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Ending the Marginalization of Mental Health in Schools
A Comprehensive Approach

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What is the current context for efforts to advance mental health in schools? To begin with, there is long-standing acknowledgment that a variety of psychosocial and health problems affect learning and performance in profound ways (Center for Mental Health in Schools, 2006; Marx & Wooley, 1998). Moreover, it is clear that such problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. Because of all this, school policy makers have a lengthy history of trying to assist teachers in dealing with problems that interfere with schooling, including a wide range of psychosocial and mental health concerns.

Over the past 20 years, an enhanced movement to increase linkages between schools and community service agencies has added impetus to advocacy for mental health in schools. Recently, some advocates for school-linked services have coalesced their efforts with those engaged in initiatives for youth development and community schools. These coalitions have expanded interest in social-emotional learning and protective factors as ways to increase students' assets and resiliency and reduce risk factors. All this activity has been bolstered by local, state, federal, and private foundation initiatives.

A prominent example of federal efforts to advance the field is the U.S. Department of Health and Human Services' Mental Health in Schools Program, established in the mid-1990s (Anglin, 2003). The emphasis of this program is on increasing the capacity of policy makers, administrators,

school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and communities address psychosocial and mental health concerns. Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems. Other examples of noteworthy current federal initiatives that have potential to advance the field of mental health in schools include the multiagency Safe Schools/Healthy Students grant program and the Integration of Schools and Mental Health Systems grant program from the U.S. Department of Education's Office of Safe and Drug-Free Schools.

Despite all this, addressing psychosocial and mental health concerns is not assigned a high priority on a regular basis in schools. Such concerns gain temporary stature whenever a high-visibility problem arises—such as a shooting on campus, a student suicide, and an increase in bullying. However, student supports in general and mental health in particular commonly have low status in current policy and practice (Center for Mental Health in Schools, 2005a). As a result, interventions are developed in an ad hoc, piecemeal, and highly marginalized way. In addition, the marginalization not only produces fragmented approaches but also contributes to wasteful redundancy, counterproductive competition, and inadequate results. The marginalization spills over and negatively affects how schools pursue special education and connect with systems of care and wrap-around services. Moreover, it hampers efforts to incorporate evidence-based practices.

Because of the marginalization, the current context for efforts to advance mental health in schools can be summarized as follows:

- Too many students continue to perform poorly in too many schools across the country.
- To change this, schools should be, but are not, playing a major role in addressing mental health and psychosocial concerns and other barriers to learning and teaching.
- As a result, support programs and services as they currently operate cannot meet the needs of the majority of students experiencing behavior, learning, and emotional problems.
- Linking a few more community health and social services to a few schools does not enable schools to meet the demand.
- What schools need to develop is a comprehensive support system that can ensure that all students have an equal opportunity to succeed at school.
- However, the development of such a system is unlikely as long as school policy and practice continue to marginalize student supports.

This chapter highlights four fundamental matters that our work suggests must be pursued if the marginalization is to end. One involves enhancing the *policy* framework for school improvement in ways that incorporate mental health and psychosocial concerns under a broad and unifying umbrella concept that is established as a primary and essential component of a school's mission. The second matter is that of reframing *interventions* in ways that are consistent with such a broad, unifying concept. The third matter calls for rethinking the organizational and operational *infrastructure* at a school, for the feeder pattern of schools, and at the district level. In addition, finally, there is the problem of facilitating major *systemic change* in organizations such as schools that have well-established institutional cultures.

Reworking Policy

It is essential to constantly remember that schools are not in the mental health business. They are in the education business. And, educators will continue to marginalize mental health in schools as long as the work is formulated narrowly in terms of meeting the needs of students with mental health problems.

Given that schools are not in the mental health business, it is strategic to move beyond simply stressing that good health is a prerequisite to good learning. That is, the health and mental health agenda must be embedded into the broader need for schools to play a major role in addressing barriers to learning and teaching. From a policy perspective, ending the marginalization requires adopting the type of unifying concept for this role that elevates its importance with school policy makers and fully integrates the work into school improvement and reform efforts.

Current Policy Making Is Piecemeal and Ad Hoc

At the school level, analyses consistently find that programs, services, and special projects for addressing student problems are the product of piecemeal and ad hoc policy making (Adelman & Taylor, 1997a, 2006a; Dryfoos, 1994; Gardner, 2005). The result is a tendency for student support staff to function in relative isolation of each other and other stakeholders, with a great deal of the work focusing on discrete problems and overrelying on specialized services for individuals and small groups. In

some schools, a student identified as at risk for dropout, substance abuse, and grade retention may be assigned to three counseling programs operating independently of each other. Furthermore, in every facet of school operation, an unproductive separation often is manifested between those focused on instruction and those concerned with student problems. Such fragmentation not only is costly in terms of redundancy and counterproductive competition but also works against developing comprehensive, multifaceted, and cohesive systems to address barriers to learning and teaching (Adelman, 1996; Adelman & Taylor, 1997a, 1999).

Widespread recognition of the fragmentation has produced some efforts to enhance coordination. Better coordination is a good idea. Nevertheless, it does not address the fundamental systemic problem of *marginalization*. Given the marginalization, it is not surprising that student support personnel almost never are a prominent part of a school's planning processes and organizational structure. Even worse, such staff usually are among those deemed dispensable as budgets tighten.

Moving From a Two- to a Three-Component Policy Framework

Analyses by our research group indicate that school improvement policy is currently dominated by a two-component model (Adelman, 1995, 1996; Adelman & Taylor, 1994, 1997a, 1998). That is, the primary thrust is on improving instruction and school management. Although these two facets obviously are essential, ending the marginalization of efforts to effectively address student problems requires establishing a third component as primary, essential, complementary, and overlapping (see Figure 2.1).

As illustrated in Figure 2.1, we designate the third component as an *enabling component*; others who have adopted it use terms such as a *learning supports component* (e.g., Iowa Department of Education, 2004). The concept of an enabling or learning supports component is formulated around the proposition that a comprehensive, multifaceted, integrated continuum of enabling activity is essential in addressing the needs of youngsters who encounter barriers that interfere with their benefiting satisfactorily from instruction. The concept embraces healthy development, prevention, and interventions to correct problems.

Various states and localities have adopted this third component as a policy basis for developing the type of comprehensive intervention framework that is described in the next section. (See information about these
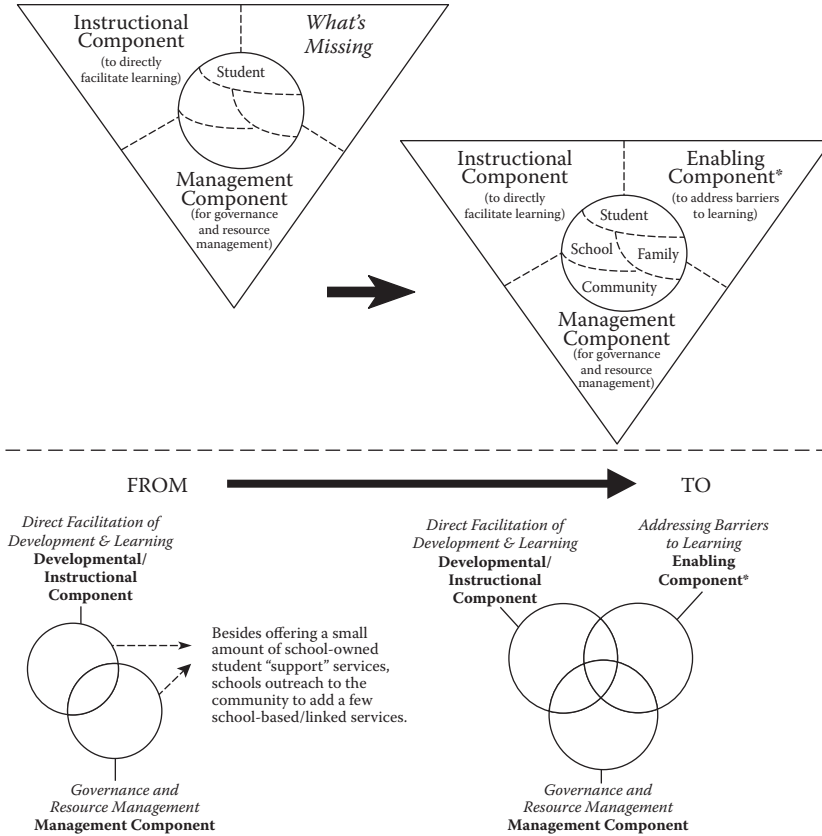
*The third component (an enabling or learning supports component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

Adapted from various public domain documents written by Adelman and Taylor.

Figure 2.1   Moving From a Two- to a Three-Component Model for School Improvement

trailblazing initiatives online at Center for Mental Health in Schools, n.d., http://smhp.psych.ucla.edu/summit2002/wheresithappening.htm.)

Reframing Intervention

There are about 90,000 public schools in about 15,000 districts in the United States. Over the years, most (but obviously not all) schools have

instituted programs designed 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. Some programs are mandated for every school; others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in regular or special education classrooms or as "pull-out" programs, and may be designed for an entire class, groups, or individuals. Moreover, besides those that are owned and operated by schools, community agencies also are bringing services, programs, and personnel to school sites.

Despite the range of activity, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with behavior, learning, and emotional problems. In addition, many schools report that large numbers of students are affected (Foster et al., 2005; Kutash, Duchnowski, & Lynn, 2006; U.S. Department of Education, 1996).

Who's the Client? A Few Students, or the School and All Its Students?

If schools are to achieve their mission, they must effectively address the problems of the many students who are not benefiting from instructional reforms. This will require fundamental, systemic changes. Yet, most school improvement plans pay little attention to substantially enhancing the ways in which schools provide student and learning supports. Instead, there has been an emphasis on initiatives to link a few community resources to a few schools and enhance coordination of services (e.g., through establishing "Family Resource Centers," "Full-Service Schools," and multidisciplinary teams that focus on specific students).

Connecting school and community resources ultimately is a good idea (Dryfoos, 1994). The reality, however, is that the number of schools and the number of students in need of support far outstrip what publicly supported community agencies can make available. Even when one adds together community and school assets, the total set of services in impoverished locales is woefully inadequate. Moreover, it must be recognized that poorly conceived and designed strategies for community involvement at schools can exacerbate marginalization and compound fragmentation and counterproductive competition. Part of the reason this happens is because too often the primary focus is only on coordinating *community*

services and colocating them at schools, rather than braiding resources and integrating interventions with the ongoing efforts of school staff (Adelman & Taylor, 2006a).

As inadequate as school-owned student support services are at most schools, the resources invested in student support staff (e.g., school psychologists, counselors, social workers, and nurses) usually exceed to a considerable degree what local public agencies can afford to link to a school. Moreover, schools have other resources they can use to meet the challenge of ensuring all students have an equal opportunity to succeed at school. Besides traditional "pupil service personnel," student support is provided by compensatory education personnel (e.g., Title I staff), resource teachers who focus on concepts such as *response to intervention* and *prereferral interventions*, and staff associated with a variety of schoolwide programs (e.g., after-school, safe, and drug-free school programs).

Regardless of who offers the support, the current tendency is to overemphasize *services.* This inevitably means there is too little focus on making fundamental changes in how a school addresses the needs of the many students who are experiencing problems. It seems evident that persons working in and with schools need to be more concerned about improving schools for all students and not just providing services to a few student clients. Indeed, if the complex problems experienced by large numbers of students are to be dealt with effectively, all support staff must appreciate that the school and all its students are their "clients."

Complex Problems Require a Comprehensive, Multifaceted, Cohesive Systemic Approach

The complexity of factors interfering with learning and teaching underscores the need for a comprehensive enabling or learning supports component. The question then arises as to how to operationalize such a component. To this end, we offer a framework that encompasses (a) an integrated continuum of interventions and (b) a multifaceted and cohesive set of content arenas (Adelman, 1995, 1996; Adelman & Taylor, 1994, 2006a, 2006b).

A Continuum of Integrated School–Community Intervention Systems
In effect, the intent, over time, is for schools to play a major role in establishing a full range of interventions, including:

- Systems for promoting healthy development and preventing problems
- Systems for intervening early to address problems as soon after onset as is feasible
- Systems for assisting those with chronic and severe problems

As illustrated in Figure 2.2, the desired interventions can be conceived along a continuum. In keeping with public health and public education perspectives, such a continuum encompasses efforts to enable academic, social, emotional, and physical development and address behavior, learning, and emotional problems at every school. Most schools have some programs and services that fit along the entire continuum. However, the tendency to focus on the most severe problems has skewed the process so that too little is done to prevent and intervene early after the onset of a problem. As a result, public education has been characterized as a system that "waits for failure."

Properly pursued, the continuum spans the concepts of primary, secondary, and tertiary prevention and incorporates a holistic and developmental emphasis that envelops individuals, families, and the contexts in which they live, work, and play. The continuum also provides a framework for adhering to the principle of using the least restrictive and most nonintrusive forms of intervention required to appropriately respond to problems and accommodate diversity.
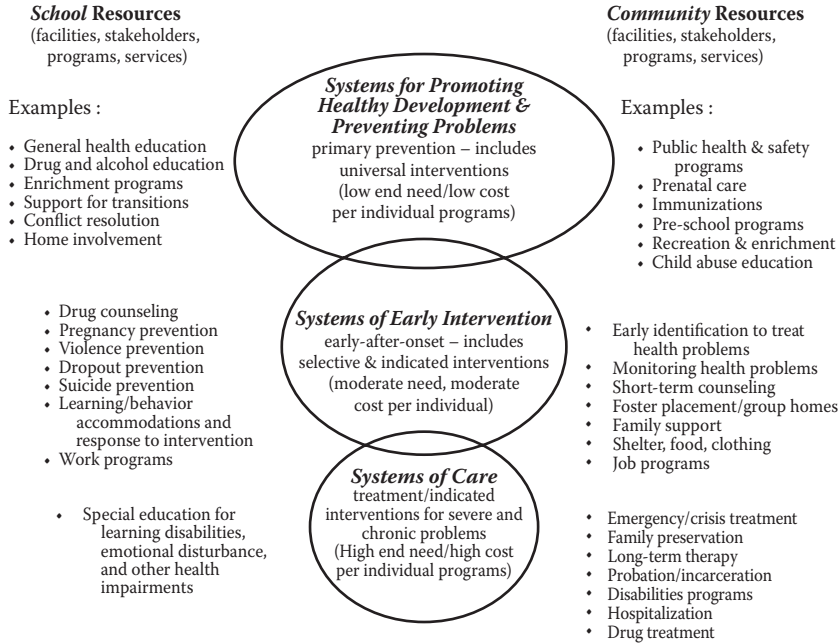
Moreover, given the likelihood that many problems are not discrete, the continuum can be designed to address root causes, thereby minimizing tendencies to develop separate programs for each observed problem. In turn, this enables increased coordination and integration of resources, which can increase impact and cost-effectiveness.

Operationalizing the Continuum to Fit School Improvement Efforts

In our work, we operationalize the continuum in terms of the concept of an enabling or learning supports component. This helps to coalesce and enhance programs to ensure all students have an equal opportunity to succeed at school. A critical matter is defining what the entire school must do to enable *all* students to learn and *all* teachers to teach effectively. Schoolwide approaches are especially important where large numbers of students are affected and at any school that is not yet paying adequate attention to equity and diversity concerns.

Pioneering efforts have operationalized such a component into six programmatic arenas. Exhibit 2.1 outlines the prototype for the six arenas. In essence, this constitutes the "curriculum" or content of an enabling or

School Resources
(facilities, stakeholders,
programs, services)

Examples :

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

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

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

*Systems for Promoting
Healthy Development &
Preventing Problems*
primary prevention – includes
universal interventions
(low end need/low cost
per individual programs)

Systems of Early Intervention
early-after-onset – includes
selective & indicated interventions
(moderate need, moderate
cost per individual)

Systems of Care
treatment/indicated
interventions for severe and
chronic problems
(High end need/high cost
per individual programs)

Community Resources
(facilities, stakeholders,
programs, services)

Examples :

- Public health & safety
  programs
- Prenatal care
- Immunizations
- Pre-school programs
- Recreation & enrichment
- Child abuse education

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

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

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

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

Adapted from various public domain documents written by Adelman and Taylor.

Figure 2.2   Interconnected Systems for Meeting the Needs of All Students

learning support component (Adelman, 1996; Adelman & Taylor, 1998, 2006b; Center for Mental Health in Schools, 2004). Encompassed are programs to

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

EXHIBIT 2.1   "Content" Areas for a Component to Address Barriers to Learning

1. Classroom-Based Approaches Encompass the Following:
   - Opening the classroom door to bring in available supports (e.g., peer tutors, volunteers, and aides trained to work with students in need; resource teachers and student support staff work in the classroom as part of the teaching team).
   - Redesigning classroom approaches to enhance teacher capability to prevent and handle problems and reduce the need for out-of-class referrals (e.g., personalized instruction, special assistance as necessary, developing small-group and independent learning options, reducing negative interactions and overreliance on social control, expanding the range of curricular and instructional options and choices, and the systematic use of prereferral interventions).
   - Enhancing and personalizing professional development (e.g., creating a learning community for teachers; ensuring opportunities to learn through coteaching, team teaching, and mentoring; and teaching intrinsic motivation concepts and their application to schooling).
   - Curricular enrichment and adjunct programs (e.g., varied enrichment activities that are not tied to reinforcement schedules, and visiting scholars from the community).
   - Classroom and schoolwide approaches used to create and maintain a caring and supportive climate.
   - Emphasis at all times is on enhancing feelings of competence, self-determination, and relatedness to others at school, and on reducing threats to such feelings.
2. Crisis Assistance and Prevention Encompass the Following:
   - Ensuring immediate assistance in emergencies so students can resume learning.
   - Providing follow-up care as necessary (e.g., brief and longer term monitoring).
   - Forming a school-focused crisis team to formulate a response plan and take leadership for developing prevention programs.
   - Mobilizing staff, students, and families to anticipate response plans and recovery efforts.
   - Creating a caring and safe learning environment (e.g., developing systems to promote healthy development and prevent problems, and creating bullying and harassment abatement programs).
   - Working with neighborhood schools and the community to integrate planning for response and prevention.
   - Capacity building to enhance crisis response and prevention (e.g., staff and stakeholder development, and enhancing a caring and safe learning environment).
3. Support for Transitions Encompasses the Following:
   - Welcoming and social support programs for newcomers (e.g., welcoming signs, materials, and initial receptions; and peer buddy programs for students, families, staff, and volunteers).

- Daily transition programs for (e.g., before school, during breaks and lunch, and after school).
- Articulation programs (e.g., from grade to grade, for new classrooms and new teachers, from elementary to middle school, from middle to high school, and in and out of special education programs).
- Summer or intersession programs (e.g., catch-up, recreation, and enrichment programs).
- School-to-career and higher education (e.g., counseling, pathway, and mentor programs; broad involvement of stakeholders in planning for transitions; and students, staff, home, police, faith groups, recreation, business, and higher education).
- Broad involvement of stakeholders in planning for transitions (e.g., students, staff, home, police, faith groups, recreation, business, and higher education).
- Capacity building to enhance transition programs and activities.

4. Home Involvement in Schooling Encompasses the Following:
- Addressing specific support and learning needs of family (e.g., support services for those in the home to assist in addressing basic survival needs and obligations to the children; and adult education classes to enhance literacy, job skills, English as a second language, and citizenship preparation).
- Improving mechanisms for communication and connecting school and home (e.g., opportunities at school for family networking and mutual support, learning, recreation, and enrichment, and for family members to receive special assistance and to volunteer to help; phone calls and/or e-mails from teachers and other staff with good news; frequent and balanced conferences—student led, when feasible; and outreach to attract hard-to-reach families—including student dropouts).
- Involving homes in student decision making (e.g., families prepared for involvement in program planning and problem solving).
- Enhancing home support for learning and development (e.g., family literacy, family homework projects, and family field trips).
- Recruiting families to strengthen school and community (e.g., volunteers to welcome and support new families and help in various capacities; and families prepared for involvement in school governance).
- Capacity building to enhance home involvement.

5. Community Outreach for Involvement and Support Encompasses the Following:
- Planning and implementing outreach to recruit a wide range of community resources (e.g., public and private agencies; colleges and universities; local residents; artists and cultural institutions; businesses and professional organizations; service, volunteer, and faith-based organizations; and community policy and decision makers).
- Systems to recruit, screen, prepare, and maintain community resource involvement (e.g., mechanisms to orient and welcome, enhance the volunteer pool, maintain current involvements, and enhance a sense of community).

- Reaching out to students and families who don't come to school regularly—including truants and dropouts.
- Connecting school and community efforts to promote child and youth development and a sense of community.
- Capacity building to enhance community involvement and support (e.g., policies and mechanisms to enhance and sustain school–community involvement, staff and stakeholder development on the value of community involvement, and "social marketing").

6. Student and Family Assistance Encompasses the Following:

- Providing extra support as soon as a need is recognized and doing so in the least disruptive ways (e.g., prereferral interventions in classrooms; problem-solving conferences with parents; and open access to school, district, and community support programs).
- Timely referral interventions for students and families with problems based on response to extra support (e.g., identification and screening processes, assessment, referrals, and follow-up—school based, school linked).
- Enhancing access to direct interventions for health, mental health, and economic assistance (e.g., school-based, school-linked, and community-based programs and services).
- Care monitoring, management, information sharing, and follow-up assessment to coordinate individual interventions and check whether referrals and services are adequate and effective.
- Mechanisms for *resource* coordination and integration to avoid duplication, fill gaps, garner economies of scale, and enhance effectiveness (e.g., braiding resources from school-based and linked interveners, feeder pattern and family of schools, and community-based programs; and linking with community providers to fill gaps).
- Enhancing stakeholder awareness of programs and services.
- Capacity building to enhance student and family assistance systems, programs, and services.

Source: Adapted from various public domain documents written by Adelman and Taylor.

- *support transitions* (i.e., assisting students and families as they negotiate school and grade changes and many other transitions).
- increase home and school connections.
- respond to and, where feasible, prevent crises.
- increase community involvement and support (outreach to develop greater community involvement and support, including an enhanced use of volunteers).
- facilitate student and family access to effective services and special assistance as needed.

Scope of Intervention

	Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (Early after problem onset)	Systems of Care
Classroom-Focused Enabling			
Crisis/ Emergency Assistance & Prevention			
Support for Transitions			
Home Involvement in Schooling			
Community Outreach/ Volunteers			
Student and Family Assistance			

Organizing around the

Content/ "curriculum"

(for addressing barriers to learning & promoting healthy development)

Accommodations for differences & disabilities   Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)

*Note that specific school-wide and classroom-based activities related to positive behavior support, "prereferral" interventions, and the eight components of Center for Prevention and Disease Control's Coordinated School Health Program are embedded into the six content ("curriculum") areas.

Adapted from various public domain documents written by Adelman and Taylor.

Figure 2.3   Matrix for Reviewing the Scope and Content of a Component to Address Barriers to Learning*

Combining the six content arenas with the continuum of interventions illustrated in Figure 2.2 provides an umbrella intervention framework to guide and unify school improvement planning to develop a system of learning supports (Adelman & Taylor, 2006a, 2006b; Center for Mental Health in Schools, 2005b). The resulting matrix is shown in Figure 2.3. This framework facilitates mapping and analyzing the current scope and content of how a school, a family of schools (e.g., a feeder pattern of

schools), a district, and the community at each level address barriers to learning and teaching. Encompassed throughout is a full range of mental health and psychosocial concerns.

Beginning in the classroom with differentiated classroom practices, such a comprehensive, multifaceted, cohesive systemic approach

- addresses barriers through a broader view of "basics" and through effective accommodation of individual differences and disabilities.
- enhances the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to individual readiness and ongoing involvement and with the intent of fostering intrinsic motivation as a basic outcome.
- adds remediation, treatment, and rehabilitation as necessary, but only as necessary.

For individual youngsters, the intent is to prevent and minimize as many problems as feasible and to do so in ways that maximize engagement in productive learning. For the school and community as a whole, the intent is to produce a safe, healthy, nurturing environment or culture characterized by respect for differences, trust, caring, support, and high expectations. In accomplishing all this, the focus is on reframing support programs and melding school, community, and home resources.

Rethinking Infrastructure

Any discussion of ending the marginalization of mental health in schools must address the modification of existing infrastructure mechanisms in ways that guarantee that new policy directions are translated into appropriate daily practices. A well-designed and supported infrastructure establishes, maintains, and evolves the type of comprehensive approach to addressing barriers to student learning outlined above. It ensures local ownership, a critical mass of committed stakeholders and processes that overcome barriers to stakeholders working together effectively. It generates strategies that mobilize and maintain proactive effort so that changes are implemented and there is renewal over time. Such an infrastructure includes mechanisms for coordinating among enabling activity; for enhancing resources by developing direct linkages between school and community programs; for moving toward increased integration of school and community resources; and for integrating the instructional, enabling,

and management components (Adelman & Taylor, 2006a; Center for Mental Health in Schools, 2005c, 2007).

In developing an organizational and operational infrastructure, the fundamental principle is that *structure follows function*. Based on clear functions, a differentiated infrastructure must be established to enable the accomplishment of functions and related tasks. Minimally, the need is for mechanisms to steer and do work on a regular basis. Moreover, because the work usually overlaps with that of others, there is a need to establish connections among various mechanisms. Properly redesigned infrastructure changes are needed to ensure, for example, integration, quality improvement, accountability, and self-renewal. Examples of major functions and tasks needed to develop a comprehensive approach to addressing barriers to learning and teaching are highlighted in the following discussion of key infrastructure mechanisms.

Key Mechanisms

From our perspective, the infrastructure for an enabling or learning supports component is designed from the school outward. That is, the emphasis is first on *designing* an integrated infrastructure at the school level. Then, the focus expands to include the mechanisms needed to connect a feeder pattern or complex of schools and establish collaborations with surrounding community resources. Ultimately, central district and community agency offices need to be rethought in ways that best support the work at the school and school complex levels.

Institutionalizing a comprehensive, multifaceted intervention component necessitates restructuring the mechanisms associated with at least six infrastructure concerns. These encompass processes for daily (a) governance, (b) leadership, (c) planning and implementation of specific organizational and program objectives, (d) coordination and integration for cohesion, (e) management of communication and information, and (f) capacity building. In redesigning mechanisms to address these matters, new collaborative arrangements must be established, and authority (power) redistributed. Those who do the restructuring must have appropriate incentives and safeguards for making major systemic changes, and those who operate essential mechanisms must have adequate resources and support. All this is easy to say, but extremely hard to accomplish.

Focusing on Resources

Obviously, administrative leadership is key to ending the marginalization of efforts to address behavior, learning, and emotional problems. Another key is the establishment of a team that focuses specifically on how learning support resources are used.

Every school is expending resources on student support to enable learning. In some schools, as much as 25% of the budget may be going to problem prevention and correction. Few schools have mechanisms to ensure the appropriate use of existing resources and enhance current efforts. Resource-oriented mechanisms contribute to the cost efficacy of student support activity by ensuring all such activity is planned, implemented, and evaluated in a coordinated and increasingly integrated manner. Creation of such mechanisms is essential for braiding together existing school and community resources and encouraging services and programs to function in an increasingly cohesive way.

Although resource-oriented mechanisms might be created solely around psychosocial programs, they are meant to focus on resources related to all major student support programs and services. In addition, when the mechanisms include a "team" (see next section), a new means is created for enhancing working relationships and solving turf and operational problems.

One of the primary and essential tasks that resource-oriented mechanisms undertake is that of delineating school and community resources (e.g., programs, services, personnel, and facilities) that are in place to support students, families, and staff. A comprehensive "gap" assessment is generated as resource mapping is aligned with unmet needs and desired outcomes. Analyses of what is available, effective, and needed provide a sound basis for formulating priorities, redeploying resources, and developing strategies to link with additional resources at other schools, at district sites, and in the community. Such analyses guide efforts to improve cost-effectiveness and enhance resources.

Resource-Oriented Teams

Resource-oriented teams do not focus on specific individuals, but on how resources are used. Such a team has been designated by a variety of names, including *resource coordinating team*, *resource management team*, and *learning supports resource team*. For the purposes of this discussion, we will use the last of these. We initially demonstrated the feasibility of such teams in the Los Angeles Unified School District, and now they are being introduced in many schools across the country (Center for Mental Health

in Schools, 2005d; Lim & Adelman, 1997; Rosenblum, DiCecco, Taylor, & Adelman, 1995). Properly constituted at the school level, such a team provides on-site leadership for efforts to address barriers comprehensively and ensures the development, maintenance, and improvement of a multi-faceted and integrated approach (Adelman & Taylor, 2006a, in press-a).

A resource-oriented team exemplifies the type of mechanism needed to pursue overall cohesion and ongoing development of school support programs and systems. Minimally, it can reduce fragmentation and enhance cost efficacy by guiding programs to function in a coordinated and increasingly integrated way. More generally, the group can provide leadership in guiding school personnel and clientele in evolving the school's vision, priorities, and practices for student and learning support.

In pursuing its functions, the team provides what often is a missing link for managing and enhancing programs and systems in ways that integrate, strengthen, and stimulate new and improved interventions. For example, such a mechanism can be used to (a) map and analyze activity and resources to improve their use in preventing and ameliorating problems; (b) build effective referral, case management, and quality assurance systems; (c) enhance procedures for the management of programs and information and for communication among school staff and with the home; and (d) explore ways to redeploy and enhance resources—such as clarifying which activities are nonproductive, suggesting better uses for resources, establishing priorities for developing new interventions, as well as reaching out to connect with additional resources in the school district and community.

To these ends, efforts are made to bring together representatives of all relevant programs and services. This might include, for example, school counselors, psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, after-school program staff, bilingual and Title I program coordinators, safe and drug-free school staff, and union representatives. Such a team also should include representatives of any community agency that is significantly involved with a school. Beyond these stakeholders, it is advisable to add the energies and expertise of classroom teachers, noncertificated staff, parents, and older students.

Where creation of "another team" is seen as a burden, existing teams, such as student or teacher assistance teams and school crisis teams, have demonstrated the ability to do resource-oriented functions. In adding the resource-oriented functions to another team's work, great care must be taken to structure the agenda so sufficient time is devoted to the additional

tasks. For small schools, a large team often is not feasible, but a two-person team can still do the job.

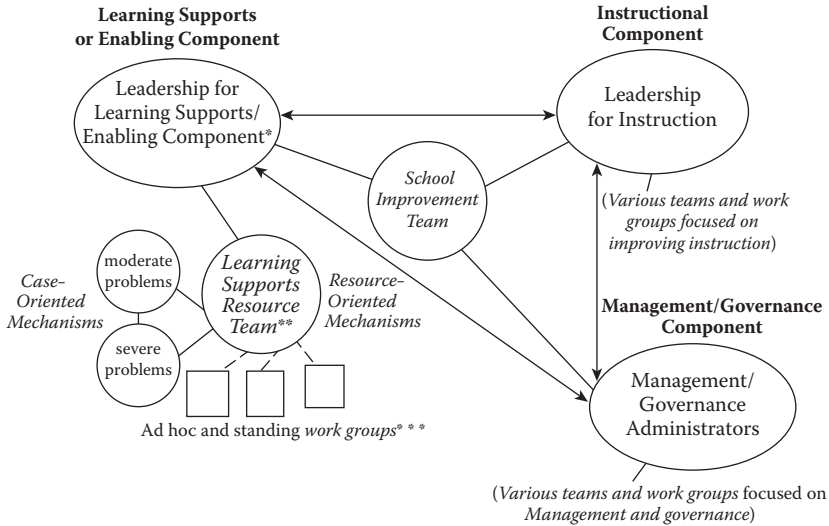### Full Integration Into School Improvement Planning and Decision Making

Resource-oriented mechanisms cannot be isolated entities. The intent is for them to connect to each other and be part of an integrated infrastructure at a school, for a family of schools, and at the district level. At a school, for example, a learning supports resource team should be a formal unit of a school's infrastructure. And, it must fully connect with the other infrastructure mechanisms (e.g., those associated with instruction and management-governance). Figure 2.4 illustrates an integrated infrastructure at a school level.

Resource-oriented mechanisms that are properly constituted, developed, and supported complement the work of the site's governance body through providing on-site overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and teaching. Having an administrator for learning supports and a resource-oriented team provides necessary links with governance and administrative decision making and planning (e.g., related to program development and the allocation of budget, space, and staff development time). Such infrastructure connections are essential if student and learning supports are to be developed, maintained, improved, and increasingly integrated with classroom instruction.

Beyond the School

It can be invaluable to link schools to maximize their use of limited resources and achieve economies of scale. Schools in the same geographic or catchment area have a number of shared concerns. Furthermore, some programs and personnel already are or can be shared by several neighboring schools, thereby minimizing redundancy, reducing costs, and enhancing equity.

A group of schools can benefit from a *multisite resource mechanism* designed to provide leadership, facilitate communication and connection, and ensure quality improvement across sites. For example, what we call a *learning supports resource council* consists of a high school and its feeder middle and elementary schools. It brings together 1–2 representatives from

**Learning Supports
or Enabling Component**

**Instructional
Component**

Leadership for
Learning Supports/
Enabling Component*

Leadership
for Instruction

*School
Improvement
Team*

(*Various teams and work
groups focused on
improving instruction*)

moderate
problems

*Learning
Supports
Resource
Team***

*Case–
Oriented
Mechanisms*

*Resource–
Oriented
Mechanisms*

**Management/Governance
Component**

severe
problems

Management/
Governance
Administrators

Ad hoc and standing *work groups** * *

(*Various teams and work groups* focused on
Management and governance)

_____

*Learning Supports or Enabling Component Leadership consists of an administrator and
other advocates/champions with responsibility and accountability for ensuring the
vision for the component is not lost. The administrator meets with and provides
regular input to the Learning Supports Resource Team.

**A Learning Supports Resource Team ensures component cohesion, integrated implementation,
and ongoing development. It meets weekly to guide and monitor daily implementation
and development of all programs, services, initiatives, and systems at a school that are
concerned with providing learning supports and specialized assistance.

***Ad hoc and standing work groups – Initially, these are the various "teams" that already exist
related to various initiatives and programs (e.g., a crisis team) and for processing
"cases" (e.g., a student assistance team, an IEP team). Where redundancy exists, work
groups can be combined. Others are formed as needed by the Learning Supports
Resource Team to address specific concerns. These groups are essential for
accomplishing the many tasks associated with such a team's functions.

For more on this, see
>http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf
>http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidk.pdf

Adapted from various public domain documents written by Adelman and Taylor.

Figure 2.4   Example of an Integrated Infrastructure at the School Level

each school's resource *team*. The council meets about once a month to fur-
ther (a) coordinate and integrate programs serving multiple schools, (b)
identify and meet common needs for capacity building, and (c) create link-
ages and collaborations among schools and with community agencies.

More generally, a multisite council provides a mechanism for leader-
ship, communication, maintenance, quality improvement, and ongoing

development of a comprehensive continuum of programs and services. Natural starting points for councils are the sharing of needs assessments, resource maps, analyses, and recommendations for reform and restructuring. Specific areas of initial focus are on local, high-priority concerns, such as addressing violence and developing prevention programs and safe school and neighborhood plans.

By providing a mechanism for a "family of schools" to coalesce resources in cost-effective ways, a multisite team can be especially useful for integrating and streamlining the efforts of high schools and their feeder middle and elementary schools. This clearly is important in addressing barriers with families who have youngsters attending more than one level of schooling in the same cluster. It is neither cost-effective nor good intervention for each school to make separate contacts in instances where several children from a family are in need of special attention. In addition, in connecting with community resources, multischool councils are especially attractive to community agencies that do not have the time or personnel to make independent arrangements with every school and that want to maximize distribution of scarce resources in ways that are efficient, effective, and equitable.

Representatives from learning supports resource councils also can be invaluable members of school–community planning groups (e.g., service planning area councils and local management boards). They bring information about specific schools, clusters of schools, and local neighborhoods, and do so in ways that underscore the value of school–community partnerships.

At the district level, the need is for administrative leadership and capacity-building support that help maximize the development of a comprehensive approach to addressing barriers to learning and teaching at each school (Center for Mental Health in Schools, 2007). Everyone at a school site should be aware that they have the support of someone at the district level who is responsible and accountable for providing leadership for the development of a school's enabling or learning supports component. And, it is crucial that such leadership is established at a high enough level to be at key decision-making tables when budget and other fundamental decisions are made.

The creation of resource-oriented mechanisms at schools, for families of schools, and at the district level is essential for weaving together existing school and community resources and developing a full continuum of interventions over time. Such mechanisms enable programs and services to function in an increasingly cohesive, cost-efficient, and equitable way. By

doing so, they contribute to reducing marginalization and fragmentation of student and learning supports.

Getting From Here to There: The Problem of Systemic Change

Based on the available literature and our own policy and program analyses, we find widespread deficiencies in policy and practice with respect to how desired changes in schools are pursued. In particular, we find little evidence of sophisticated strategic planning for major systemic changes (Center for Mental Health in Schools, 2005e; Elmore, 2004; Fullan, 2005; Glennan, Bodilly, Galegher, & Kerr, 2004; Thomas, 2002).

The Implementation Problem and the Diffusion of Innovation

The problem of introducing new practices at schools has been widely called the *implementation problem*. Early research on the implementation problem has focused on concerns about and barriers to matters such as dissemination, readiness for and fidelity of implementation, generalizability, adaptation, sustainability, and replication to scale (Addis, 2002; Elliott & Mihalic, 2004; Franklin, DeRubeis, & Westin, 2006; Schoenwald & Hoagwood, 2001; Spoth & Redmond, 2002; Stirman, Crits-Christoph, & DeRubeis, 2004). All of these matters obviously are important.

Unfortunately, the trend has been to analyze and approach the matter with too limited a *procedural framework* and with too little attention to *context*. This has resulted in the tendency to skip these two core considerations. The deficiencies become apparent when the implementation process is conceived in terms of the complexities of (1) *diffusing innovations* and (2) doing so in the context of *organized settings* with well-established institutional cultures and infrastructures that must change if *effective* widespread application is to take place.

Those concerned with improving schools need to view the implementation problem from the vantage point of the growing bodies of literature on diffusion of innovations and systemic change. As the available research emphasizes, the work in these two overlapping arenas yields a broader and essential perspective for moving prototypes for school improvement into regular practice (Adelman & Taylor, in press-b; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Magnabosco, 2006; Rogers, 2003; Senge, 1999; Sherry, 2003).

From this perspective, the implementation problem needs to be framed as a process of diffusing innovation through major systemic change. This encompasses the complexities of facilitating systemic changes that lead to the appropriate and effective adoption and adaptation of a prototype at a particular site and the added complexities of sustainability and replication to scale.

Enabling Systemic Change

Fullan (2005) stressed that effective systemic change requires leadership that "motivates people to take on the complexities and anxieties of difficult change." We would add that such leadership also must develop a sophisticated understanding of how to facilitate systemic change (Adelman & Taylor, 1997b, 2003, 2006a, 2006b; Taylor, Nelson, & Adelman, 1999).

Figure 2.5 highlights the ways in which major elements involved in implementing empirically supported innovative practices in an institutional setting are logically connected to considerations about systemic change. That is, the same elements can frame key intervention concerns related to implementing the practice and making systemic changes, and each is intimately linked to the other. The elements are conceived as encompassing the
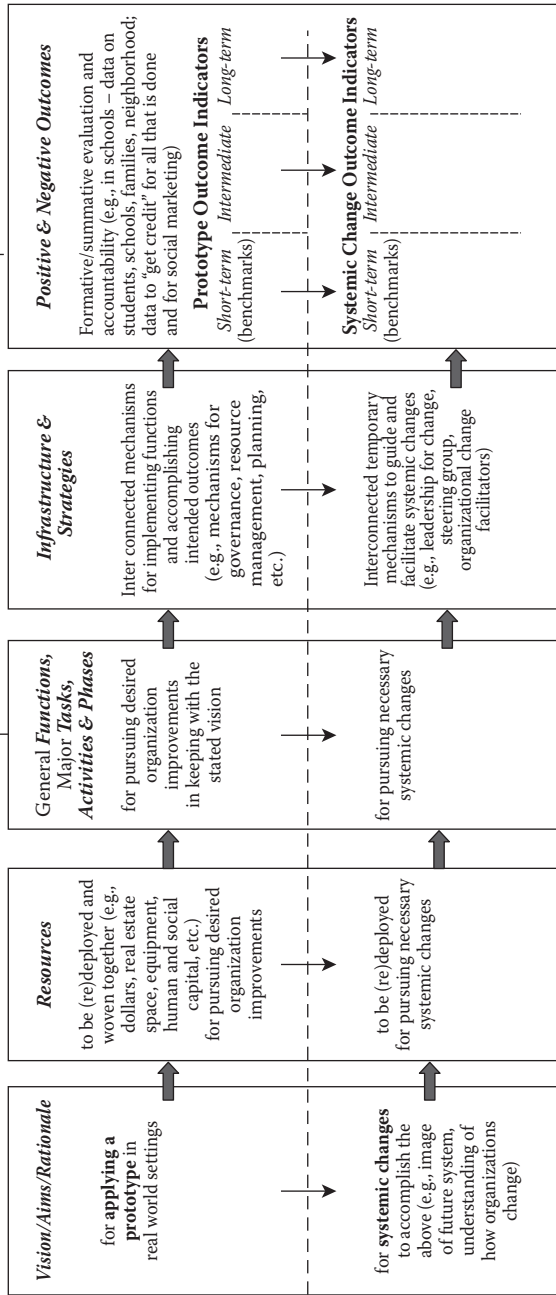
- vision, aims, and underlying rationale for what follows.
- resources needed to do the work.
- general functions, major tasks, activities, and phases that must be pursued.
- infrastructure and strategies needed to carry out the functions, tasks, and activities.
- positive and negative results that emerge.

Strategic planning for implementing the specific innovative practices should account for each of these elements. This must be done with respect to accomplishing essential systemic changes for both (1) implementing the prototype in a given setting and (b) facilitating prototype replication and scale-up. (Each of the above elements as it relates to systemic change is described in Adelman & Taylor, in press-b; Center for Mental Health in Schools, 2005e.)

Elsewhere (e.g., Adelman & Taylor, 1997b), we have highlighted the nature and scope and the four overlapping phases of systemic change involved in prototype implementation and eventual scale-up. These are

Key considerations with respect to both the diffusion and systemic change processes:

>What is the vision, long-term aims, and underlying rationale?
>What are the existing resources that might be (re)deployed and woven together to make good progress toward the vision?
>What general functions, major tasks, activities, and phases need to be implemented?
>What infrastructure and strategies are needed to carry out the functions, tasks, and activities?
>What short-term indicators will be used as process benchmarks, what intermediate outcomes will indicate progress toward long-range aims, and
how will negative outcomes be identified ?

Vision/Aims/Rationale

for **applying a prototype** in real world settings

for **systemic changes** to accomplish the above (e.g., image of future system, understanding of how organizations change)

Resources

to be (re)deployed and woven together (e.g., dollars, real estate space, equipment, human and social capital, etc.) for pursuing desired organization improvements

to be (re)deployed for pursuing necessary systemic changes

General *Functions*, Major *Tasks*, *Activities & Phases*

for pursuing desired organization improvements in keeping with the stated vision

for pursuing necessary systemic changes

Infrastructure & Strategies

Inter connected mechanisms for implementing functions and accomplishing intended outcomes (e.g., mechanisms for governance, resource management, planning, etc.)

Interconnected temporary mechanisms to guide and facilitate systemic changes (e.g., leadership for change, steering group, organizational change facilitators)

Positive & Negative Outcomes

Formative/summative evaluation and accountability (e.g., in schools – data on students, schools, families, neighborhood; data to "get credit" for all that is done and for social marketing)

Prototype Outcome Indicators
Short-term   *Intermediate*   *Long-term*
(benchmarks)

Systemic Change Outcome Indicators
Short-term   *Intermediate*   *Long-term*
(benchmarks)

Adapted from various public domain documents written by Adelman and Taylor.

Figure 2.5   Linking Logic Models for Designing Diffusion of an Innovation and Related System Change

(a) *creating readiness*: increasing a climate or culture for change through enhancing both the motivation and the capability of a critical mass of stakeholders; (b) *initial implementation*: change is phased in using a well-designed infrastructure for providing guidance and support and building capacity; (c) *institutionalization*: this is accomplished by ensuring there is an infrastructure to maintain and enhance productive changes; and (4) *ongoing evolution and creative renewal*: through the use of mechanisms to improve quality and provide continuing support in ways that enable stakeholders to become a community of learners who creatively pursue renewal. At any time, an organization may be involved in introducing one or more innovations at one or more sites; it may also be involved in replicating one or more prototypes on a large scale. Whether the focus is on establishing a prototype at one site or replicating it at many, the systemic changes involve all four phases.

The nature and scope of a prototype are major influences on the diffusion process. For example, the broader the scope, the higher the costs; and the narrower the scope, the less the innovation may be important to an organization's overall mission. Both high costs and low valuing (e.g., marginalization) obviously can work against implementation and sustainability.

Whatever the nature and scope of the work, key facets include social marketing; articulating a clear, shared vision for the work; ensuring there is a major policy commitment from all participating partners; negotiating partnership agreements; designating leadership; enhancing and developing an infrastructure based on a clear articulation of essential functions (e.g., mechanisms for governance and priority setting, steering, operations, and resource mapping and coordination; and strong facilitation related to all mechanisms); redeploying resources and establishing new ones; building capacity (especially personnel development and strategies for addressing personnel and other stakeholder mobility); and establishing standards, evaluation processes, and accountability procedures. All of this requires careful planning based on sound intervention fundamentals.

Clearly, the many steps and tasks involved in diffusing innovations through systemic change call for a high degree of commitment and relentlessness of effort. Moreover, time frames for building the capacity to accomplish desired institutional changes must be realistic. Major systemic changes are not easily accomplished. Awareness of the myriad political and bureaucratic difficulties involved in making such institutional changes, especially with limited financial resources, leads to the caution that the process is not straightforward, sequential, or linear. Rather, the

work proceeds, and changes emerge in overlapping and spiraling ways. In addition, those leading the way need to be opportunistic.

We need not belabor all this. Our point simply is to make certain that there is a greater appreciation for and more attention paid to the problems of systemic change as efforts are made to end the marginalization of mental health in schools and diffuse innovations such as those described throughout this chapter. To do less is to maintain an unsatisfactory status quo.

Concluding Comments

In looking to the future, it seems clear to us that any effort to enhance interventions for children's mental health must involve schools. Schools already provide a wide range of programs and services relevant to mental health and psychosocial concerns. However, schools can and need to do much more if the mandates of the No Child Left Behind Act and the Individuals With Disabilities Education Act and the recommendations of the President's New Freedom Commission on Mental Health are to be achieved.

At the same time, it is clear that the field of mental health in schools is in flux. There is widespread agreement that a great deal needs to be done to improve what is taking place. The call is for much more than expanded services and full-service schools. It encompasses movement toward developing comprehensive approaches that strengthen students, families, schools, and neighborhoods. Moreover, it involves the full integration of mental health concerns into a school's efforts to provide students with learning supports. Mental health in schools must be embedded into the basic mission of schools. This means developing well-integrated, comprehensive, multifaceted support systems that enable students to learn in ways that assure schools achieve their mandates.

Given the current state of school resources, the work must be accomplished by rethinking and redeploying how existing resources are used and by taking advantage of the natural opportunities at schools for countering psychosocial and mental health problems and promoting personal and social growth. Every school needs to commit to fostering staff and student resilience and creating an atmosphere that encourages mutual support, caring, and sense of community. Staff and students need to feel good about themselves if they are to cope with challenges proactively and effectively. For example, a welcoming induction and ongoing support are critical elements both in creating a positive sense of community and in facilitating staff and student school adjustment and performance. Schoolwide

strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a mentally healthy school—one where staff, students, and families interact positively and identify with the school and its goals.

A major shift in policy and practice is long overdue. We must rethink how schools, families, and communities can meet the challenge of addressing persistent barriers to student learning and at the same time enhance how all stakeholders work together to promote healthy development.

All this, of course, involves major systemic changes. Such changes require weaving school-owned resources and community-owned resources together over time at every school in a district and addressing the complications stemming from the scale of public education in the United States.

The next decade must mark a turning point for how schools and communities address the problems of children and youth. In particular, the focus must be on initiatives to reform and restructure how schools work to prevent and ameliorate the many learning, behavioral, and emotional problems experienced by students. This means reshaping the functions of all school personnel who have a role to play in addressing barriers to learning and promoting healthy development. There is much work to be done as public schools across the country strive to leave no child behind and as the mental health field undergoes transformation.

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Web Site Resource

In addition to the above references, many resources related to this chapter are accessible through the Web site of the Center for Mental Health in Schools at the University of California, Los Angeles: http://smhp.psych.ucla.edu.