are woven together to strengthen each other's efforts.
- Develop a 'change agent' mindset throughout the cross-sector teams.
- Develop bridge-building strategies that link the state agencies with the local agencies in actualizing a shared agenda.
- Create durable partnerships, including alignment of missions, policies and practices across agencies, shared accountability, resource mapping, redeployment of existing resources, and action planning.
- Facilitate communication, coordination, problem solving, and sharing of lessons learned.
- Initiate capacity-building efforts, including cross-training, that have the potential to move the shared agenda beyond demonstration sites and develop efforts at scale across the states.
- Adopt strategies that develop leadership across systems at all levels.

- Engage and involve the researchers and technical assistance providers in education, special education and mental health.

Each agency makes research investments that provide information that is essential in guiding system decisions. Each agency also supports a network of providers that assist state systems in making and sustaining change. In each organization family groups are active in bringing information to the consumers. It is important to involve these researchers, providers and family groups as they play key roles in system change efforts at the national, regional and local levels.

Next steps: the initiative in action

In August 2002, NASMHPD and NASDSE issued a request for proposals for five seed grants to pursue cross-stakeholder initiatives. Twelve states submitted proposals and worked with a cross-stakeholder team to develop a preliminary plan to address state issues across agencies with the full participation of family groups. Initially, five grantees will be selected by reviewers from both agencies and the concept paper workgroup. During 2002-2003 the grantees will work within the state and across states in developing a shared agenda for education, mental health and family organizations.

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