

# Addressing Barriers to Learning

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Note: In Fall, 2021, we published *Schools and Mental Health: A Position Statement*. Given that young people and schools currently are seen as experiencing a mental health crisis, the following updates our previous discussion.

## Schools Can and Must Play an Embedded Role in Addressing Mental Health Concerns

Why?

As a Carnegie Task Force on Education stressed some time ago:

*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.*

For this to happen, however, the work must be framed as doing much more than enhancing access to mental health services. The efforts must be (1) *embedded into a unified, comprehensive, and equitable system for addressing barriers to learning and teaching, and (2) the system must be prioritized as a primary and essential component of school improvement policy and practice.*

The early trend in schools was to approach emotional problems as mental disorders and disabilities. This led to many students with nonpathological problems being assigned diagnostic labels and prescribed specialized interventions. Over the years, one result is that relatively few students in need are provided help, and there has been a failure to respond effectively to the many who experience commonplace problems.

Since the 1950s, myriad initiatives and policy reports have called for expanding mental health in schools. On a federal level, Title IV-A of the *Every Student Succeeds Act* calls for a new School Based Health Professionals program to support students' mental health needs. And, as a result of the COVID 19 crisis, the growing number of student emotional, as well as learning and behavior, problems has led to several years of pandemic relief funding with considerable focus increasing the number of counselors, nurses, and mental health professionals in our schools (see [Rand report](#)). Of course increasing the number of personnel can help, but not if all they do is provide temporary services for a few more students. (The end of the relief funding has many districts falling of a fiscal cliff, leading to layoffs of those who had been hired with relief funds).

Ignored in the rush to deal with the challenges resulting from the pandemic is the opportunity the crisis has created for *transforming* student/learning supports and the related need to end the marginalization and fragmentation of such supports in school improvement policy and practice (see our [Center's report, 2022](#)).

COVID-19 has  
increased calls  
for mental health  
in schools

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Also in this edition:

>[Everyone's Talking About Students' Mental Health: Schools Need to Avoid Five Potential Pitfalls](#)

## Why New Directions are Essential

As currently framed, too much of “school mental health” activity continues 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 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.

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.

At a 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.

*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 an effective case is yet to be made that student/learning supports are imperative.

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 seen as essential, the programs and staff are pushed to the margins. Planning of programs, services, and delivery systems tends to be done on an ad hoc basis; interventions are referred to as “auxiliary” or “support” services, and student support personnel almost never are a prominent part of a school’s organizational structure. And, such staff usually are among those deemed dispensable as budgets tighten. This, of course, reduces availability and access.

The marginalization of student supports certainly contributes to the piecemeal manner in which they continue to be developed. 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.

*And It is Too Fragmented.* The marginalization of student and learning supports has contributed to fragmentation of student/learning supports and

contributes to a counterproductive competition among those who plan and implement the interventions. And the ad hoc and piecemeal approach raises a host of additional problems and issues. These include concerns about coordination and integration of school based interventions, integration with special education, collaboration with community agencies and wrap-around services initiatives, and implementation of evidence-based practices.

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

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

All of this has produced an approach to student/learning supports that is ineffective in dealing with the daily problems confronting students, teachers, and other staff. This 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 and practice deficit, namely:

*Efforts to address barriers to learning and teaching are marginalized in current school improvement policy and practices, and 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 [Figure 1](#)).

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 educational, 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 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 educational, 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, cohesive, and equitable 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. (over 100,000 public schools in over 13,000 districts). Replication and "scale-up" require implementation of comprehensive models and procedures. (See [\*Implementation Science and School Improvement\*](#).)

## A Note About Funding Streams

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 [Promoting Mental Health](#) Ch. 3 in *Embedding MH as Schools Change*)
- 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, cohesive, and equitable 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](#))

Not long ago, 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."

Too many schools don't have sufficient resources to accomplish what is needed to significantly reduce the achievement & opportunity gaps

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 see our [Center's newsletter, winter, 2023.](#))

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.

To develop a comprehensive and equitable system of student and learning supports (with mental health fully embedded), districts must integrate and redeploy existing funds, weave in community resources, and continue to seek additional resources. 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 and integrating services and creating full service community 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 rethink 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 [Figure 1](#))
- (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 [Figure 2](#))
- (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 [Figure 3](#))

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.***



\*For more on the context for mental health in schools, see

> [\*\*\*Addressing Barriers to Learning: In the Classroom and Schoolwide\*\*\*](#)

> [\*\*\*Improving School Improvement\*\*\*](#)

For those ready to move forward, see

> [\*\*\*Student/Learning Supports: A Brief Guide for Moving in New Directions\*\*\*](#)

Note: A set of resource aids have been compiled into a [\*\*System Change Toolkit\*\*](#)

And for information about the research and lessons learned from the *National Initiative for Transforming Student and Learning Supports*, see <https://smhp.psych.ucla.edu/newinitiative.html>.

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.

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### CALL TO ACTION

### References

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

There is widespread agreement that the COVID-19 pandemic and concerns and conflicts about social injustices have increased the number of students experiencing emotional, learning, and behavioral problems. Yet another challenge for schools to meet.

However, 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.

**Are you still anxious  
about going to school?**



**No, but I've developed a fear of homework.**



## Related Resources

### ***Evolving Community Schools and Transforming Student/Learning Supports***

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.

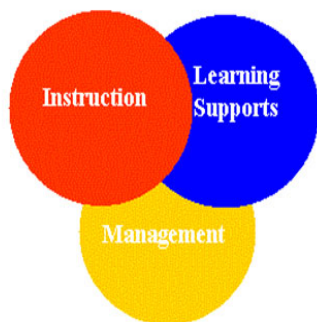
With respect to community school's moving forward, we focus on system building that includes an emphasis on transforming student/learning supports and that is pursued by school-home-community collaboratives. The process is described as requiring an expanded framework for school improvement policy that 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 School Improvement***

In this brief, we discuss embedding and framing the evolving literatures related to improvement and implementation sciences into a general intervention perspective. From that perspective, we sketch out some basic considerations related to improvement and implementation research, practice, and policy.

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For information about the  
**National Initiative for Transforming Student and Learning Supports**  
 go to <https://smhp.psych.ucla.edu/newinitiative.html>

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### **Invitation to Readers:**

**Everyone has a stake in the future of public education and mental health. This is a critical time for action. Send this on to others to encourage moving forward.**

**AND let us know about what you have to say about these matters.**

Send to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

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

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