A Center Resource Aid . . .

Resource Synthesis to Help Integrate Mental Health in Schools into the Recommendations of the President’s New Freedom Commission on Mental Health

February, 2004

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Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175) with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both are agencies of the U.S. Department of Health and Human Services.
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< From the Two National Centers Focusing on Mental Health in Schools

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< From the Final Report of The President’s New Freedom Commission on Mental Health
< From the Two National Centers Focusing on Mental Health in Schools

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Preface

The final report of the President’s New Freedom Commission on Mental Health recognizes that any effort to enhance interventions for children’s mental health must involve schools. Fortunately, schools provide a wide range of programs and services for all students who are not succeeding, and many of these interventions are relevant to mental health and psychosocial concerns. However, schools could and will need to do much more if the Commission’s vision of a transformed mental health system is to become a reality.

In the fall of 2003, the two national centers that focus specifically on mental health in schools undertook the challenge of (a) delineating more fully where mental health in schools fits into the Commission’s goals and recommendations and (b) reviewing the nature and scope of readily accessible resources relevant to integrating the various agendas for mental health in schools into the recommendations. The intent is to aid those who have the task of operationalizing the Commission’s work.

To these ends, by January 2004 the two Centers had prepared a brief entitled: Integrating Agendas for Mental Health in Schools into the Recommendations of the President’s New Freedom Commission on Mental Health (online at http://smhp.psych.ucla.edu/). That document stresses that school involvement is an important focus for any effort to transform how mental health interventions are delivered in the U.S.A. and that such efforts can and should capitalize on the needs of and opportunities presented by schools. In the brief, the Centers draw on the extant body of knowledge related to mental health in schools to formulate suggestions about how the Commission’s six goals and 19 recommendations apply to mental health in schools.

Building on that work, the purpose here is to provide a synthesis highlighting a set of readily accessed online, noncommercial resources relevant to integrating the various agendas for mental health in schools into the Commission recommendations. In addition, a sampling of published references are listed. General resources and references are presented in Part I. Part II is organized around the Commission’s goals and recommendations and presents resources that have specific relevance to each. We have tried to find and include an appropriate set of resources; obviously, we have not been exhaustive.

The process for amassing the information on relevant resources involved our Center staff formulating a “starter” set and sending it to members of the Policy Leadership Cadre for Mental Health in Schools. A subgroup of Cadre members provided feedback about additional resources and about the organization of the synthesis. The Center staff then integrated the feedback to produce this document. The next step in the process will be gap analyses related to (1) the recommendations for integrating MH in schools as the Commission’s work is operationalized and (2) developing recommendations about arenas where resources need to be enhanced to facilitate that facet of the work.

It should be noted that the resources are organized in this document in a way that is designed to facilitate the subsequent general analyses of the nature and scope of what is available and what is needed. At the same time, to aid consumers as they seek resources, everything cited in this document has been incorporated into topical “Quick Finds” that are readily accessed through the website of the Center for Mental Health in Schools (http://smhp.psych.ucla.edu/).2

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1The Commission’s Final Report is online at
   http://www.mentalhealthcommission.gov/reports/reports.htm

2See Appendix for a description and list of relevant Quick Finds.
INTRODUCTION

Mental Health in Schools: A Shared Agenda

It has long been acknowledged that psychosocial and mental health concerns must be addressed if schools are to function satisfactorily and students are to learn and perform effectively.

Given this reality, the Carnegie Council Task Force on Education of Young Adolescents (1989) cogently states:

School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.

This reality is reflected in the aims of the No Child Left Behind Act and the Individuals with Disabilities Education Act. And, it is consonant 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.

With a shared agenda in mind, mental health in schools is conceived as (a) part of essential student support systems that enable students to learn so that schools can achieve their mission and (b) a fundamental facet of the initiative to transform the mental health system. In pursuit of a shared agenda, existing resources can be deployed and redeployed in ways that enhance equity with respect to availability, access, and effectiveness. The focus of mental health in schools is on:

- promoting social-emotional development, preventing mental health and psychosocial problems, and enhancing resiliency and protective buffers
- intervening as early after the onset of emotional, behavior, and learning problems as is feasible and to address severe and chronic problems
- addressing systemic matters at schools that affect student and staff well-being, such as conditions leading to bullying, alienation, and student disengagement from classroom learning
- establishing guidelines, standards, and accountability for mental health in schools in ways that confront equity considerations
- building the capacity of all school staff to address emotional, behavioral, and learning problems and promote healthy social-emotional development
- drawing on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address emotional, behavioral, and learning problems (see Figure 1)

The many resources highlighted on the following pages provide a foundation upon which to pursue a shared agenda.

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3Evidence supporting mental health in schools comes from a variety of sources. Some of the science base is synthesized in published lists of empirically supported/evidence based interventions for school-aged children and adolescents (an annotated summary of these lists is available online at http://smhp.psych.ucla.edu/pdftoos/aboutmb/annotatedlist.pdf). Another synthesis has been compiled by the Center for Mental Health in Schools at UCLA and is summarized in a Center Brief entitled: Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base (available online at http://smhp.psych.ucla.edu/pdftoos/briefs/BarriersBrief.pdf).
Figure 1. Interconnected Systems for Meeting the Needs of All Children

- Providing a Continuum of School-community Programs & Services
- Ensuring use of the Least Intervention Needed

School Resources
(Facilities, stakeholders, programs, services)

Examples:
- General health education
- Drug and alcohol education
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement

- Drug counseling
- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Suicide prevention
- Learning/behavior accommodations: and response to intervention
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments

Community Resources
(Facilities, stakeholders, programs, services)

Examples:
- Public health & safety programs
- Parental care
- Involvements
- Pre-school programs
- Recreation & enrichment
- Child abuse education

- Early identification is treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency treatment
- Family preservation
- Long-term therapy
- Probation/parole
- Disabilities programs
- Hospitalization
- Drug treatment

Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among systems of prevention, systems of early intervention, and systems of care.

*Such collaboration involves horizontal and vertical restructuring of programs and services:
(a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
(b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies.
Part I.

General Sources for Information and Resources Related to Mental Health in Schools

In 1995, the U.S. Department of Health and Human Services established a federal program for mental health in schools. This program currently plays a seminal and catalytic role through the two national TA and training Centers it funds. These centers represent primary resources in advancing agendas for mental health in schools, and thus, they are highlighted first in this synthesis of resources. Then, there is a list of other major centers, organizations, and associations whose focus is not specifically on mental health in schools, but whose resources have relevance for mental health in school agendas.

A. Two National Centers for Mental Health in Schools

> Center for Mental Health in Schools at UCLA – http://smhp.psych.ucla.edu

> Center for School Mental Health Assistance at the University of Maryland, Baltimore – http://csmha.umaryland.edu/

Both Centers are helping clarify agendas for intervention research, policy, training, and technical assistance that are essential to improving children’s mental health. Specifically, the emphasis is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and their communities address psychosocial and mental health concerns. Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems.

The guiding principles and frameworks for the current work of the two Centers emphasize ensuring (1) mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools/communities/homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective, training and TA are designed not only to improve practitioners’ competence, but to foster changes in the systems with which they work. Such activity also addresses the varying needs of locales and the problems of accommodating diversity among those trained and among populations served.

To these ends, the Centers enhance (a) availability of and access to resources to improve and advance MH in schools, (b) the capacity of systems/personnel, and (c) the role of schools in addressing MH, psychosocial, and related health concerns.

All this is accomplished through activities organized around six major tasks: (1) needs assessment (individuals and systems), (2) translating needs into a content focus and generating new ideas, frameworks, data, and knowledge, (3) gathering & developing materials – including development of guidebooks and training curricula, (4) designing & initiating effective delivery systems – strategies for direct assistance to practitioners, including newsletters, electronic networking, clearinghouse, and a consultation cadre; strategies to support those currently providing training; and strategies for stimulating policy for local training and TA, (5) providing a variety of TA and training venues, and (6) quality improvement strategies.
B. Other Major Centers/Agencies with Relevant Online Information and Resources


> American Occupational Therapy Association – http://www.aota.org
> American Psychiatric Association – http://www.psych.org/
> Boston University Center for Psychiatric Rehabilitation – http://www.bu.edu/cpr/
> Center for the Advancement of Children’s Mental Health – http://www.kidsmentalhealth.org
> Center for Child Health and Mental Health Policy, Georgetown University Child Development Center – http://www.georgetown.edu
> Center for Health and Health Care in Schools – http://www.healthinschools.org
> Center for Mental Health Services (CMHS) – www.samhsa.gov/cmhs/cmhs.htm
> Center for Social & Emotional Education – http://www.csee.net/
> Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration – http://www.samhsa.gov
> Children’s Mental Health Policy Board – http://www.vsppartnership4children.org/CMHPB.htm
> Children’s Safety Network – http://www.childrenssafetynetwork.org
> Collaborative for Academic, Social, and Emotional Learning (CASEL) – http://www.casel.org
> Consumer Organization and Networking Technical Assistance Center – http://www.contac.org/
> Evaluation Center at HSRI – http://www.tecathsri.org/index.asp
> Federation of Families for Children’s Mental Health – http://www.ffcmh.org/
> Finance Project – http://www.financeproject.org
> Institute of Medicine – http://www.iom.edu/topic.asp?id=3704
> Maternal and Child Health Policy Center – http://www.mchpolicy.org/
> Managed Care and Health Services Financing Technical Assistance Center (MCTAC) – http://www.jsi.com/hrsamctac/
> National Assembly on School-Based Health Care – http://nashbc.org/
> National Association of State Mental Health Program Directors – http://www.nasmhpd.org/publications.cfm
> National Center for American Indian and Alaskan Native Mental Health Research – http://www.uchsc.edu/ai/ncaianmhr/resource.htm
> National Center for Healthy Education – http://www.nche.org
> National Center for Posttraumatic Stress Disorder – http://www.ncptsd.org
> National Consumer Support Technical Assistance Center – http://www.ncstac.org/
> National Mental Health and Education Center – http://naspweb.org:center
> National Technical Assistance Center for Children's Mental Health – http://www.georgetown.edu/research/gucdc/cassp.html
> National Technical Assistance Center for State Mental Health Planning (NTAC) – http://www.nasmhpd.org/publications.cfm#ntac
> Ohio Mental Health Network for School Success – http://altedmh.osu.edu/omhn/omhn.htm
> Pediatric Development and Behavior – http://www.dbpeds.org
> Technical Assistance Partnership for Child and Family Mental Health – http://www.air.org/tapartnership/

2. Student Learning Support, School Climate, and Special Education

> American School Counselor Association – http://www.schoolcounselor.org
> Center for Positive Behavioral Supports – http://www.pbis.org
> Council for Children with Behavioral Disorders (CEC) – http://www.ccbd.net
> Council for Exceptional Children – http://www.cec.sped.org
> Education Development Center – www.edc.org
> ERIC – http://www.ericfacility.net/servlet/com.artesiatech.servlet.login.LoginServlet
> National Association of Pupil Services Administrators – http://www.napsa.com
> National Association of School Nurses – http://www.nasn.org
> National Association of School Psychologists (NASP) – www.naspweb.org/center
> National Education Association, Health Information Network – http://www.neahin.org/
> Northwest Regional Educational Laboratory – http://www.nwrel.org/
> Public Education Network’s School and Community Services Initiative – www.publiceducation.org/
3. Diversity, Equity, and Rights

- Bazelon Center for Mental Health Law – http://www.bazelon.org
- Center for Minority Research in Special Education – http://curry.edschool.virginia.edu/go/comrise/home.html
- The Equity Center – http://www.nwrel.org/cnorse/
- National Center for Cultural Competence – http://www.georgetown.edu/research/gucdc/nccc/

4. Early-Age Intervention

- Center on the Social and Emotional Foundations for Early Learning – http://csefel.uiuc.edu/
- Early Childhood Research Institute on Culturally and Linguistically Appropriate Services – http://clas.uiuc.edu/
- Early Mental Health Initiative – http://www.lacoe.edu/orgs/332/index.cfm
- National Association for the Education of Young Children – http://www.naeyc.org/
- National Center for Early Development and Learning – http://www.fpg.unc.edu/~ncedl/
- Zero to Three – http://www.zerotothree.org

5. Evidence-based and Promising Practices and Research

- Blueprints for Violence Prevention – http://www.colorado.edu/cspvblueprints/model/overview.html
- Center for Evidence-Based Practice: Young Children with Challenging Behavior – http://challengingbehavior.fmhi.usf.edu/index.html
- Center for Mental Health Quality and Accountability, Evidence-Based Practices – http://dev.trilogyir.com/ebp/index.cfm
- Center for the Research on the Education of Students Placed at Risk – http://crespar.law.howard.edu
- Center for the Study of Mental Health Policy and Services – http://www.rrl.pdx.edu/pgCSMHPS.shtml
- Center of Minority Research in Special Education – http://curry.edschool.virginia.edu/go/comrise
- Centre for Evidence-Based Mental Health – http://cebhm.warne.ox.ac.uk/cebhm/news.html
- Ad Hoc Committee on Evidence-Based Assessment and Treatment of Childhood Disorders of the American Psychological Association (Div. of Child Clinical Psych.) – http://www.clinicalchildpsychology.org/
- Exemplary Substance Abuse Prevention Programs – http://www.modelprograms.samhsa.gov
- Georgetown University Center for Child and Human Development – http://www.georgetown.edu/research/gucdc/
- Promising Practices Network on Children, Families and Communities – http://www.promisingpractices.net/
- Research & Training Center on Family Support and Children’s Mental Health – http://www.rtc.pdx.edu
6. Collaboration

>Center for Effective Collaboration and Practice – http://www.air.org/cecp
>Center on School, Family, and Community Partnerships – http://www.csos.jhu.edu/p2000/center.htm
Policymaker Partnership – www.ideapolicy.org/pmp.htm

7. Technology, Telehealth, Rural/Remote Areas, and Information Management Systems

>Association of Telemedicine Service Providers – http://www.atsp.org/
>Center for Children and Technology – http://www2.edc.org/cct/
>Center for Distance Learning, Institute for Academic Advancement of Youth, Johns Hopkins – http://www.jhu.edu/gifted/cde/
>Center for rural health and social service development – http://www.siu.edu/~crhssd
>Center for the Study of Small/Rural Schools – http://cssrs.ou.edu/
>Frontier Mental Health Services Resource Network – http://www.wiche.edu/mentalhealth/frontier/
>International Society for Mental Health Online – http://www.ismho.org/
>National Association for Rural Mental Health – http://narmh.org
>National Center to Improve Practice in Special Education through Technology, Media and Materials – http://www2.edc.org/NCIP/
>National Rural Education Association – http://www.nrea.net
>Organizations Concerned about Rural Education: Better Public Schools for Rural America – http://www.ruralschools.org
>Regional Technology in Education Consortia – http://rtec.org
>Telehealth – http://telehealth.net/
>Telemedicine Information Exchange – http://tie.telemed.org
>Workgroup for the computerization of behavioral health and human services records – http://www.workgroup.org

*For more centers/agencies, see:
>>Gateway to a World of Resources for Enhancing MH in Schools – http://smhp.psych.ucla.edu/gateway/catvia.htm

C. Some General Online Resources for Those Concerned with Integrating MH in Schools into the Commission’s Goals

1. Mental Health, MH in Schools, School-Community Connections, and Sustainability of the Work

> Bright Futures: Mental Health – http://www.brightfutures.org/mentalhealth/index.html
Barriers to Learning and Development – http://www.tsa.ac.za/corp/support/adc/barrierspolicy.pdf
Enhancing Classroom Approaches for Addressing Barriers to Learning – http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf
Gateway to a World of Resources for Enhancing MH in Schools – http://smhp.psych.ucla.edu/gateway/catvia.htm
Guidebook on What Schools Can Do to Welcome and Meet the Needs of All Students and Families – http://smhp.psych.ucla.edu/WELMEET/welmeetcomplete.pdf
Rethinking Student Support to Enable Students to Learn and Schools to Teach – http://smhp.psych.ucla.edu/pdfdocs/studentsupport/studentsupport.pdf

3. Problems in Perspective

Cultural concerns in addressing barriers to learning – http://smhp.psych.ucla.edu/pdfdocs/cultural/culture.pdf
Protective Factors (Resiliency) – http://smhp.psych.ucla.edu/techpak.htm
4. Early-age Intervention

> About Young Children’s Mental Health – http://www.esu3.org/ectc/partnerships/ecmh.htm
> Building a Bridge from Birth to School: Improving Developmental and Behavioral Health Services for Young Children – http://www.cmwf.org/programs/child/halfon_bridge_564.pdf
> Costs and Benefits of Early Childhood Intervention – http://www.ucjfs.org/txtfiles1/fs9994.txt

Series publications to date:
- Improving the Odds for the Healthy Development of Young Children in Foster Care (2002) – http://www.nccp.org/pub_pew02b.html
> What is Early Intervention – http://www.kidsource.com/kidsource/content/early.intervention.html

5. Mental Health Curriculum and Promotion

> Building Assets is Elementary: Group Activities for Helping Kids Ages 8-12 Succeed – http://www.search-institute.org/
> Circle of Support – Adolescent Mental Health Promotion – http://www.reeusa.gov/4h/curricul/fh1.htm
> I Can Problem Solve – http://www.researchpress.com
> Lions-Quest – http://www.lions-quest.org
> Michigan Model for Comprehensive Health Education – http://www.emc.cmich.edu
> National Center for Mental Health Promotion and Violence Prevention – http://www.promoteprevent.org
> PATHS (Promoting Alternative Thinking Strategies – http://www.preventionscience.com
> Peace Works – http://www.peaceeducation.com
> Preventing Mental Health Problems in School-Age Children – http://www.prevention.psu.edu/CMHSxs.htm
> Project ACHIEVE – http://www.coedu.usf.edu/projectachieve
> Reach Out to Schools: Social Competency Program – http://www.open-circle.org
6. Policy

> Charting the Mental Health Status and Service Needs of Children – http://mimh200.nimh.nih.gov/pieDb/00470.htm
> Expanding Educational Reform to Address Barriers to Learning: Restructuring Student Support Services & Enhancing School-Community Partnerships – http://smhp.psych.ucla.edu/qf/staffingsupp.htm
> Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services – http://www.gao.gov/highlights/03397high.pdf
> Preventive Interventions Under Managed Care: Mental Health and Substance Abuse Services – http://www.mentalhealth.org/publications/allpubs/SMA00-3437/SMA-3437ch1.asp
> Resource guide to selected federal policies affecting children’s social and emotional development and their readiness for school – http://www.nimh.nih.gov/childhp/prfan.cfm
> Restructuring Boards of Education to Enhance Schools’ Effectiveness in Addressing Barriers to Student Learning – http://smhp.psych.ucla.edu/pdfdocs/boardrep.pdf
> School-based Mental Health Services Under Medicaid Managed Care – http://www.mentalhealth.org/publications/allpubs/SMA00-3456/SMA00-3456.htm
D. Some Major Published References for Those Concerned with Integrating MH in Schools into the Commission’s Goals

Note: A lengthy sample of references related to mental health in schools is available at http://smhp.psych.ucla.edu/qf/references.htm

and the reference list for the Final Report of the President’s New Freedom Commission on Mental Health is at www.mentalhealthcommission.gov/reports/Finalreport/ReferenceList.htm

In addition to the many published references on the above lists, the following are highlighted to underscore some recent work that provide a general resource for those concerned with mental health in schools.

1. Mental Health and Mental Illness


Moos, R. H. and B.S. Moos Life Stressors and Social Resources Inventory Manual, Psychological Assessment Resources, Odessa, FL (1994).


2. *Mental Health in Schools, School-Community Connections, and Sustainability of the Work*


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Slade, E. P. (2002). Effects of school-based mental health programs on mental health service use by adolescents at school and in the community. Mental Health Services Research, 4, 151-166.


Technology, Telehealth, Rural/Remote Areas, and Information Management Systems

Early-age Intervention


3. Early-age Intervention


4. Technology, Telehealth, Rural/Remote Areas, and Information Management Systems


**Some Documents on School Professional Standards and Guidelines**

Part II.

Online Resources with Specific Relevance to Integrating MH in Schools
Into Each Commission Goal and Recommendation

About Goal 1

< From the Final Report of The President’s New Freedom Commission on MH
http://www.mentalhealthcommission.gov/reports/reports.htm

Goal 1. Americans Understand that Mental Health is Essential to Overall Health.

Recommendations:

1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention

1.2 Address mental health with the same urgency as physical health

Accompanying text from Commission Report Executive Summary: “In a transformed mental health system, Americans will seek mental health care when they need it - with the same confidence that they seek treatment for other health problems. As a Nation, we will take action to ensure our health and well being through learning, self-monitoring, and accountability. We will continue to learn how to achieve and sustain our mental health.

The stigma that surrounds mental illnesses and seeking care for mental illnesses will be reduced or eliminated as a barrier. National education initiatives will shatter the misconceptions about mental illnesses, thus helping more Americans understand the facts and making them more willing to seek help for mental health problems. Education campaigns will also target specific audiences, including:

- Rural Americans who may have had little exposure to the mental health service system,
- Racial and ethnic minority groups who may hesitate to seek treatment in the current system, and
- People whose primary language is not English.

When people have a personal understanding of the facts, they will be less likely to stigmatize mental illnesses and more likely to seek help for mental health problems. The actions of reducing stigma, increasing awareness, and encouraging treatment will create a positive cycle that leads to a healthier population. As a Nation, we will also understand that good mental health can have a positive impact on the course of other illnesses, such as cancer, heart disease, and diabetes.

Improving services for individuals with mental illnesses will require paying close attention to how mental health care and general medical care systems work together. While mental health and physical health are clearly connected, the transformed system will provide collaborative care to bridge the gap that now exists.

Effective mental health treatments will be more readily available for most common mental disorders and will be better used in primary care settings. Primary care providers will have the necessary time, training, and resources to appropriately treat mental health problems. Informed consumers of mental health service will learn to recognize and identify their symptoms and will seek care without the fear of being disrespected or stigmatized. Older adults, children and adolescents, individuals from ethnic minority groups, and uninsured or low-income patients who are treated in public health care settings will receive care for mental disorders.

Understanding that mental health is essential to overall health is fundamental for establishing a health system that treats mental illnesses with the same urgency as it treats physical illnesses.

The transformed mental health system will rely on multiple sources of financing with the flexibility to pay for effective mental health treatments and services. This is a basic principle for a recovery-oriented system of care.”
The following are the Centers’ suggestions about how the Commission’s recommendations for Goal 1 apply to mental health in schools:

Recommendation 1.1: Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.

**C** Schools are key venues for campaigns and prevention programs. An enhanced focus on mental health in schools provides both natural opportunities and formal avenues to promote efforts to reduce stigma and prevent not only suicide but a range of other related mental health and psychosocial problems. Natural opportunities occur each day at school as students interact with each other and staff. Formal avenues occur through integration into both regular and special education curricula, including prevention programs, specialized interventions for problems, and as part of courses for social and emotional development and mental health education. Schools also provide a conduit to families and community stakeholders for enhancing understanding about mental health.

Recommendation 1.2: Addressing mental health with the same urgency as physical health.

**C** Schools play a major role in shaping public attitudes over time. As a universal socializing institution, schools are a key determinant of future public opinion. Over time, development of a comprehensive, multifaceted approach to mental health in schools not only can increase understanding, but should enhance appreciation of the need to address mental health with equivalent priority as is given to physical health in our society. Some evidence that this will be the case comes from the data generated from school-based health centers, where an enhanced appreciation of the need for and value of mental health assistance has been a consistent finding.

A. Some Specific Resources Related to Goal 1 for those Concerned with MH in Schools

The following highlights resources specifically related to Goal 1. Remember, however, that many of the centers/agencies listed in Part I A and B have relevant resources as well, and of course, many useful references are not on the internet (see Part I D).

1. About Depression and Youth Suicide

   - Affect and Mood Problems Related to School Aged Youth – http://smhp.psych.ucla.edu/intropak.htm
   - Depression Quick Find – http://smhp.psych.ucla.edu/qf/depression.htm
   - Depression in Children and Adolescents – http://www.baltimorepsych.com/cadepress.htm
Social and Interpersonal Problems Related to School Aged Youth – http://smhp.psych.ucla.edu/intropak.htm
Reporting on Suicide: Recommendations for the Media – http://www.afsp.org/education/newrecommendations.htm
Treatment for Adolescents with Depression Study Team – http://rtckids.fmhi.usf.edu/rtcpubs/datatrends/summary_87.pdf
What to do When a Friend is Depressed – http://www.nimh.nih.gov/publicat/friend.cfm

2. Suicide Prevention

Annenberg Foundation Trust at Sunnylands Commission on Adolescent Suicide Prevention – http://www.sunnylands.org/amhi/PrintVersion.asp
Assessment and Screening Quick Find – http://smhp.psych.ucla.edu/qf/p1405_01.htm
Detecting Suicide Risk in a Pediatric Emergency Department: Development of a Brief Screening Tool – http://www.findarticles.com/cf_0/m0950/5_107/74924843/print.html
The Evaluation of Interventions to Prevent Suicide – http://www.cdc.gov/ncipc/dvp/suianno.htm
New Zealand Youth Suicide Prevention Strategy – http://www.moh.govt.nz/moh.nzl/238fd5fb4fd051844c256669006ead57/7088a0a61c280bc7cc256bb50003d936?OpenDocument
Students’ FAQs about Suicide – http://www.save.org/prevention/
Suicide Prevention Quick Find – http://smhp.psych.ucla.edu/qf/p3002_02.htm
Symptoms of Depression and Danger Signs for Suicide – http://www.save.org/symptoms.htm
Saving Kids from Suicide – http://www.nea.org/neatoday/0004/health.html
Youth Suicide Prevention: Mental Health & Public Health Perspectives – http://smhp.psych.ucla.edu/qf/youthsuicideprevention.pdf
Youth Suicide Prevention Programs: A Resource Guide – http://www.cdc.gov/ncipc/dvp/Chapter%201.PDF
School Interventions to Prevent and Respond to Affect and Mood Problems – http://smhp.psych.ucla.edu/guidepak.htm
School Interventions to Prevent Youth Suicide – http://smhp.psych.ucla.edu/pdfs/docs/ Sampler/Suicide/suicide.pdf

Centers/Agencies:

American Association of Suicidology – http://www.suicidology.org/
American Foundation for Suicide Prevention – http://www.afsp.org/
Center for the Study of Prevention of Suicide – http://www.rochesterpreventsuicide.org/
Hotlines:

- American Suicide Foundation – 800/531-4477
- Crisis Helpline – 800/233-4357
- Depression/Alcohol and Drug Addiction Trauma Hotline – 800/544-1177
- Teen Help Adolescent Resources – 800/8405704
- Youth Crisis Hotline – 800/448-4663

3. Some Related Problems

- Attention Problems: Intervention and Resources – http://smhp.psych.ucla.edu/qf/adhd_qt/
- Blueprints for Violence Prevention – www.colorado.edu/cspv/blueprints/
- Conduct and Behavior Problems in School Aged Youth – http://smhp.psych.ucla.edu/qf/behaviorprob_qt/
- Dropout Prevention – http://smhp.psych.ucla.edu/qf/dropout.html
- Exemplary Substance Abuse Prevention Programs – www.modelprograms.samhsa.gov
- School Violence Prevention Initiative Matrix of Evidence-Based Prevention Interventions – http://modelprograms.samhsa.gov/matrix_all.cfm
- Substance Abuse Prevention And Intervention. – http://smhp.psych.ucla.edu/qf/p3001_03.htm

Centers/Agencies:

- Center for Mental Health Services (CMHS) www.samhsa.gov/cmhs/cmhs.htm
- Center for Mental Health in Schools (at UCLA) – http://smhp.psych.ucla.edu
- Center for School Mental Health Assistance (University of Maryland at Baltimore) – http://csnha.umaryland.edu
- Center for the Study and Prevention of Violence – http://www.colorado.edu/cspv/index.html
- National Association of School Psychologists (NASP) -- National Mental Health and Education Center – www.naspweb.org/center

4. Reducing Stigma

- Bandaides and Blackboards – http://www.faculty.fairfield.edu/fleitas/contents.html
- Depictions of Mental Illnesses in Children’s Media – http://www.rtc.pdx.edu/phpCountDTPDF.php
- Factsforhealth.org -- http://www.factsforhealth.org/
- Factors Associated With Stigmatization of Persons With Mental Illness -- http://ps.psychiatryonline.org/cgi/content/full/55/2/185
- Metanoia – http://www.metanoia.org/
National Mental Health Association - Stigma Watch – http://www.nmha.org/newsroom/stigma/index.cfm
Nothing to Hide: Mental Illness in the Family – http://www.familydiv.org/nothingtohide
Paradox of Self-stigma and Mental Illness – http://www.clipsy.oupjournals.org/cgi/content/full/9/1/35
Resource Center to Address Discrimination and Stigma – http://www.adscenter.org/
Stigma as a Barrier to Recovery: The Consequences of Stigma for the Self-Esteem of People With Mental Illnesses – http://ps.psychiatryonline.org/cgi/content/full/52/12/1621
Ten Things You Can Do to Fight Stigma and Discrimination – http://mason.gmu.edu/~owahl/ACTIONS.HTM

Centers/Agencies:

Kids on the Block – http://www.kotb.com/
NAMI StigmaBusters -- http://www.nami.org/template.cfm?section=fight_stigma
No Stigma – http://www.nostigma.org
Open Minds – http://www.openminds.com/default.htm
Resource Center to Address Discrimination and Stigma (ADS Center) – http://www.adscenter.org/
SAMHSA – http://www.mentalhealth.samhsa.gov/stigma/
Stigma Watch – http://www.mentalhealth.org/stigma/

Fact Sheets:

Child and Adolescent Mental Health Fact Sheets – http://www.nimh.nih.gov/publicat/childmenu.cfm
Mental Health Care for Youth – http://www.rand.org/publications/RB/RB4541/
Suicide in the U.S. – http://www.cdc.gov/ncipc/factsheets/suifacts.htm
Youth Suicide Prevention Fact Sheet – http://www.doh.wa.gov/topics/suicide.htm
## About Goal 2

< From the Final Report of The President’s New Freedom Commission on MH  
http://www.mentalhealthcommission.gov/reports/reports.htm

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Accompanying text from Commission Report Executive Summary: “In a transformed mental health system, a diagnosis of a serious mental illness or a serious emotional disturbance will set in motion a well-planned, coordinated array of services and treatments defined in a single plan of care. This detailed road map – a personalized, highly individualized health management program – will help lead the way to appropriate treatment and supports that are oriented toward recovery and resilience. Consumer, along with service providers, will actively participate in designing and developing the systems of care in which they are involved.

An individualized plan of care will give consumers, families of children with serious emotional disturbances, clinicians, and other providers a valid opportunity to construct and maintain meaningful, productive, and healing relationships...

No longer will parents forgo the mental health services that their children desperately need. No longer will loving, responsible American parents face the dilemma of trading custody for care. Families will remain intact. Issues of custody will be separated from issues of care...

In this transformed system, stigma and discrimination against people with mental illnesses will not have an impact on securing health care...

The hope and the opportunity to regain control of their lives – often vital to recovery – will become real for consumers and families. Consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery.”
The following are the Centers’ suggestions about how the Commission’s recommendations for Goal 2 apply to mental health in schools:

Recommendation 2.1: Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.

C Schools need and are in a position to involve consumers in quality individualized planning. Schools already involve families in IEP development as part of their compliance with special education mandates. A beginning has been made to transform such planning to conform with the consumer and family driven principles of systems of care. Along with strengthening systems of care efforts, an enhanced focus on mental health in schools can extend systemic recovery and will contribute to the recovery of parents to enable them to support student progress. A key aspect in accomplishing all this will be enhanced partnerships with other interveners and the youngster and his or her family.

Recommendation 2.2: Involve consumers and families fully in orienting the mental health system toward recovery.

C Schools that enhance their focus on mental health are more likely to work with young consumers and families toward the goal of recovery. Schools are under tremendous pressure to raise the achievement of all students. This provides a major incentive for them to do more than control externalizing behavior problems. By enhancing mental health in schools, schools will be able to work towards a youngster’s approaches to include young consumers and family driven individualized planning for interventions that are implemented early after the onset of a problem.

Recommendation 2.3: Align relevant Federal programs to improve access and accountability for mental health services.

C Schools currently can seek waivers to redeploy and braid federal education dollars to coordinate and enhance the impact of student support services. For example, under Title I of the No Child Left Behind Act schools can redeploy up to 5% of the federal funds they receive to enhance coordination of services. A similar provision exists in the Individuals with Disabilities Education Act. In addition, schools can seek waivers in order to braid together various sources of categorical program funding. As such opportunities also increase for community agencies, school and community resources can be braided. With the enhanced emphasis on coordinating and integrating resources, availability, access, and accountability will increase.

Recommendation 2.4: Create a Comprehensive State Mental Health Plan.

C For a State Mental Health Plan to be comprehensive, it must encompass a significant role for schools. See Figure 1 in the introduction.
Recommendation 2.5: Protect and enhance the rights of people with mental illnesses.

Protecting and enhancing the rights of young people with mental illness requires a coordinated and integrated school and community approach. Evidence of the need to address schools in this respect is seen in the fact that so many school systems currently are out of compliance with special education mandates, especially in terms of meeting mental health needs. An enhanced focus on mental health in schools can help address this system failure.

B. Some Specific Resources Related to Goal 2 for those Concerned with MH in Schools

The following highlights resources specifically related to Goal 2. Rather than repeat the various centers, we ask that you refer back to the lists of centers/agencies identified in Part I A and B and Goal 1. And, remember that many useful references are not on the internet (see Part I D).

1. Planning Care for Every Child with Serious Emotional Disturbance

> Case Management in the School Context – http://smhp.psych.ucla.edu

2. Consumers and Families Fully Involved in Orienting the MH System toward Recovery

> Family Resiliency: Building Strengths to Meet Life’s Challenges – http://www.exnet.iastate.edu/Pages/communications/Resiliency/
> Fostering Resilience in Children – http://ohioline.osu.edu/b875/
> School based mutual support groups (For parents, staff, older students) – http://smhp.psych.ucla.edu/pdfdocs/support/support1.pdf
> From PACER (http://www.pacer.org)
>>> Guidebook for Parents of Children with Emotional or Behavioral Disorders
>>> Honorable Intentions: A Parent's Guide to Educational Planning for Children with Emotional or Behavioral Disorders
>>> Planning Your Child's IEP: Some Suggestions to Consider
>>> Promising Practices: Teaching Students to Self Manage Behavior
>>> Research Brief: Students' Perceptions of Instruction in Inclusion Classrooms: Implications for Students with Learning Disabilities
>>> School Accommodations and Modifications
>>> Understanding the Special Education Process
>>> Users Guide to 1999 IDEA Regulations
3. Aligning Federal Programs to Improve MH Access and Accountability

- Effective Joint Working between Child and Adolescent Mental Health Services (CAMHS) and Schools – http://www.mentalhealth.org.uk/page.cfm?pagecode=PIBFMA
- Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services – http://www.gao.gov/highlights/d03397high.pdf
- Improving Substance Abuse Prevention, Assessment, and Treatment Financing for Children and Adolescents – http://www.aap.org/policy/9930html
- Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations – http://smhp.psych.ucla.edu
- Preventive Interventions Under Managed Care: Mental Health and Substance Abuse Services – http://www.mentalhealth.org/publications/allpubcs/SMA00-3437/SMA-3437ch1.asp
- Resource guide to selected federal policies affecting children’s social and emotional development and their readiness for school – http://www.nimh.nih.gov/childhp/prfan.cfm
- School based mental health services under medicaid managed care – http://www.mentalhealth.org/publications/allpubs/SMA00-3456/SMA00-3456Ch1.asp

4. Comprehensive State Mental Health Planning

- Child and Adolescent Mental Health: Recommendations for Improvement by State Mental Health Commissions. – http://rtckids.fmhi.usf.edu/rtcpubs/datatrends/summary_51.pdf
- Current State and Local Initiatives to Support Student Learning: Early Childhood Programs & Innovative Programs to Better Address the Needs of Youth – http://www.ccsso.org/initiatives.html
- Idaho State Mental Health Plan 2002 – http://www2.state.id.us/dhw/mentalhealth/Plan02/MHP_contents.htm
- New York’s Statewide Comprehensive Plan for Mental Health Services – http://www.omh.state.ny.us/omhweb/statewideplan/
- North Carolina’s State Mental Health Plan – http://www.dhhs.state.nc.us/mhplan/draftplan.htm
- State Plans for Suicide Prevention – http://www.stateplans.org

5. Protecting and Enhancing the Rights of People with Mental Illnesses

- Factsforhealth.org – http://www.factsforhealth.org/
- National Standards to Protect the Privacy of Personal Health Information, Health Insurance Portability and Accountability Act of 1996 (HIPAA) – http://www.hhs.gov/ocr/hipaa/
- Nothing to Hide: Mental Illness in the Family – http://www.familydiv.org/nothingtohide
- Ten Things You Can Do to Fight Stigma and Discrimination – http://mason.gmu.edu/~owahl/ACTIONS.HTM
About Goal 3

< From the Final Report of The President’s New Freedom Commission on MH
http://www.mentalhealthcommission.gov/reports/reports.htm

Goal 3: Eliminating disparities in mental health services

Recommendations

3.1 Improve access to quality care that is culturally competent.

3.2 Improve access to quality care in rural and geographically remote areas.

Accompanying Text from Commission Report Executive Summary: “In a transformed mental health system, all Americans will share equally in the best available services and outcomes, regardless of race, gender, ethnicity, or geographic location. Mental health care will be highly person, respecting and responding to individual differences and backgrounds. The workforce will include members of ethnic, cultural, and linguistic minorities who are trained and employed as mental health service providers. People who live in rural and remote geographic areas will have access to mental health professionals and other needed resources. Advances in treatments will be available in rural and less populated areas. Research and training will continuously aid clinicians in understanding how to appropriately tailor interventions to the needs of consumers, recognizing factors such as age, gender, race, culture, ethnicity, and locale...”

< From the Two National Centers Focusing on Mental Health in Schools
http://smhp.psych.ucla.edu/pdfdocs/newsletter/Winter04.pdf

The following are the Centers’ suggestions about how the Commission’s recommendations for Goal 3 apply to mental health in schools:

Recommendation 3.1: Improve access to quality care that is culturally competent.

C School staff are mandated to upgrade their competence continuously. Increasingly, the emphasis in schools is on enhancing effectiveness with diverse populations. This is a key goal of the focus on disaggregating school accountability indices. Initiatives to enhance mental health in schools all emphasize increasing system and staff capacity to eliminate disparities arising from lack of availability, access, and competence related to human diversity. Still, there are major deficiencies related to both the pre- and inservice training of student support staff and other mental health professionals who come into schools that must be addressed in the interest of enhancing quality.

Recommendation 3.2: Improve access to quality care in rural and geographically remote areas.

C Enhancing mental health in all schools is a key to enhancing availability and access in every community. Schools serve all communities.

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C. Some Specific Resources Related to Goal 3 for those Concerned with MH in Schools

The following highlights resources specifically related to Goal 3. Rather than repeat the various centers, we ask that you refer back to the lists of centers/agencies identified in Part I A and B and Goal 1. And, remember that many useful references are not on the internet (see Part I D).

1. Quality Care that is Culturally Competent
   > Broadening the Base: School/Community Partnerships Serving Language Minority Students at Risk – http://www.cal.org/crede/pubs/
   > Culturally Competent Practice – http://www.nasponline.org/culturalcompetence/
   > Cultural Concerns in Addressing Barriers to Learning – http://smhp.psych.ucla.edu/pdf/docs/cultural/culture.pdf
   > Culture in the Classroom – http://www.ncela.gwu.edu/ncepubs/classics/culture
   > The Fourth R: Responsibility – Ensuring educational excellence through equity and effective school practices – http://www.nwrel.org/cnorse/booklets/4thr
   > Multiracial Families – http://www.counseling.org/conference/advocacy6.htm
   > Our Roots, Our Future: Affirming Culture and Language in after School and Youth Programs – http://www.californiatomorrow.org
   > Pursuing the Promise: Addressing Equity, Access, and Diversity in after School and Youth Programs – http://www.californiatomorrow.org/

2. Access to quality care in rural and geographically remote areas
   > Bringing Excellence to Substance Abuse Services in Rural and Frontier America – http://www.treatment.org/taps/tap20/tap20toc.html
   > Effects of a Unit of Instruction in Mental Health on Rural Adolescents’ Conceptions of Mental Illness and Attitudes about Seeking Help – http://www.findarticles.com/cf_0/m2248/n130_v33/21072048/p1/article.jhtml
   > Delivering Mental Health Services to Children and Adolescents in Frontier Areas: Parent and Provider Views – http://www.wiche.edu/mentalhealth/frontier/frontier.htm
   > Geographic Disparities in Children’s Mental Health Care – Summarized at http://rtckids.fmhi.usf.edu
   > Mental Health and Substance Abuse in Rural Areas – http://www.usda.gov/rural/health
   > Navigating Resources for Rural Schools – http://nces.ed.gov/surveys/ruraled/
   > Organization and Delivery of Mental Health Services to Adolescents and Children in Frontier Areas – http://www.wiche.edu/mentalhealth/frontier/frontier.htm
   > Perspectives on Violence and Substance Use in Rural American – http://www.ncrel.org/sdrs/areas/issues/envrmnt/drugfree/v1toc.htm
   > The Role of Rural Schools in Community Development: Policy Issues and Implications – http://www.nwrel.org/rural/role.html
   > Rural Education – http://www.nea.org/rural/
   > Rural and Urban Adolescents’ Perceptions of Mental Health – http://www.findarticles.com/cf_0/m2248/132_33/53870298/p1/article.jhtml
   > Rural Students at Risk – http://www.sedl.org/rural/atrisk/
About Goal 4

From the Final Report of The President’s New Freedom Commission on MH
http://www.mentalhealthcommission.gov/reports/reports.htm

Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

Recommendations:

4.1 Promote the mental health of young children.

4.2 Improve and expand school mental health programs.

4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.

4.4 Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports.

Accompanying Text from Commission Report Executive Summary: “In a transformed mental health system, the early detection of mental health problems in children and adults - through routine and comprehensive testing and screening - will be an expected and typical occurrence. At the first sign of difficulties, preventive interventions will be started to keep problems from escalating. For example, a child whose serious emotional disturbance is identified early will receive care, preventing the potential onset of a co-occurring substance use disorder and breaking a cycle that otherwise can lead to school failure and other problems.

Quality screening and early intervention will occur in both readily accessible, low-stigma settings, such as primary health care facilities and schools, and in settings in which a high level of risk exists for mental health problems, such as criminal justice, juvenile justice, and child welfare systems. Both children and adults will be screened for mental illnesses during their routine physical exams.

For consumers of all ages, early detection, assessment, and links with treatment and supports will help prevent mental health problems from worsening. Service providers across settings will also routinely screen for co-occurring mental illnesses and substance use disorders. Early intervention and appropriate treatment will also improve outcomes and reduce pain and suffering for children and adults who have or who are at risk for co-occurring mental and addictive disorders.

Early detection of mental disorders will result in substantially shorter and less disabling courses of impairment.”
The following are the Centers’ suggestions about how the Commission’s recommendations for Goal 4 apply to mental health in schools:

Recommendation 4.1: Promote the mental health of young children.

C Schools increasingly are focusing on pre-schoolers and the special needs of students in primary grades. Head start has always had a mental health focus; all pre-schools are concerned with promoting social and emotional development. Teachers of young children and other staff at their schools are critical elements in promoting mental health (or contributing to emotional and behavioral problems). They also are essential to early detection and referral. And, with an enhanced focus on mental health in schools, more student support programs and services can be available to prevent and address problems early after their onset.

Recommendation 4.2: Improve and expand school mental health programs.

C Continue and expand the federal Mental Health in Schools Program.

C Expand the federal mental health research agenda to enhance the focus on mental health in schools. A strong research agenda is needed related to the interface between school and mental health policy, research, training, and practice.

C Coalesce mental health-related federal categorical programs in schools. The Safe Schools/Healthy Students initiative has pioneered an interagency approach that braids funds from three federal departments in ways that have improved and expanded mental health programs. A broader initiative is now needed to address the problems of so-called “silo” funding to schools within and across federal agencies. This should include integrating CDC’s Coordinated School Health Program with a specific emphasis on enhancing school climate in ways that promote healthy (physical and mental) development. (Also, see school-related recommendation for 2.3 above.)

Recommendation 4.3: Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.

C Substance abuse is a major concern in schools. Because of this, schools provide an invaluable venue for addressing co-occurring MH and substance problems. Next to parents, teachers and student support staff are in a strategic position to detect problems early. And, by definition, an integrated intervention approach requires the involvement of school staff.
Recommendation 4.4: Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports.

C School nurses, other student support staff, and the staff of school-based health centers should be viewed as providing primary health care. Such personnel do and can play an even greater role in early detection and referral of mental health problems and in coordinating and integrating interventions at school and with community providers.

D. Some Specific Resources Related to Goal 4 for those Concerned with MH in Schools

The following highlights resources specifically related to Goal 4. Rather than repeat the various centers, we ask that you refer back to the lists of centers/agencies identified in Part I A and B and Goal 1. And, remember that many useful references are not on the internet (see Part I D).

1. Promoting the Mental Health of Young Children

   >A Good Beginning: Sending America’s Children to School with the Social and Emotional Competence They Need to Succeed – http://www.nimh.nih.gov/childhp/prfan.cfm
   >The Children of the Cost, Quality, and Outcomes Study Go To School – http://www.fpg.unc.edu/~NCEDL/PAGES/cqes.htm
   >Community Intervention to Promote Healthy Social Environments: Early Childhood Development and Family Housing – http://cecg.gov/mmwr/preview/mmwrhtml/tr5101a1.htm
   >Costs and Benefits of Early Childhood Interventions – http://www.ncjre.org/textfiles1/fs9994.txt
   >Current State and Local Initiatives to Support Student Learning: Early Childhood Programs & Innovative Programs to Better Address the Needs of Youth – http://www.ccsso.org/initiatives.html
   >Early Childhood Intervention Programs: What Do We Know – http://www.jcpr.org/wpfiles/currie_EARLY_CHILDHOOD.PDF
   >Family Resiliency: Building Strengths to Meet Life’s Challenges – http://www.exnet.iastate.edu/Pages/communications/Resiliency/
   >Fostering Resilience in Children – http://ohioline.osu.edu/b875/
   >Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations – http://www.futureofchildren.org/l0/l001_lto.htm
   >Promoting Quality Childhood Care and Education – http://www.giacademy.org
2. Improving and Expanding School Mental Health

Most of the resources listed related to Goals 1-6 have relevance for improving and expanding mental health in schools. A few are repeated here along with a few others for purpose of emphasis.

- Crisis Prevention and Response Quick Find – http://smhp.psych.ucla.edu/qf/p2107_01.htm
- Nursing Assessment of School Age Youth: Psychosocial Screening – http://www.nasn.org
- Positive School Climate/Student and Staff Relations – http://www.schoolhealth.org/trnthtrn/section2/sect2e.htm
- School Health Training Kit – http://www.schoolhealth.org/trnhtrn/section2/sect2e.html
- School Interventions to Prevent and Respond to Affect and Mood Problems – http://smhp.psych.ucla.edu/guidepak.htm
- School Interventions to Prevent Youth Suicide – http://smhp.psych.ucla.edu/pdfdocs/Sampler/Suicide/suicide.pdf

3. Screening for Co-occurring Mental Health and Substance Abuse

- General and Specific Childhood Risk Factors for Depression and Drug Disorders by Early Adulthood – http://www.findarticles.com/cf_0/m2250_39/59845026/p1/article.jhtml
- Preventive Interventions under Managed Care: Mental Health and Substance Abuse Services – http://www.mentalhealth.org/publications/allpubs/SMAO0-3437/SM-A3437ch1.asp
> Screening and Assessing Adolescents for Substance Use Disorders – http://www.health.org/survey/tp.htm
> Screening and Assessing Mental Health and Substance Use Disorders among Youth in the Juvenile Justice System – http://www.acmhj.com/pdfs/publications/screening_and_assessing_MHSUD.pdf
> Substance Use and the Risk of Suicide among Youth – http://www.samhsa.gov/oas2k2/academics/academics.htm

4. Screening for Mental Health in Primary Care and Linking to Treatment and Support

> Bright Futures: Mental Health – http://www.brightfutures.org/mentalhealth/index.html
> Detecting Suicide Risk in a Pediatric Emergency Department: Development of a Brief Screening Tool – http://www.findarticles.com/cf_0/m0950/5_107/74924843/print.html
> Early and Continuous Screening – compilation of presentations from the Tri-Regional Workshops, Institute for Leaders Workshop, and others – http://cshcnleaders.ichp.edu/Presentations/screening.htm
> Early Periodic Screening, Diagnosis, and Treatment, Center for Disease Control and Prevention – http://www.cdc.gov
> Mental Health of Children and Youth: The Important Role of Primary Care Health Professionals – http://www.smhp.psych.ucla.edu/pdfdocs/primarycare/primarycarehealth.pdf
> Screening for Mental Health – http://www.mentalhealthscreening.org/
> Suggested Model for Integration of Behavioral Health into Primary Care – http://www.nasmhpd.org/general_files/publications/ntac_pubs/networks/DPollackIntegrationModel.pdf

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Goal 5: Delivering excellent mental health care and accelerating research

Recommendations:

5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.

5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

5.3 Improve and expand the workforce providing evidence-based mental health services and supports.

5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

Accompanying Text from Commission Report Executive Summary: “In a transformed mental health system, consistent use of evidence-based, state-of-the-art medications and psychotherapies will be standard practice throughout the mental health system. Science will inform the provision of services and the experience of service providers will guide future research. Every time any American – whether a child or an adult, a member of a majority or a minority, from an urban or rural area – comes into contact with the mental health system, he or she will receive excellent care that is consistent with our scientific understanding of what works. That care will be delivered according to the consumer’s individualized plan....

Also benefiting from these developments, the workforce will be trained to use the most advanced tools for diagnosis and treatments. Translating research into practice will include adequate training for front-line providers and professionals, resulting in a workforce that is equipped to use the latest breakthroughs in modern medicine. Research discoveries will become routinely available at the community level. To realize the possibilities of advances in treatment, and ultimately in prevention or a cure, the Nation will continue to invest in research at all levels....”
The following are the Centers’ suggestions about how the Commission’s recommendations for Goal 5 apply to mental health in schools:

Recommendation 5.1: Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.

Expand the federal mental health research agenda to accelerate the focus on mental health in schools. There are many areas in need of extensive research. For example: research on resilience and protective buffers related to schools is still in its earliest stages; research on the outcomes of special education programs for emotional and behavioral problems has yet to identify approaches that have a high degree of lasting effectiveness; research is needed related to replication and school districts scale-up of science-based prevention programs.

Recommendation 5.2: Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

Schools increasingly are being called upon to use evidence-based MH practices. In doing so, they have developed demonstration projects and various dissemination strategies. The next step is to focus on sustainability, replication, and scale-up strategies. Lessons learned from the current federal initiative for diffusing Comprehensive School Reform models will be instructive with respect to creating public-private partnerships. Also useful will be what has been learned from the extensive work across the country focused on developing school-community collaboratives.

Recommendation 5.3: Improve and expand the workforce providing evidence-based mental health services and supports.

Build the capacity of student support staff and other mental health professionals who come into schools for incorporating science-based activity. The current federal Mental Health in Schools Program has begun this process through the two national training and technical assistance centers it established. Obviously, such capacity building is a long-term concern, and one that must be institutionalized into pre- and in-service programs across the country.

Recommendation 5.4: Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

Schools must play a role in each of these areas. School involvement is indispensable both as contexts and sources for child and adolescent samples. With an enhanced focus on mental health in schools, some of the barriers to conducting such research can be reduced.
E. Some Specific Resources Related to Goal 5 for those Concerned with MH in Schools

The following highlights resources specifically related to Goal 5. Rather than repeat the various centers, we ask that you refer back to the lists of centers/agencies identified in Part I A and B and Goal 1. And, remember that many useful references are not on the internet (see Part I D).

1. Accelerating the research on mental health, including replication and scale-up of science-based programs

   > Addressing barriers to student learning & promoting healthy development: A usable research base – http://smhp.psych.ucla.edu
   > Investing in research infrastructure in the behavioral and social sciences – http://www.nap.edu/catalog/6276.html
   > New Initiatives: Considerations related to planning, implementing, sustaining, and going to scale – http://smhp.psych.ucla.edu
   > Raising Teens: A synthesis of research and a foundation for action – http://www.hhsph.harvard.edu/che/parenting/raising.html
   > Research on the risk factors for early school problems and selected federal policies affecting children’s social and emotional development and their readiness for school – http://www.nimh.nih.gov/childhp/goodstart.cfm

2. Advance dissemination and sustainability of evidence-based practices.

   > Blueprints for violence Prevention – http://www.colorado.edu/cspvblueprints/model/overview.html
   > Evidence-based practices in mental health for foster youth – http://www.cimh.org/
   > Exemplary Substance Abuse Prevention Programs – http://www.modelprograms.samhsa.gov
   > Safe, disciplined, and drug-free schools expert panel exemplary programs – http://www.ed.gov/offices/OERI/ORAD/KAD/expert_panel/drug-free.html
   > Safe and Sound: An Educational Leader’s Guide to Evidence-Based Social and Emotional Programs – http://www.casel.org
   > A Sampling of outcome findings from interventions relevant to addressing barriers to learning – http://smhp.psych.ucla.edu
   > Systems of Care: Promising practices in children’s mental health – http://cecp.air.org/promisingpractices/

3. Improved workforce/staffing providing evidence-based mental health services and supports

   > Expanding educational reform to address barriers to learning: Restructuring student support services and enhancing school community partnerships – http://smhp.psych.ucla.edu/pdfdocs/Report/Expand.pdf
   > Mental Health in Schools: New roles for school nurses – http://smhp.psych.cula.edu/pdfdocs/Nurses/unit1.pdf
>Resource-oriented teams: Key infrastructure mechanisms for enhancing education supports –
http://smhp.psych.ucla.edu/qf/infrastructure_tt/makingthecase.pdf
>Standards for School Psychology: Future Directions in Training and Credentialing –
http://www.nasponline.org

4. Develop the knowledge base in four understudied areas: mental health disparities, long term effects of medications, trauma, and acute care.

>Children’s reaction to trauma – http://www.naspcenter.org/safe_schools/trauma.html
>Emergency Planning for America’s Schools –
>A multicultural developmental approach for treating trauma –
http://mirecc.stanford.edu/PTSD%20Education%20Docs/fred2.pdf
>Posttraumatic Stress Disorder in children and adolescents –
http://www.nceptsd.org/facts/specific/fs_children.html
>Responding to a crisis at a school – http://smhp.psych.ucla.edu
>Scales for Assessing Posttraumatic responses of children –
http://users.umass.med.edu/Kenneth.Fletcher/scales.html
>Students and psychotropic medication: The school’s role – http://smhp.psych.ucla.edu
>Treatment recommendations for children and adolescents suffering from posttraumatic stress –
http://users.umassmed.edu/Kenneth.Fletcher/treatrec.html
>The use of psychotropic medication to treat children’s mental health needs –
http://www.nmha.org/position/childrenandmedications.cfm
>Violence Prevention and Safe Schools – http://smhp.psych.ucla.edu
About Goal 6

< From the Final Report of The President’s New Freedom Commission on MH
http://www.mentalhealthcommission.gov/reports/reports.htm

Goal 6: Using technology to access mental health care and information

Recommendations:

6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

6.2 Develop and implement integrated electronic health record and personal health information systems.

Accompanying Text from the Commission’s Executive Summary: “In a transformed mental health system, advanced communication and information technology will empower consumers and families and will be a tool for providers to deliver the best care. Consumers and families will be able to regularly communicate with the agencies and personnel that deliver treatment and support services and that are accountable for achieving the goals outlined in the individual plan of care. Information about illnesses, effective treatment, and the services in their community will be readily available to consumers and families...

An integrated information technology and communications infrastructure will be critical to achieving the five preceding goals and transforming mental health care in America. To address this technological need in the mental health care system, this goal envisions two critical technological components:
  > A robust telehealth system to improve access to care, and
  > An integrated health records system and a personal health information system for providers and patients...”
The following are the Centers’ suggestions about how the Commission’s recommendations for Goal 6 apply to mental health in schools:

**Recommendation 6.1:** Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations

*Schools already are involved in pioneering use of health technology and telehealth.* The next step is to evolve and sustain the demonstrations and develop replication and scale-up strategies.

**Recommendation 6.2:** Develop and implement integrated electronic health record and personal health information systems.

*Schools currently are in the process of revamping and computerizing their information management systems.* In response to the accountability demands of the No Child Left Behind Act (and the protections required by Family Educational Rights and Privacy Act [FERPA] and Health Insurance Portability and Accountability Act [HIPAA]), school districts across the country are redesigning and computerizing their information management systems. The opportunity exists to influence the type of health data included and improve system connectivity with health and other agencies.

**F. Some Specific Resources Related to Goal 6 for those Concerned with MH in Schools**

The following highlights resources specifically related to Goal 6. Rather than repeat the various centers, we ask that you refer back to the lists of centers/agencies identified in Part I A and B and Goal 1. And, remember that many useful references are not on the internet (see Part I D).

1. *Using health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.*

- Arizona Telemedicine Program – http://www.telemedicine.arizona.edu/pubs/
- Catalog of Internet Sites Relevant to Mental Health in Schools – http://smhp.psych.ucla.edu
- Computer Treatment for Common Mental Health Problems – http://www3.interscience.wiley.com/cgi-bin/fulltext/107061424/PDFSTART
- Cybertherapy: Stress management online – http://www.masteringstress.com
- Distance Learning Resources for Public Health Professionals – http://www.phf.org
- E-mail as a modality for crisis intervention – http://telehealth.net/articles/email.html
- Health Advocates’ Guide to the Internet – http://www.healthlaw.org
2. Develop and implement integrated electronic health record and personal health information systems

http://nces.ed.gov

Information Systems for the Outcomes Movement

Practice Improvement Plans Take off in West Virginia

Practice Management for School-Based Health Practice Management for School-Based Health Centers

Privacy Standards for Student Health Records, National Association of School Nurses

Protecting the Privacy of Student Records: Guidelines for Education Agencies

Rights to access medical records under the HIPAA Privacy Regulation

Technology@ Your Fingertips: A Guide to implementing technology solutions for education agencies and institutions

Wellgent: intelligent student health management
Appendix A

About Quick Finds to Aid and Guide Consumers

As indicated in the preface, the resources synthesized into this document are organized in a way that is designed to facilitate a subsequent general analyses of the nature and scope of what is available and what is needed. Moreover, the intent is not to be exhaustive but to provide reference to major online, noncommercial resources. To make the resources readily accessible in a categorically friendly way, everything cited in this document is being incorporated into topical “Quick Finds” that can be readily accessed through the website of the Center for Mental Health in Schools.

In this respect, it should be noted that the Center’s Quick Finds contain many more references of relevance to the Commission’s goals and recommendations and cover a variety of other matters as well. See the topic list below.

The Quick Finds section of the Center website (http://smhp.psych.ucla.edu/) offers topic areas that are regularly updated with new reports, publications, internet sites, and centers specializing in the topic. Click on Search and Quick Find and use the drop down topical menu to select and click on the topic you want.

- Abuse (incl. sexual assault & harassment)
- After School programs (and evaluation)
- Alternative Schools & Alternative Education
- Anger Management
- Anxiety
- Assessment & Screening
- Attention Deficit Hyperactivity Disorder
- Barriers to Learning
- Behavior and mass media
- Bullying
- Burnout
- Business support for Schools
- Case Management
- Change Agent/Organizational Facilitator
- Child Abuse and Neglect
- Children and poverty
- Children of alcoholics and substance abusers
- Chronic Illness: Info and coping
- Classroom Management
- Classroom Focused Enabling
- Collaboration - school, community, interagency
- Community Outreach for Involvement and Support
- Conduct Disorders and Behavior Problems
- Confidentiality (including interagency release forms)
- Conflict Resolution in Schools
- Crisis Prevention and Response
- Cultural competence and Related Issues
- Data Management Systems for Schools and Clinics
- Day Treatment
- Depression
- Discipline Codes and Policies
- Domestic violence
- Dropout Prevention
- Early Childhood Development
- Early Intervention
- Eating Disorders
- Education, Health & Mental Health Reports
- Emotionally Disturbed Visually/Aurally Impaired Students
- Emotionally Disturbed Children
- Empirically Supported Interventions for Children's Mental Health
- Enabling Component: Addressing Barriers to Learning by Enabling Students to Succeed
- Environments that support learning
- Evaluation of Programs to Address Barriers to Learning
- Fact Sheets related to MH in Schools and addressing barriers to learning
- Family Counseling and Support
- Financing and Funding - General Material
- Funding Sources: Surfin’ for funds
- Gangs
- Gay, Lesbian, & Bisexual Issues
- Grief & Bereavement
- Hate Groups: Helping Students and Preventing Hate Crimes
- Homeless Children and Youth
- Hotlines
- Individuals with Disabilities Education Act – Accommodations/Inclusion
- Immigrant Students and Mental Health
- Juvenile justice and mental health
- Legal/ethical Issues in School Health/Mental Health
- Mapping School and Community Resources
- Medicaid and Managed Care for School-Based Mental Health
- Memoranda of Agreements (including joint agency agreements, MOUs)
- Mental Health Curriculum
- Mental Health in Schools - Sampling of References
- Mentoring
- Model Programs Information
- Motivation
- Native American students
- Needs & Assets Assessment and Mapping
- Oppositional Defiant Disorder
- Parent/Home Involvement in Schools
- Parenting Skills and Parent Education
- Peer relationships and peer counseling
- Physical and somatic complaints
- Policy related to mental health in schools and addressing barriers to learning
- Post-traumatic stress
• Prevention for Student "At Risk"
• Resilience/Protective Factors
• Rural School Mental Health
• Safe Schools & Violence Prevention
• School Avoidance
• School Based Health Centers
• School and Community Collaboration
• School Linked Services
• Self-esteem
• Social Promotion
• Social and Emotional Development and Social Skills

• Staffing Student Support Systems
• Statistical Information on Mental Health and Education Related Topics
• Student and Family Assistance - Outcomes
• Substance Abuse
• Suicide prevention
• Support for Transitions
• Sustainability of Initiatives
• Systems of Care
• Technology as an Intervention Tool
• Teen Pregnancy

• Therapeutic Specialties
• Threat Assessment: Resources & Cautions
• Tolerance
• Transition Programs/Grade Articulation Tutoring
• Volunteers in Schools
• Youth Development
• Zero Tolerance
Response to Synthesis Draft (February 2004)

About the Resource Synthesis

___ I just don’t have time to contribute to this now.

___ I think this is O.K. as is

___ Below are some specific resources that could be added (Please indicate the specific section where a resource should be added – other than Section I D, please provide website information. And also please avoid commercial resources.)

___ Check here if you would like to be cited as a reviewer of the work.

___ I have made specific suggested changes on a separate sheet or on the document (see attached).

Any other general comments to help the process along?

Your Name _______________________________ Title ______________________________
Agency ________________________________________________________________
Address ______________________________________________________________________
City ___________________________________ State ___________ Zip _________________
Phone (____)________________ Fax (____)________________ E-Mail __________________

Thanks for completing this form. Return it by FAX to (310) 206-8716 or in a separate envelope.

The Center for Mental Health in Schools is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration.

Co-funding comes from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Both HRSA and SAMHSA are agencies of the U.S. Dept. of Health and Human Services.