(7/15/26) **This continuing education resource is from the national *Center for MH in Schools & Student/Learning Supports* at UCLA**

Featured

(1) How well are neighborhood factors being accounted for in addressing barriers to learning and teaching?

(2) Understanding students' mental health problems beyond diagnostic labels

And, as always, you will find

(3) Links to more resources

This community of practice *Practitioner* is designed for a screen bigger than an phone.

For discussion and interchange:

>How well are neighborhood factors being accounted for in addressing barriers to learning and teaching?

While school improvement efforts increasingly recognize the importance of family and community influences, many interventions for student problems still focus primarily on individual students, classrooms, or schools. Neighborhood conditions – such as poverty, high levels of unemployment, housing instability, community violence, inadequate health services, limited educational and recreational opportunities, and lack of transportation – often are treated as background factors rather than as major underlying causes that must be addressed.

Research consistently indicates that neighborhood conditions significantly affect student attendance, behavior, mental health, engagement, and academic performance. Therefore, efforts to address student problems are unlikely to be fully effective unless they incorporate multiple, interrelated strategies that connect schools with homes and a broad range of community resources, strengthen neighborhood supports, and reduce environmental barriers to learning and development.

Neighborhoods are a major context for students' lives. They can either exacerbate barriers to learning and teaching or provide protective factors and opportunities for healthy development. Thus, a unified and comprehensive system of student/learning supports should include efforts to mobilize neighborhood resources, strengthen community partnerships, and improve conditions affecting children's well-being, not just interventions aimed at individual students after problems emerge.

The key question is not simply whether neighborhood factors are acknowledged, but whether schools, families, community organizations, and policymakers are working together to reduce neighborhood-related barriers and enhance neighborhood assets. Such collaboration is essential for promoting student success, healthy development, and the long-term well-being of both young people and society as a whole.

For more on this, see our Center's Quick Find on:

>Social Determinants of Health, Mental Health, and Academic Achievements

And see our recent article on:

>Disregarding Inequities Fuels Victim Blaming

The following article discusses the matter from a psychotherapy perspective.

The Social Ecology of Psychotherapy: Community-Level Influences on Adolescent Mental Health Treatment

"Effective treatment for depression and anxiety in adolescence is a public health concern. Although psychotherapies for depression and anxiety exist, youth psychotherapies are less effective when delivered in community settings compared to research settings. A social-ecological model, which considers individual-, interpersonal-, and community-level influences on wellbeing, posits that understanding multi-level factors can help us understand this drop in treatment effectiveness,...

The poorer outcomes observed when psychotherapies are delivered in usual care have been attributed to a range of contextual challenges (e.g., heterogeneity of delivery settings, therapists, patients) inherent in community practice, which are often controlled for during the treatment development process. To address this drop in effectiveness, prior work has primarily focused on training therapists to deliver treatment with fidelity, with the assumption maximizing protocol adherence will lead to improved treatment outcomes. Although needed, this approach can be lengthy and expensive, and insufficient to understand contextual influences on youth treatment outcomes in community practice.

Previous work has also explored whether adapting psychotherapies for subgroups of youth (e.g., low income, ethnic minority adolescents) improves outcomes, but results are equivocal. Some evidence suggests that culturally tailoring psychotherapies for specific youth populations enhances engagement and increases effectiveness, while other studies demonstrate limited support. One reason for the mixed findings may be that contextual influences of treatment outcomes are multi-level and intersecting, consisting of both identity-based and community-level factors.

The field has primarily focused on adapting psychotherapies to specific racial/ethnic groups. However, when applied broadly to all youth from a particular racial/ethnic background, these adaptations may not generalize. Additionally, developing and implementing separate treatment protocols for every cultural group is not a practical endeavor. Cultural adaptations that focus only on race/ethnicity overlook intersecting identities (e.g., socioeconomic background, immigration status, place of residence) that influence mental health. Evaluating structural constructs, such as community-level variables, allows us to more fully capture contextual variables that may affect treatment effectiveness.

How the community context affects adolescent mental health treatment is understudied. The significant geographic variation in depression and anxiety prevalence suggests that aspects of "place" may serve as risk or protective factors for youth mental health. Areas with high poverty, social inequality, and unemployment may experience more stress, have reduced access to social supports, and lower access to health care, which increases risk for depression and anxiety. Conversely, higher-income neighborhoods may offer residents greater access to public resources, lower crime rates, and green spaces, which can reduce the risk of mental health problems. Extensive evidence from various disciplines indicates that a youth's community context is linked with a range of developmental, physical, and social-emotional outcomes, as youth begin to interact more independently with their neighborhoods during this developmental stage. Overall, this research suggests that where a youth lives significantly influences their access to resources and opportunities, which are critical determinants of mental health and wellbeing.

A well-established literature indicates that communities are inequitable along dimensions of socioeconomic status (SES), leading to the geographic clustering of mental health problems. This research underscores the importance of considering the structural environment in empirical studies of mental health symptoms and treatment outcomes....

A social-ecological model, which considers individual-, interpersonal-, and community-level influences on wellbeing, offers a framework for understanding the lower effectiveness of psychotherapies in community settings. Rather than viewing contextual differences as obstacles to psychotherapy effectiveness, this model suggests that assessing context may improve the fit between a treatment and its delivery, ultimately enhancing outcomes for youth. For example, adolescents in research and community samples exhibit similar depression and anxiety symptoms; however, youth in community samples are more likely to be ethnic minorities, have

lower household income, and come from single-parent households those in research samples. These factors may also contribute to greater symptom severity and lower mental health treatment response....

Examining the influence of neighborhood factors on adolescent mental health treatment outcomes shifts the focus beyond individual risk to consider how structural factors may affect the effectiveness of psychotherapies. Exploring these relationships is both theoretically and practically important to address the "voltage drop" in clinical practice. Previous studies have highlighted that the demographic and clinical heterogeneity of patient samples recruited from community clinics impacts the effectiveness of psychotherapies....

Quantifying the influence of neighborhood factors can help researchers and key stakeholders: identify areas where greater investments are needed to improve youth mental health services and inform decisions about the types of resources necessary to enhance outcomes for youth living in disadvantaged communities."

For discussion and interchange:

>Understanding students' mental health problems beyond diagnostic labels

- Large numbers of students experience unhappiness, emotional distress, and anxiety; only a relatively small percentage meet criteria for a clinical disorder such as major depression.
- Large numbers of youngsters have difficulties with behavior and classroom engagement; only a relatively small percentage have attention-deficit or conduct disorders.
- In many schools, substantial numbers of students struggle with learning; only a small percentage have true learning disabilities.

Individuals with significant internal pathology represent a relatively small segment of the population. A caring society seeks to provide the best possible services and supports for these students. At the same time, it is essential to avoid misdiagnosing others whose symptoms may appear similar but arise primarily from environmental, situational, developmental, instructional, or social factors rather than from a disorder.

Misdiagnosis can lead to policies and practices that divert scarce resources toward ineffective interventions while failing to address the underlying causes of problems. A more comprehensive understanding of how environmental conditions contribute to student difficulties – and how changes in those conditions can prevent or reduce problems – is essential for promoting well-being, learning, and healthy development.

****

From: ***We're Thinking About Mental Health Diagnoses All Wrong***

"My patients often ask if I think they have a particular psychiatric diagnosis, such as bipolar disorder, attention deficit hyperactivity disorder or autism. The way they ask suggests they believe that as their psychiatrist, I can identify hidden attributes in their brains...

The reality is messier and, in some ways, unsettling. When psychiatrists say that you 'have A.D.H.D.,' what they really mean is something like this: After spending time listening to you, talking with people who know you and observing how you think and behave, I've made a judgment call that your experience fits a behavioral pattern we currently call A.D.H.D. It's a cluster of problems and tendencies that travel together often enough that we've observed it, given it a name and studied it. Patterns like these are handy for picking treatments that might be helpful...

For decades, the public conversation about mental health has been routed through the categories in the Diagnostic and Statistical Manual of Mental Disorders, or D.S.M., the American Psychiatric Association's official compilation of psychiatric disorders. Symptom-based categories have been convenient for professional communication, insurance billing and conducting clinical trials, but they have given the false impression that each mental disorder is a relatively distinct problem with clear boundaries and an essence that makes it what it is....

Psychiatric diagnoses are ... practical tools that provide a shared language to describe very real patterns of distress and impairment and can help shape treatment.... The problem is that when categories are the only language we have for talking about mental health difficulties, and when public discourse treats them as definitive explanations, patients and the public are left with a picture of the mind that is far too simple.

Here is what I want my patients to know:

1) Symptoms of mental illness exist on a continuum. Research has shown that they are distributed continuously in populations, similar to height, intelligence and temperamental features. This is one reason that some researchers have proposed replacing traditional diagnostic categories with alternative approaches that treat mental health problems more like a series of volume knobs than an on-off switch.
2) The symptoms of mental illness reinforce one another. An important theory in psychiatry, known as network theory, posits that mental health problems emerge from symptoms pushing and pulling on one another in self-reinforcing loops. Being unable to sleep can fuel daytime nervousness; nervousness can drain energy; low energy can lead to social isolation; isolation can worsen depressive rumination; and rumination can make it difficult to sleep. And so on....
3) At the start, mental health problems are open-ended and can evolve into various different diagnoses...developing through stages, researchers are increasingly talking about stages of mental illness, from stage 0 (at risk) to stage 4 (resistant to common treatments).

   The progression is not always linear or predetermined, especially in early stages. A 14-year-old presenting with anxiety could grow into a person with an anxiety disorder but could as easily develop depression, psychosis or substance abuse, or live a healthy life. Parents often want to know the precise diagnostic category for their child's mental health challenges, but the truth is that the symptoms are inherently ambiguous and dynamic, and it is better not to force them into an ill-fitting fixed category.
4) Diagnostic labels are frequently blind to the collision between who people are and what their life demands of them. ... A man diagnosed with A.D.H.D. as a child might have never needed stimulants until he started working two jobs to support his family and the chronic sleep deprivation made his attention problems unmanageable. These are not straightforward cases of disorders internal to a person. They are mismatches between a person's particular traits and capacities and what the individual's circumstances require of him or her....
5) Understanding symptoms only in terms of disorder can obscure their meaning. We have forgotten that symptoms are not always diseases. ... From an evolutionary perspective, sadness and worry are mental defenses against futile persistence and potential danger. Just as pain is your body's signal that you are injured, sadness and worry can be signals that something in your life goals or situation needs to change. The problem is that these defenses can frequently misfire or get stuck...
6) Personality shapes the expression and treatment of mental health problems. In my clinical experience, this is where some of the most important differences between patients lie. Two people may have the same symptoms of anxiety but for entirely different psychological reasons and with different treatment needs.... . Mental health problems are shaped by the interaction between these enduring personality patterns, as well as a person's strengths and weaknesses in regulating emotions and impulses....

> Mental health problems are not caused by a simple thing that you either have or don't have. They are patterns shaped by who we are as people and that, in turn, shape the people we become. This is a more complicated story than 'chemical imbalance' or 'brain disease.' But it is closer to the truth. And an honest story is what you need to make sense of what is happening to you and to find your way through it."

For more resources for enhancing awareness about this fundamental concern, see the following Center resources:

>Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment

>Countering the Over-pathologizing of Students' Feelings & Behavior: A Growing Concern Related to MH in Schools

>Just a Label? Some Pros and Cons of Formal Diagnoses of Children

>Countering LD and ADHD False Positive Diagnoses

>Misdiagnosis

>Normalization and Popularization of Mental Illness and Its Impact

>Selective Mutism: A Student Reflects on Her Misdiagnosis, Experiences and Outcomes

>Links to a few other relevant shared resources

>>Towards youth-centered information practices to support youth facing homelessness

>>Rethinking Learning Disabilities: From Deficit to Diversity

>>AI companions and adolescent social relationships: Benefits, risks, and bidirectional influences

>>Out-of-school time programs and marginalized youth

>>Stabilizing education for students in foster care

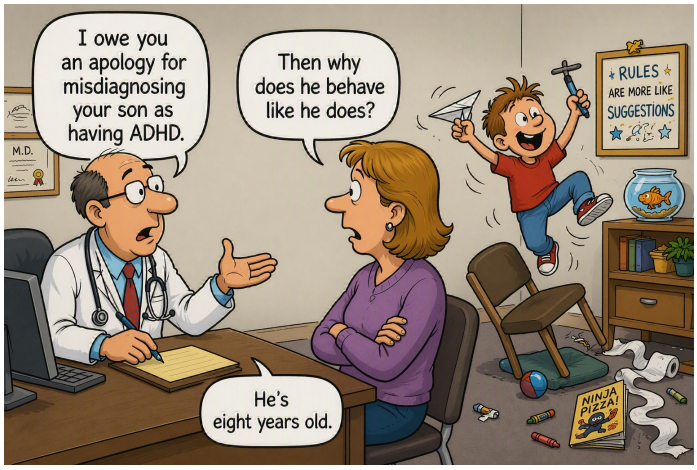
>>Where chatbots fit in the curriculum conversation

>>Special Education: More Students with Disabilities Were Educated in General Education Settings, but State Trends Varied Widely (GOA report)

>>Using Clubs to Foster Real-World Skills

>>How States are Evolving Cell Phone Policies in Schools

>>More students with disabilities learning in general education classrooms



A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to *Upcoming/Archived Webcasts/Podcasts*
http://smhp.psych.ucla.edu/webcast.htm

7/15 Why change efforts stall
7/20 Host a Family Engagement Event on Digital Literacy and Well-Being
7/21 Collaborating across systems
7/21 Reading motivation fuels academic achievement
7/22 Understanding Anxiety
7/22 Engaging youth voices to improve prevention
7/30 Connecting systems for effective prevention
7/30 Shifting environmental conditions to enhance prevention
7/30 Supporting students in the transition to college
8/3 Ethics in prevention
8/5 Support for kinship care
8/5 Building strong parent-teen relationships
8/5 Understanding depression
8/10 Supporting emotional regulation in kids
8/11 Reducing Chronic Absenteeism and Improving Continued Attendance
8/11 Choosing prevention programs that fit
8/12 Strategies for Supporting New Teacher Happiness and Success
8/25 Adapting prevention programs
9/16 Rethink Classroom Management
9/29 Leading Teams: Building Capacity for Teacher Leaders

How Learning Happens (Edutopia's series of videos explores guiding all students, regardless of their developmental starting points, to become engaged learners).
Unpacking the Impacts of Structural Racism on Youth (Webinar recording)

****

The Case for Systemic Redesign of Student/Learning Supports

Fundamental, systemic redesign is urgently needed for how schools address factors interfering with learning and teaching. Immediate action is essential to move beyond crisis driven responses toward a cohesive, proactive, and equitable system of student/learning supports.

For guidance and resources on how to pursue this transformation, see the

>***National Initiative for Transforming 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.

@#@#@#@#@#

To Listserv Participants

We hope you will share this resource with others who may find it helpful.

And let us know what's going on to improve how schools address barriers to learning & teaching and reengage disconnected students and families. (We can share the info with the over 140,000 on our listserv.)

THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

Send resources ideas, requests, comments, and experiences for sharing to Ltaylor@ucla.edu

@#@#@#@#@#

For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

>Looking for information? (We usually can help.)

>Have a suggestion for improving our efforts? (We welcome your feedback.)

We look forward to hearing from you! Contact: Ltaylor@ucla.edu

THIS IS THE END OF THIS ISSUE OF THE PRACTITIONER

Who Are We? Our national Center was established in 1995 under the auspices of the School Mental Health Project (which was established in 1986). We are part of the Department of Psychology at UCLA. The Center is co-directed by Howard Adelman and Linda Taylor and now is named the *Center for MH in Schools & Student/Learning Supports*.