School-Linked Mental Health Interventions: Toward Mechanisms for Service Coordination and Integration

Howard S. Adelman
University of California, Los Angeles

Despite increasing activity aimed at integrating health and social services and linking them to schools, little attention has been paid to the mechanisms that must be created to accomplish this policy direction. The purpose of this paper is to highlight briefly (1) concern about inadequate interfacing among programs and (2) specific tasks and mechanisms for coordination (and eventual integration) of school-linked programs. It is suggested that community psychologists can play an important role by helping clarify essential system tasks and mechanisms and how to address these needs through judicious redeployment of existing resources.

It has long been recognized that mental health and psychosocial problems must be addressed if schools are to function satisfactorily and if students are to learn and perform effectively (e.g., Cowen, Izzo, Miles, et al., 1963; Kirst & McLaughlin, 1990; Lambert, Bower, & Caplan, 1964; Powers, Hauser, & Kilner, 1989; Tyack, 1979, 1992; USOE/NIMH, 1972; Zigler & Lang, 1991). Thus, school-based and school-linked mental health and psychosocial programs have been developed for purposes of early intervention, treatment, crisis intervention, and prevention (e.g., Adelman & Taylor, 1991; Bond & Compa, 1989; Carnegie Council on Adolescent Development, 1988; Christopher, Kurtz, & Howing, 1989; Haynes, Comer, & Hamilton-Lee, 1988; Hickey, Lockwood, Payzant, & Wenrich, 1990; Holtzman, 1992; Johnson & Beckenridge, 1982; Price, Cowen, & Lorion, 1988; Sitwell, DeMers, & Niguelle, 1985). Such programs aim at addressing a wide variety of mental health and psychosocial problems (school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency and violence—including gang activity). They encompass efforts to help students, schools, and communities establish ways to deal with emergency situations and enhance self-esteem, intrinsic motivation, empathy, and prosocial skills.

Although limited in scope, research done as part of specific demonstration projects has produced evidence supporting the promise of a range of school-based/linked mental health and psychosocial interventions (see reviews by Bond & Compa, 1989; Dryfoos, 1990; Maher & Zins, 1987; Mitchell, Seligson, & Marx, 1989; Orr, 1987; Price et al., 1988; Sarason, Sarason, & Pierce, 1990; Schorr, 1988; Slavin, Karweit, & Madden, 1989). When appropriately developed and implemented, such programs generally are seen as benefiting not only a school district (e.g., better student functioning, increased attendance, less teacher frustration), but society at large (e.g., reducing costs for special education, welfare, unemployment, and lengthy mental health services).

The work discussed in this paper was carried out in conjunction with demonstration projects conducted as a collaborative effort of the School Mental Health Project at UCLA (Howard Adelman and Linda Taylor, Co-directors) and the School Mental Health unit of the Los Angeles Unified School District. Partial support for the work came from the U.S. Department of Education and the Robert Wood Johnson Foundation. Address correspondence to the author, Department of Psychology, University of California, Los Angeles, 405 Hilgard Avenue, Los Angeles, CA 90024-1563.
The range of programs is impressive. At the same time, the literature underscores many concerns about the way such programs are implemented. One fundamental concern receiving increasing attention from policy makers is the widespread failure of programs to coordinate and integrate services (Center for the Future of Children Staff, 1992; Hodgkinson, 1989; Holtzman, 1992; Kagan, 1990; Kagan, Rivera, & Parker, 1990; Kirst, 1991). Policy makers are extremely interested in processes that will lead to coordination/integration of existing health and psychosocial programs within schools and between schools and community health and social service programs. This has become a high priority as resources have become more limited, and research on outcome efficacy has been emphasized. Major policy initiatives in several states (e.g., New Jersey, California, Kentucky) are focused on these matters.

This paper is not another cry for more money and more programs. (Obviously, existing school and community programs are underfinanced, and many essential programs are not supported at all.) The emphasis here is on the dearth of attention paid to mechanisms (not programs) for coordination/integration. Finding ways to increase levels of financing to enhance programs is, for the most part, a problem that is orthogonal to the problems of conceptualizing and creating mechanisms for coordination/integration; this paper is focused on the latter problems. (The problems do overlap in that some mechanisms for coordination require only an initial modest redeployment of existing resources and can lead to ways to increase resources through more effective and efficient use of existing resources and better linkages with community programs).

The following discussion of mechanisms is based on a program of work designed to demonstrate the type of mechanisms that will allow current policy initiatives to be effective. As such, hopefully the work is seen as of interest to all community psychologists who are concerned with school and community as systems (and especially those who are involved in exploring mechanisms for coordination/integration and how to create and maintain them).

The presentation begins by briefly highlighting concern about inadequate interfacing among programs; then, the focus is on outlining tasks and discussing experimental efforts designed to define mechanisms for initiating and maintaining coordination (and eventual integration) among school-based/linked programs.

Piecemeal Programs

Concern over failure to coordinate concurrent and sequential services, of course, stems from fear that piecemeal approaches limit efficacy and work against cost-efficiency. Based on the available literature (see references cited above), the consensus is that most programs that should interface with each other do not do so. Rather than a comprehensive, systematic, and sophisticated attack on problems, the picture that emerges is one of a great deal of nonintegrated, piecemeal activity. For example, in our recent analysis of support programs in a major urban school district, we found separate programs had been developed for students who are at risk for dropout, suicide, and substance abuse. It was not uncommon to find a student identified as at risk for all three problems involved in counseling with several professionals working independently of each other (sometimes within the same school). Youngsters identified and treated in early education programs who still required special support often did not receive systematic help in the primary grades. Physical and mental health programs tended not to be coordinated with each other or with educational programs, and so forth (Blue Ribbon
ature underscores fundamental con-
trasts in the way roles and tasks are defined for professionals carrying out mental health and psychosocial (and medical) programs for youth. Organizationally, these professionals often operate in relative isolation from each other; functionally, the majority spend most of their time working in essentially a clinical fashion with individuals and small groups of students.

Concern over piecemeal programs goes beyond coordination and integration. In many locales, needed programs are only available at relatively distant geographic sites or have not been implemented due to lack of funding. Interface clearly is handicapped when programs are difficult to access; interface is a moot point when a needed program does not exist.

To redress concern over piecemeal programs, greater commitment is needed with respect to (a) developing a comprehensive continuum of programs and (b) establishing the type of mechanisms that ensure programs remain mobilized and are at least coordinated. The focus here is on this second topic.

As a conceptual aid, a continuum of interventions is outlined (see Figure 1) ranging from primary prevention, early intervention, early after onset, and treatment of chronic problems. This continuum has been discussed in detail elsewhere (Adelman, 1989; Adelman & Taylor, 1993, in press); it is included here primarily as a frame of reference for discussing intervention comprehensiveness and integration. With respect to comprehensiveness, the continuum is meant to highlight that many problems need to be addressed developmentally and with a range of programs, and that the interventions should focus on both individuals and systems. With respect to integrated services, such a continuum of community and school interventions underscores the need for coordination in order to avoid piecemeal approaches to intervention.

Available evidence suggests that implementation of a full continuum of programs does not occur in most communities and what programs there are tend to be offered in a fragmented manner. That is, within even relatively large catchment areas, only a limited range of programs tend to be available for the majority of those in need, and these tend to operate in relative isolation from each other. And, of course, poor interface not only occurs with respect to programs in a given catchment area, but also often is characteristic of interventions carried out within a specific community agency, school district, and school. Limited efficacy seems inevitable as long as a reasonably full continuum of needed programs are not available; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other. From this perspective, it has been suggested that major intervention breakthroughs probably will not occur until ways are found to fund and implement a comprehensive and integrated set of programs.

Mechanisms for Coordination and Integration

Analyses of current efforts and proposals for school-linked, integrated services indicate that the approach has significant promise for restructuring how health and social services are delivered to children and their families. (See references cited above.) However, despite increasing emphasis on the importance of moving toward comprehensive, integrated programmatic thrusts, insufficient attention is paid to how to get there from here. To correct this state of affairs, it is necessary to focus on the mechanisms and processes that can produce the desired goal.
Types of Activities
(directed at system changes and individual needs)

1. Programs designed to promote and maintain
   - safety (at home and at school)
   - physical and mental health (including healthy start, immunizations, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, and so forth)

2. Preschool programs (encompassing a focus on health and psychosocial development)
   - parent education and support
   - day care
   - early education
   - identification and amelioration of physical and mental health and psychosocial problems

3. Early school adjustment programs
   - welcoming and transition support into school life for students and their families (especially immigrants)
   - personalized instruction in the primary grades
   - additional support in-class for identified students
   - parent involvement in problem solving
   - comprehensive and accessible psychosocial and physical and mental health programs (primary grades)

4. Improvement and augmentation of ongoing regular support
   - preparation and support for school and life transitions
   - teaching "basics" of remediation to regular teachers (including use of available resource personnel, peer and volunteer support)
   - parent involvement in problem solving
   - providing support for parents-in-need
   - comprehensive and accessible psychosocial and physical and mental health programs (including interventions for students and families targeted as high risks -- all grades)
   - Emergency and crisis prevention and response mechanisms

5. Interventions prior to referral for intensive treatments
   - staff development (including consultation)
   - short-term specialized interventions (including resource teacher instruction and family mobilization; programs for pregnant minors, substance abusers, gang members, and other potential dropouts)

6. Intensive treatments -- referral to and coordination with
   - special education
   - dropout recovery and follow-up support
   - services for severe and/or chronic psychosocial/mental/physical health problems


Fig. 1. From Prevention to Treatment: A Continuum of Programs for Learning, Behavior, and Socioemotional Problems.
Integration as a Problem of Institutional Change

As is well known, institutions tend to resist change and even when demonstration programs are implemented they tend not to be maintained over the long-run. (See references cited below.) Thus, the question arises as to how such resistance can be overcome. One somewhat naive idea has been simply to mandate restructuring of available services and implement related accountability measures. Demanding change, of course, is relatively easy to do. Producing desired changes is quite a bit harder.

The administrative/organizational literature says a great deal about institutional change (e.g., Anthony, Cohen, & Kennard, 1996; Braiger & Holloway, 1978; Brookover, 1981; Cuban, 1990; Fullan, 1982; Hasenfeld, 1983; Heller, 1990; Romero, Mauch, & Morrison, 1996; Sarason, 1982). For example, creation of an appropriate climate for change is seen as requiring at least the following conditions: (a) appropriate incentives for change (e.g., intrinsically valued outcomes, expectations of success, recognitions, rewards), (b) procedural options so that those who are expected to implement change can select one they see as workable, (c) establishment of mechanisms to facilitate the efforts of those who have responsibility for installing change (e.g., participatory decision making, special training, resources, rewards, procedures designed to improve organizational health), (d) agents of change who are perceived as pragmatic rather than as idealistic, (e) not trying to accomplish too much too fast (e.g., facilitating readiness, planned transition, or phasing in of changes), (f) appropriate feedback regarding progress of change activity, and (g) ongoing support mechanisms to maintain changes as long as they remain appropriate. Based on a general understanding of necessary conditions for institutional change, my colleagues and I have been working with schools to demonstrate mechanisms and processes that address the problems of institutional change while pursuing the tasks of linking and coordinating with community programs. What follows is a brief presentation of the tasks involved and examples of mechanisms we are developing to carry them out effectively.

Key Tasks and Mechanisms for Action

Minimally, we have found the need for formally sanctioned mechanisms designed to ensure (1) governance and planning, (2) initiation of desired changes, and (3) maintenance and enhancement of productive changes. (See Figure 2.) A few comments should clarify the general nature of what is needed.

1. Mechanisms for governance and planning. Given the goal is to have a set of comprehensive, integrated programs, some group must accept responsibility for assuring there is ongoing oversight and planning of activity for achieving this end. In some instances, one body can assume both the oversight and planning functions. Factors such as large catchment areas and the need to involve policy makers usually result in the need for separate governance (e.g., policy/steering committees) and planning groups.

The functions of governance, of course, have to do with policy, political, and economic concerns. These include ensuring there are appropriate incentives for change and mechanisms and resources for carrying out plans. For instance, decisions must be made about whom to include in decision making about proposed changes and related budget considerations; what types of personnel, training, and other resources will be needed; whether to experiment with demonstration sites before attempting widespread change.

At the schools where we work, governance is sometimes the sole responsibility of a principal and sometimes it is the responsibility of a school-based management group.
Aim: To move toward a comprehensive, integrated set of service programs

**Tasks**

- Governance
  - Planning
  - Initial Implementation of Mechanisms for Coordination & Expansion of Services
    - Maintenance & Enhancement of Coordination among Services; Ongoing Expansion of Services
      - Toward Integrated Services & Ongoing Expansion
      - Maintenance & Enhancement of Integrated Services & Ongoing Expansion

**Examples of Mechanisms**

- steering committee
  - planning group
  - program organizer

**Infrastructure of on-site mechanisms**

- coordinator for coordinating team
- community outreach manager
- program integration

*A concurrent task related to each of the tasks outlined is that of evaluation. Initially, this task is one of formative evaluation of efforts to coordinate services. The logical mechanism is a program evaluator (or evaluation team).*

Fig. 2. Key Tasks and Mechanisms in Moving Toward Integrated Services.

(Eventually, as more community organizations become involved, they will become part of the governance “partnership.”) In both cases, we have found the governance body has preferred to leave coordination planning in the hands of a separate group.

The function of such a planning group is to (a) design the general framework for evolving an integrated and comprehensive set of school-linked services and (b) work out specific details. Guided by the literature on organizational change, such planning includes an emphasis on pacing change, designing optional procedures that likely will be seen as workable by those expected to implement change, identifying appropriate agents of change, and so forth.

The planning group logically consists of persons who represent programs to be linked, those charged with administering the changes, and someone with basic understanding of the process of institutional change. In our work, such a group brings together representatives from school and school-linked community programs. These individuals begin by formulating general ideas for initiating and maintaining mechanisms that can (a) improve coordination among existing programs and (b) eventually lead to a comprehensive, integrated set of school-linked services. Then, because such groups tend to be too large for hammering out a detailed plan of action, we find a small subcommittee
of the planning group generally is needed to work out specifics and bring them to the larger group and then to the steering committee for final ratification.

No additional costs are involved related to the work of governance and planning mechanisms—other than redeploying time for planning meetings.

2. Mechanisms to initiate desired changes. Once a set of detailed plans are generated, formal implementation mechanisms must be established. The first mechanism is someone who is formally designated and trained as an organization facilitator (Early Assistance for Students and Families Project, 1993b). This person's functions are to go on-site to introduce the ideas for programmatic change and facilitate establishment of an infrastructure of on-site mechanisms for implementing (and maintaining) the desired changes. Such a change agent minimally needs to understand organizational change, how to establish collaborative working relationships toward accomplishing desired changes, and the specific tasks and mechanisms required for establishing and maintaining comprehensive, integrated school-linked programs. Also, given that the interventions are school-linked or school-based, an understanding of the culture of schools is essential.

In our work, the school district has redeployed and trained two mental health professionals for purposes of demonstrating the value of such a change agent mechanism. Eventually, the idea is to deploy a small cadre of personnel from the ranks of "support service" personnel to assume the role of Organization Facilitators. Training for such personnel would range from workshops to comprehensive apprenticeships and include provision for on-the-job training and consultation.

Rotating from school to school, such facilitators provide the means for phasing-in on-site coordination mechanisms throughout a district. In our work, we find that one such facilitator initially can work with about 12 schools. After rotating on to a new cluster of schools, a facilitator returns periodically to provide support and inservice as needed.

With respect to the infrastructure of on-site mechanisms, these may be viewed as formal processes for interprogram communication and problem solving related to coordinating and integrating services. For instance, for school-based services, the infrastructure seems to require a coordinating team for the interfacing programs, a coordinator for community outreach and program integration, and some mechanism for case management. In our work, the core of the on-site coordinating team has consisted of a segment of those who served on the planning group. Such a team meets regularly (e.g., weekly) to share information, discuss coordination of activities, space, and other resources, and explore solutions for problems.

An on-site coordinator for community outreach and program integration provides a means for following-through on ideas and plans generated by the planning and coordinating teams. These include outreaching to recruit volunteers from the community (e.g., parents, college students, senior citizens; professionals-in-training and those willing to provide pro bono services) and brokering with community-based health and social services to link them directly with the school. In addition, such a coordinator can observe how programs work together and help improve the process. We have found this coordinating role can be played by a variety of school people (e.g., an administrator, school psychologist, school social worker).

Finally, at the case level, the concept of a case manager represents not only a mechanism for improving coordination of service delivery for individual clients, but an additional way to improve interprogram communication and problem solving. To
minimize cost, it is useful in schools to think in terms of sharing the task of case management by teaching a variety of staff how to perform the necessary functions. For example, for some cases, the case manager can be the person who refers the problem (e.g., a counselor, a nurse) or the person providing the primary intervention.

Obviously, there are problems associated with funding, recruiting, and maintaining personnel to staff implementation mechanisms. Moreover, each school presents a unique challenge agent with a different configuration of challenges. We are finding, however, that staff at school sites recognize the need for establishing the types of mechanisms described and are ready to redeploy their time and resources because they see the benefits of doing so.

With the on-site infrastructure in place, initial efforts are directed at developing effective and efficient coordination among participating programs. Coordination first must be accomplished among relevant programs that already are school-linked (e.g., school programs and community services offered on site designed to address psychosocial, mental health, medical, and health education concerns). And, as soon as feasible, other school district and community programs should be identified with a view to outreach and eventually adding them to the coordinated package of school-linked services.

After programs are functioning in a coordinated manner, the feasibility of true integration can be explored. The difficulty of accomplishing genuine integration, however, stems from the fact that such a move requires programs to do more than cooperate with each other; it requires that they cede much of their autonomy and pool resources. Most programs probably need to work together for some time before they are convinced that the benefits of true integration are worth the costs.

3. Mechanisms to maintain and enhance productive changes. After implementation mechanisms are created, they must be monitored and supported to ensure their functional integrity is maintained and that they evolve appropriately. Maintaining and enhancing changes can be at least as difficult as making them in the first place.

Maintenance and enhancement require ongoing steering activity by the governance body (with emphasis on program advocacy, ongoing policy concerns, maintaining and enhancing financial support, long-range planning). In addition, efforts to counter forces that tend to break down coordination are facilitated by use of an external support mechanism to detect problems and provide staff training for ongoing problem solving. For instance, it is inevitable that mental health professionals working together in a school-linked consortium will need someone who has the time, energy, and expertise to anticipate continuing problems related to communication and sharing of resources and then bring the involved parties together for problem solving. An Organization Facilitator may be a logical resource in this connection; such a professional can meet periodically (e.g., as requested or on a regular schedule) with program representatives to support their efforts to maintain and evolve program coordination/integration.

Parallel to the above tasks and mechanisms, a mechanism is needed for evaluating program efficacy in an appropriate manner (i.e., someone who has time, energy, and relevant expertise to establish and maintain an evaluation system). Such a mechanism can provide important information for improving the program over time and is essential for countering naive accountability demands and for convincing program underwriters that continued expenditure of limited resources is worthwhile. The expertise needed includes program, evaluation, and computer knowledge, as well as the ability to work with a wide range of service providers who may be uncomfortable or even hostile to the idea of having to be "accountable."
of case management. For example, problem (e.g., a child), and maintaining presents a change, however, that staff responsibilities described benefits of doing so at developing coordination first tool-linked (e.g., less psychosocial, as feasible, other view to outreach and linked services). Easability of true integration, however, is the cooperative pool resources. They are convinced for implementation to ensure their maintaining and first place, by the governance maintaining and to counter forces external support problem solving together in a school and expertise to an of resources and their facilitators. Meet periodically active to support on led for evaluating time, energy, and such a mechanism time and is essential program underlie. The expertise well as the ability, role or even hostile

Concluding Comments

There is growing, widespread agreement among policy makers regarding the goal of integrated services. Most analysts agree that an integrated approach is essential for getting the most out of whatever resources are allocated. There is less agreement, however, about such specifics as governance, where such services should be located, how to create a climate where service providers are committed to working together, and so forth. And, little attention has been paid to the mechanisms needed to move from current practices to desired ends. The implications of all this will be familiar to anyone who has tried to accomplish major institutional change. To be direct, it seems almost inevitable that the aim of establishing comprehensive, integrated services will not be achieved in the absence of potent, systematic processes for clarifying the specific nature of desired ends and for creating and maintaining mechanisms to pursue these ends.

All parties interested in the goal of integrated, school-linked services need to understand the creative and developmental aspects of accomplishing this complex end. Such an understanding is essential so that those involved establish realistic time frames, provide adequate financial resources, and use initial evaluation primarily for formative purposes in creating and developing effective processes. To do less is to ensure that the aim of achieving meaningfully integrated services becomes another unfulfilled policy mandate.

Community psychologists have a role to play here. For one thing, they can help clarify system tasks and mechanisms and create and maintain needed mechanisms. For another, they can use their understanding of systems and mechanisms to help train personnel to staff needed mechanisms. It may be that the very survival of many innovative programs developed by community psychologists will depend on effective mechanisms for linking them together into a comprehensive and integrated continuum of school and community programs.

References


MECHANISMS FOR SERVICE INTEGRATION

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