

Addressing Barriers to Learning

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Schools and Mental Health: A Position Statement

Schools can make a major contribution to mental health. For this to happen, however, the work must be framed as doing much more than enhancing access to mental health services and adding social emotional learning to the curriculum. *The efforts must be embedded into a unified, comprehensive, and equitable system for addressing barriers to learning and teaching, and the system must be prioritized as a primary and essential component of school improvement policy and practice.*

For much of the 20th century, mental health in schools has been a marginalized item on the agenda of schools. The early trend was to approach the matter in terms of mental illness and for interventions to be case-oriented and clinical. This led to an unfortunate consequence of overdiagnosing common problems and misprescribing interventions. It also resulted in providing assistance to relatively few of the many students who need some form of help but do not necessarily require clinical services. Many well intentioned initiatives and policy reports have called for expanding school mental health. But schools in most locales lacked the resources to do so. And, for the most part, efforts to promote social and emotional health and prevent problems were given short shrift.

Over time the concept of mental health in schools has broadened considerably, but diverse agenda have produced an ad hoc and piecemeal approach.

During the COVID 19 crisis and the renewed protests about racial injustice, widespread statements have appeared anticipating the growing number of emotional, as well as learning and behavior problems schools need to address. In particular, concern for mental health has grown exponentially. A recent survey reports that district leaders are seeking to use pandemic relief funding to hire more mental health staff (https://www.rand.org/pubs/research_reports/RRA956-3.html). And with respect to the federal budget for education, Secretary Cardona has stressed that Title IV-A calls for \$1 billion for a new School Based Health Professionals program to support students' mental health needs. The funds are intended to "increase the number of counselors, nurses, and mental health professionals in our schools, and building the pipeline for these critical staff, with an emphasis on underserved schools." We also note the use of temporary pandemic relief funds and the trend toward increased reliance on Medicaid reimbursements to underwrite staff to provide more clinical services.

**COVID-19 has
increased calls
for mental health
in schools**

Increasing the number of personnel can help, but not if all they do is provide services for a few more students. Unfortunately, this trend ignores past history that suggests there inevitably will be a return to tightening budgets and layoffs of staff hired with temporary funds. (The Third American School District Panel Survey reports that nearly four in ten districts anticipate a fiscal cliff in the next three or four years as federal aid expires.)

Also ignored in the rush to deal with the challenges of this school year is the opportunity the pandemic has created for *transforming* student/learning supports.

Also in this edition:

>About Promoting Mental Health

>Everyone's Talking About Students' Mental Health: Schools Need to Avoid Five Potential Pitfalls

Our position is that schools clearly have an important role to play in addressing mental health concerns (especially now in the wake of the COVID-19 pandemic and the heightened concerns about societal injustices). However, as currently framed, too much of “school mental health” activity contributes to the marginalization and fragmentation of efforts to address the wide range of factors interfering with school learning and teaching (e.g., see <http://smhp.psych.ucla.edu/pdfdocs/12-23.pdf>). Even the movement to add social and emotional learning (SEL) to the curriculum, while a welcome and promising contribution to promoting student mental health, must not be viewed as making more than a dent in the many overlapping problems students and teachers confront each day. (See the discussion about promoting mental health in a later section of this issue.)

In general, policy makers continue to approach concerns about learning, behavior, and emotional problems (and the factors that cause such problems) in an ad hoc and piecemeal manner. As is widely acknowledged, this has generated a host of limited, issue-filled, and fragmented interventions.

The challenge at this time is to escape old ways of thinking about mental health in schools. A promising new direction is to ensure mental health concerns are fully embedded in efforts to *transform* how schools (1) address barriers to learning and teaching and (2) reengage disconnected students. Pursuing such a transformation calls for innovative, big picture thinking about revamping available student and learning supports. The aim of the transformation is to respond effectively in classrooms and schoolwide (and, as appropriate, online) to the overlapping emotional, behavior, and learning problems that interfere with the best teaching practices. The intent is to help all students who are not doing well and enhance equity of opportunity for success at school and beyond.

Why New Directions are Essential

Most schools have some interventions to address a range of mental health and psychosocial concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence. Schools use a variety of personnel to address these matters. Some are employed by the school district (e.g., school psychologists, counselors, social workers, nurses), and some are from the community. Some are funded by the schools or through extra-mural funds that schools seek out; others are the result of linkages with community service and youth development agencies.

But It is All Marginalized. Despite the range of activity related to mental health and psychosocial problems, the evidence indicates that mental health in schools is not assigned a high priority except when a politically sensitive matter arises. This reflects the fact that the case for student/learning supports as an imperative for school improvement has not been made.

Student & learning supports have not been a primary policy concern

The continuing trend is for schools and districts to treat student/learning supports as desirable but not a *primary* policy and practice consideration. Since the activity is not treated as essential, planning of programs, services, and delivery systems tends to be done on an ad hoc basis, and interventions are referred to as “auxiliary” or “support” services. Rather than being a central facet of a school's organizational structure, the programs and staff are pushed to the margins. And, such staff usually are among those deemed dispensable as budgets tighten. This, of course, reduces availability and access.

Because student supports are so marginalized, they continue to be developed in a piecemeal manner. The marginalization spills over to how schools pursue special education mandates and policies related to inclusion. It also shapes how they work with community agencies and initiatives for systems of care, wrap-around services, school-linked services, and other school-community

collaborations. And, it negatively effects efforts to adopt evidence-based practices and to implement them effectively.

It also spills over into school improvement. Analyses of school improvement plans indicate that too little attention is given to how schools do and do not address mental health and psychosocial concerns (see links to recent analyses by our Center – <http://smhp.psych.ucla.edu/newinitiative.html>).

**Marginalization
generates
fragmented
interventions and
counterproductive
competition for
sparse resources**

And It is Too Fragmented. The marginalization has contributed to fragmentation of student and learning supports and a counterproductive competition among the providers. At school, student/learning supports may be carried out in classrooms, school offices, or health/wellness centers; districts have personnel leading special initiatives and a few have centralized mental health clinics. Schools also have pursued formal connections with community agency services. The range of personnel and settings involved underscores not only need, but generates a host of problems and issues. Additional concerns stem from differences in the way schools deal with special education.

Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific services and programs, with too little thought or time given to mechanisms for program development and collaboration.

Functionally, most practitioners spend their time applying specialized interventions to targeted problems, usually involving individual or small groups of students. Consequently, programs to address behavior, emotional, learning, and physical problems rarely are coordinated with each other or with educational programs.

Intervention planning and implementation are widely characterized as being fragmented and piecemeal which is an ineffective way for school to deal with the complex sets of problems confronting teachers and other staff. Thus, despite the range of personnel and activity, it remains the case that too little is being done in most schools.

The above state of affairs is not meant as a criticism of those who are doing their best to help students in need. It is a recognition of a fundamental policy weakness, namely: Efforts to address barriers to learning and teaching are marginalized in current education policy. This maintains an unsatisfactory status quo related to how schools address learning, behavior, and emotional problems.

Analyses indicate that school policy is currently dominated by a two-component systemic approach. That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, ending the marginalization of efforts to effectively address barriers to learning, development, and teaching requires establishing a third component as a fundamental facet of transforming the educational system. (See *Toward Next Steps in School Improvement: Addressing Barriers to Learning and Teaching* <http://smhp.psych.ucla.edu/pdfdocs/systemic/towardnextstep.pdf> .)

Anyone who has worked in a school knows how hard school professionals toil and can tell many stories about great programs and outcomes observed over the years. Exceptional talent and effort has been expended to bring the work to this stage in its development. At the same time, it must be recognized that current practices have been generated and function in relative isolation of each other, and they rarely are envisioned in the context of a comprehensive approach to addressing behavior, emotional, and learning problems and promoting healthy development.

Advancing Mental Health in Schools

Clearly, mental health activity is going on in schools. Equally evident, a great deal must be done to improve what is taking place. With respect to efforts to advance mental health practices at schools, the current trend is for a vast sea of advocates to vie with each other for adoption of their specific and narrow agenda. This includes those representing various professional practitioner groups. Naturally, all advocates want to advance their agenda.

Politically, this makes some sense. But in the long-run, it is counterproductive. The reality is that schools must cope with complex, multifaceted, and overlapping psychosocial and mental health concerns. Not surprisingly, when policy makers enact ad hoc and piecemeal initiatives and allocate sparse resources, schools end up with marginalized, fragmented and sometimes redundant practices, unconstructive competition, and unsatisfactory results.

Ending the Marginalization

With specific respect to ending the marginalization of mental health in schools, the challenge is to connect the work in substantive ways with the mission of schools. This involves embedding mental health concerns into the full range of interventions designed to promote personal and social growth and address behavior, learning, and emotional problems.

More specifically, ending the marginalization involves the following:

- Defining mental health broadly – that is, encompassing the agenda for mental health in schools within the broad context of the psychosocial and mental health concerns encountered each day at schools – including an emphasis on developing strengths as well as addressing deficits and on the mental *health* of students’ families and school staff (see following article on promoting mental health)
- Confronting equity considerations – for example, stressing mental health’s role at school in ensuring all students have an equal opportunity to succeed at school and beyond; ensuring equity of access and availability
- Enhancing collaboration among schools, communities, and the home – for example, coalescing stakeholders to better address emotional, behavioral, and learning problems and promote healthy social and emotional development
- Dealing with the related problems of marginalization, fragmentation, and counterproductive competition for sparse resources – for example, expanding school improvement policy and coalescing practices
- Embedding mental health into a school improvement plan that transforms how schools promote social-emotional development, address barriers to learning and teaching, and reengage disconnected students

Making Systemic Changes

Those interested in advancing the work must not only understand these matters, but must be prepared to function on the cutting edge of change. Systemic changes are necessary to weave school owned resources and community owned resources together to develop comprehensive, multifaceted, and cohesive approaches for addressing barriers to learning and teaching and enhancing healthy development.

Moreover, pursuit of such changes must deal with complications stemming from the scale of public education in the U.S.A. (prior to COVID, over 90,000 public schools in about 14,000 districts). Replication and "scale-up" require implementation of comprehensive models and procedures. (See *Implementation Science and Complex School Changes* <http://smhp.psych.ucla.edu/pdfdocs/implemreport.pdf>.)

With respect to embedding mental health into school improvement policy and planning, it is essential to clarify how schools should do the following:

- Promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers (see following article on promoting mental health)
- Intervene as early after the onset of emotional, behavior, and learning problems as is feasible and also assist with students who manifest severe and chronic problems
- Address systemic matters at schools that affect student and staff well-being, such as practices that engender bullying, alienation, and student disengagement from classroom learning
- Establish guidelines, standards, and accountability for mental health in schools in ways that confront equity considerations
- Rework the operational infrastructure to build the capacity of all school staff to address emotional, behavioral, and learning problems and promote healthy social-emotional development
- Draw on relevant empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive system of school-community interventions to address emotional, behavioral, and learning problems
- Implement and validate policy, intervention, operational infrastructure, and system change prototypes for addressing barriers to learning and teaching
- Reframe the roles and functions of student/learning support personnel (see *New Directions for School Counselors, Psychologists, & Social Workers* <http://smhp.psych.ucla.edu/pdfdocs/report/framingnewdir.pdf>)

A Note About Funding Streams

Recently, Secretary Cardona told Congress that the federal budget for education aims at reversing "years of underinvestment in Federal education programs and would begin to address the significant inequities that millions of students - primarily students of color - and teachers confront every day in underserved schools across America."

Unfortunately, current Federal funding streams continue to engender piecemeal approaches to the learning, behavior, and emotional problems students manifest at school. (Some work has been done to clarify how funding streams can be integrated <http://smhp.psych.ucla.edu/pdfdocs/fundinginteg.pdf> .)

Students have overlapping problems and needs that are not well-served simply by enhancing funding for Title I, Title II, Title IV-A, the Full Service Community Schools program, and IDEA. While many schools clearly are underfunded, it is also evident that they continue to pursue approaches that are not working well.

In the next few years, it is likely that many schools still will not have sufficient resources to accomplish what is needed to significantly reduce the achievement and opportunity gaps.

The need is to deploy new funds, redeploy existing funds, and weave in community resources to develop a comprehensive and equitable system of student and learning supports (with wrap around services fully embedded). Schools that have adopted some form of MTSS can build on that model by reframing each level of intervention into an integrated set of subsystems that braid school and community resources at each level. At the same time, we stress the importance of organizing interventions cohesively into a circumscribed set of well designed and delimited domains that encompass a school's efforts to reengage disconnected students and provide student and learning supports each day in the classroom and schoolwide.

In sum, advancing mental health in schools is about much more than expanding services and creating full service schools. It is about playing a major role in addressing barriers to learning and teaching and enhancing equity of opportunity for students to succeed at school and beyond. It is time to rethinking student/learning supports in ways that

- (1) coalesce all school efforts to address barriers to learning and teaching and reengage disconnected students into a unified component and integrating the component as a primary and essential facet of school improvement policy (see <http://smhp.psych.ucla.edu/pdfdocs/figure2of4.pdf>)
- (2) move beyond a limited MTSS framework to build the continuum of interventions into a consolidated set of subsystems weaving together school and community resources (see <http://smhp.psych.ucla.edu/pdfdocs/figure3of4.pdf>)
- (3) organize the supports needed each day at schools into a delimited set of domains crossing the continuum to establish a framework for developing a unified, comprehensive, and equitable system of student/learning supports over several years (see <http://smhp.psych.ucla.edu/pdfdocs/figure4of4.pdf>)

Current student and learning support staff and any new hires must be asked to begin the task of transforming how schools address barriers to learning and teaching and reengage disconnected students. The aim is to bring all the fragmented and marginalized activity into a unified and cohesive component of school improvement and, over the coming years, develop the component into a comprehensive and equitable system of student and learning supports.

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to promoting whole child development, advancing social justice, and enhancing learning and a positive school climate.

Note: Some of the preceding article is based on excerpts from Adelman and Taylor's book *Embedding Mental Health as Schools Change*. As can be seen from the following list of chapters, the book offers a detailed discussion of mental health in schools for now and for advancing the field. The book is available at this time as a free resource – see http://smhp.psych.ucla.edu/improving_school_improvement.html

CONTENTS

Introduction

Part I. About Mental Health in Schools

1. Mental Health: Why Schools are Involved
2. Diverse Agenda for Mental Health in Schools
3. Promoting Mental Health
4. Mental Health Assistance for Students at School
5. Connecting a Student with the Right Mental Health Assistance

Part I Concluding Comments: Time to Embed Mental Health into the School's Agenda for Addressing Barriers to Learning and Teaching

Part II. Contemporary Concerns about Mental Health in Schools: Where Do You Stand?

6. Labeling, Screening, and Over-pathologizing
7. Misbehavior, Social Control, and Student Engagement
8. Concerns about Bringing New Practices into Schools

Part II Concluding Comments: Addressing Concerns is an Ethical Responsibility

Part III. Moving Forward: Reframing How Schools Address Barriers to Learning and Teaching and Re-engage Disconnected Students

9. How Schools Address Learning, Behavior, and Emotional Problems
10. New Directions for School Improvement Policy
11. An Intervention Prototype that Embeds Mental Health into School Improvement
12. Reworking Operational Infrastructure

Part III Concluding Comments: Five Essential Elements in Transforming Student/Learning Supports

Part IV. Six Domains for Classroom, Hybrid, and Schoolwide Student & Learning Supports

13. Bringing Learning Supports into “Classrooms”
14. Supports for Transitions
15. Home Involvement, Engagement, and Re-engagement in Schooling
16. Community Outreach and Collaborative Engagement
17. Crises Assistance and Prevention
18. Student and Family Special Assistance

Part IV Concluding Comments: The Research Base

Part V. Making Sustainable Systemic Changes: Escaping Old Ideas and Moving Forward

19. Systemic Change: Some of the Complexities
20. Moving to a Three Component School Improvement Accountability Framework
21. The Role of Evaluation

CALL TO ACTION

References

Additional perspective on the context for mental health in schools is provided in

> *Addressing Barriers to Learning: In the Classroom and Schoolwide*

> *Improving School Improvement*

(Also accessible as free resources at

http://smhp.psych.ucla.edu/improving_school_improvement.html).

And for information about the research and lessons learned from the *National Initiative for Transforming Student and Learning Supports*, see

<http://smhp.psych.ucla.edu/newinitiative.html> .

About Promoting Mental Health

Besides academic achievement, schools aim to turn out good and productive citizens. Accomplishing these aims requires fostering healthy and holistic development and preventing and ameliorating problems. A critical facet in all this is promoting mental health. Interventions to promote mental health overlap interventions to prevent mental health and psychosocial problems.

Efforts to promote mental health hold promise both for prevention and correction of personal and social problems. In recent years, it has become accepted by many school leaders that a focus on mental health education and social and emotional development are fundamental to a school's whole child agenda.

At the same time, promoting mental health is a complex and not well understood process. And the role schools should play is controversial in some locales.

In the post pandemic era, more and more schools will find it desirable to include mental health promotion on their agenda. In doing so, care must be taken not to reduce the focus to social skills training and interpersonal problem solving. Mental health education and facilitating social and emotional learning involves much more than training specific skills (e.g., what to say and do in a specific situation), general strategies (e.g., how to generate a wider range of interpersonal problem-solving options), or efforts to develop cognitive-affective orientations (e.g., empathy training). The pressure to socialize children often stresses learning to manifest manners and mannerisms rather than assimilating the underlying values that lead to mental health.

Promotion of mental health involves enhancing knowledge, skills, and attitudes in order to foster social and emotional development, a healthy lifestyle, personal well-being, and a value-based life. Interventions for youngsters are designed to (1) strengthen positive attitudes and behaviors (e.g., enhancing motivation and capability to pursue positive goals, resist negative influences, and overcome barriers) and (2) enhance supportive conditions at school, at home, and in the neighborhood (e.g., increasing opportunities for personal development, safety, empowerment and inoculation against problems).

The Exhibit on the next page outlines a synthesis of major areas of focus for mental health promotion. While schools alone are not responsible for all that is outlined in the Exhibit, they do play a significant role in social and emotional development, albeit not always a positive one. With this in mind, policy makers need to attend to how schools (1) *directly facilitate* social and emotional (as well as physical) development and (2) *minimize threats* to positive development. In doing so, appreciation of differences is essential (e.g., accounting for individual differences in development and motivation, cultural background).

Promotion and Prevention

While *prevention* promotes well-being, the primary concern is to reduce risks and enhance buffers through programs designed for the general population (often referred to as universal interventions) or for selected groups designated as at risk. The emphasis on contextual conditions recognizes that the primary causes for most youngsters' emotional, behavior, and learning problems are external factors (e.g., such as extreme economic deprivation, community disorganization, high levels of mobility, violence, drugs, poor quality or abusive caretaking, poor quality schools, negative encounters with peers, inappropriate peer models, immigrant status). At the same time, continuing concern is given to problems stemming from individual disorders and differences (e.g., medical problems, low birth weight and neurodevelopmental delay, psychophysiological problems, difficult temperament and adjustment problems).

Exhibit

Areas of Focus in Enhancing Healthy Psychosocial Development

Responsibility and integrity (e.g., understanding and valuing of societal expectations and moral courses of action)

Self-esteem (e.g., feelings of competence, self-determination, and being connected to others)

Social and working relationships (e.g., social awareness, empathy, respect, communication, interpersonal cooperation and problem solving, critical thinking, judgment, and decision making)

Self-evaluation, self-direction, and self-regulation (e.g., understanding of self and impact on others, development of personal goals, initiative, and functional autonomy)

Temperament (e.g., emotional stability and responsiveness)

Personal safety and safe behavior (e.g., understanding and valuing of ways to maintain safety, avoid violence, resist drug abuse, and prevent sexual abuse)

Health maintenance (e.g., understanding and valuing of ways to maintain physical and mental health)

Effective physical functioning (e.g., understanding and valuing of how to develop and maintain physical fitness)

Careers and life roles (e.g., awareness of vocational options, changing nature of sex roles, stress management)

Creativity (e.g., breaking set, “thinking outside the box”)

Protective factors *buffer* against risk factors. The term *resilience* usually refers to an individual’s ability to cope in ways that buffer against the impact of risks. Protective buffers prevent or counter risk-producing conditions by fostering individual, neighborhood, family, school, and/or peer strengths, assets, and coping mechanisms. Intervention strategies are designed to develop special relationships and provide special assistance and accommodations.

Examples of Protective Buffers

Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations

E n v i r o n m e n t a l C o n d i t i o n s***P e r s o n F a c t o r s*****Neighborhood**

- >strong economic conditions/emerging economic opportunities
- >safe and stable communities
- >available & accessible services
- >strong bond with positive other(s)
- >appropriate expectations and standards
- >opportunities to successfully participate, contribute, and be recognized

Family

- >adequate financial resources
- >nurturing supportive family members who are positive models
- >safe and stable (organized and predictable) home environment
- >family literacy
- >provision of high quality child care
- >secure attachments – early and ongoing

School and Peers

- >success at school
- >safe, caring, supportive, and healthy school environment
- >positive relationships with one or more teachers
- >positive relationships with peers and appropriate peer models
- >strong bond with positive other(s)

Individual

- >higher cognitive functioning
- >psychophysiological health
- >easy temperament, outgoing personality, and positive behavior
- >strong abilities for involvement and problem solving
- >sense of purpose and future
- >gender (girls less apt to develop certain problems)

*A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

Focusing just on enhancing assets is insufficient. As Scales and Leffert indicate in their work on developmental assets:

Young people also need adequate food, shelter, clothing, caregivers who at the minimum are not abusive or neglectful, families with adequate incomes, schools where both children and teachers feel safe, and economically and culturally vibrant neighborhoods—not ones beset with drugs, violent crime, and infrastructural decay. For example, young people who are disadvantaged by living in poor neighborhoods are consistently more likely to engage in risky behavior at higher rates than their affluent peers, and they show consistently lower rates of positive outcomes. Moreover, young people who live in abusive homes or in neighborhoods with high levels of violence are more likely to become both victims and perpetrators of violence.

Note that reducing risks and enhancing protection can minimize problems but are insufficient for fostering full development, well-being, and a value-based life. Those concerned with establishing systems for promoting healthy development stress that being problem free is not the same as promoting positive development. They advocate for strategies that directly facilitate development and empowerment, including the mobilization of individuals for problem solving and self-direction.

In many cases, interventions to create buffers and foster full development are identical, and the pay-off is the cultivation of developmental strengths and assets. However, promoting healthy development is not limited to countering risks and engendering protective factors. Promotion of full development is intended to produce ends valued in and of themselves and to which most of us aspire.

Personnel working in schools can encourage youngsters and their families to take advantage of opportunities at school and in the community to prevent problems, enhance protective buffers, and promote mental health. Examples include enrollment in the following:

- Direct instruction designed to enhance specific areas of knowledge, skills, and attitudes
- Enrichment programs and service learning opportunities at school and/or in the community
- After school youth-development programs

With respect to school environment, the aim should be to ensure it is inviting and accommodating. This requires restructuring that promotes a sense of community. Examples include establishing welcoming programs for new students and families and strategies to support other transitions, developing families of students and teachers to create schools within schools, and teaching peers and volunteer adults to provide support and mentoring. Strategies at this environmental level also encompass working with community agencies and businesses to enhance the range of opportunities students have with respect to recreation, work, and community service.

Mental Health Education as a Contributor to Prevention

Mental health education helps protect, promote, and maintain the well-being of students. Mental health education ranges from disseminating mental health information to actual course instruction related to positive social and emotional development and wellness. It also encompasses many open-enrollment programs.

Most schools generally provide information about some of the following matters:

- Positive opportunities for recreation and enrichment
- Opportunities to earn money
- How to stay healthy—physically and mentally (This encompasses instruction using curricula on special topics such as social skills and interpersonal relationships, substance abuse, violence prevention, physical and sexual abuse prevention, sex education, and so forth.)
- Early identification of problems
- What students and parents should do when problems arise
- Warm lines and hotlines
- Services on and off campus

Schools can capitalize on the strengths of staff by facilitating a greater range of mental health roles for them to play. For instance, during the instructional day, curricula in many classes touch upon matters related to positive social and emotional development and wellness. Incorporating mental health as a major facet of health education is a natural venue. Schools can also offer a range of open-enrollment programs designed to foster positive mental health and socio-emotional functioning. In addition, school personnel can learn to respond more effectively each day as mental health and psychosocial concerns inevitably arise.

A cautionary note about SEL: Manners? Morals? Mental Health?

While it is clear that SEL is on the minds of school planners, it is also evident that there are major differences in agenda and approach, and so a bit of caution is in order.

- Some are approaching social and emotional development as a separate *curriculum* matter designed to
 - >promote social emotional development
 and/or
 - >promote mental health (e.g., enhance students' personal and social well-being).
- Others want to use SEL with targeted students to address skill deficiencies related to social and emotional functioning.
- Still others are calling for addressing social and emotional growth through natural opportunities in the classroom and schoolwide.

These and other approaches are not mutually exclusive. Whatever the approach, it is important to clarify whether the agenda is primarily to pursue the school's role in (a) socializing students, (b) helping students address problems, or (c) both. This is especially a concern when the focus is on students who need help related to learning, behavior, and emotional problems.

The reason for concern is that a school's socialization agenda often comes into conflict with its agenda for helping students (see <http://smhp.psych.ucla.edu/pdfdocs/helping.pdf>). The problem of conflicting agenda is particularly acute when staff are confronted with the need to both help a student overcome behavior problems and, at the same time, control misbehavior to maintain social order. In such situations, the need for social control can overshadow the concern for helping, and this can exacerbate a student's problems (e.g., can generate psychological reactance, motivate additional misbehavior, increase disengagement from instruction).

The potential for conflicting agenda is especially concerning as this school year begins. Because of the pandemic, everyone, (students, families, staff) has experienced considerable stress, some have been ill, some are grieving for a relative or friend who died. Students, as well as families and staff, who are having trouble recovering from recent events need support in readjusting to school. As a consequence, the calls for mental health in schools and for SEL are receiving considerable attention.

Clearly, there is a need for addressing the mental health concerns of students (and their families and school staff). And an enhanced focus on facilitating social and emotional learning and development is long overdue (especially when the focus involves enhancing a wide range of *knowledge, skills, and attitudes* and not just socializing behaviors and manners and teaching a limited set of coping skills).

However, while all this is essential, it is not sufficient.

So, as schools pursue the call for enhancing mental health in schools and implementing SEL, it is important to broaden the focus and discuss how to

- (1) continuously promote positive social emotional development in ways that create an atmosphere of caring, cooperative and responsible participation in learning, and a sense of community and well-being
- (2) embed social emotional learning in existing curricula

- (3) map natural opportunities for promoting and supporting social emotional development at school
- (4) improve how school staff model social and emotional functioning every day
- (5) ensure that students have many opportunities and support for connecting and building strong relationships with positive peers and adults at school
- (6) minimize transactions that interfere with positive social and emotional functioning and growth
- (7) transform the ways that school staff respond to students' learning, behavior, and emotional problems to ensure that the responses promote positive development, enhance engagement in learning, address barriers to learning and teaching, and generate a positive school climate. (Such a transformation should ensure that SEL and mental health in schools are fully embedded in school improvement policy and practice.)

>For CASEL's work related to SEL, see <https://casel.org/resources/>

>Also see the various resource links on our Center website's online clearinghouse Quick Find *Social Emotional Development* (http://smhp.psych.ucla.edu/qf/p2102_05.htm)

Promoting mental health at schools also involves focusing on the well-being of school staff. This is central to enhancing a positive school climate and minimizing staff burnout. (See <http://smhp.psych.ucla.edu/pdfdocs/staffwellbeing.pdf> .)

Did you hear that the school has introduced a program for social emotional learning?

Great! Now I have another program where I have to worry about not doing well!



Everyone's Talking About Students' Mental Health: Schools Need to Avoid Five Potential Pitfalls

As recent events have made evident, this school year will be the year when mental health in schools becomes a major focus.

It is widely discussed that the COVID-19 pandemic and the enhanced concerns about social injustice have increased the number of students experiencing emotional, learning, and behavioral problems. Schools must plan to meet the challenge.

However, as in the past, schools will make serious errors if their plans are based on false assumptions.

Here are five to avoid:

DON'T ASSUME THAT

- (1) the majority of students are suffering from ailments that require mental health treatment

DON'T ASSUME THAT

- (2) just adding a few more personnel is the best approach in addressing the many needs of students

DON'T ASSUME THAT

- (3) teacher and parent identification of youngsters experiencing problems is inadequate and therefore the school should develop a universal screening program

DON'T ASSUME THAT

- (4) referring students to a mental health provider should be the first step in helping them address mental health concerns

DON'T ASSUME THAT

- (5) a multi-tiered model (MTSS) is a sufficient intervention framework to improve how schools (and communities) help students.



For more on addressing concerns as schools get underway this year, see the recent Center report:

2021-22: *Addressing Learning, Behavior, and Emotional Problems Through Better Use of Student and Learning Support Staff*
<http://smhp.psych.ucla.edu/pdfdocs/supports.pdf>

This report highlights the following four matters that warrant particular attention as the 2021-2022 school year gets underway.

- o Outreaching and reengaging disconnected students
- o Improving differentiated instruction
- o Broadly embedding social emotional learning and development
- o Reorganizing student/learning supports

To address these concerns most productively, steps must be taken to enhance the roles and functions of student and learning support staff and, at the same time, rein in the tendency to proliferate school teams, work groups, and committees.

With these matters in mind, this report begins by underscoring the need to rework school and district operational infrastructures in ways that end the fragmentation and marginalization of school efforts to address barriers to teaching and learning. Then we explore the four matters listed above to illustrate that these and a range of other school improvements can benefit from the enhanced involvement of student and learning support staff.

Other recent related reports:

Evolving Community Schools and Transforming Student/Learning Supports

<http://smhp.psych.ucla.edu/pdfdocs/evolvecomm.pdf>

This report underscores that the prevailing view of community schools is just a beginning for their ongoing development and contribution to improving schools. We stress that defining the initiative as a "community based effort to coordinate and integrate ... services" raises some concerns and limits their evolution. We illustrate this by highlighting that the movement to link community services to schools inadvertently has worked against efforts to catalyze a much needed transformation in how schools address barriers to learning and teaching.

With respect to community school's moving forward, we focus on system building that includes an emphasis on transforming student/learning supports and that is pursued by school-home-community collaboratives. The process is described as requiring an expanded framework for school improvement policy that coalesces school and community resources into a unified, comprehensive, and equitable system of interventions by weaving together overlapping institutional missions and resources.

Key challenges for those committed to developing comprehensive and equitable community schools are discussed as including (1) outreach to a wide range of community resources, (2) adopting shared governance and functions, (3) establishing an effective and sustainable collaborative infrastructure, and (4) connecting "families" of community schools to address common concerns and achieve economies of scale.

Implementation Science and Complex School Changes

<http://smhp.psych.ucla.edu/pdfdocs/imlemreport.pdf>

As schools reopen after the COVID 19 disruption, system change is the order of the day. A particular concern is for addressing the needs of an increased number of students manifesting behavior, learning, and emotional problems. Appropriate and effective handling of these students will require a major transformation in how student and learning supports are provided. Attaining more than cosmetic changes will require understanding how major systemic changes are accomplished and how to deal with the inevitable challenges that arise.

In this report, we outline what we have learned and formulated conceptually and in practice about pursuing multifaceted and complex changes in school systems. We offer specific examples from our work to illustrate lessons learned in making substantive and sustainable changes in organizations such as a school system.

For PACE:

Restructuring California Schools to Address Barriers to Learning and Teaching in the COVID 19 Context and Beyond

<https://edpolicyinca.org/publications/restructuring-california-schools-address-barriers-learning-and-teaching-covid-19>

This brief highlights the need and ways to transform—systematically—how schools address the overlapping learning, behavioral, and emotional problems that can interfere with learning and teaching. The aim is to provide a blueprint to enable the state, Local Education Agencies (LEAs), and schools to play a greater role in providing student and learning supports, and to do so in ways that enhance equity of opportunity.

The content, of course, is applicable to other states

Note: A set of resource aids have been compiled into a System Change Toolkit at

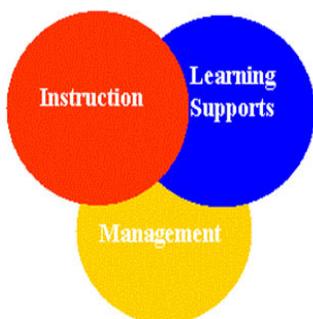
<http://smhp.psych.ucla.edu/summit2002/resourceaids.htm>



Why were you truant from school yesterday?

I wasn't truant, I was just practicing social distancing.





For information about the

National Initiative for Transforming Student and Learning Supports

go to <http://smhp.psych.ucla.edu/newinitiative.html>

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to promoting whole child development, advancing social justice, and enhancing learning and a positive school climate.

Invitation to Readers:

Everyone has a stake in the future of public education. This is a critical time for action. Send this statement on to others.

AND let us know about what you have to say about schools and mental health.

Send to Ltaylor@ucla.edu

Social change from within institutions or outside of them does not emerge from disillusionment or despair, but from directed anger at injustice, from a sense that change is possible even against great odds, from hope.

Mike Rose

[Mike died in August, and he is dearly missed.]

The Center for Mental Health in Schools operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.

Center Staff:

- Howard Adelman, Co-Director*
- Linda Taylor, Co-Director*
- Perry Nelson, Coordinator*
- ... and a host of students*