



*A Center Policy Brief**

**Building Collaboration for
Mental Health Services in California Schools:
What Will be Built?**

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*The national Center for Mental Health in Schools at UCLA is a policy and program analysis center co-directed by Howard Adelman and Linda Taylor; The Center operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA,

Write: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563
Phone: (310) 825-3634 Fax: (310) 206-8716 Toll Free: (866) 846-4843
email: smhp@ucla.edu website: <http://smhp.psych.ucla.edu>

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Preface

Because of its importance and relevance to our Center's work across the country, we are following and will conduct and share analyses of policy and practice stemming from California's *Mental Health Services Act* – especially as it relates to children, adolescents, and mental health in schools.

Not surprisingly, once the act was in place the first round of activity mainly emphasized enhancement of efforts to provide treatment for adults with serious problems. As the next round has begun, a focus has been introduced to promote collaboration between the education and mental health fields to enhance “early intervention and prevention activities to improve children's mental health, thereby increasing student academic achievement.” To this end, the state's department of education has issued a Request for Proposals (RFP) for a project to “Build Collaboration for Mental Health Services in California Schools.”

As soon as the RFP was announced, we shared it with a broad range of California mental health and education leaders. We heard from many who expressed their interest in the endeavor, and some apparently will submit proposals.

Given our Center's mission, we naturally have considerable interest and concern about how all this plays out. (Note: Our Center is not pursuing the contract.) Thus, we decided to begin by analyzing and discussing the proposed work. We have done so in hopes of providing a brief, introductory resource that could contribute to maximizing potential benefits and minimizing unintended and undesired consequences.

In conducting the analysis, we have drawn on what has been learned from previous initiatives that have endeavored to connect the education and mental health fields. These include lessons learned from our own extensive work with schools, agencies, school-community collaboratives, and major state and federal programs such as *Healthy Start*, the *Safe Schools/Healthy Students* initiative, and the *Integration of Schools and Mental Health Systems* projects.

As with other ad hoc initiatives, the proposed project has the potential to complement or work against ongoing efforts in CA and across the country designed to end the marginalization and enhance the impact of student/learning supports. It is imperative that the project not promote the same type of school-community “service” linking that has dominated the field for far too long. And, it must avoid being another initiative that further marginalizes and fragments what schools do to address barriers to learning and teaching. (We are especially worried that this will occur if the proposed training is too traditional and limited in scope.)

Our intent here is not to criticize or to lay a foundation for later remonstrations about another lost opportunity. We would like this brief to be a resource that contributes to maximizing the opportunity afforded by the proposed project. This requires both comprehending why past efforts to connect schools with community resources have not been able to go beyond projects, pilots, and demonstrations and a sophisticated understanding of how to build the type of school-community collaboration that this initiative must work toward if the effort is to be effective and sustainable.

Moreover, this “project” must be designed to complement and not be counter-productive to initiatives focused on developing a comprehensive and systemic continuum of school-community interventions. Thus, it must be conceived within the context of current endeavors in California (and across the country) that are pursuing new and more effective ways to provide essential student/learning supports.

Examples abound of the unintended consequences of previous projects. These not only are well documented, the syndromes have been given special labels such as “projectitis” and “pernicious” funding. Projectitis underscores the concern that work conceived and funded as a special project tends to be perceived and treated as transitory. Pernicious funding refers to the unfortunate tendency for the demands of project RFPs to result in redeploying resources and diverting attention away from other efforts, often already underway, that can lead to more *fundamental* progress in addressing the problems of children and adolescents.

The talent, time, and energy of those called upon to address youngsters’ behavior, emotional, and learning problems is a precious and scarce resource. As such, every RFP needs to take care that it is not just another special project with well-intentioned aims. This is particularly the case with reference to efforts to enhance school-community collaboration. When it comes to such collaboration, there is never an issue about intent and desired outcomes. The difficulty is how best to get from here to there. Increasingly we hear those who have participated in school-community collaboratives for any length of time say: *Not another meeting*. The collaborative movement is being endangered by too much talk and not enough attention to defining essential functions and establishing an infrastructure that involves more than periodic meetings. Minimally, applicants applying for this RFP need to understand why this is the case and what this project will do differently than the ones that have gone before.

California’s Mental Health Services Act has the potential to play a significant role in shaping how schools address mental health and psychosocial concerns. The current RFP is the first action aimed in this direction. That is why it is so important to analyze it from a public policy perspective for indications of the soundness of conception, its potential impact, and the likely cost-benefits of this investment of public funds. And, that is why it is essential to do everything feasible to ensure the work is implemented with a well-developed vision, appropriate resources, and sophisticated procedures.

With all this in mind, we will send this brief to whoever wins the contract and are circulating it to key leaders in California. And, because it has relevance to work in other states and localities, we are also sending it to interested parties across the country.

Howard Adelman & Linda Taylor, Co-directors

Note: An initial draft of this brief was sent to the state’s departments of education and mental health, the oversight and accountability committee for the MHSA, and to a few others for feedback; this version of the brief tries to account for the responses we received. At this stage, we encourage all who read this to offer their reactions. As appropriate, we will develop an addendum to this brief, as well as using various Center efforts to account for additional matters that warrant inclusion.

Building Collaboration for Mental Health Services in California Schools: What Will be Built?

Since California voters passed Proposition 63, *The Mental Health Services Act* (MHSA), interested parties across the country have been monitoring the resulting actions and impact. Our Center has been particularly interested in what the Act will do for children and adolescents and how it will affect the role of schools in addressing mental health and psychosocial concerns. Thus, we were intrigued to read the Request for Proposals entitled *Building Collaboration for Mental Health Services in California Schools* issued by the California Department of Education in July, 2006 (><http://www.cde.ca.gov/fg/fo/r8/documents/mentalhealth05app.doc><).

Our analysis of the document leads us to underscore both the opportunity presented by the proposed work and the potential for serious unintended negative consequences. This brief is designed to share our analyses and to highlight what must be addressed when the project gets underway if it is to contribute significantly to a broad mental health agenda, while also improving schools and facilitating learning (Adelman & Taylor, 1998; Elmore, 2004; Fullan, 2005; Sarason, 1996).

Proposal Background and Scope

The introduction in the Request for Proposals (RFP) states:

“The Mental Health Services Act (MHSA), Proposition 63, enacted by California voters in November 2004, is a sweeping transformation of mental health services delivery and funding in California. The MHSA is the catalyst supporting a new level of collaboration between education and mental health agencies to promote children's mental health and facilitate learning. The intended outcome of this Request for Proposals (RFP) is an enhanced focus and collaboration on early intervention and prevention activities to improve children's mental health, thereby increasing student academic achievement.”

Program Background – “There is broad agreement that all children should have equal access to a quality education. California's constitution guarantees that all students will learn in a safe and healthy environment. In 2002, the Little Hoover Commission estimated that 60 percent of the one million children in California with mental health needs did not receive treatment.

Social and emotional problems are extremely common, yet most California children have to experience crisis and failure before they can gain access to mental health services. Lack of mental health care is the leading cause of disability and suicide and imposes high costs on state and local governments. Children left without services or supports often become unable to learn or participate in a normal school environment.

This project supports the concept that early mental health intervention and innovative supports improves long-term outcomes and reduces students' chances of school failure, poor outcomes, and more costly and intensive services over time.

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Recent research from Loyola University entailing the largest-ever quantitative analysis on the impact of emotional well-being on student achievement shows that social-and-emotional learning programs significantly improve students' academic performance. The review shows that students enrolled in a social-and-emotional learning program rank at least 10 percentile points higher on achievement tests than do nonparticipating students.

The purpose of this project is to increase awareness of the impact of children's mental health on academic achievement and to build collaboration among county offices of education (COE), local educational agencies (LEAs), and county mental health programs.”

The overarching goal – establish collaborative partnerships between systems of education and MH to facilitate an expanded framework for MH supports in schools

Scope of the Project – “The overarching goal of this RFP is to establish collaborative partnerships between systems of education and mental health to facilitate an expanded framework for mental health supports in schools.

This RFP encompasses the following areas:

- Establish collaborative and sustainable partnerships between systems of mental health and education to facilitate MHSA planning
- Develop materials for training COE and LEA superintendents and administrators and mental health directors and administrators on the MHSA, children's mental health, and the impact of children's mental health on academic achievement
- Develop and write an assessment instrument and guidelines for schools on children's mental health and MHSA strategic planning”

The Opportunity

avoiding past mistakes in striving to build a potent school-community collaboration

The overarching goal for the proposed project is the long-desired aim of building collaboration among county offices of education (COE), local educational agencies (LEAs), and county mental health programs “to facilitate an expanded framework for mental health supports in schools.” Given that attainment of this goal continues to be elusive, it should be clear that it is not easily achieved.

However, the fact that the RFP comes from the state department of education through its *Learning Support and Partnership Division* is a cause for optimism. From all accounts, the Division’s leadership understands that commitment to leaving no child behind requires striving to enable *all* students to have an equal opportunity to succeed at school. They also understand that a complex range of factors must be addressed for this state of affairs even to be approximated. Moreover, they understand that the complexity of the problems requires comprehensive and systemic solutions, including school-community collaboration.

From the perspective of addressing barriers to student learning, the intervention opportunity stemming from efforts to build the proposed collaboration “between systems of mental health and education” is to increase the focus on developing a potent *system* to address multifaceted barriers, including mental health and psychosocial concerns. And, from a school improvement perspective, every initiative related to enhancing how schools address problems should be pursued as a critical opportunity for *fundamentally transforming* how schools address student learning, behavior, and emotional problems.

Based on our work over the years, we know that the emphasis on mental health and schools logically connects with concerns about student disengagement, positive behavior support, the new cycle of distress over dropouts, the changes in the reauthorization of the Individuals with Disabilities Education Act, and potential changes in the upcoming reauthorization of the No Child Left Behind Act (especially Title I). Thus, for this project to have significant impact, the state department of education must embed it in an integrated way with its many other initiatives for addressing barriers to learning and teaching and use it as another aid in helping schools build a comprehensive system of student and learning supports.

The Danger

The stated scope of the project is to:

- Establish collaborative and sustainable partnerships between systems of mental health and education to facilitate MHSA planning
- Develop materials for training COE and LEA superintendents and administrators and mental health directors and administrators on the MHSA, children's mental health, and the impact of children's mental health on academic achievement
- Develop and write an assessment instrument and guidelines for schools on children's mental health and MHSA strategic planning

Funding is set at \$250,000 for a period of eight months.

Given the scope of the work and the proscribed funding and time limits, the group contracted to carry out the work will require sufficient staff who have a sophisticated understanding of the problems involved, who can devote full time to the work, and who are able to hit the ground running. We will have to wait and see whether the award goes to a group that fits this profile. Past experience and the literature on school change makes us less than optimistic about this (Elmore, 2004; Sarason, 1996).

*not addressing
the need for a
comprehensive support
system at every school*

But, from our viewpoint, the greatest concern revolves around what is likely to emerge from the endeavor. Each of the three designated tasks involves major ventures. The manner in which they are addressed could guide school-community collaborators toward development of a comprehensive support system at every school to address a full range of barriers to learning (including mental health and psychosocial concerns). Alternatively, and all too likely, the result will be to encourage pursuit

of the same type of simplistic linking of school-community “services” that has dominated the field for far too long (Dryfoos, 1994; Foster, Rollefson, Doksum, Noonan, & Robinson, 2005; Gardner, 2005; Kutash, Duchnowski, & Lynn, 2006). This would be more than unfortunate; it would be a set back to the growing movement to enhance student and learning supports.

To avoid the set back, a conscientious effort must be made to escape the old ideas associated with education and mental health collaboration. As John Maynard Keynes stressed:

The real difficulty in changing the course of any enterprise lies not in developing new ideas but in escaping old ones.

Whether pursued by school-employed support staff or offered by community mental health professionals who are school-based or linked, the current culture for student support at schools, stresses (a) clinical models, (b) separate initiatives, and (c) specialized roles and functions. Each of these has some merit. But, as highlighted below, they also represent approaches that are too confining if the intent is to ensure all students have an equal opportunity to succeed at school. Thus, if the project’s work reifies such approaches, it will contribute to undermining efforts to develop a comprehensive system of student/learning supports.

letting clinical models dominate

The danger in letting clinical models dominate. In great measure, the language of prevailing student support and mental health services is clinical. Functions include referral, triage, treatment, and the monitoring and management of cases. Staff have “case-loads.” Teams are case-oriented. Schools are encouraged to expand their “services.” This emphasis on expanding services has generated initiatives for bringing community service providers (e.g., MH clinicians) on campus to set up shop and establish “Full Service Schools,” including expanded mental health services (Dryfoos, 1994; Gardner, 2005; Weist, Evans, & Lever, 2003).

In instances when primary prevention is pursued, there is a shift from clinical thinking. However, primary prevention usually is limited to a few “universal” or school-wide efforts to address discrete concerns. Secondary prevention returns the focus to small groups and individuals. And, tertiary prevention is tied mainly to special education plans for individuals with severe and pervasive treatment needs.

For the most part, then, interventions are geared to individuals who create significant disruptions or experience serious personal problems and disabilities. In responding to the troubling and the troubled, the tendency is to rely on narrowly focused, short-term, cost intensive interventions. Given that resources are sparse, this means serving only a small proportion of the many students who require assistance, doing so in a noncomprehensive way, and doing relatively little in the way of developing systems for preventing problems and promoting healthy social and emotional development.

fragmentation

Continuing and perhaps exacerbating fragmentation. Besides adopting a clinical orientation, schools tend to address problems by labeling and approaching them as separate entities. There are initiatives for learning, behavior, and emotional problems, substance abuse, school violence (especially bullying), dropouts, delinquency, suicide, and so forth. The reality, however, is that many students have multiple concerns. Effectiveness and cost-efficacy are limited by ignoring this reality. And, effectiveness is undercut when interventions are carried out in a piecemeal and competitive fashion and with little follow-through. Moreover, discrete initiatives perpetuate fragmentation and contribute to the counter-productive competition that undermines collaboration.

To counter extreme “categorical” thinking and funding, there have been widespread calls for “coordinated/integrated services.” However, the complexity and overlapping nature of problems experienced by students and schools require more than coordination and integration. Such problems require a systemic, comprehensive, multifaceted, and cohesive approach.

overspecialization

Overspecialization. The emphasis on services and discrete initiatives paired with specialist training has resulted in an overemphasis on specialized roles and functions and “ownership” of specific forms of intervention. All this is complicated by efforts to connect community agencies to schools. The widespread result has been to generate competing agenda and related conflict.

Clearly, different groups of pupil service personnel and professionals working in the community (e.g., counselors, psychologists, social workers, nurses) are trained to provide specialized assistance when such help is essential, and this includes a focus on a range of mental health and psychosocial concerns. At the same time, the overemphasis on specialized roles and functions has consumed the time and energy of everyone at the expense of expanded participation of such talented professionals in the type of school and community improvements that can address a wide range of problems. Overspecialization contributes not only to fragmentation, redundancy, and counter-productive competition, it maintains the marginalization in policy and practice of efforts to address barriers to learning.

In short, the danger in the current initiative for “building collaboration for mental health services in California schools” is that old ideas will be reified rather than escaped and movement in new directions will be jeopardized.

What Must be
Addressed in
Moving Forward

The field has learned a great deal in terms of both policy and practice as the result of experiences with school-linked services, school-based health centers, full service schools, and other efforts that have included connecting mental health services to schools. Our Center has underscored the limitations of such approaches and has clarified what any initiative to enhance mental health in schools must address (e.g., Adelman & Taylor, 1997, 1998, 2006; Center for Mental Health in Schools, 2005a, b, c, 2006). For example, it is clear that previous initiatives have not attended adequately to the fact that schools already

the work must account for the many student support staff that schools employ

have many student support staff who must be accounted for and who are in the midst of exploring how their roles and functions should be transformed. These professionals are debating the appropriate balancing of generalist and specialist roles. These debates have given renewed life to discussions of differentiated staffing and specific roles and functions for generalists, specialists, and properly trained paraprofessionals and nonprofessionals. The possibility of reframing roles and functions is fostering increased interest in cross-disciplinary training and interprofessional education. There is a focus on increasing the use of generalist strategies to address the common factors underlying many student problems. The hope also is to encourage less concern about who owns the program and more attention to accomplishing desired outcomes. At the same time, it must be acknowledged that discussions about collaboration with community professionals have become more heated as concerns have escalated.

More generally, in analyzing previous initiatives, we have identified serious deficiencies that must not be repeated in the proposed work. While we understand that the department of education views this project mainly as a beginning step in establishing linkages over and beyond those related to special education, this first step will set a direction and a mind set. In doing so it is essential that there is a commitment to

the work must help move schools forward in developing a comprehensive system of student and learning supports at every school

- *comprehensively and systemically framing the full nature and scope of necessary interventions – using a unifying umbrella concept for policy and practice that appropriately and effectively bridges school and community (in ways that enhance and connect systems for promoting healthy development, preventing problems, responding early after problem onset, treating severe/pervasive/ chronic problems)*
- *pursuing policy shifts that transform and move student support from the margins into the mainstream of school improvement*
- *rethinking systemic infrastructure to facilitate and ensure systems of intervention are enhanced and connected appropriately and effectively (Note: few districts have an integrated infrastructure at a school and throughout the feeder pattern of schools for developing a comprehensive system of student/learning supports and fully integrating such a system into school improvement planning and decision making)*
- *accounting for the underlying reasons that interfere with substantive collaborations between school-employed student support personnel and community professionals who want to work in and with schools*
- *developing strategic plans for systemic changes to enable replicability, sustainability, and scale-up with appropriate fidelity and effectiveness*
- *fully integrating new initiatives into school improvement planning and decision making.*

the work must leverage allocated resources and build on existing collaborative efforts

Furthermore, the work needs to include an emphasis on leveraging how allocated resources are deployed and braided to address barriers to learning and teaching and should capitalize on changes resulting from the recent reauthorization of the Individuals with Disabilities Education Act (IDEA). A few major examples of opportunities to braid resources for building collaboration include (a) reworking how general funds are allocated for student support, (b) redeploying federal funds related to Title I (including the provision for “coordinating services” which can be combined with a similar provision in IDEA), and (c) capitalizing on IDEA’s new provisions for “early intervening” and “Response to Intervention” as a prevention strategy. Other examples of opportunities (where they apply) include building on collaborative efforts already underway because of specially funded initiatives and projects, such as the federally supported *Safe Schools/Healthy Students* initiative and the *Integration of Schools and Mental Health Systems* projects.

All of the above matters should be reflected in the (a) policy and infrastructure that emerge as efforts are made to establish collaborative and sustainable partnerships between systems of mental health and education, (b) the training materials used with COE and LEA leaders and MH directors and administrators, and (c) assessment instruments and guidelines developed for schools on children's mental health.

A broad perspective of mental health in schools can be gained from the field-defining guidelines for mental health in schools developed by the Policy Leadership Cadre for Mental Health in Schools (2001) and our Center’s recent report on *The Current Status of Mental Health in Schools: A Policy and Practice Analysis* (Center for Mental Health in Schools, 2006). An overview of system concerns can be found in *Another initiative? Where does it fit? A unifying framework and an integrated infrastructure for schools to address barriers to learning and promote healthy development* (Center for Mental Health in Schools, 2005b) and *The school leader’s guide to student learning supports: New directions for addressing barriers to learning* (Adelman & Taylor, 2006). Also, see the list of resources appended to this brief that are available for planning a fully integrated school-community approach.

Concluding Comments

Clearly and importantly, some students enter school with internal barriers that predispose them to a host of difficulties. Most learning, behavior, and emotional problems seen in schools, however, are rooted in failure to address external barriers and learner differences in a comprehensive manner. And, the problems of all are exacerbated as youngsters internalize the frustrations of confronting barriers and experience the debilitating effects of performing poorly at school.

Those of us concerned about all this need to approach schools with a full appreciation that schools are not in the mental health business. The mission of schools, while complex, is clearly to educate the young. At the same time, it is evident that they can only do this if they work with the community as a whole (e.g., families agencies, businesses) to address matters that interfere with students having an equal opportunity

to succeed at school. As the Carnegie Task Force on Education (1989) has stated so well:

School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.

Given all this, we suggest that the central public policy question the proposed project raises is:

What type of impact will it have in shaping how schools address the full range of mental health and psychosocial concerns interfering with the success of so many students?

In this context, we suggest that this and ensuing school-oriented efforts stemming from the Mental Health Services Act need to focus on moving school improvement planning and implementation forward in developing a comprehensive system of student/learning supports at every school. Otherwise the projects will end up being undesirable distractions.

Based on our work with school and school-community collaboratives, we cannot overstate that what is developed must be embedded into a “big picture” of mental health in schools, which in turn can benefit from being embedded in the overarching concept of addressing barriers to student learning. From this perspective, any new instruments and guidelines for schools on children’s mental health must not be narrowly conceived. And, any training for COE and LEA superintendents and administrators and mental health directors and administrators must fully reflect the above considerations.

In ending this brief analysis, we reiterate our caution that any initiative to expand what schools do will be marginalized if it is not fully integrated into school improvement planning and decision making (Center for Mental Health in Schools, 2006).

The bottom line is:

For schools and communities to ensure that students succeed, the support interventions they design must reflect the full implications of the word *all*. Leaving no child behind means addressing the problems of the many who aren’t benefitting from instructional reforms because of a host of *external* and *internal* barriers interfering with their development and learning. The proposed project has the potential to contribute in significant ways to addressing many of these barriers. However, to do so, it must escape old ways of thinking about mental health in school, embrace the lessons learned from what has gone before, and contribute to efforts to move schools forward in developing a system of student/learning supports.

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Resources for Planning Mental Health in Schools
<http://smhp.psych.ucla.edu/pdfdocs/planning.pdf>

Training in children's mental health provides a solid base upon which to build an approach to mental health in schools. Fortunately, to build on this base, there is a growing set of resources specifically related to mental health in schools.

***For someone just starting to think about the topic, we have developed a special introduction on our website -- with many links to resources and a reference list that includes various overview articles and edited books. See: <http://smhp.psych.ucla.edu/aboutmh/aboutmhover.htm>

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

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

***To provide a Quick Find tool with direct links to available resources - including the many we have developed on specific topics - go to our Quick Find Online Clearinghouse menu - <http://smhp.psych.ucla.edu/websrch.htm>

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

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

>>*About Mental Health in Schools* - <http://smhp.psych.ucla.edu/pdfdocs/aboutmh/aboutmhinschools.pdf>

>>*Addressing Barriers to Learning: New Directions for Mental Health in Schools* - <http://smhp.psych.ucla.edu/pdfdocs/contedu/conted.pdf>

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

ABOUT THE CENTER FOR MENTAL HEALTH IN SCHOOLS at UCLA

The Center, co-directed by Howard Adelman and Linda Taylor, is one of two national centers funded in part by the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, U.S. Department of Health and Human Services (Project #U93 MC 00175)

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

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

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

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

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

>>*Enhancing School Staff Understanding of MH and Psychosocial Concerns: A Guide* -
<http://smhp.psych.ucla.edu/pdfdocs/Report/enhancingschoolstaff.pdf>

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

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

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

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

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

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

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

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

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