Policy Leadership Cadre for Mental Health in Schools*

Report from the Texas Leadership Institute for Mental Health in Schools

*The work of the Cadre is facilitated by the Center for Mental Health in Schools at UCLA. The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA (contact: smhp@ucla.edu).

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Executive Summary

Report from the Texas Leadership Institute for Mental Health in Schools
(Held on Sept 20, 2005 in Dallas, Texas)

To move the work of the *Policy Leadership Cadre for Mental Health in Schools* forward, it was decided in mid 2005 that the Center for Mental Health in Schools at UCLA would begin to conduct a series of Policy Leadership Institutes for Mental Health in Schools. The initial plan is to hold four between July 1, 2005-and June 30, 2006. The Institutes will be limited to about 60-70 individuals in order to ensure a productive session.

On September 20, the first was conducted in Dallas, Texas. Participants included interested leaders from schools, community agencies, etc. across the state who are concerned about policy for mental health in schools. This document is the Center's report of the work accomplished at the Institute. It begins with (a) a summary of the Cadre's focus in enhancing a policy focus for mental health in schools and then reports on (b) the presentation made to Institute participants, (c) participant discussion of a formulation of the various agenda for mental health in schools, (d) participant views of key concerns related to advancing policy for mental health in schools, (e) participant views on moving forward with outreach and networking to advance policy, and (f) their recommendations for the work of the cadre.

Participants strongly supported the direction in which the Policy Leadership Cadre has been working. This included the Cadre's guiding principles and frameworks which 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, and 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. It also included support for proceeding in ways that address the varying needs of locales and the problems of accommodating diversity among interveners and among populations served. The guidelines developed by the Cadre were seen as providing a comprehensive approach to mental health in schools and a useful focusing tool in discussions with policy makers.

Among specific items stressed by participants were recommendations that the Cadre continue to focus policy makers on understanding

- the aggregated research that supports promoting positive mental health (child well-being and healthy development) and addressing mental health and psychosocial problems

- the impact of fragmented state policies related to mental health in schools and thus the need for moving to make policy more integrated and cohesive

- how to use federal funding to facilitate development of a comprehensive, multifaceted, and cohesive approach

- the importance of improving strategies to enhance connections (collaboration) among schools and with community resources – with a strong emphasis on the role of family resources (other than money) as central assets

- a unifying policy-oriented concept for how schools and communities can more effectively address mental health concerns and other barriers to learning and teaching

- infrastructure changes and integration at all levels to address basic functions in ways that increase benefits (better school performance and healthier students) and decrease negative side effects (including inappropriate referrals and a flooding of the juvenile justice and child welfare systems)

- what is involved in major systemic change, going to scale, and sustainability

- possibilities of redeploying existing resources to improve student support systems

- what changes are needed in pre-service and continuing education to advance policy and practice

- how evidence-based practices can be incorporated in ways that do not prematurely mandate narrow practices and inappropriately dominate standards for practice

- how MH can be incorporated both in the school curriculum and through natural opportunities throughout the school day

- the value of a statewide data collection instrument (such as the Iowa Youth Survey) so that there are appropriate, fairly comprehensive data benchmarks

- the importance of funding and training "regional resource centers" so that they can act as systemic change agents for enhancing student supports and for using successful districts to help provide training and technical assistance

- the mental health implications of current school accountability pressures

The report also contains three appendices: (1) proposed frameworks for analyzing legislation related to mental health in schools, (2) resources to support mental health in schools, and (3) questions formulated by SAMHSA for continuing the dialogue about mental health in schools during the period of transformation.

An accompanying report is entitled: *An Initial Look at Texas Policy Related to MH in Schools*.

Preface

Part of our Center's ongoing work involves facilitating the efforts of a *Policy Leadership Cadre for Mental Health in Schools*. The Cadre's purpose is to expand, link, and build the capacity of the pool of *persons* who provide *policy* leadership for MH in schools at national, state, regional, and local levels. Such leadership includes a policy focus on promoting social-emotional development and preventing psychosocial and MH problems, as well as policies related to treatment of mental illness. The group consists of individuals across the country who want to play a leadership role and are interested in (a) keeping up-to-date with respect to policy for MH in schools and (b) helping to inform, mobilize, support, and enhance the capability of others.

For a description of the Cadre's activity, see the Center Website –
http://smhp.psych.ucla.edu/policy.htm

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On September 20, the first was conducted in Dallas, Texas. Participant's included interested leaders from schools, community agencies, etc. across the state who are concerned about policy for mental health in schools. This document is the Center's report of the work accomplished at the Institute.

In distilling and integrating the group's discussion, we recognize that such a range of input is always filtered through a personal lens; thus, we apologize for any errors of omission or commission. Such errors and other proposed improvements to this document will be made based on feedback received from participants (see the Feedback Form at the end of the report).

Howard Adelman & Linda Taylor

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Feedback Form

There is an accompanying report entitled:
An Initial Look at Texas Policy Related to Mental Health in Schools

About Enhancing a Policy Focus for Mental Health in Schools

The initial work of the Policy Leadership Cadre for Mental Health in Schools led to several formulations about current status and future needs. In a report prepared in 2000, the Cadre stated:

> The next few years appear destined to produce major mental health policy initiatives. Despite the renewed policy interest, considerable ambiguity and conflict continues with respect to the role schools should play in addressing mental health and psychosocial concerns. For these and other reasons the notion of mental health *in schools* continues not to be a high priority in policy or practice, and little effort has been made to formulate an explicit framework to guide policy makers in this arena.
>
> As interest in mental health is burgeoning, there also is growing concern about serious flaws in policies and practices *at all levels* aimed at preventing and correcting emotional, behavior, and learning problems. One response is reflected in initiatives to increase *collaboration* within schools, among schools, between schools and community agencies, and among agencies at local, state, and federal levels. Such initiatives mean to enhance cooperation and eventually increase *integrated use of resources.* The hope is that cooperation and integration will lead to better access and more effective and equitable use of limited resources. Another implicit hope is that collaboration will enhance the amount and range of available programs and services and lead to *comprehensive approaches.* And, of course, all of this is meant to improve results.

Policy Needs

After analyzing the current state of affairs, the following matters were stressed:

- the well-being of young people can be substantially enhanced by addressing key policy concerns relevant to mental health in schools
- policy for mental health in schools must be developed around well-conceived frameworks and the best available information
- such frameworks should embed mental health into comprehensive, multifaceted, and cohesive approaches for addressing problems and enhancing healthy development of children and adolescents

- current policy must be realigned horizontally and vertically to create a cohesive framework and must connect in major ways with the mission of schools
- policy attention must be directed at restructuring the education support programs and services that schools own and operate
- policy must stress weaving school owned resources and community owned resources together (including connections with families and institutions of higher education)
- policy also must deal with the problems of "scale-up" (e.g., underwriting prototype development and capacity building for systemwide replication of promising approaches and institutionalization of systemic changes).

Key Conceptual Concerns in Advancing Policy

At the same time, the Cadre recognized a set of key conceptual concerns must be understood and addressed in order to enhance the policy context for mental health in schools. While hardly exhaustive, the following is a synthesis of the concerns identified by the Cadre. The list reflects concerns that must be addressed at every policy level where discussion of mental health in schools takes place (e.g., school, community agency, district, city, county, regional, state, and national).

There is confusion about the term Mental Health in Schools

- There is confusion about what constitutes mental health in schools - including varying agendas, disagreements regarding emphasis and breadth, and a dearth of unifying concepts and frameworks.

  (Is the focus on specific services for those with emotional problems? Does the term encompass programs responding to psychosocial problems? prevention? affective education? wellness? school climate? What is the institutional context for mental health in schools? How should families be involved?)

- There is no provision for an evolving synthesis, analysis, translation, and diffusion of research findings that have direct relevance to mental health in schools.

  (What data support the value *to schools* of including a focus on mental health? What interventions look promising? What are the gaps in our knowledge base about interventions schools might find useful?)

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.
Carnegie Task Force on Education

- There is no ongoing synthesis and analyses of existing policy (federal, state, local) relevant to mental health in schools. This deficiency exists with respect to clarifying

  > how existing policies affect relevant practices at the school level (including analyses of how funding is shaping the nature and scope of what does and doesn't happen each day at school sites)

  > how existing policies affect development of effective large-scale systems (e.g., school district-wide approaches, school district and community-wide partnerships)

  > how gaps in existing policy limit mental health in schools

- Related to the lack of policy analyses is a failure to confront the *policy marginalization and fragmentation* that hinders attempts to improve how schools address mental health and psychosocial concerns. In addition to addressing the above concerns, efforts to change this state of affairs must move rapidly to counter prevailing trends that continue to marginalize the focus in schools on mental health and psychosocial concerns. These trends include:

  > the skewed focus that equates mental health with severe and profound problems and minimizes prevention (including promotion of healthy social and emotional development) and early-after-onset interventions

  > the lack of a significant integration with school reform/ improvement efforts to address barriers to learning

  > the lack of a significant connection between initiatives for mental health in schools and managed care/health reform

  > the tendency not to map and analyze current resources to ensure they are used in cost-effective ways in pursuing psychosocial and mental health activity at school sites

  > the dearth of attention given to enhancing policy cohesion in ways that minimize "silos" or "stovepipes" (redundancy, waste), maximize use of resources, and foster integrated school-community partnerships

  > the failure to develop effective infrastructures to ensure development and maintenance of comprehensive, multifaceted, and integrated approaches and related accountability procedures to clarify what's working

The above matters tend not to be a significant focus in programs that prepare mental health professionals or in general courses offered to the citizenry. Those involved in school and community reforms recognize that institutions of higher education currently are part of the problem (e.g., because of the inadequacy of professional preparation programs and professional continuing education programs, because of what higher education doesn't focus on in pursuing research and doesn't teach undergraduates). To achieve more than a marginal involvement of these mega-resource institutions requires policy, models, and structural changes that ensure truly reciprocal relationships designed to effectively address the pressing educational, social, and health concerns confronting our society. (Attention to professional preparation is especially important now given the "graying" of current support services personnel in schools and the need for such personnel to assume rapidly changing roles and functions and to enhance their cultural competency.)

The Cadre's analyses of what information is available on prevailing approaches to mental health in schools suggest that

>mental health is primarily discussed as if the term were synonymous with problems (e.g., emotional disturbance, violence, substance abuse) thereby countering efforts to pursue the school's role in promoting positive social and emotional development

>existing MH programs and services in schools mostly stem from ad hoc policy making and as a result not only are they fragmented, but they are so marginalized that little attention is paid to restructuring and blending them together with other related activity to reduce redundancy and enhance effectiveness and efficiency

>despite major initiatives for school-linked services, little attention is paid to doing more than co-locating a few community health and human services at select school sites

The Cadre has emphasized that, for communities and schools, the range of MH and psychosocial concerns confronting young people requires much more than providing services for those with mental disorders. The need is for comprehensive, multifaceted approaches that encompass a continuum of programs and services that systemically

>promote healthy social and emotional development (assets) and prevent problems (by fostering protective factors and resiliency and addressing barriers to development and learning)

>intervene as early-after-the onset of a problem as is feasible

>provide specialized assistance for persons with severe, pervasive, and/or chronic problems.

Establishing the full continuum and doing so in an integrated and systematic manner requires weaving community and school resources together and requires financing for start-up costs and underwriting for wide-scale.

Leadership Institutes to Move Forward

To move the work of the Cadre forward, it was decided in mid 2005 that the Center for Mental Health in Schools at UCLA would begin to conduct a series of *Policy Leadership Institutes for Mental Health in Schools*. The initial plan is to hold four between July 1, 2005-and June 30, 2006.

On September 20, the first was conducted in Dallas, Texas. Participants included leaders from schools, community agencies, etc. across the state who are concerned about policy for mental health in schools (see list at end of the report). A working draft of the agenda for the morning is included below. The rest of this document is the Center's report of the work accomplished at the Institute.

Texas Policy Leadership Cadre for Mental Health in Schools

(Tuesday September 20, 2005 from 8:30-12:20 plus lunch)

8:30-8:50 **Welcome and Overview**

- About the Policy Leadership Cadre and this Leadership Institute

8:50-9:10 **Introductions**

- Who's here?
- What are you hoping for from today's get together? (Tell us one thing that you must have happen today or you will feel it was a waste of time.)

9:10-10:30 **Presentation and Discussion**

- Current state of policy for Mental Health in Schools
- Cadre Developed Analysis and Guidelines
- National Initiative: New Directions for Student Support

10:30-10:45 **Break**

10:45-11:15 **Defining the Various Agendas for Mental Health in Schools**

- Review Starter List
- Modifying the List

11:15-11:45 **Making it Happen -- Groups explore:**

- What is your thinking about advancing policy to enhance MH in Schools?

11:45-12:30 **Next Steps for the Cadre**

- Signing on to the national cadre
- Should there be a Texas chapter of the Cadre?
- Using the group's thinking about advancing policy to enhance MH in Schools, develop a list of tasks to be worked on
- Prioritize the list
- Outline task work group process

12:30 **Lunch**

Presentation Made to Institute Participants

The initial presentation and discussion focused on the current state of mental health in schools across the country. The following points were explored:

- Federal Involvement Directly Relevant to MH in Schools
  - >Systems of Care
  - >IDEA Reauthorization & the No Child Left Behind Act
  - >President's New Freedom Commission on Mental Health

- What mental health in schools tends to look like across the nation

- What mental health in schools tends to look like in Texas

In exploring ways to influence the transformation of mental health in schools, it was stressed that there is a need for an umbrella concept for policy and practice that covers overlapping agenda and interests. One such umbrella was described, namely, "addressing barriers" to learning, development, and teaching. For policy purposes, this concept was defined as a encompassing efforts to enable all students to learn and schools to succeed, thereby closing the achievement gap and ensuring no child is left behind. From such a perspective, frameworks were outlined for (a) pursuing intervention comprehensively, (b) rethinking infrastructure (e.g., building local capacity), and (c) accomplishing major systemic changes ("getting from here to there").

It was stressed that schools and communities increasingly are being called on to meet the needs of all youngsters – including those experiencing behavior, learning, and emotional problems. This provides both an opportunity and challenge to rethink mental health in schools in ways that involve schools and communities working together to develop systems of student support that are comprehensive, multifaceted, and cohesive. This requires collaborating to maximize resources for strengthening young people, their families, neighborhoods, and schools. Currently, the situation is one where there is a considerable amount of promising activity, but it is implemented in fragmented and often highly competitive ways. Of even greater import is the fact that most of this activity is *marginalized* in policy and practice, especially at school sites. The challenge is to enhance policy and practice based on *unifying frameworks* that are *comprehensive, multifaceted, and integrated.* For schools and communities, this means developing, over time, a full continuum of systemic interventions (not just integrated, school-linked *services*) that encompass

>*systems for promoting healthy development and preventing problems*
>*systems for responding to problems as soon after onset as is feasible*
>*systems for providing intensive care*

(see Figure 2 in Appendix A)

At schools and for school complexes and their neighborhoods, the need is to develop, over time, clusters of programmatic activity that address barriers to learning and enhance healthy development. Based on analyses of school and community activity, such activity can be grouped into six basic areas of

function ("curricular areas') to enable every school to: (1) enhance classroom-based efforts to enable learning, (2) provide support for transitions, (3) respond to and prevent crises, (4) increase home involvement in schooling, (5) provide prescribed student and family assistance, and (6) outreach to increase community involvement & support – including volunteer recruitment (see Figure 3 in Appendix A).

Building all this requires connecting with the agenda for school improvement. Financing all this requires (a) weaving together school-owned resources and (b) enhancing programs by integrating school and community resources (including increasing access to community programs and services by integrating as many as feasible to fill gaps in programs and services). Accomplishing all this will *transform* how the community and its schools address barriers to learning and enhance healthy development and should result in schools being seen as key hubs in their neighborhood.

The presentation facet of the Institute concluded with a discussion of the connection between policy for mental health in schools and the National Initiative: New Directions for Student Support
(see http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm).

Then, the focus turned to group exploration and discussion of contrasting agenda shaping the field.

Discussion of the Various Agenda for Mental Health in Schools

Around the country, indeed, around the world – folks are talking about mental health in schools. But what's being talked about often differs in fundamental ways. This not only tends to confuse many stakeholders, it seems to be a source of increasing conflicts in the field.

The differences can be traced to the fact that the enterprises being discussed differ. This leads to varying perspectives and attitudes related to mental health in schools. In turn, this results in divergent agenda for policy, practice, research, and training.

Part of the work of the Cadre is to encourage those concerned with mental health in schools and school mental health to clarify, analyze, and discuss the implications of different agenda. To catalyze such activity, the Center for Mental Health in Schools at UCLA has grouped agenda in terms of the *primary* interests of various parties. To date, seven major interests are seen as at work – each of which can be subdivided. (While some are complementary, many are not. Thus, it is not surprising that competing interests come into conflict with each other.)

Using a "Starter List," participants at the Institute met in work groups to analyze, improve, and reflect on the diverse agenda that fall under the rubric "Mental Health in Schools." The list, as improved by participants, is presented in Exhibit 1.

Exhibit 1

Diverse Agenda for Mental Health in Schools

(1) Efforts to use schools to increase *access* to kids and their families for purposes of
   (a) conducting research related to mental health concerns
   (b) providing services related to mental health concerns.

(2) Efforts to increase *availability* of mental health interventions
   (a) through expanded use of school resources
   (b) through co-locating community resources on school campuses
   (c) through finding ways to combine school and community resources.

(3) Efforts to get schools to adopt/enhance specific programs and approaches
   (a) for treating specific individuals
   (b) for addressing specific types of problems in targeted ways
   (c) for addressing problems through school-wide, "universal interventions"
   (d) for promoting healthy social and emotional development.

(4) Efforts to improve specific processes and interventions related to mental health in schools (e.g., improve systems for identifying and referring problems and for case management, enhancing "prereferral" and early intervention programs)

(5) Efforts to enhance the interests of specific disciplines, contractors, businesses, etc. that are
   (a) already part of school budgets
   (b) seeking to be part of school budgets.

(6) Efforts to change (e.g., rethink, reframe, reform, restructure) the way student supports are conceived at schools
   (a) through enhanced focus on multi-disciplinary team work (e.g. among school staff, with community professionals)
   (b) through enhanced coordination of interventions (e.g., among school programs and services, with community programs and services)
   (c) through appropriate integration of interventions (e.g., that schools own, that communities base or link with schools)
   (d) through modifying the roles and functions of various student support staff
   (e) through developing a comprehensive, multifaceted, and cohesive component for systematically addressing barriers to student learning at every school.

(7) Efforts to reduce school involvement in mental health programs and services (e.g., to maximize the focus on instruction, to use the resources for youth development, to keep the school out of areas where family values are involved).

Major concerns noted by participants about the diverse agenda include:

- How does the respective impact of each relate to the marginalization of policy and practice that characterizes mental health in schools?
- How can the field address the counter productive competition for school time and resources resulting from many of these agenda?
- How can the field reduce the backlash to mental health in schools that results from how those involved with a specific agenda operate?

Participant Suggestions Related to the Agenda Items

Those supporting various agenda items suggested the following:

>Re. agenda item #1 ("Efforts to use schools to increase access to kids and their families for purposes of ..."), researchers should increase their efforts to help schools by

- conducting quantitative and qualitative research designed to contribute to the knowledge base the school needs to improve practices (e.g., what works and what doesn't)
- informing schools about the implications of research that has relevance to school practice (e.g., through effective diffusion initiatives)
- demonstrating and supporting ways to use important research findings

Service providers should increase their involvement with the schools to go beyond clinical treatment to addressing root causes of problems through prevention and further reducing the number in need of intensive treatment through early-after-onset interventions.

>Re. items # 2 and 3 ("Efforts to increase *availability* of mental health interventions ..." and "Efforts to get schools to adopt/enhance specific programs and approaches ..."), greater efforts should be made to

- broaden the definition of mental health in schools
- develop a school-community team approach ("Don't bring someone in to 'solve the problem;' a team member should work to learn more about the how/why of the problem and address it in its full complexity.")
- involve more community resources (agencies, businesses, etc.) in designing, implementing, and coordinating a full range of interventions (e.g., treatments, open-enrollment/universal prevention programs, mentors, etc.)

>Re. item # 4 ("Efforts to improve specific processes and intervention..."), greater efforts need to be made to

- draw on available research that supports specific approaches
- connect the changes to school accountability (i.e., TAKS – the state test)
- enhance the systemwide training and motivation of district administrators and staff, parents, and other stakeholders to move forward ("recognizing that some are at the pre-contemplative stage while others are resistant to changes")

>Re. item # 5 ("Efforts to enhance the interests of specific disciplines...."), greater efforts need to be made to

- enhance how different agenda interface with each other
- coordinate efforts to seek funders as partners to address education and mental health needs at school

>Re. item # 6 ("Efforts to change...the ways student supports are conceived...."), greater efforts need to be made to

- look at the whole picture and how it can come together
- enhance communications of concerns across campuses
- add component that utilizes information on normal human developmental to more closely differentiate between "normal" developmental challenges and dysfunction/mental illness

>Re. item # 7 ("Efforts to reduce school involvement in mental health..."), greater efforts need to be made to

- avoid having mental health seen as mental illness ("educate policy-makers on health aspect; de-emphasize disorders")
- focus on child well-being and health development outcomes ("identified and agreed upon indicators") that become part of school accountability

Participant Views of Key Concerns Related to Advancing Policy for MH in Schools

Discussion about advancing policy relevant to MH in schools yielded comments suggesting that advocates should

Participant Comments:

Educating our policy makers/decision makers about the issues should be a priority.

We need to get away from calling it mental health at the school level. Schools are afraid to be held financially responsible for mental health care.

I think at this point, the main focus should be developing a common language and communication enhancement.

It helps people to see what the concept is if someone else has done it before and how it improved students and their education.

- adopt a *comprehensive vision* of what schools need to do to enhance the well-being and future of students
- develop and adopt a common vocabulary to reduce confusion and enhance communication
- conceptualize student/learning supports in ways that fully integrate mental health concerns
- aggregate the widest range of data feasible to make the case for ending the marginalization of student/learning supports – including data on
  - >inequities in what is provided
  - >inequities in impact of current practices (including the problem of increasing the numbers landing in the juvenile justice system)
  - >negative impact of current policies and practices
  - >failure to move toward developing what is needed to prevent and ameliorate complex problems
- outreach to school and community stakeholders and policy makers (e.g., legislators, school boards, superintendents, educational and mental health agency heads, community leaders) to educate, and mobilize them about ending the marginalization of student/learning supports
- redeploy and braid existing school and community resources in ways that minimize redundancies and counter productive competition
- mobilize school and community stakeholders to rethink organizational and operational infrastructure to assure integrated and inclusive mechanisms within and between school and community
- expand the focus of professional preparation and continuing education

Participant Views on Moving Forward with Outreach and Networking to Advance Policy

Participant Comments:

I continue to hear folks at this meeting focus only on parts of the big picture.

We need to develop systems that create collaborative effort with agencies and other resources to address the needs of our children and the barriers to normal development.

We recently had a large group create an improved behavioral health system. Parties that were involved in behavioral health from all areas were invited to set the goals, define the perfect system, and set up work groups. I would like to see the Cadre provide leadership to put together a similar effort relating to MH/BH in schools.

Comments yielded suggestions to

- Use the Center at UCLA to help develop and build capacity around the state for effective collaborative infrastructures designed to advance policy relevant to MH in schools (e.g., infrastructures for convening and educating professionals, community groups, state agencies managers, legislators, those at universities who prepare professionals, MH groups, and others at the "grassroots")
- Formulate a legislative agenda and talking points, and then, ("following the model of moveon.org"), post regular updates and contact information for legislators to promote the agenda
- Create a state chapter of the Policy Leadership Cadre for Mental Health in Schools (The majority of attendees indicated they wanted to be part of such a chapter.)
- Continue to monitor and analyze legislation in the state and provide the information to Cadre members (see accompanying report and Appendix A).
- Identify and network with others already working on policy for mental health in schools in the state (e.g., foundations, legislators, Texas Association of Schools Psychologists, Texas Psychological Association, Texas Counselors Association, Texas Association of Counselor Educators and Supervisors, Texas School Counseling Association, and equivalent organizations for social workers, teachers, parents, etc.)
- Identify state policy makers most likely to support the efforts with a view to forming them into an interest group for desired legislation
- Facilitate meetings with policy makers and other key leaders to increase awareness and understanding of the impact policy relevant to MH in schools would have on student achievement
- Offer follow-up resource materials and coaching sessions for leaders and policy makers (see Appendix B)
- Develop a document that answers frequently asked questions
- Develop a social marketing strategy – including presentations at professional association conferences

Participant Comment:

Hopefully "measures" of success can be both subjective and objective to create a holistic picture.

- Document that
  - >current policies contribute to fragmentation, marginalization, and inappropriate competition
  - >efforts to address barriers to learning and teaching should be fully integrated into school improvement planning
  - >current resources can be used in a more cost-efficient/ effective manner and can incorporate evidence-based practices
- Aggregate data to show that addressing mental health concerns (including promotion of healthy social emotional development and school-community connections) can contribute to increased achievement
- Clarify that concerns of education and mental health overlap and ensure that schools and community agencies understand where boundaries are permeable (This encompasses encouraging agencies and schools to use common language, be more aware of their overlapping roles and missions and how they relate to each other, and agree that schools are not the default mental health system.)
- Use networks of supporters to leverage support from key policy makers
- Develop readiness for restructuring how student supports are conceived and provided
- Formulate short-term, medium range, and long-range goals
- Design a new systemic approach that builds on where things currently are statewide to present to policy makers
- Clarify how allocated funds can be redeployed to support essential change agents in facilitating systemic changes
- Gather data at stakeholder meetings to identify what has worked and what hasn't

Mental Health in Schools: Continuing the Dialogue During a Period of Transformation

The Substance Abuse Mental Health Services Administration (SAMHSA) has been holding a series of stakeholder meetings focused on better understanding and planning for the role of schools as transformative environments for mental health, positive youth development, and academic achievement. Appendix C was given to participants as information about the way the SAMHSA meetings are conceptualized and to convey the basic questions that are discussed. The intent was to encourage participants to send their views to the UCLA Center for compilation and sharing with SAMHSA of input from a broad range of stakeholders.

Recommendations for the Work of the Cadre

Participants strongly supported the direction in which the Policy Leadership Cadre has been working (see summary at the beginning of this report). This included the Cadre's guiding principles and frameworks which 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, and 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. It also included support for proceeding in ways that address the varying needs of locales and the problems of accommodating diversity among interveners and among populations served. The guidelines developed by the Cadre were seen as providing a comprehensive approach to mental health in schools and a useful focusing tool in discussions with policy makers.

Among specific items stressed by participants were recommendations that the Cadre continue to focus policy makers on understanding

- the aggregated research that supports promoting positive mental health (child well-being and healthy development) and addressing mental health and psychosocial problems
- the impact of fragmented state policies related to mental health in schools and thus the need for moving to make policy more integrated and cohesive
- how to use federal funding to facilitate development of a comprehensive, multifaceted, and cohesive approach
- the importance of improving strategies to enhance connections (collaboration) among schools and with community resources – with a strong emphasis on the role of family resources (other than money) as central assets
- a unifying policy-oriented concept for how schools and communities can more effectively address mental health concerns and other barriers to learning and teaching
- infrastructure changes and integration at all levels to address basic functions in ways that increase benefits (better school performance and healthier students) and decrease negative side effects (including inappropriate referrals and a flooding of the juvenile justice and child welfare systems)
- what is involved in major systemic change, going to scale, and sustainability
- possibilities of redeploying existing resources to improve student support systems
- what changes are needed in pre-service and continuing education to advance policy and practice
- how evidence-based practices can be incorporated in ways that do not prematurely mandate narrow practices and inappropriately dominate standards for practice
- how MH can be incorporated both in the school curriculum and through natural opportunities throughout the school day
- the value of a statewide data collection instrument (such as the Iowa Youth Survey) so that there are appropriate, fairly comprehensive data benchmarks
- the importance of funding and training "regional resource centers" so that they can act as systemic change agents for enhancing student supports and for using successful districts to help provide training and technical assistance
- the mental health implications of current school accountability pressures

Appendices

A. Mental Health in Schools and Addressing Barriers to Learning and Teaching Legislation Analyses: Proposed Frameworks

B. Resources to Support Mental Health in Schools

C. Mental Health in Schools: Continuing the Dialogue During a Period of Transformation

Appendix A

Mental Health in Schools and Addressing Barriers to Learning and Teaching

Legislation Analyses: Proposed Frameworks

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.
Carnegie Task Force on Education

In support of the work of the *Policy Leadership Cadre for Mental Health in Schools*,* the national Center for Mental Health in Schools at UCLA is about to embark on analyses of legislation that focuses (a) specifically on mental health in schools and (b) more generally on addressing barriers to learning and teaching in major ways that can affect mental health in schools. Both enacted and proposed legislation will be studied, with a view to possible contrasting implications. The main emphasis will be on state and federal acts, but over the next few years Center staff will also try to sample local (including school board) policy actions.

In line with this broad focus, the intent is to map and analyze legislation in keeping with a continuum ranging from promotion of healthy development and preventing problems – through responding to problems soon after onset – to providing special assistance for severe and chronic problems. Such a continuum encompasses efforts to enable academic, social, emotional, and physical development and address learning, behavior, and emotional problems at school and through connections with home and community resources.

A full continuum of interventions is of interest. As indicated in Figure 1, along the continuum, analyses of the nature and scope of interventions will be organized into six traditional and fundamental areas of broad *societal* concern.
Moreover, in addition to analyzing the specific nature and scope of the interventions delineated in legislation, analyses will be made of the degree policy is concerned with enhancing efforts to construct an integrated systemic, unified, and comprehensive approach. The importance of this emphasis is suggested in Figure 2. Note in Figure 2, the stress is not just on a continuum of interventions or on integrating services but on a continuum of *integrated systems*. The continuum embraces the six areas outlined in Figure 1. It encompasses interventions focused on individuals, families, and the contexts in which they live, learn, work, and play and incorporates a holistic and developmental emphasis. And, a basic underlying assumption is that the least restrictive, nonintrusive forms of intervention needed should be used to address problems and accommodate diversity. Another assumption is that problems usually are not discrete, and thus, interventions that address root causes should be used.

For purposes of clarifying how legislation addresses systemic considerations, analyses will determine the degree and the manner in which legislation (and guidelines for enacted legislation) delineate matters related to

- an integrated infrastructure
- coalescing existing and new resources and enhancing how they are used
- continuous capacity building
- continuous evaluation and appropriate accountability based on delineated standards and quality indicators.

*For previous work of the national Policy Leadership Cadre for Mental Health in Schools, see http://www.smhp.psych.ucla.edu/policy.htm

Finally, for purposes of translating general concerns about mental health into ways schools readily see as helping to meet their institutional mission, we will embed mental health into the schools' daily need to address barriers to learning and teaching. To this end, analyses will focus on six content or "curricular" arenas that have been articulated related to a school's Enabling or Learning Supports Component. These six arenas are:

- *enhancing regular classroom strategies to enable learning* (e.g., improving instruction for students with mild-moderate learning and behavior problems and re-engaging those who have become disengaged from learning at school)

- *responding to, and where feasible, preventing school and personal crises*

- *supporting transitions* (e.g., assisting students and families as they negotiate school and grade changes, daily transitions, etc.)

- *increasing home and school connections*

- *increasing community involvement and support* (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)

- *facilitating student and family access to effective services and special assistance as needed*.

Each arena has major implications for mental health in schools. Each can play out along the systemic continuum of interventions outlined in Figure 2. Thus, analyses will use the matrix in Figure 3 as another guiding framework.

The Process:

At this time, the Center's staff has begun gathering information on legislation relevant to mental health in schools. As something that seems relevant is identified, it is being added to a growing Quick Find in the Center's Online Clearinghouse –

see http://smhp.psych.ucla.edu/qf/legislation.html

In anticipation of the Center's first Policy Leadership Institute in Dallas, TX in September, 2005, the Center staff did an initial analyses of the Texas legislation that has been identified so far. See the report entitled: *An Initial Look at Texas Policy Related to Mental Health in Schools* – online at http://smhp.psych.ucla.edu/

At each step, we will ask for guidance and feedback from the *Policy Leadership Cadre for Mental Health in Schools* and others and will provide products for use by the Cadre and others in advancing policy for mental health in schools.

Figure 1. Addressing barriers to student learning:
A continuum of six fundamental areas for analyzing policy and practice

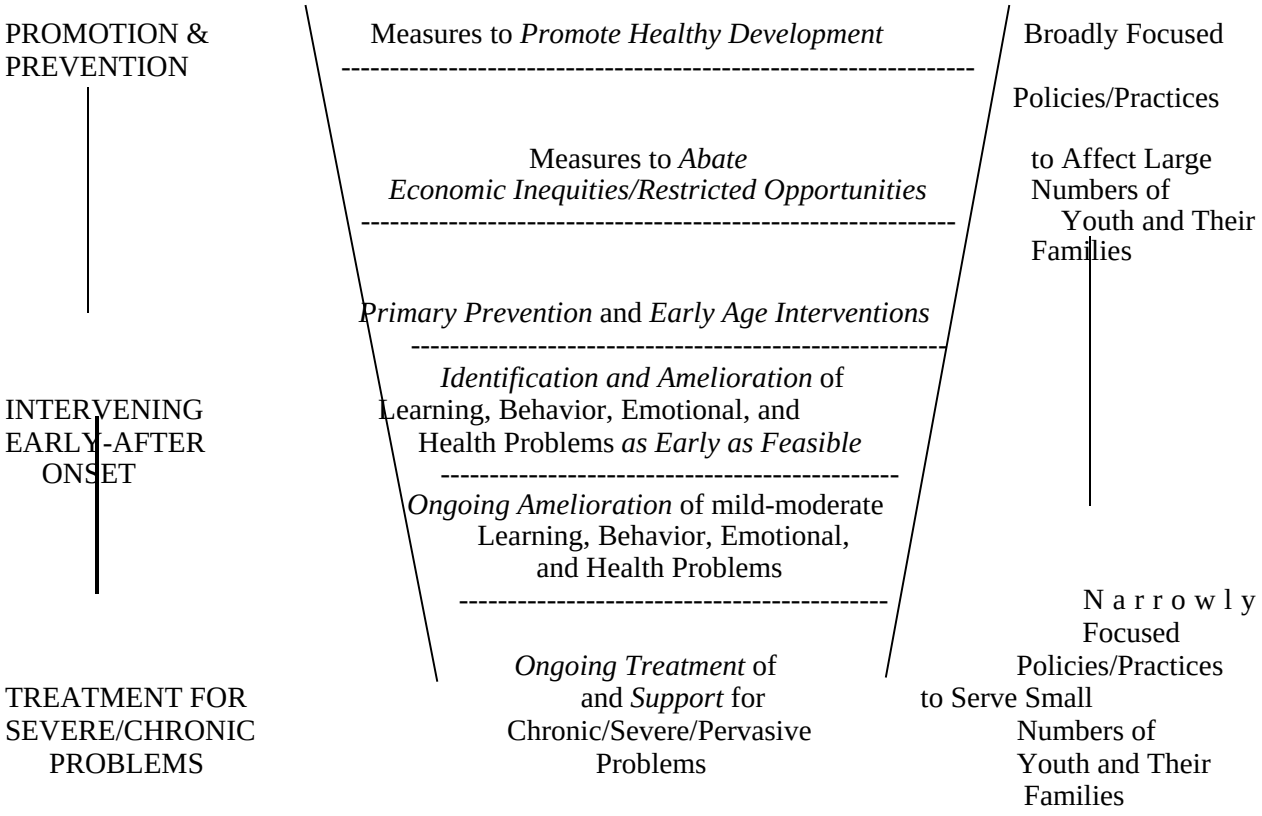
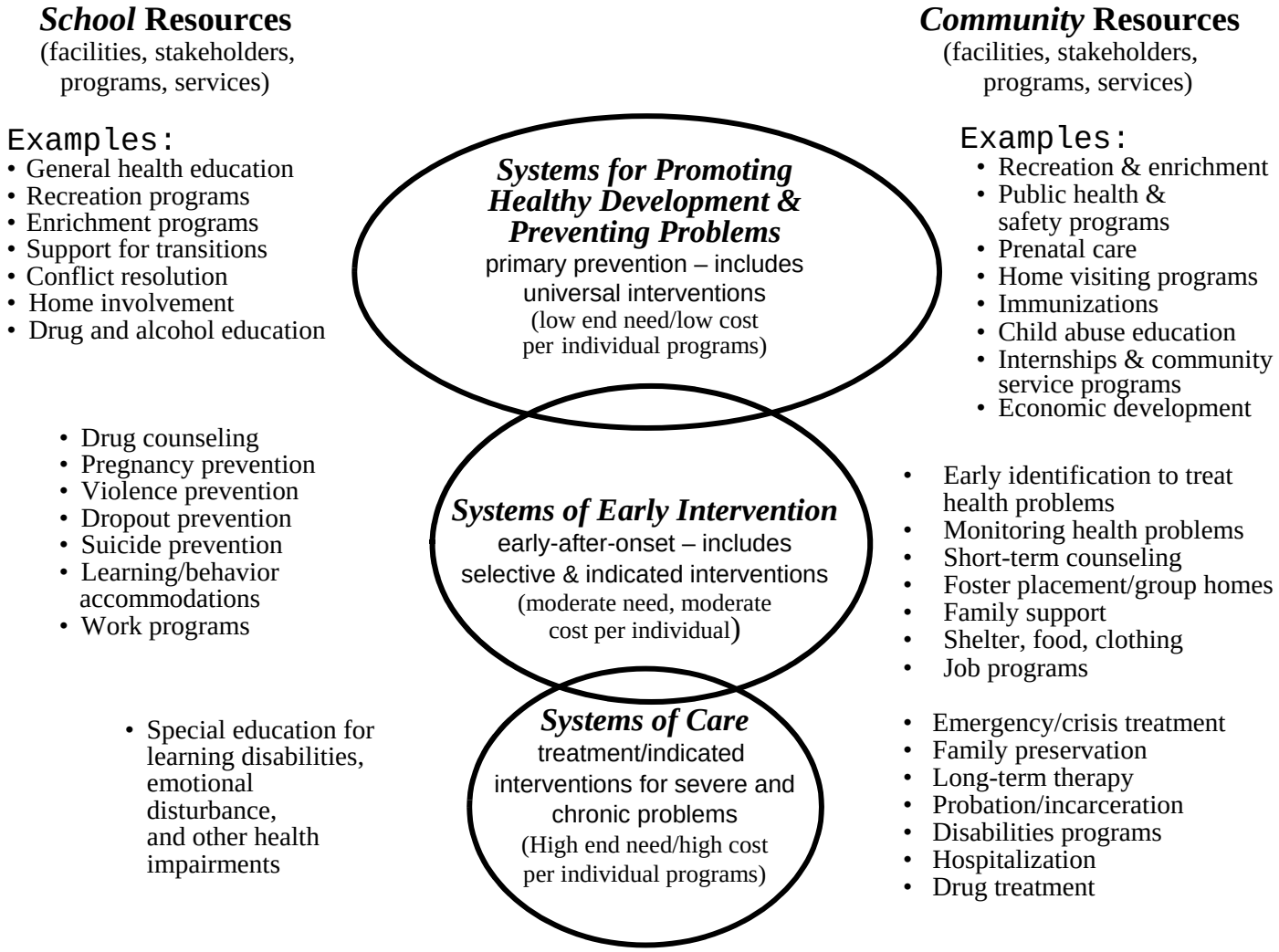


Figure 2. Interconnected systems for meeting the needs of all students

Providing a *CONTINUUM OF SCHOOL-COMMUNITY PROGRAMS & SERVICES*

Ensuring use of the *LEAST INTERVENTION NEEDED*

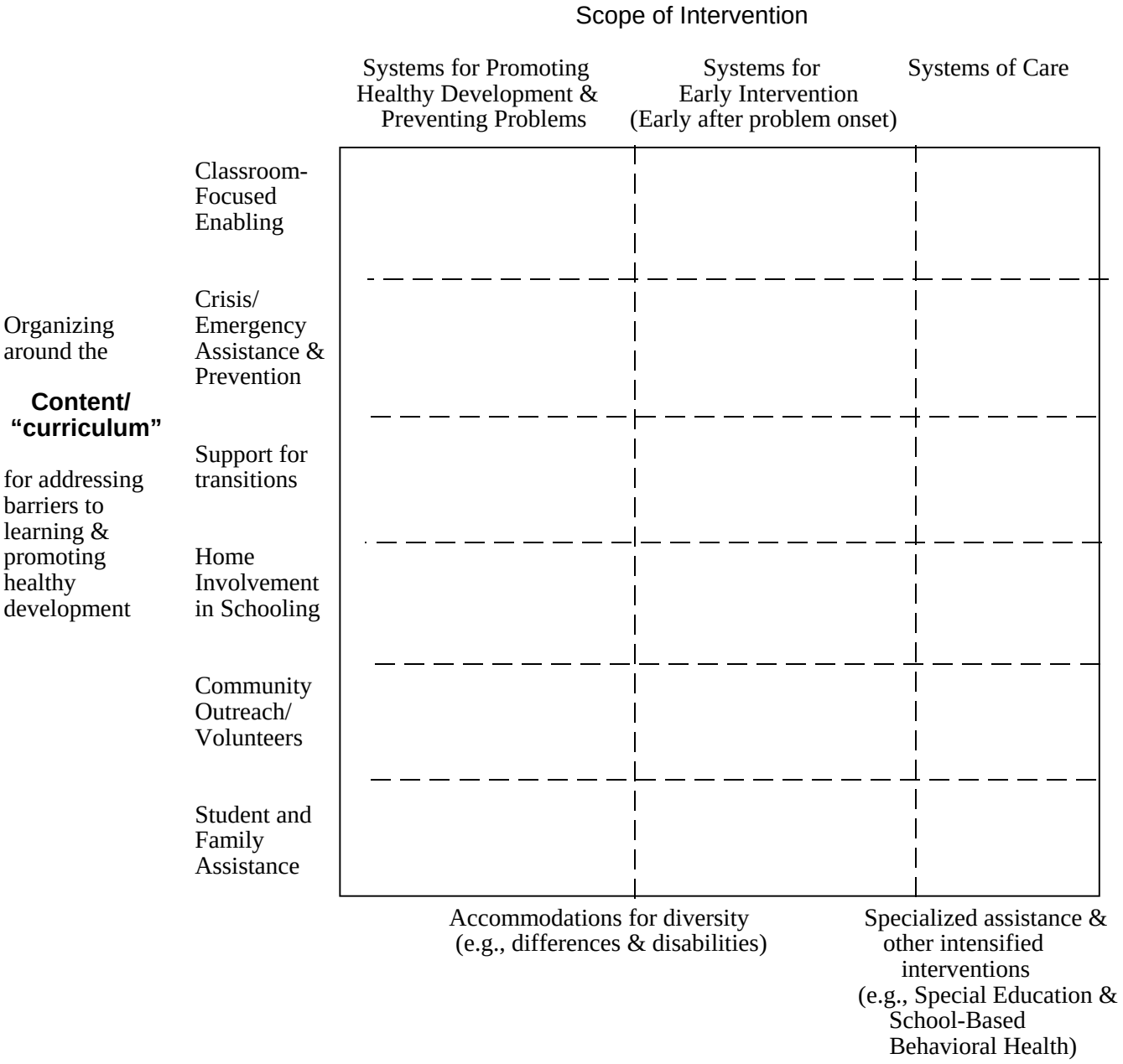


Systemic collaboration is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems for promoting healthy development and preventing problems, systems* of *early intervention*, and *systems of care*.

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

(From various publications by H. S. Adelman and L. Taylor and the Center for Mental Health in Schools at UCLA)

Figure 3. A unifying umbrella framework to guide rethinking of learning supports*



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*General initiatives and specific school-wide and classroom-based programs and services can be embedded into the matrix. Think about those related to positive behavioral supports, programs for safe and drug free schools, full service community schools and Family Resource Centers, special project initiatives such as the *School Based Health Center* movement, the *Safe Schools/Healthy Students* projects, and the *Coordinated School Health Program*, efforts to address bi-lingual, cultural, and other diversity concerns, compensatory and special education programs, and the mandates stemming from the No Child Left Behind Act.

Appendix B

Resources to Support Mental Health in Schools

For someone just starting to think about the topic, see the special introduction on the website of the Center for Mental Health in Schools at UCLA. This includes many links to resources and a reference list with various overview articles and edited books. See:

http://smhp.psych.ucla.edu/aboutmh/aboutmhover.htm

Or see the Center's introductory packet entitled: *About Mental Health in Schools*
http://smhp.psych.ucla.edu/pdfdocs/aboutmh/aboutmhinschools.pdf

Then see the Cadre's field-defining resource and reference work designed to address national policy and practice concerns about what mental health in schools is, is not, and should be. *Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations*
http://smhp.psych.ucla.edu/pdfdocs/policymakers/cadreguidelines.pdf.

Also see the Center's *Resource Synthesis to Help Integrate Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health* –
http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommisison/resourcesynthesis.pdf

For continuing education purposes, see:

>>*Addressing Barriers to Learning: A Comprehensive Approach to Mental Health in Schools.* This set of modules is designed as a direct aid for training leaders and staff and as a resource that can be used by them to train others. While accounting for individual case-oriented approaches, the emphasis is on a systems approach to enhancing mental health in schools. In particular, the focus is on pursuing the need for better mental health interventions within the context of moving toward a comprehensive, integrated approach to addressing barriers to student learning and promoting healthy development.
http://smhp.psych.ucla.edu/pdfdocs/ceaddressing/ceforchange.pdf

>>*Addressing Barriers to Learning: New Directions for Mental Health in Schools* – To assist practitioners in addressing psychosocial and mental health problems; includes procedures and guidelines on initial problem identification, screening/assessment, client consultation & referral, triage, initial and ongoing case monitoring, mental health education, psychosocial guidance, support, counseling, consent, and confidentiality.
http://smhp.psych.ucla.edu/pdfdocs/contedu/conted.pdf

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As the above documents suggest, efforts to enhance mental health in schools go well beyond delivering school-based mental health services. A fundamental concern is connecting with the wide array of folks who can contribute to the work, some of whom already are involved with mental health in a school. From a school's perspective, the objective should be to build and strengthen a comprehensive, multifaceted, and cohesive approach to addressing barriers to learning and teaching.

As also can be seen from the above resources, a good starting place is to learn about what and who the school district and schools already have in place to (a) support students who manifest mental health and psychosocial problems and (b) promote mental health and prevent problems. Ask those already working on such matters about what is working well and where the gaps are. This involves clarifying priorities in terms of what needs strengthening and what gaps need to be filled (e.g., mental health promotion? prevention? early intervention? treatment?).

As contact is made with the folks already involved with mental health and psychosocial concerns in a district and at a school, it is important to set up an ongoing "resource-oriented" mechanism (e.g., a resource-oriented team) for meeting together to enhance what many schools are now calling "learning supports." (The term "learning supports" or a "learning support component" provides a unifying concept under which to pursue mental health in schools in a way that schools can see as directly relevant to achieving their mission). The objective of meeting together on a regular basis is for ongoing coordination, monitoring, evaluation, and enhancement of resources to do the work. For more about this, see the following online documents:

>>*Resource Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports* – http://smhp.psych.ucla.edu/pdfdocs/report/resource_oriented_teams.pdf

>>*Developing Resource-oriented Mechanisms to Enhance Learning Supports* http://smhp.psych.ucla.edu/pdfdocs/contedu/developing_resource_orientedmechanisms.pdf

For guidance in working with others at a school related to "case-oriented" concerns, see:

>>*School Based Client Consultation, Referral, and Management of Care* – http://smhp.psych.ucla.edu/pdfdocs/consultation/consultation2003.pdf

For resources related to frequently occurring problems at schools, see:

>>*Attention Problems: Interventions and Resources* – http://smhp.psych.ucla.edu/pdfdocs/attention/attention.pdf

>>*Conduct and Behavior Problems in School Aged Youth* – http://smhp.psych.ucla.edu/pdfdocs/conduct/conduct.pdf

>>*Bullying Prevention* – http://smhp.psych.ucla.edu/pdfdocs/quicktraining/bullyingprevention.pdf

Of special importance to mental health in schools is work with teachers. They need help to become more effective in working with students who manifest behavior, emotional, and learning problems. In many schools, one of the biggest problems confronting teachers is how to re-engage students who have become disengaged from classroom learning. Re. this concern, see:

>>*Re-engaging Students in Learning* – http://smhp.psych.ucla.edu/pdfdocs/quicktraining/reengagingstudents.pdf

In general, working as part of a team in a school can be a great opportunity to create a safe, caring, and nurturing school climate and sense of community to benefits everyone at the school. There are many good resources on this. See, for example:

>>*Natural Opportunities to Promote Social-emotional Learning and Mental Health* – http://smhp.psych.ucla.edu/pdfdocs/newsletter/fall03.pdf

*For other resources, see

>>the Center's *Quick Find Online Clearinghouse* topical menu – http://smhp.psych.ucla.edu/websrch.htm

>>*Gateway to a World of Resources for Enhancing MH in Schools* – a categorized links "map" that provides quick access to relevant internet sources for resources. It is also a tool to facilitate various forms of networking and to help analyze strengths, weaknesses, and gaps/inequities in available resources. The gateway also can be a starting point for enhancing collaborative partnerships among key groups with overlapping interests related to mental health in schools. See – http://smhp.psych.ucla.edu/gateway/gateway_sites.htm

Can't find what you need? Contact: by email smhp@ucla.edu or call 310/825-3634 (toll free – 866/846-4843) or write Center for Mental Health in Schools, Dept. of Psychology, UCLA, Box 951563, Los Angeles, CA 90095-1563.

Appendix C

Mental Health in Schools: Continuing the Dialogue During a Period of Transformation

Note: The Substance Abuse Mental Health Services Administration (SAMHSA) has been holding a series of stakeholder meetings focused on better understanding and planning for the role of schools as transformative environments for mental health, positive youth development, and academic achievement. Below is the information about the way the meetings are conceptualized and the basic questions that are discussed. After reading this material, we hope you will send us your views so that we can compile input from a broad range of stakeholders and share the perspectives with SAMHSA as they move forward with efforts to transform the mental health system across the country.

From SAMHSA (with minor edits): In response to the President's New Freedom Commission on Mental Health, the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services have embarked on an ambitious initiative to transform mental health care in America. Supported by an unprecedented collaboration across Federal Departments, agencies, and offices, the US Department of Health and Human Services recently announced the Federal Mental Health Action Agenda which identifies 70 concrete steps to be implemented through this Federal collaboration.

Given the momentum for mental health transformation, it is an opportune time to better understand how schools can become a more effective component in the nation's efforts to promote mental health and prevention mental and behavioral disorders and contribute to a community's overall efforts to ensure positive youth development and a transition to successful adulthood. In particular, how can America's schools assure a safe and healthy environment that supports education, promotes mental health, and strategically and effectively implements prevention strategies, identifies mental health problems early, and in partnership with youth, families and communities, ensures effective interventions and treatments that lead to full life for everyone in the community?

Building on the overlapping agenda of a number of federal, state, and community initiatives, work of professional associations and academic researchers, we intend to engage a diverse group of federal and nonfederal stakeholders in order to explore the rich potential schools have for supporting social and emotional well being and academic achievement. Our interest is to facilitate a dialogue among the many groups of people who work in the area of children's mental health, positive development, and achievement, and who value the potential of schools as supportive environments. This dialogue is ongoing and is occurring through a variety of meetings and formats. Our aim is to hear from many voices and to create a variety of opportunities to contribute to the development of public policy and effective practices.

Stakeholder meetings have been conducted to help assess what we have learned from the SS/HS initiative about school-based violence prevention programs and practices. The agenda is now being expanded to include a broader discussion of issues related to schools and the new Federal Action Agenda. The results of this meeting will likewise contribute to the agenda for what occurs in future venues.

The purpose of the meetings is to continue the dialogue among a diverse group of stakeholders in order to better understand and plan for the role of schools as transformative environments for mental health promotion, prevention and treatment, positive youth development, and academic achievement.

Potential Questions for Discussion

- Who are the stakeholders that are currently defining school-based mental health, what are their definitions, and are these definitions sufficient? Is "school-based mental health" the most appropriate conceptual model for what we want to achieve?

- What are the conflicts between nurturing positive youth development and mental health and those practices that focus on the treatment of mental and behavioral disorders?

- What are the characteristics of a school that is safe, promotes mental health and nurtures academic achievement and positive youth development? Why do some schools develop these characteristics while others do not? What are the barriers that impact a school's ability to achieve a healthy, respectful, and caring environment?

- What should be the indicators of a school's mental health? What methods exist for assessing a school climate that supports mental health? How are mental health outcomes currently evaluated? Where are these methods actually being applied? Are the current measures sufficient? What are the impediments for wider application?

- Grantees have heralded the successes and benefits of school-community collaborations, yet speak frequently of the struggles creating successful partnerships between education and mental health. How do systems successfully cross this cultural chasm? What are some specific examples of how this has been accomplished? What are the factors that support these collaborations?

- What are the elements of a successful state and local infrastructure to support school-based mental health programs? Do you know of specific state and local examples that work well?

- What leadership styles have been successful in achieving school climate change? What are the implications for state and local leadership within educational and mental health systems?

- What do you see as the role of the federal partners in bridging science, practice and policy? What is the role of state and local governments and school systems, family advocates, academic researchers, and professional associations?

- How can we at the federal level facilitate the integration of the education community's focus on academic achievement with the mental health community's emphasis on social and emotional well being, and family concerns with positive youth development?

What are Your Views? – Send your thoughts about the above matters to us for compilation and forwarding to SAMHSA.

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Policy Leadership: New Directions for Student Support

Texas, September 20, 2005

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Policy Leadership: Mental Health in Schools

Texas, September 20, 2005

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Feedback Form

Policy Leadership Cadre for Mental Health in Schools

This request for feedback is a follow-up to the statewide *Policy Leadership Institute for Mental Health in Schools* that was held in Texas in September, 2005.

(1) If there are errors of omission or commission in the report from the Institute and/or the accompanying look at *Texas Policy Related to Mental Health in Schools,* please indicate them below or separately and send them to the UCLA Center so that corrections can be made. Also, let us know if there are others to whom you want us to send this report.

(2) The majority of participants indicated that they felt a Texas chapter of the *Policy Leadership Cadre for Mental Health in Schools* should be developed. Would you like to be a member of that Chapter? Yes No

(3) If you don't want to be part of a Texas chapter, would you like to be part of the national *Policy Leadership Cadre for Mental Health in Schools*?

Yes No

(4) If you don't want to be a state or national member of the Cadre, would you like to be part of the network of leaders the Cadre keeps informed about policy concerns related to MH in schools?

Yes No

(5) Do you have any recommendations for additional tasks that the Cadre could pursue?

For information and updates about the Cadre's activity, see the Center Website – http://smhp.psych.ucla.edu/policy.htm

Your Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (____)_____ Fax (____)_____ E-Mail

Thanks for completing this form. **Return by FAX to (310) 206-5895.**

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.