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ABSTRACT

When the Maternal and Child Health Bureau implemented an initiative in 1995 to support mental health for school-age children and youth by strengthening the capacity of school-linked health programs to address psychosocial issues and mental health problems, two national centers and five state projects were developed. The work of projects in Kentucky, Maine, Minnesota, New Mexico, and South Carolina and the centers at the University of California, Los Angeles (UCLA) and the University of Maryland at Baltimore are outlined. Outlined are complimentary activities of the projects and national centers. For example, the University of Maryland center has created a major annual national conference dedicated to advancing school mental health. The center at UCLA collaborated with other organizations on regional and national invitational meetings designed to advance strategic objectives. Other complementary activities are seen with needs assessment and resource mapping. The Baltimore center focuses on clarifying the mental health needs of students and maps the services schools provide for meeting needs. The center at UCLA focuses on clarifying policy considerations that have resulted in fragmented and marginalized approaches to mental health in schools. The document concludes with a discussion of ways to enhance the continuing development of initiatives to foster widespread adoption in of mental health programs in schools. (Contains 35 references and one appendix.) (Author/JDM)

REPORT FROM THE SUMMIT ON:

The Maternal and Child Health Bureau's Initiative for Mental Health in Schools

May, 1998

This report was prepared by Howard Adelman and Linda Taylor, Co-directors of the School Mental Health Project at UCLA and its Center for Mental Health in Schools. Input on each project was provided by Mark Weist, director of the Center for School Mental Health Assistance, and the following state project directors/coordinators: Steve Adelsheim, Beth Freeman, Lucy Kapp, Michel Lahti, and David Mawn. Address correspondence to the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 -- Phone: (310) 825-3634.

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As the MCHB initiative for mental health in schools progresses, the country owes a great debt to Juanita Evans, Trina Anglin, Stephanie Bryn, Janice Berger, Mike Fishman, Maria Carter and the others in the Bureau's Office of Adolescent Health who have nurtured and supported the work.

Report from the Summit on:

The Maternal and Child Health Bureau's Initiative for Mental Health in Schools

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Some Background

It has long been recognized that mental health and psychosocial problems must be addressed if schools are to function satisfactorily and if students are to learn and perform effectively. Thus, school-based and school-linked mental health and psychosocial programs have been developed for purposes of early intervention, treatment, crisis intervention, and prevention. Such programs aim at addressing a wide variety of mental health and psychosocial problems (school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, teen pregnancy, delinquency and violence -- including gang activity). They encompass efforts to help students, schools, parents, and communities establish ways to deal with emergency situations and enhance social and emotional well-being, resiliency, self-esteem, intrinsic motivation, empathy, and prosocial skills.

In response to increasing awareness of the need to make mental health services more accessible for the school-age population, a major initiative entitled *Mental Health of School-Age Children and Youth* was implemented in 1995 by the Maternal and Child Health Bureau's (MCHB) Office of Adolescent Health in the U.S. Department of Health and Human Services (Public Health Service, Health Resources and Services Administration). In pursuing this initiative, the Department noted:

> *Recent studies indicate that approximately one in every five students in the Nation's schools have significant mental health problems that need attention. Their problems cause pain and emotional distress, and they compromise their chances for fully using learning opportunities and for ultimately succeeding. These problems not only present challenging behaviors such as aggression and disruption, but also can cause internal turmoil through feelings such as anxiety and depression. Enhancing primary mental health resources and services for school-age children and youth will facilitate early attention for such problems and will promote preventive activity designed to reduce their prevalence.*

The purpose of the Department's initiative in this area is "to strengthen the capacity of school-based and school-linked health programs to address psychosocial issues and mental health problems by enhancing primary mental health resources and services for school-age children and youth, including those with special health care needs." Primary mental health resources and services are described as including promotion of healthy psychosocial development and primary prevention of a wide range of mental health problems and health damaging behaviors; early problem identification and intervention, including referral and follow-up; and collaboration with ongoing care for serious and chronic mental health disorders. Programs supported by this initiative are meant to assist during developmental and family crises, provide guidance to promote healthy behaviors, and address the psychosocial aspects of physical disabilities and chronic illnesses such as juvenile diabetes. In the school setting, this initiative is to raise levels of awareness regarding behavioral dysfunction and emotional distress, help make the academic environment sensitive and supportive, and assist in responding to challenges confronting students when disturbing events such as an outbreak of violence or a completed suicide impact on the school community.

As stressed in the application guidelines, "The initiative is part of an ongoing commitment by the Health Resources and Services Administration (HRSA) to provide comprehensive primary care services and resources to underserved children and youth. It is designed to complement HRSA's school health efforts supported through the Healthy Schools, Healthy Communities Initiative which is a joint program of the Maternal and Child Health Bureau (MCHB) and the Bureau of Primary Health Care. It seeks to strengthen existing school-based and school-linked health programs by building the infrastructure that will assist them in increasing their mental health-related services. This initiative is responding to a manifest need to do more for the mental health of the Nation's children and youth. It is concerned with addressing a wide range of psychosocial issues which can present in primary care and school settings as well as attending to significant mental health problems."

Grants priorities were formulated in the request for applications as:

(1) Development of infrastructure and resources to build capacity for primary mental health services in school-based and school-linked health programs to assure accessibility to primary mental health services for school-age children and youth. These infrastructure grants were designated as *State Level Partnerships for Mental Health in Schools* (e.g., partnerships among health, mental health and education agencies). Project emphasis is on coordinating school-based and school-linked programs with multiple community resources in the public health, mental health, substance abuse prevention and treatment, social service and other relevant systems to facilitate comprehensive approaches.

(2) Development of "state of the art" instructional materials and resources to strengthen the mental health service capacity of primary care providers for school-age children and youth -- operationalized as *Training and Technical Assistance Centers for Mental Health in Schools.* The emphasis is on enhancing primary mental health resources and services in school-based and school-linked health programs and for community-based centers that furnish primary health care to those in the school-age population who cannot be accessed through the schools.

Thus, in 1995, the MCHB initiative to foster mental health in schools was implemented. As a first step, five state-wide, multi-year projects and two national training and technical assistance centers were established and already are pursuing a wide range of activity designed to improve how schools address barriers to learning and enhance healthy development. The two national centers are respectively: the Center for School Mental Health Assistance at the University of Maryland at Baltimore and the Center for Mental Health in Schools at UCLA. The five state projects are:

- *I.R.I.S. -- The Integrated Resource in Schools Initiative* in **Kentucky**
- *School-Linked Mental Health Services Project* in **Maine**
- *State and Local Partnership for Mental Health* in Schools in **Minnesota**
- *School Mental Health Initiative* in **New Mexico**
- *The MCHB Public-Academic Partnership Program* in **South Carolina**

Brief Description of the National Centers and Five State Projects

The two national centers were designed with a view to ensuring overlapping and complementary activity.

Center for Mental Health in Schools, UCLA

This center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Its mission is to improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools. Through extensive collaboration, the center works to (1) enhance practitioner roles, functions and competence, (2) interface with systemic reform movements to strengthen mental health in schools, (3) provide continuing education that fosters integration of mental health in schools, and (4) assist in establishing and maintaining infrastructure at all policy levels to counter fragmentation, enhance collaboration, and provide training and support. These goals are accomplished through a variety of mechanisms, including: a) a Clearinghouse that features specialized resources, materials, and information on mental health in schools, b) a series of specially prepared Introductory, Resource, and Technical Aid Packets and Samplers on key topics relevant to specific psychosocial problems, programs and processes, and system concerns, c) a Consultation Cadre, d) print and electronic newsletters, e) national and regional meetings, f) a website, and g) a series of guidebooks, including continuing education curricula guides. (For updates, see the website: http:/smhp.psych.ucla.edu/; for assistance, use Email smhp@psych.ucla.edu or call 310/825-3634)

Center for School Mental Health Assistance (CSMHA)
University of Maryland at Baltimore, Department of Psychiatry

This center provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programs. It strives to support schools and community collaboratives in the development of programs that are accessible, family-centered, culturally sensitive, and responsive to local needs. CSMHA offers training, a forum for the exchange of ideas, and promotes coordinated systems of care that provide a full continuum of services to enhance mental health, development and learning in youth. The center's 5 objectives are to (1) provide technical assistance and consultation, (2) conduct national training and education, (3) analyze and promote discussion on critical issues, (4) gather, develop, and disseminate relevant materials, and (5) facilitate networking between programs and individuals involved in and/or interested in school mental health. CMSHA disseminates a newsletter three times a year and maintains a toll free telephone for assistance 888/706-0980 and a website http://csmha.ab.umd.edu/.

The five State projects are:

Kentucky -- *I.R.I.S.: The Integrated Resource in Schools Initiative*

The IRIS initiative is guided by a statewide team that includes 15 state or private agencies, a family representative, and 4 local community teams. The project builds on the existing efforts of education, health, mental health and the community to expand Kentucky's vision and skills in promoting partnerships that help children, from birth to age 7 and their families, adapt to MH stresses. The focus is on enhancing state and local partnerships to develop strategies that are innovative, flexible, family-responsive, comprehensive, and results oriented. The project goals are to

- develop the necessary groundwork and resources at the state and local level
- promote preventive MH services in existing school-based or school-linked health programs
- create long-term capacity solutions through state and local partnerships that address the gaps and barriers to integrated delivery of primary MH services.

Family involvement is an essential component of IRIS. Family members take an active part in the decision making process for their community. In addition, the IRIS initiative provides consistent statewide coordination and local decision-making on behalf of Kentucky's families and children. This is done by crossing traditional agency boundaries at state and local levels, providing direction, training and technical assistance for state agencies and the four local partner communities.

Maine -- *School-Linked/School Based Mental Health Services Project*

The overall aim of this project is to develop a state infrastructure to enable schools to increase mental health and substance abuse services including prevention, identification, early intervention, treatment and referrals for students through building upon and expanding school-based or linked services. Specific goals are to

- analyze and recommend a variety of ways to fund school-based and school-linked services
- develop ways to measure effectiveness of services provided at the local level
- assess and improve upon current training activities provided for youth workers and school personnel
- pilot model programs that will demonstrate effective services for children
- increase local implementation of school-linked/school-based health services.

Currently the project is working with six communities across the state to develop demonstration sites for school-based/linked mental health and substance abuse services. Each site is implementing a different approach to integrating services at the school -- as part of a school-based health center, as part of a student assistance team model, as part of a wrap around model, as part of linkage to a local health center, and as part of an in-school alternative program transitioning students with significant risk factors back into the regular classroom. Another major project focus is collaborating with the state Department of Education on the "Healthy Learners Initiative" which consists of implementing the Primary Mental Health Project, Inc. for grades pre-K through 3. In addition, project staff serve on various state level policy groups related to children's mental health services and schools. A Project Work Group made up of key stakeholders including parents and family advocacy organizations, meets on a quarterly basis to provide guidance for project implementation. The project reports to the Children's Policy Committee which is made up of upper level managers of child/family serving agencies in state government. (For updates on the project, see its website: http://www.muskie.edu/smhp)

Minnesota -- *State and Local Partnership for Mental Health in Schools*

The goal is to support academic achievement by addressing the social, emotional, and mental health needs of children and youth. The intent is to strengthen the capacity of schools to address psychosocial and mental health concerns through effective implementation of internal systems, as well as school-based and school- linked services. The framework developed in the Minneapolis Public Schools will be replicated statewide. The model calls for:

- A system to establish socially and emotionally supportive school climates for all children
- Systems based on predictable, integrated structures and respectful, effective processes
- A process to move children experiencing emotional/social stress through an organized system of screening, assessment, support, treatment, and follow-up at school or referral
- A process for linking children, families, schools and community institutions to create effective partnerships
- A structure among multiple state agencies to promote positive social and emotional growth.

These objectives are achieved through consulting with individual schools, as well as with district-wide administration. Efforts also are directed at streamlining and strengthening screening and assessment procedures, interagency/community collaborations, access to funding, and training for teachers, supportive school staff, and families to incorporate these resources in a supportive school environment.

New Mexico -- *School Mental Health Initiative*

The New Mexico School Mental Health Initiative is focused on breaking down students' barriers to learning, with an emphasis on meeting mental health needs. The initiative supports linkages between youth, families, schools, communities, and government agencies to create and maintain an environment in which all children in New Mexico can learn and thrive. Specific objectives include:

- Breaking down barriers to student learning
- Increasing awareness of children's social and emotional needs
- Decreasing stigma around mental health issues
- Increasing access to quality and timely screening and assessments
- Linking systems to improve support, resources, advocacy, and assessment
- Creating school-linked programs that are family-friendly, accessible integrated, and comprehensive
- Promoting culturally appropriate approaches that are strengths-based
- Supporting local strategies that create healthy schools.

The initiative includes three workgroups comprised of families, educators, MH professionals, child advocates, and agency representatives ranging from local providers to state departments. The workgroups are: (1) the Advocacy, Data and Evaluation Group which developed a Memorial to support State level collaboration to improve school mental health and is also working to increase students' access to comprehensive, quality screening and assessment; (2) the Training Group which creates assessment tools for schools to use in designing approaches to meet student needs and is also collaborating with the State Pupil Services Alliance to expand support and training for MH professions and other staff who work in schools; and (3) the Family, School, and Community Linkages Group which emphasizes student accommodations and related training issues, integration of school-community resources, and ways to help families, schools, and communities develop systems that reduce barriers to learning.

South Carolina -- *MCHB Public-Academic Partnership Program*

The program was formed from a collaboration between the South Carolina Department of Mental Health, Department of Education, and the Department of Health and Environmental Control. The ultimate goal of the project is to increase opportunities for children and youth to be full participants in education. The project's focus is to

- improve coordination and access to health and MH services in school and community settings with an emphasis on coordination in rural areas
- develop a process that school districts across the state can use to increase access to mental health and health services
- involve minority college students in school health services and encourage more minority representation in school health professions
- demonstrate that improved coordination in providing mental health services to school-age children and improved access to these services will improve other aspects of the children's lives.

These goals are achieved through the coordination of service delivery at the state level between departments of Mental Health, Education and Health Services. In addition, local project coordinators build community liaisons through local advisory councils that consist of parents, local school district administrators, teachers and other staff, health department staff, mental health center staff, and community leaders. School-based mental health projects are implemented in select schools to provide students with direct access to services. This project also involves college students who provide peer counseling, tutoring, and group leadership.

The MCHB initiative provides a new focal point and a catalytic opportunity to enhance mental health in schools by linking together various initiatives in which many states and localities are engaged. For example, a component for mental health is encompassed in the efforts by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services to establish comprehensive school programs in every state. Mental health is a major concern in the over 1,000 school-based health centers around the country and, relatedly, is part of the Robert Wood Johnson Foundations' *Making the Grade* program which works with states to promote the increased availability of school-based health services. More basically, every school in every state continues to draw upon various resources to address mental health and psychosocial concerns such as school avoidance, school violence, substance abuse, physical and sexual abuse, intrapersonal and relationship problems, dropouts, and so forth. Concern for mental health in schools also is part of federal, state, and local efforts to encourage development of *systems of care* in ways that embrace schools, and the complementary moves to improve strategies for appropriately including more special education students in regular classrooms. States such as New York have passed legislation for "local school-community collaboration to maintain emotionally disturbed children -- or those at risk -- in the least restrictive educational placement and develop preventive mental health services designed by families, school staff and community leaders." Their state education and mental health partnership "reflects the public's concern with reducing the high cost of neglecting problems until they require expensive, often ineffective ... treatment."

Brief Analysis of Some Key Similarities and Differences Among the State Projects

Each of the five state projects is committed to affecting state and local infrastructures that have relevance for mental health in schools. In pursuing their commitment, each initiative has commonalities, but each also differs in keeping with the particular characteristics of the context in which it is functioning.

With respect to major similarities, all five emphasize the importance of a continuum of coordinated and accessible programs and services that go beyond treatment of severe and pervasive disorders to encompass prevention and early intervention. They all are involved with local initiatives and development of model sites that include school-community collaboration and weaving together of resources. They all provide technical assistance and training. Finally, they all aim at enhancing the availability and accessibility of services as an essential facet of improving school achievement and personal well-being over the long-run, and they do so with extremely limited resources.

Some Differences

While all are concerned with interagency collaborations and policy that have implications for sustainability and widespread institutionalization, each is positioned differently for influencing policy makers, and each has different mechanisms available for advancing its agenda. Over time, it will be important to analyze whether any of the differences facilitate or hinder immediate progress and widespread and long-term impact. Examples of the differences are outlined below with respect to each initiative's linkages and the types of mechanisms each is using/developing.

Linkages with Policy Makers and Higher Education

In each state, the initiative is administered by different agencies, and the agencies are at different stages of development with respect to collaboration within and among themselves. The initiatives also differ in terms of their collaboration with institutions of higher education.

Kentucky: From the outset, Kentucky's initiative was designed to build upon the State Interagency Council (SIAC) IMPACT Process for coordinating services for children with severe emotional disabilities and partner with KERA (the Kentucky Educational Reform Act) -- which encompasses school-based health and social service reforms. The project is administered by the IRIS Team which coordinates with SIAC; thus, the mental health in schools initiative is seen SIAC's first proactive step to focus on primary prevention and younger children (ages birth to seven). Moreover, the project is part of a coordinated effort by the Department of Mental Health and Mental Retardation Service's Office of Prevention Education and Networking Systems which includes two other prevention efforts targeting children -- the FIRST Project diversion program and the Governor's Youth Substance Abuse Prevention Process focusing on collaboration among partners and research based solutions.

Maine: Maine's initiative is administered by the state's Dept. of Human Services, Bureau of Health, Teen & Young Adult Health Program and is directly linked to the state's Children's Policy Committee and Maternal and Child Health Program. Moreover, the initiative is a focus of current planning being done by the Governor's Childrens' Cabinet. The project has direct ties with the University of Southern Maine and the University of Maine's College of Education.

Minnesota: Unlike the other four, this initiative is administered as a joint effort between a major school district (the Minneapolis Public Schools' Health Related Services Program) and the State's Department of Health. The intent is to increase the capacity of schools to address the social, emotional, and mental health needs of students by building effective systems at schools. A key strategy is to build linkages between school and community resources. This local demonstration is informing state level linkages and policy.

New Mexico: New Mexico initiative is administered by the Office of School Health in the Department of Health's Public Health Division and has established links with the state's Department of Education, Children, Youth, and Families Department, Juvenile Justice, and the CDC infrastructure grant for comprehensive school health. Other state collaborative partners are Parents for Behaviorally Different Children, State Pupil Service Alliance, and New Mexico's universities. Particularly noteworthy is the effort to ensure the initiative is implemented in ways consistent with the Department of Education's Safe and Drug Free Schools Program. In 1998, the project was able to generate support for a state Senate Joint Memorial requesting that the Department of Health take the lead in a study of the need for and best methods of providing an effective statewide program for mental health in the schools. New Mexico's legislature also has incorporated school mental health into its State Childrens' Health Insurance Plan.

South Carolina: The State Department of Mental Health administers this initiative and has formal linkages with the Department of Education and Health and Environmental Control. The project encompasses a focus on assisting local communities in their efforts to access funding through collaborations with business and grants from local, county, and state government (e.g., related to safe and drug free schools, violence prevention, law enforcement) and business. Facets of the project are tied closely to Benedict College and South Carolina State University which are historically Black institutions. Recently the project has expanded to include minority college students from other two and four colleges. The project also has links with the University of South Carolina for training, technical assistance, consultation, research, and evaluation.

Mechanisms for Creating Demonstrations and Advancing the Initiative Statewide

Each project has taken a different approach with respect to mechanisms for creating demonstrations and building capacity for sustainability and widespread replication.

Kentucky: This initiative focuses on creating "solutions through a state and local partnership that addresses gaps and barriers to integrated delivery of primary/ preventive MH services in a school- based or linked atmosphere" (e.g., as part of Family Resource Centers). The intent is to ensure "grassroots" decision making with the family and community as "the engine for system design and delivery." The State Interagency Council created a System Change Work Group "to promote quality mental health among ... young children through integrated collaborative systems by focusing on prevention and early intervention." The work group's recommendations and work plans focus on four partner communities as demonstrations. Examples of recommendations are: (1) Stronger emphasis on state agencies as specialized support and technical assistance bodies designed to help local communities achieve agreed upon outcomes in primary prevention/ early intervention; (2) Support for a local decision making model that includes families, care givers, businesses and workers as well as others across the community to make decisions about services for children and/or families; (3) Support for "front line" agency personnel to work with families and children by reallocating dollars to pay for children not eligible for Medicaid without a diagnosis of mental illness to achieve healthy outcomes in primary mental health prevention and early intervention; (4) Permitting "front line" staff to serve families/children regardless of ability to pay or meet eligibility criteria through designing demographically based primary prevention and early intervention services; (5) Blending roles and responsibilities to promote a level of communication among top agency personnel centered around the need to allow greater local flexibility with existing funds; (6) Drafting policy and regulations for primary prevention and services for children and their families that would assure state and local agency collaboration through rewards and incentives. The demonstration partner communities will provide models for the rest of the state. The work group is a mechanism for recommendations and work plans related to capacity building for the demonstrations and for their replication elsewhere.

Maine: Initially, project staff established statewide teams to clarify needs and recommend actions. Six communities were designated as places to develop demonstrations (each of which reflects a different approach to including mental health services). Project staff assist each community's efforts, and a Work Group made up of key stakeholders meets quarterly to provide guidance. Project staff also serve on state level policy groups that include a focus on mental health services and schools, and they report to the Children's Policy Committee which is made up of upper level managers of child/family serving agencies in state government.

Minnesota: The project staff's initial thrust has been to use its base of operations within the Minneapolis schools to create interest and develop local partnerships to establish seven demonstration sites. In doing so, they have embedded their efforts

for addressing social and emotional concerns into the school district's agenda by adopting an approach called *School Engagement: Building Assets and Addressing Barriers to Learning*. This approach focuses on school reform and includes direct links to several ongoing initiatives that have mechanisms in place. To pave the way for state level use of the demonstrations, project staff who work for the state's Dept. of Health are collaborating with other state-level agencies to create interest and identify existing mechanisms that may be of use in developing state level support for widespread replication.

New Mexico: To support and guide the initiative for mental health in schools, project staff created state workgroups focusing on: (1) advocacy, (2) training, and (3) family, school, community linkages. In 1997, the Department of Education's Safe and Drug Free School Program sponsored a planning forum on safe schools for New Mexico. Using recommendations and ideas developed by forum participants, the school mental health initiative offered support for innovative and accessible school-based programs (schools-communities working collaboratively). At this time, the state has four funded pilot sites focused on school-community collaboration and behavioral health. It also has four technical assistance sites, one primary care pilot project, eight planning grant sites, and ten others that are receiving technical assistance support. The funded sites have advisory councils to ensure input from children, youth, parents, teachers, school administrators, and community participants. With a view to leveraging resources to sustain and expand the initiative, project staff work directly with the state's elected officials (the Governor's office and the legislature) and are pursuing strategies to capture a share of existing funding streams (e.g., Medicaid managed care, federal block grants, juvenile justice grants, the Children's Health Insurance Program). They also aim to enhance coordination with special education, systems of care initiatives, statewide "accommodation" programs (related to Section 504 of the Rehabilitation Act of 1974), Safe and Drug Free Schools, School-Based Heath Centers, Coordinated School Health Programs, and so forth. A major priority has been state-wide training (e.g., on school health, student accommodations, substance abuse, grant writing).

South Carolina: To improve coordination between the state's Departments of Health, Mental Health, and Education for providing school-based mental health and health services to school age children and their families, a State Advisory Council coordinates a plan for collaboration and implementation of demonstrations in four school districts. This mechanism has identified barriers to services and ways to overcome these barriers at state and local levels. With respect to school-based programs for mental health, they have identified and addressed various policy and procedural concerns (e.g., about notifying parents, appropriate consent forms, sharing of essential information and keeping appropriate confidentiality, and so forth). The Council also has been instrumental in providing training for project sites. Local project coordinators for demonstration sites are establishing collaborative mechanisms to enhance coordinated services. This includes forming service teams with school support service staff and ensuring stakeholder input by creating advisory teams. Project staff have developed contracts with historically Black colleges/universities and other local colleges to involve student interns as tutors, mentors, role models, and interveners who provide recreational activities, presentations, and special assistance. Project staff also help develop access to previously unavailable community resources such as Boys/Girls Clubs, recreation centers, health care, after school and summer enrichment programs, and youth enterprise development.

The Complementary Activity of the Two National Centers

From their inception, the two national centers were designed as collaborative, overlapping, and complementary entities. Each is committed to providing training, technical assistance, and related activity to advance the state of the art with respect to mental health in schools. To aid the processes, the centers gather and develop resources and are creating mechanisms for widespread distribution of information and materials. Among the currently available resources are (a) documents that provide basic facts and information, references, and samples of materials gathered from around the country; (b) center developed materials including resource and technical aids, guidebooks, and continuing education modules; and (c) reports on key topics generated from sessions with expert panels. The centers have created a range of mechanisms to foster communication and colleagual networking and support. These include clearinghouses, consultation cadres, websites, print newsletters, electronic news reports, and national and regional conferences and workshops. To foster distribution and use of resources as well as to enhance training and technical assistance, formal linkages have been developed with the MCHB clearinghouse and a host of organizations serving relevant clientele, especially associations connected with school nurses, school psychologists, and other personnel working in schools.

In addition, both centers are directly involved with school-based programs, reform initiatives, and organizations that pursue agendas relevant to school mental health and psychosocial concerns. Furthermore, staff from both centers are publishing articles in widely disseminated journals, and these should have significant influence over time in advancing mental health in schools (see attached sample list of references).

The centers complement each other in a variety of ways. For example, the CSMHA at the University of Maryland at Baltimore has created a major annual national conference dedicated to advancing school mental health. The conference attracts overflow crowds each year, and the feedback from participants indicates both that the sessions meet basic needs and are valuable learning opportunities. Each year, the center at UCLA initiates and collaborates with other organizations on regional and national invitational meetings designed to advance strategic objectives. These objectives include providing forums for exploring promising policies and programs and ways to restructure education support programs/student support services and develop comprehensive, integrated approaches to address barriers to learning and enhance healthy development; relatedly such forums are clarifying relevant policy considerations, fostering the development of mechanisms to enhance such policy, and improving infrastructure capacity for advancing mental health in schools. Formal reports from such meetings are circulated widely, and feedback indicates that they are influential.

Another example of complementary activity is seen with respect to needs assessment and resource mapping. The Baltimore based center focuses on clarifying the mental health needs of students and maps the services schools provide for meeting needs. These data are used in reports and articles to foster the concept of *expanded school mental health services*. The center at UCLA focuses on clarifying policy considerations that result in fragmented and marginalized approaches to mental health in schools. This includes identifying policies that interfere with intra and interagency collaboration, school-community partnerships, gaps in current policy, and the need for policy cohesion. Resultant policy reports are widely and strategically circulated, with follow-up activity aimed at mechanisms that can improve the policy context.

Current Status of the Initiative

On March 7th 1998, a summit was held in Washington DC focusing on the MCHB initiative for mental health in schools. In attendance were professionals from each of the five states involved in the initiative, the directors of the two national centers, and some others from national organizations with interest in the work (see attached participant list). The objectives of the summit were to review progress and lessons learned and to do some problem solving and planning for the future.

Immediate Contributions

The two national centers and five state projects already have made major contributions to efforts "to strengthen the capacity of school-based and school-linked health programs to address psychosocial issues and mental health problems." Examples in four areas of activity will suffice to underscore the point.

Development of a leadership pool

A key element in the ultimate success of the MCHB initiative for mental health in schools is development of a strong cadre of leaders who are knowledgeable about effective models for pursuing mental health in schools and about how to effect systemic changes that involve schools. Such leaders are needed to provide guidance and support at all levels of policy making and program planning, implementation, and evaluation.

Simply by implementing the initiative for mental health in schools, MCHB has brought together a core of leadership to whom the Bureau, the entire Dept. of Health and Human Services, and the country can turn for policy guidance, technical assistance, and training related to enhancing school-based and linked mental health activity. Currently, each state initiative is providing on-the-job leadership training for groups of individuals who also can play a leadership role in and outside their states. In addition, the two national centers have identified other leaders across the country who are willing to be part of the growing "Consultation Cadre." Moreover, both centers have been carrying out training and providing technical assistance designed to build leadership capacity. In this respect, they are building working relationships with many key organizations (see Appendix A).

Models that can inform and act as catalysts

At each step of the way, the MCHB state initiatives are learning from each other and from others around the country. The state initiatives and the national centers are clarifying models for policy, infrastructure, operational prototypes, and specific practices that can guide others who are ready. The work also is playing a catalytic role in creating readiness and expanding perceptions of how mental health in schools connects with other initiatives.

Among those who have drawn upon the work are those involved in federal and state efforts related to school-based health centers, coordinated school health programs, safe and drug free school planing, behavioral initiatives, and more. And if the current pattern continues, the impact of the state projects and national centers will grow at an exponential rate.

Policy analysis

The experiences in each of the five states and in other sites around the country are providing invaluable data for understanding policy concerns associated with mental health in schools. Thus, this MCHB initiative has created a unique opportunity to analyze and clarify the policy context around the country. In pursuing this opportunity, the national center housed at UCLA has expanded its objectives to include work on delineating the type of policy framework that is essential for effective integration of mental health in schools and is clarifying steps that must be taken to establish such a framework.

Analyses to date suggest that efforts to integrate mental health in schools are hampered by (a) policies that currently are marginalizing all efforts to address health and social concerns in schools, (b) the absence of an explicit policy framework for a comprehensive, integrated approach for addressing barriers to development and learning, and (c) the lack of cohesion in existing policies related to these concerns.

Resource development

The state projects provide some training, technical assistance, and resource development within their respective states. In response to needs identified by the state projects and other school mental health initiatives, the two national centers continuously gather and develop a variety of resources and provide training and technical assistance across the country. Available resources include basic information, references, and widely gathered materials; specially developed materials including resource and technical aids, guidebooks, and continuing education modules; reports on key topics developed from sessions with expert panels; and more.

The centers have devised a variety of mechanisms for distributing information and materials to foster communication, colleagual networking, and support among those concerned with mental health in schools. These include *clearinghouses* for information, references, and materials; *consultation cadres* consisting of professionals in every state who offer a wide range of expertise; *websites; newsletters; electronic news; national and regional conferences and workshops*; and more. Plans have been made to establish a listserv for enhancing interaction among the five states, two national centers, and other interested parties; this will enhance the ability of all interested parties to keep abreast of events and resources. What is learned will be made more widely accessible through the centers' websites

Lessons Learned

Most of the fundamental lessons learned to date are those commonly cited in the systemic change literature. Chief among these lessons are that progress is dependent on developing a critical mass of supporters (including families and students), intensive and continuing capacity building, and prototype demonstrations that show results. And, of course, there are the perennial concerns about funding. The projects continue to find that support is extremely limited and mainly budgeted for the most severe and pervasive problems. This maintains the type of categorical emphasis that makes it difficult to reduce service fragmentation and marginalization and yields few incentives for creating prevention and early identification programming.

Building a critical mass of support for the initiative

Because efforts to pursue mental health concerns are fragmented and marginalized, initiatives to enhance mental health in schools must use sophisticated strategies to enlist support from a critical mass of stakeholders -- including key policy makers. This is especially important given the many concerns associated with mental health and psychosocial problems and interventions and how such matters relate to the mission of schools. Once attained, policy support must be communicated widely in a highly visible manner. Strategies must be built on the idea that the proposed initiative can play a major role in helping schools be more effective in achieving their educational mission. They also must avoid the error of over-assessing needs; stakeholders are extremely frustrated by frequent needs assessments that are not followed with corrective measures.

Leadership that has time and commitment and is accountable

Because of their complexity, any initiative for mental health in schools requires a sufficient cadre of leaders who are committed to its adoption and can devote full time to pursuing systemic change in a relentless manner. They must be equipped and ready to counter the stigma-related fears and the denial that so often is associated with mental health and psychosocial problems. And they must be able to make the case for how school-based programs to deal with such problems are essential to schools fulfilling their educational mission. At the same time, policy makers must ensure that such leaders are not impaired by timetables that are unrealistic and judgments of progress that use accountability criteria that are unreasonable.

Appropriate support for capacity building

Because of the complexity of systemic change, progress is hindered significantly by insufficient support for capacity building of the leaders and those they enlist in planning, implementing, and evaluating the initiative.

Prototype demonstrations and evidence of positive impact

Initial progress is slow when capacity building activity cannot draw on prototype models and evaluation to clarify effective processes and concretely show positive impact. Subsequent replication depends on an initiatives ability to establish compelling demonstrations and use them in ways that enhance stakeholder interest and commitment.

The lessons learned have immediate implications for enhancing the work of current state projects and for future planning to foster widespread adoption of initiatives for mental health in schools.

Enhancing the Continuing Development Of the Initiative

The MCHB initiative for mental health in schools already is making an important contribution and has laid a foundation that ensures a variety of continuing benefits. It is expanding the pool of leaders and resources and establishing models that can inform and catalyze. Soon, the impact on policy should be evident. Taken as a whole, the initiative has made fine progress.

Additional steps that can be taken to enhance progress include coordinating with other relevant initiatives in the five states. For example, several states involved in the MCHB initiative for mental health in schools also are recipients of infrastructure grants related to CDC's initiative for comprehensive school health programs. Some of these states are proposing steps for enhancing integration of these overlapping initiatives (e.g., a national summit at which all the CDC infrastructure states meet with representatives of state departments of mental health for a strategic planning session). In a similar vein, special education's move toward inclusion provides many opportunities for integrating overlapping initiatives and leveraging interagency linkages at federal, state, and local levels.

Relatedly, within the U.S. Department of Health and Human Services, progress can be enhanced through greater coordination among all those trying to involve schools in addressing health and psychosocial agendas. A good starting place would be to explore opportunities for linking related initiatives funded by MCHB, CDC (especially DASH), the new Center for School-Based Health Care, and SAMSHA (especially its Center for Mental Health Services). As another step, MCHB and the entire Department could enhance the impact of the initiative for mental health in schools by utilizing the expertise and experiences of the initiative leaders to a fuller degree (e.g., in MCHB training functions, in connection with the work of CDC and SAMSHA).

Assuming that additional steps will be taken to enhance progress, it is important to appreciate the implications of the lessons learned. The work of project staff in each state has been and is likely to continue to be limited by the types of impediments

described above. It seems clear that each state will require a longer, more realistic time line and period of federal support if the initiative is to fully develop. However, if support beyond the five year period is impossible, then each state needs a plan for ways to use its accomplishments to leverage support for continuing development (or at least for sustaining progress made). MCHB could play a role in assisting with the preparation of such plans.

Finally, assuming the development at some point in time of effective demonstrations, MCHB will need to formulate a scale-up initiative to foster widespread adoption of mental health in schools.

Clearly, the MCHB initiative for mental health in schools in on the right track. But it has just left the station, and the journey ahead is an arduous one. Those responsible for the initiative have much to do in a very short time period and need a great deal of collaborative assistance along the way.

For More Information on State Actions Related to Mental Health in Schools...

Each year the National Conference of State Legislators publishes *Adolescent Health Issues: State Actions.* This resource provides a summary of every act that was passed during a particular year related to mental health, school health, and school-based health services.

An Example of Another National Initiative for Mental Health in Schools

Acknowledging a fivefold increase in the likelihood of below average academic performance due to mental health factors, Australia's Commonwealth Department of Health and Family Services funded a National Mental Health in Schools Project in 1997. The project's aims are to develop a comprehensive approach to mental health promotion in the school setting. Local support teams will help schools plan and implement programs based on needs identified by each school. Curriculum materials will be developed related to life skills, grief and loss, understanding mental illness, and bullying and harassment.

Appendix A

Key Organizations with Whom the Initiative is Building Working Relationships

A key facet of developing an effective initiative for mental health in schools is building working relationships with federal and state agencies, school districts, institutions of higher education, and other major organizations that shape educational and health policy. The national centers and state projects are establishing such relationships. A partial list includes:

MCHB Partners in Program Planning for Adolescent Health (PIPPAH)

MCHB is fostering this public/private initiative to promote an adolescent health agenda among professional disciplines through large, national, membership organizations. Initially, the Office of Adolescent Health focused on the disciplines are law, medicine, psychology and social work -- establishing cooperative agreements with the *American Bar Association, American Medical Association, American Psychological Association, and the National Association of Social Workers.* The field of nutrition has recently been added by a contract with the *American Dietetic Association* (ADA), and the field of nursing has been added as well by a competition for a cooperative agreement with the *American Nurses Association* (ANA). The MCHB initiative for mental health in schools has been forging working relationships with these partners.

Other Organizations with Close Working Relationships with the MCHB Initiative for Mental Health in Schools

Advocates for Youth
American Academy. of Child & Adolescent Psychiatry
American School Health Association
American Society for Adolescent Psychiatry
Association of State and Territorial Health Organizations
Center for the Collaboration for Children
Center for Effective Collaboration & Practice
Center for the Study and Teaching of At Risk Students
Collaborative for the Advancement of Social & Emotional Learning
Education Development Center
Federation of Families for Children's M.H.
Institute for Educational Leadership
Institute for the Study of Students At Risk
Institute of Medicine
Making the Grade (RWJ Foundation)
Mountain Plains Regional Resource Center
National Assembly on School Based Health Care
National Association of Pupil Services Administrators
National Association of School Nurses
National Association of School Psychologists
National Association of State Directors of Special Education
National Center for Juvenile Justice
National Center for Schools and Communities
National Dropout Prevention Center
National Technical Assistance Center for Children's Mental Health
Northwest Regional Educational Laboratory
Ohio Family & Children First
Pacific Region Educational Laboratory
Penn Program for Public Service
Philadelphia Center for Health Care Sciences
Primary Mental Health Project
RAND
Region III Comprehensive Center
Research & Training Center for Children's Mental Health
Research & Training Center on Family Support and Children's Mental Health
School-Based Violence Prev.-Intervention Program
School Health Resource Services
South Atlantic Regional Resource Center
South East Regional Resource Center
So. California Comprehensive Assistance Center
Washington Business Group on Health
Western Psychiatric Institute and Clinic
Yale Child Study Center

Others Organizations that Have Expressed Interest

Academy for Educational Development
American Assoc. of School Administrators
Center for Community Partnerships,
Center for Mental Health Policy
Center for School Health Programs
Council of Chief State School Officers
Center for Young Children and Families
Great Lakes Area Regional Resource Center
Greater Washington Urban League
Institute for Health Policy
Mental Health Association in Texas
National Association of State M.H. Program Directors
National Center for Schools & Communities
National Center School-Based Health Information Systems
National Community Education Assoc.
National School Boards Association
Northeast & Islands Regional Ed. Lab.
Prevent Child Abuse -- NJ

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Note: **Listings of the many resource materials available from the two national centers can be viewed on their respective websites or requested by phone, mail, or Email.**

Center for Mental Health in School web: http://smhp.psych.ucla.edu Phone: (310) 825-3634
Email: smhp.psych.ucla.edu Write: c/o Box 951563, UCLA, Los Angeles, CA 90095-1563

Center for School Mental Health Assistance web: http://csmha.ab.umd.edu/
Email: csmha@csmha.ab.umd.edu Phone: (888) 706-0980 -- toll free
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