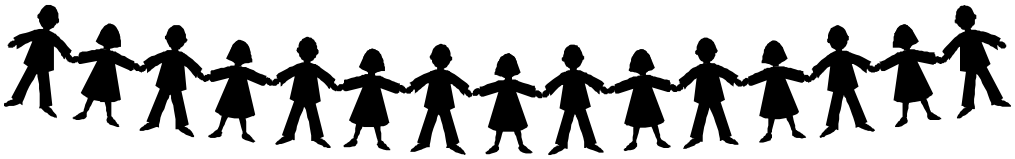
A Center Brief . . .



Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together

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Center Brief Abstract

Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together*

Too much to do, not enough time. All who work in or with schools know that the demand for services and programs outstrips resources almost as soon as they are introduced at the school site. Where schools are lucky enough to have school based health centers and family resource centers, valuable new assistance is available. To use these and existing resources most effectively, however, there is a need for thoughtful. plans for weaving them together. The need for integrated efforts arises in three contexts: within the center, with school programs and personnel, and with community resources. Building mechanisms to enhance resource use is the key to effective client care.

This brief background paper explores *why integrated efforts are important, what is involved, and how to do it.* The presentation covers each of the following matters:

Integrating Mental Health Activity to Maximize Resource Use and Effectiveness

- Within the Center – recognizing the problem of "not enough time" and outlining specific activities
- With the School – including discussion of integrated referral processes, staff development, confidentiality guidelines, and connections between key personnel
- With the Community – including outreach and integrated programming

Developing Mechanisms to Promote Integration and Address Challenges

- Management of Care
- Management of Resources
- Multischool Integration

Creating an Integrated Continuum (systems of prevention, systems of early intervention, and systems of care)

Some Key References

*Material for this background paper is drawn from various articles and documents developed by the Center for Mental Health in Schools at UCLA, with support from U.S. Department of Health and Human Services, Health Resources & Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. The Center is co-directed by Howard Adelman and Linda Taylor. (310) 825-3634. Feedback and revisions with the help of Michel Lahti.

Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together

Meeting the mental health needs of students in schools requires a blending of expertise. Preventing unwanted pregnancies can be as much a matter of affecting attitudes and planning for the future as providing contraceptive information. Physical complaints are often rooted in psychosocial problems. Schools and school based health centers find that large numbers of students report serious emotional turmoil, depression, substance abuse, and histories of physical and sexual assault.

Dealing with a full continuum of concerns requires a comprehensive and integrated approach. Any one problem may require the efforts of several programs, concurrently and over time. It is clear that to be most effective, interventions should be coordinated and, if feasible, integrated. Establishing a comprehensive, integrated approach is excruciatingly hard. Efforts are handicapped by policy and funding mandates that approach problems as if they were discrete and could be solved with narrow, specific intervention programs. In their daily work, most staff are given little time or support to develop mechanisms for integrating their efforts with other important parts of students' experiences. Consequently, programs to address physical, mental health, and psychosocial problems rarely are coordinated with each other or with educational programs.

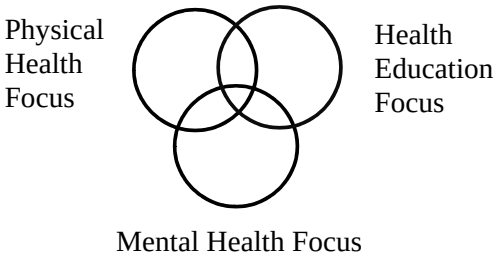
To be comprehensive, the mental health focus of school based centers must be multifaceted. Three primary and complementary functions are fundamental in meeting mental health and psychosocial needs: (1) direct services and instruction, (2) coordination, development, and leadership related to programs, services, resources, and systems, and (3) enhancing connections with community resources. Maintaining such a breadth of focus is difficult. The difficulty is reduced when centers work to integrate their practices and resources with others--in the home, at the school, and in the community. Accomplishing this requires that the center play a catalytic role in building mechanisms for communication and networking and then in creating mechanisms for a comprehensive, integrated approach to address barriers to effective student functioning.

INTEGRATING MENTAL HEALTH ACTIVITY TO MAXIMIZE RESOURCE USE AND EFFECTIVENESS

To best serve its clients, a center must pursue its own activities in a cohesive manner and work to integrate such activity with that found in the school and community. Indeed, effective integration within the center and between the center and its host environments is the route to enhanced productivity, potency, and sustainability of a school based center. Such efforts can be conceived as occurring in three overlapping phases (see Figure 1).

Figure 1. Phases of Health Center Integration, Outreach, and Networking

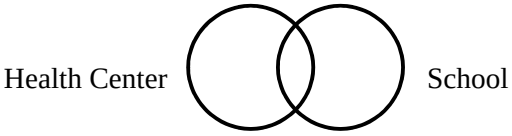
Phase I: Integration within the Health Center:



Integrated & coordinated services can improve

1. triage and treatment of both physical & psychosocial problems
2. staff develop. & mutual support
3. health education (by focusing on physical & psychosocial concerns)
4. handling of crises & distraught, threatening, or manipulative students
5. center effectiveness & staff sense of fulfillment (thus countering Burn-out)

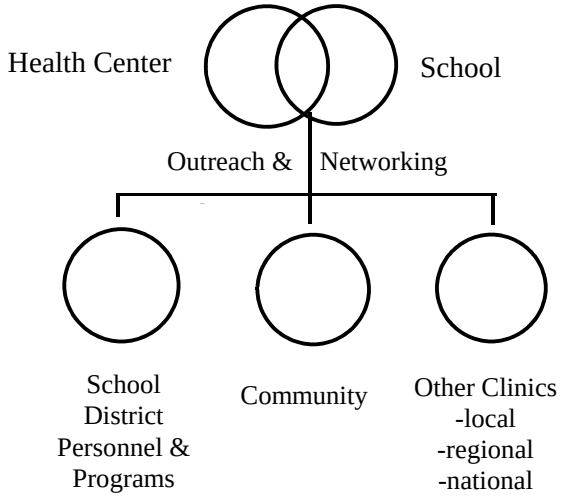
Phase II: Integration of Health Center Within the School



Integration & coordination of center and school programs can increase

1. awareness of and access to appropriate on-site center and school referrals
2. coordination with other school programs working on a student's problems
3. development of additional school programs
   focused on clients' specific needs
4. understanding of respective roles & functions and productive sharing of expertise
5. efficacy of intervention & staff sense of accomplishment

Phase III: Outreach and Networking Outside the School



Outreach & Networking can result in

1. attracting additional programs to the campus
2. adoption/adaptation of additional programs identified as needed
3. ready access to extra support and expertise with respect to difficult problems and crises
4. awareness of and access to appropriate off-site referrals
5. coordination with other off-site programs working on a student's problems
6. useful sharing of policies, ideas, and problem solutions
7. evolving to a systems orientation with comprehensive, integrated approaches

Within the Center

Students are best served when the expertise of the center staff is combined. Working in an integrated manner requires commitment to maintaining an effective partnership among all center staff. For example, in a school based health center, the partners include clerical, medical, mental health, and health education personnel. Such personnel must develop and maintain a close working relationship in handling initial student contacts, triage and other screening tasks, referral and monitoring of care, crises, and for solving problems. Cohesive teamwork is essential in maximizing center effectiveness which, in turn, can increase a staffs sense of accomplishment and counter "burnout".

The following are activities that mental health staff can pursue to improve integration of the mental health focus within the center:

1. *Interact daily with other center staff around client interviews, problems, and crises.*
   Reserve part of the day to handle special problems, consult about client needs, and meet immediately with students who raise mental health concerns. As a result of daily staff interactions, other center staff learn how to identify psychosocial problems, when and where to refer, and how to deal more effectively with student affect.

2. *Participate in weekly review of initial contacts -- with mental health concerns a significant part of the agenda*
   Discuss problems that may be psychosomatic (e.g., related to anxiety, loss, depression) and what kinds of support seem best.

3. *Offer staff development*
   Most staff appreciate additional training and support for working with students who are in crisis, distraught, threatening, or who have serious/chronic medical problems.

4. *Work with health education*
   The scope and potential impact of health education programs are increased when a center expands its focus to include a holistic orientation and offers specific presentations on such psychosocial concerns as suicide, depression, after effects of abuse, trauma, loss.

5. *Involve entire center staff in case discussions and periodic reviews of ongoing counseling*
   Mental health case conferences allow other staff to offer ideas, learn more about psychosocial problems and become aware of what can and cannot be accomplished through counseling.

What are the barriers to integration within a center?

What structures might promote collaboration efforts?

The daily working operation of centers often doesn't include time for staff to talk together on a regular basis about coordination of services, collaboration around students, involving families, or plans to link with key personnel at the school. The constant complaint is

"There's no time to meet ... besides we talk to each other all the time. "

> To integrate efforts and keep functioning smooth, time to meet must be carved out of a busy week and guarded carefully (e.g., plan to meet when demand is low and in a place where interruptions can be avoided). And take care not to waste the opportunity. A planned agenda allows everyone to prepare and stay focused; good facilitation limits sidetracking, obsessing on problems, and moves the group to action steps for follow through. Well conducted meetings are seen as valuable and promote staff morale and effectiveness; poorly facilitated meetings feel like a waste of time.

Integrated efforts within a center also are made more difficult because centers often are staffed with part time personnel, interns, and volunteers, and there are frequent staff changes. It is especially a problem when the "pioneers" who established a center depart because they have worked through many problems and procedures on a day by day basis and the answers often are all in their heads. It is crucial to do a periodic debriefing and write out the lessons learned from their experiences. These can be incorporated into a set of processes for bringing new staff into the team as smoothly as possible. As newcomers arrive, extra attention must be paid not only to providing them with information but to creating opportunities for them to become an integrated part of the team. Orientation materials and activities, procedure manuals, daily mentoring, weekly meetings -all can help a new staff member quickly become a fully functioning partner.

With School Programs

Enhancing mental health services for all students in the school involves

- *Coordination and integration among all programs at the school*
- *Expanding the range of school based and school linked intervention options*

These objectives are only possible through establishment of a close working relationship with school staff who are responsible for and interested in psychosocial programs. In many schools, there are a range of prevention and corrective activities oriented to students' needs and problems. Some programs are provided through a school district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, to those identified as "at risk", and/or to those in need of compensatory education and treatment. The activities may be implemented in regular or special education classrooms or as "pull out" programs. The focus may be on prevention of violence, pregnancy, dropout, substance abuse, and so forth. Finding the best match between the student's needs and available options is a first step. Creating new options for unmet student needs is the second step.

As is the case for all centers, few schools come close to having enough resources to respond to the large number of students experiencing psychosocial barriers that interfere with their learning. Also, as is the case with centers, school support programs also are marginalized at most schools. Due to funding sources and mandates, support programs and personnel are usually organized into discrete units straddling regular, special and compensatory education. This makes it hard for such programs/services to work together and hard for a school based center and school linked services to integrate with them. In some schools, the resulting fragmentation leads to such practices as assigning a student identified as at risk for dropout, substance abuse, and teen parenting to three counseling programs operating independently of each other and at odds with the academic program. Such practice is costly and ineffective and based on programs available rather than student need.

Clearly, there is a need for coordination among school programs and those offered by the center. Minimally, school based health centers and family resource centers need to map all existing resources and connect with them. In the process, they can often help pull together school programs and services. Opportunities arise during efforts to develop an integrated referral system for triage and follow through and when crises arise that require the combined resources of center and school personnel. Over the long run, integration of programs involves blending and restructuring resources.

Coordination between center and school programs to improve effectiveness requires:

- *cooperative working relationships to integrate (and expand) programs/services*
- *integrated monitoring or individual student's care and related problem solving in ways that appropriately account for confidentiality.*

Once good coordination is established, it is time to focus on expanding the range of available intervention options with a view to comprehensive and integrated activity. Such a focus includes intervention to both correct existing problems and prevent future problems. That is,

- service options to increase the likelihood of a good intervention match for a particular student using procedures that are no more intrusive and restrictive than is essential
- prevention and positive mental health programs
- activities designed to improve the school's psychosocial climate.

To accomplish all this some center staff may need to redesign their roles to create time for working more intensively with others at the school. This has the potential not only to enhance results for a great many more youngsters, but also should prove more satisfying to the professional involved.

How can all this be done? By working smarter. As discussed in a later section, one essential element in working smarter is an enhanced understanding of what is involved in a comprehensive, integrated effort and how to get there.

Centers that successfully integrate with other school programs negotiate agreements with relevant school personnel and facilitate specific ways the center and school programs work to complement each other and expand what is available for students. Center and school staff will find among their ranks a wide range of expertise. Accounting for this expertise is an invaluable way for center and school staff to appreciate each other and build positive working relationships for the benefit of students and their families.

Examples of four key areas for immediate collaboration are:

(1) resource mapping and establishment of an integrated referral system

(2) providing staff development with respect to prereferral interventions

(3) creating guidelines that protect confidentiality, while still allowing for productive communication between the family and school staff

(4) teaming with the family and key school and community staff to enhance resource use.

(1) Resource mapping and integrated referral systems. Often students, parents, and teachers are unaware of the resources available and how to access them. Whether there are few or many referral options, it is essential to compile information about all existing resources. To ensure widespread knowledge about resources, a written flyer can be prepared and distributed. Center and school staff can make presentations to student, faculty, and parent groups. Such presentations may also include eliciting from each group additional services they feel should be added. This type of "needs assessment" usually leads to very specific requests regarding health services, employment services, and requests for child care. Being prepared to expand resources is an important facet in empowering the school community. Resources must meet the needs of students and families and not the needs of programs.

If a school does not have a list of on-campus resources for psychosocial problems, the center can provide a useful service by surveying the school staff and preparing a list that compiles all on campus resources -- including those at the center. Other services offered by the school district should also be listed. (These can be identified by calling district administrators in charge of support service programs, such as school psychology, social work, health services, special education, drug free schools, counseling.)
This resource mapping is an essential step toward maximizing resource use.

When a student's problems require specialized services, one of the most important roles interveners play is connecting the individual directly with someone who can help. Referrals are easy to make but follow up indicates that they often don't occur as planned. Clearly more is required than telling a student or parents about where to access a resource. The need is for referral processes that incorporate specific steps for deciding on appropriate courses of action, ensuring contact is made, and monitoring whether the resources are effective. It is essential to check with the student or parent to see if the referral is meeting the needs. Feedback on why a referral didn't work out can provide important information about practical barriers that must be addressed (transportation, costs, hours of service, waiting lists, language). When initial plans haven’t worked, an effectively integrated center and school referral process should include well-designed follow up steps to meet the student’s needs.

At many schools, referrals are handled by a student review team It may be called a teacher assistance team, a student study team, or a student success team. This is a good place for center and school staff to work together in analyzing problems and planning solutions. This is an excellent opportunity for learning about each other's programs - including special education and compensatory education supports provided at the school to meet the student's needs.

(2) Staff development. As a way to minimize the flood of referrals, mental health professionals are becoming involved in staff development related to *prereferral interventions.* These represent efforts to help students whose problems are not too severe by improving support provided by teachers, friends, and families. Prereferral efforts help teachers and other staff learn new ways to work with students who manifest mild behavior, learning, and emotional problems. Mental health professionals can help school staff understand school adjustment problems and how to deal with them. Helping staff understand the out-of-school problems students face can also help change attitudes about the best way to help students. School staff may also welcome support for their own stress reduction and, in the process, learn how to use the strategies with students who need similar help.

While prereferral interventions might be presented to a faculty as a whole, focusing on specific types of problems with teachers who work with students of the same age can be even more effective. Over time, such a staff development emphasis can evolve into broader programs such as welcoming new students and families, peer counseling, violence prevention and conflict mediation, cross age tutoring, and so forth.

Most school personnel need frequent reminders about the contribution mental health staff can make to a teacher's success with students. Flyers and presentations are useful, but nothing beats teaming with a teacher to help establish an effective strategy in a classroom.

(3) Guidelines regarding confidentiality and communication. In working with school personnel, center staff will find that the nature of sharing information at schools is quite different from sharing in clinical settings. This discrepancy may lead to misunderstandings and discomfort on everyone's part. All involved want the best for students. School staff often feel that sharing information among those who work with the student is the only way to accomplish this. Center personnel often feel that the student will benefit most from the privacy provided by a center's confidentiality guarantees. To be successfully integrated, school and center processes must be designed to share essential information, without violating privacy and confidentiality. The fundamental intent of confidentiality is to protect a student's/family's right to privacy by ensuring that matters disclosed are not relayed to others without informed consent. By ensuring confidentiality, professionals also hope to encourage student's communication. While there are some legal mandates that require breaking confidentiality (for example, if the child is being harmed), it is clear that the breaking of confidentiality can interfere with building trust with students and families.

At the same time, it is clear there are times when it is in the best interest of the student for others to know something the youngster has disclosed. Given that teachers and parents see themselves as also working in a student's best interests, interveners often feel it is *essential* to discuss information with them. The first step in such situations is to talk with the student to elicit consent for sharing or to encourage the youngster to share the information directly (and offering appropriate support for doing so).

Center and school staff in many schools find that working together to develop formal guidelines regarding "Consent to Exchange Confidential Information" *can help strengthen working relationships. Such a form is written in a way that clarifies to parents and students the limits of confidentiality , the value of communication among staff, and the procedures for sharing.*

(4) Connecting with key personnel. As center and school "line" personnel work out ways to integrate efforts, the process is made easier if supervisory staff of the center and key leaders of the school have established a good working relationship and mechanisms to work out problems. In turn, the center and school leadership are more likely to develop a working partnership if those to whom they are accountable have demonstrated a commitment to working together in policy and practice. Particularly important is a formal agreement (e.g., a memorandum of understanding) about expectations for working together, job descriptions, criteria for program evaluation, and specifics about time and mechanisms for working to integrate programs/services.

A Key Mechanism: *A Resource Team*

It is sometimes hard for a center to integrate with a school in a coordinated way if there is no common meeting ground. A Resource Team provides a vehicle for building working relationships. Where such a team has been created, it has been instrumental in integrating the center into the school's ongoing life. The team can work on "turf" and operational problems, develop plans to ensure a coordinated set of services, and generally improve the school's focus on mental health. The following guidelines have been used in establishing such a team:

- Start by surveying key school staff to identify existing school based psychosocial programs and who operates them
- Invite key people from school, center and community to a meeting to discuss how the various psychosocial programs interface with each other.
- Identify a school administrator who will be the official liaison for the center.
- Plan to meet on a regular basis to work through coordination and integration problems with a long term goal of increasing resources available.

Center and school staff will need to use great skill to nurture this process. It helps to plan an agenda and send it out with meeting reminders, designate a good facilitator and note taker to make best use of the time, start each meeting with a follow up on the plans made at the previous meeting with relevant samples of products (such as flyers about programs, referral process charts, draft of confidentiality guidelines, *etc.)* small subgroups to work on such action steps will speed up the process and reduce frustration at meetings).

WHAT IS A LEARNING SUPPORTS RESOURCE TEAM?

Every school that wants to improve its systems for providing student support needs a mechanism that focuses specifically on improving resource use and enhancement. A *Learning Support Resource Team* (previously called a Resource Coordinating Team) is a vital form of such a mechanism.

Most schools have teams that focus on individual student/family problems (e.g., a student support team, an IEP team). These teams focus on such functions as referral, triage, and care monitoring or management. In contrast to this case-by-case focus, a school's *Learning Support Resource Team* can take responsibility for enhancing use of all resources available to the school for addressing barriers to student learning and promoting healthy development. This includes analyzing how existing resources are deployed and clarifying how they can be used to build a comprehensive, multifaceted, and cohesive approach. It also integrally involves the community with a view to integrating human and financial resources from public and private sectors to ensure that all students have an equal opportunity to succeed at school.

What are its functions?

A Resource Coordinating Team performs essential functions related to the implementation and ongoing development of a comprehensive, multifaceted, and cohesive approach for addressing barriers to student learning and promoting healthy development.

Examples of key functions are:

- Aggregating data across students and from teachers to analyze school needs
- Mapping resources at school and in the community
- Analyzing resources
- Identifying the most pressing program development needs at the school
- Coordinating and integrating school resources & connecting with community resources
- Establishing priorities for strengthening programs and developing new ones
- Planning and facilitating ways to strengthen and develop new programs and systems
- Recommending how resources should be deployed and redeployed
- Developing strategies for enhancing resources
- "Social marketing"

Related to the concept of an Enabling (Learning Support) Component, these functions are pursued within frameworks that outline six curriculum content areas and the comprehensive continuum of interventions needed to develop a comprehensive, multifaceted approach to student support that is integrated fully into the fabric of the school.

Who's on Such a Team?

A Learning Support Resource Team might begin with only two people. Where feasible, it should expand into an inclusive group of informed stakeholders who are able and willing. This would include the following:

- Principal or assistant principal
- School Psychologist
- Counselor
- School Nurse
- School Social Worker
- Behavioral Specialist
- Special education teacher
- Representatives of community agencies involved regularly with the school
- Student representation (when appropriate and feasible)
- Others who have a particular interest and ability to help with the functions

It is important to integrate this team with the infrastructure mechanisms at the school focused on instruction and management/governance. For example, the school administrator on the team must represent the team at administrative meetings; there also should be a representative at governance meetings; and another should represent the team at a Learning Support Resource *Council* formed for a family of schools (e.g., the feeder pattern).

References:

Adelman, H.S. (1993). School-linked mental health interventions: Toward mechanisms for service coordination and integration. *Journal of Community Psychology, 21*, 309-319.

Center for Mental Health in Schools (2001). *Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports.* Los Angeles: Author at UCLA.

Center for Mental Health in Schools (2002). *Creating the Infrastructure for an Enabling (Learning Support) Component to Address Barriers to Student Learning*. Los Angeles: Author at UCLA.

Rosenblum, L., DiCecco, M.B., Taylor, L., & Adelman, H.S. (1995). Upgrading school support programs through collaboration: Resource Coordinating Teams. *Social Work in Education, 17*, 117-124.

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Why School-owned Student Support Staff are So Important

A major goal of school and community collaboration is to increase the resources available to meet the mission of schools. One arena for collaboration has been to bring community agency resources to schools. Given the sparse resources of both schools and community agencies the original intent was to increase services and enhance availability and access.

This positive intent is steadily being undermined as some policy makers have come to the mistaken view that community agency services can effectively meet the needs of schools in addressing barriers to learning and teaching. And, with budget tightening, school administrators and school boards are making the difficult decision about what to cut based on this erroneous conclusion. This set of circumstances has led to an increased trend toward reducing school-owned student support staff and contracting with community services for specific services. Unfortunately, this short-sighted budget slashing strategy not only reduces the amount of student support needed by teachers and schools, it also counters school improvement efforts designed to reframe support programs, services, and infrastructure into a potent and invaluable system of learning supports that is fully integrated with the school's educational mission.

By themselves, the type of clinical services community agencies can bring to schools are an insufficient strategy for dealing with the biggest problems confronting schools. Clinically-oriented services are only one facet of any effort to develop a comprehensive system of learning supports. These are not criticisms of the services per se. It is simply the fact that such services do too little to address the range of factors that cause poor academic performance, dropouts, gang violence, teenage pregnancy, substance abuse, racial conflict, and so forth.

The trend to contract for specific support services ignores the following crucial reasons school-owned student support staff are so important:

- **Direct services for the discrete problems of a small number of students are only a small part of what a school and district need in terms of learning supports (including ways to address mental health and psychosocial concerns).** [1]

- **School-owned student support staff are meant to address the needs of all students and the school at large. To these ends, they pursue development of a full continuum of interventions and related infrastructure, using the sparse resources community agencies can offer to fill gaps in the continuum**.[2]

- **Without the full continuum of student/learning support interventions, school improvement efforts are unlikely to effectively counter behavior problems, close the achievement gap, reduce dropouts (students and teachers), and promote personal and social well being for the many.**[3]

The need is for school-community collaborations that can evolve comprehensive, integrated approaches by complementing and enhancing what each sector does best. Such approaches do more than can be accomplished by a few contracted community services. They address a wide array of the most prevalent barriers to learning – the ones that parents and teachers know are the major factors interfering with the progress of the majority of students.

This was prepared by the Center for Mental Health in Schools at UCLA.
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[1]See – *Mental Health in Schools: Much More than Services for the Few*
http://smhp.psych.ucla.edu/news/newshtml/toc124.htm

Emphasizes that mental health in schools is about much more than a focus on mental illness and increasing clinical services. It includes promoting youth development, wellness, social and emotional learning, addressing a wide range of barriers to learning and teaching, and fostering the emergence of a caring, supportive, and nurturing climate throughout a school. This calls for a fundamental, systemic transformation in the ways schools, families, and communities address major barriers to learning and teaching.

[2]To appreciate all that school support staff are needed for, see:

> *Who at the School Addresses Barriers to Learning and Teaching?*
http://smhp.psych.ucla.edu/pdfdocs/Newsletter/spring05.pdf

>*Framing New Directions for School Counselors, Psychologists, & Social Workers*
http://smhp.psych.ucla.edu/pdfdocs/Report/framingnewdir.pdf

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

>*Organization Facilitators: A Key Change Agent for Systemic School and Community Changes* – http://smhp.psych.ucla.edu/pdfdocs/Report/orgfacrep.pdf

>*Job descriptions for learning support component leadership at a school site*
http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidd.pdf

[3]See:

>*Mental Health in School & School Improvement: Current Status, Concerns, and New Directions* http://smhp.psych.ucla.edu/mhbook/mhbooktoc.htm

>*Call to Action: Student Support Staff: Moving in New Directions through School Improvement* http://smhp.psych.ucla.edu/summit2002/calltoactionreport.pdf

For additional background documents that the UCLA Center has developed related to all this, see:

>*Want to Work With Schools? What is Involved in Successful Linkages?*
http://smhp.psych.ucla.edu/publications/54 want to work with schools.pdf

While informal linkages are relatively simple to acquire, a comprehensive approach requires weaving school and community resources together and doing so in ways that formalize and institutionalize connections and share major responsibilities. Toward enhancing linkages, our purpose here is to share lessons learned in recent years about connection community and school resources and outline steps for building strong connection.

>*Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization.*
http://smhp.psych.ucla.edu/publications/31 Impediments to Enhancing Availability of Mental Health in Schools.pdf

>*The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning.*(2006). By H.S. Adelman & L. Taylor. Thousand Oaks, CA: Corwin Press.

With the Community

Connecting with activities beyond the school is not easy to undertake or maintain. It requires establishing lines of communication and developing good working relationships. Deciding on the best ways to do this involves an analysis of the costs and benefits. Among the costs are the time it takes to connect with other busy people and the effort it takes to work productively to establish a trusting professional relationship. Among the benefits is the opportunity to expand the network of programs and services and establish mutual support mechanisms for staff capacity building. Appropriately handled, the benefits can far outweigh the costs.

There is increasing interest in school-community collaborations -- bolstered by renewed policy concern about fragmented community health and social services. In response to growing interest and concern, various forms of school-community collaborations are being evaluated through state-wide initiatives in California, Florida, Kentucky, Missouri, New Jersey, Ohio, Oregon, among others. This movement has fostered such concepts as school linked services, coordinated services, wrap around services, one stop shopping, full service schools, and community schools.

While evaluation data are just coming in, it is logical to assume that integrated efforts will be more successful and cost effective over the long run. By placing staff at schools, community agencies make access easier to students and families -- especially those who usually are underserved and hard to reach. Such efforts also encourage schools to open their doors in ways that enhance recreational, enrichment and remedial opportunities and greater family involvement. Families using school based centers are described as becoming interested in contributing to school and community by providing social support networks for other families, teaching each other coping skills, participating in school governance, helping create a psychological sense of community, and insisting on integrated services from a family driven perspective. It is evident that school-community collaborations can enhance schools and the neighborhoods in which they operate.

> *Outreach and networking with the community should occur from the time a center is being planned. While a center can pursue this from the day it opens, the first major concerns are developing integration within the center and with the school, Once the school and center are working smoothly together, it is time to reach out in a planful way to attract additional resources that will fill gaps in what is already operating at the school.*

Three Examples of Model School -Community Collaboratives

The Children's Aid Society's Community Schools Program (New York, NY)

Offers an enriched environment for healthy development and mental health by providing health services, parent resource centers, community development, extended day programs, early childhood programs, and career readiness.

Walbridge Caring Communities (St. Louis, MO)

Services include student assistance with presentations on topics such as self-esteem, youth center on Friday evening parents as teachers, health services, latchkey activities, and families first--an intervention for families in crisis.

Urban Learning Center Model at Elizabeth Learning Center (Cudahy, CA)

One of the New American Schools reform models. The approach links school owned programs with onsite health clinic services and university training programs to enrich resources for students and their families.

MECHANISMS TO PROMOTE INTEGRATION AND ADDRESS CHALLENGES

For programs at the school to improve, there must be both individual staff and group efforts to integrate efforts. Group efforts may focus on planning, implementation, evaluation, advocacy, and involvement in shared decision making at the school related to policy and resource deployment. In working together to enhance existing programs, group members look for ways to improve communication, cooperation, coordination, and integration within and among all programs --school, center and community. Through collaborative efforts, they can (a) enhance program availability, access, and management of care, (b) reduce waste from fragmentation and redundancy, (c) redeploy the resources saved, and (d) improve program results.

Formal opportunities for working together at schools often take the form of committees that rarely live up to the initial hope. Even when they begin with great enthusiasm, poorly facilitated working sessions quickly degenerate into another ho-hum meeting, more talk but little action, another burden, and a waste of time. This is particularly likely to happen when the emphasis is mainly on the mandate to "collaborate," rather than on moving an important vision and mission forward through effective working relationships.

To be effective, collaboration efforts require thoughtful and skillful facilitation. It is a simple truth that there is no way for schools, centers, and community agencies to play their role in addressing barriers to student learning and enhancing healthy development if programs and personnel do not integrate efforts and work toward a shared vision. The point is to produce the types of changes and actions that result in effective interventions for students and families. For this to happen steps must be taken to form teams in ways that ensure they can be effective. This includes providing team members with training, time, support, and authority to carry out their role and functions.

Three basic functions for which teamwork is needed are:

- to ensure students in need are properly identified
- to provide appropriate management of care to meet students' needs
- to effectively manage resources.

In a large school, each function might be carried out by separate teams with key overlapping members. In a small school, one group might focus on three different functions. Regardless of function, the team will need the expertise of such staff as the nurse, psychologist, counselor, health educator, resource teacher, social worker, administrator, teacher, parents. Small work groups can be spun off to focus on specifics and report back to the larger group.

> *Two functions that can play a key role in helping to integrate mental health activity at a school are: (1) management of care and (2) management of resources f or programs and service.*

Management of Care

When a student is involved with more than one intervener, management of care is crucial. This is the situation when a student is referred for help over and above that which the teacher can provide. Management focuses on coordinating interventions, improving quality of care, and enhancing cost-efficacy. Management of care involves a variety of activity designed to ensure that the client's interests are well served. Such monitoring requires systems for tracking client's participating in interventions, analyzing data on improvement, and improving plans if needed. Effective monitoring depends on information systems that enable those involved to regularly gather, store and retrieve data. Computer assisted storage and retrieval is of invaluable assistance.

Who does all this monitoring and management of care? Ideally, all involved assume these functions and become the management team. One member of such a team needs to take primary responsibility for management of care. Ultimately, with proper support, a family member might assume this role for the student and family. In this way a student's family can be integrally involved and empowered as partners, as well as recipients of care.

Helping families become effective in accessing resources for their children means translating initials, and pathways to services and programs into everyday language. In effect, families need to become advocates for their children. Family friendly liaisons at each school and at the offices are essential.

Well-implemented management of care can help ensure that clients are helped in a comprehensive, integrated manner designed to address the whole person.

Management of Resources

Working smarter translates into new strategies for coordination, integrating, and redeploying resources. As illustrated in the above discussion of a resource team, such efforts start with (a) processes for mapping and matching resources and needs and (b) mechanisms for resource coordination and enhancement. Creation of such a school-based team provides a vehicle for weaving together center, school, and community resources and encourages services and programs to function in an increasingly cohesive way.

A team to manage resources differs from teams created to review individual student care. It does not focus on specific cases, but on clarifying resources and their best use. It provides a missing mechanism for building systems to strengthen interventions. Although a resource management team might be created solely around mental health programs, such a mechanism is meant to bring together representatives of all major programs and services supporting a school's instructional component.

Properly constituted, trained, and supported, a resource management team can complement the work of the site's governance body through providing onsite overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and enhancing development. Having a representative from the team on the school's governing body ensures that essential programs are maintained, improved, and increasingly integrated with classroom instruction.

Resource Coordination for a Family of Schools

Innovative efforts are occurring in some school districts to pull together clusters of schools to combine and integrate personnel and programs in a community. These have been especially powerful with high schools and their feeder middle and elementary schools. Natural starting points for such community teams may be the need to address community-school violence and develop prevention programs and safe school plans.

Multischool teams are very attractive to community agencies who often find they don't have the time or personnel to link with individual schools. However, group effectiveness is weakened if representatives act as "Lone Rangers." It is best when schools have their own teams and send representatives to the multischool group (e.g., to share the results of needs assessment and resource mapping)

A multischool team for a complex of schools provides a mechanism to help ensure cohesive and equitable deployment of resources throughout a community and also can enhance the pooling of resources to reduce costs. Meeting on a regular basis (e.g., monthly), such a multiagency group can be a powerful advocate for change in a community.

"Interdisciplinary and cross training" help create both the trust and the skills needed for the kind of working relationships a large-scale collaborative requires. Through such training, each profession has the opportunity to clarify roles, activities, strengths, and accomplishments, and learn how to link with each other.

CREATING AN INTEGRATED CONTINUUM OF PROGRAMS AND SERVICES

There is a great deal to be learned about integrated services from the concept of Systems of Care designed for students with serious emotional problems. A system of care brings public and private providers together in offering accessible support through community-based interventions.

System ideas nicely underscore the realization that multiple programs are necessary to address certain problems and that it is essential to weave programs together into a cohesive intervention system. The most advanced intervention models emphasize the need for a comprehensive continuum of community and school interventions to ameliorate complex problems.

In broadening the focus to the many efforts to enhance healthy development and address barriers to learning, *Systems of Care* represent one end of a continuum. Such a continuum ranges from primary prevention programs, such as health promotion and enrichment, through early interventions, such as support and welcoming programs, to intensive treatments, such as treatment for serious emotional problems and special education needs. Thus, to the concept of systems of care can be added *systems of early intervention*, and *systems of prevention.* Each of these systems must be connected seamlessly to meet the needs of students and their families (see Figure 2). The nature and scope of such a continuum underscores the need to mesh together school and community resources. Implied is the importance of promoting healthy development and positive functioning as the way to prevent problems, a commitment to accommodating diversity, and a recognition of the responsibility of using the least restrictive and nonintrusive forms of intervention required to address problems.

CONCLUDING COMMENTS

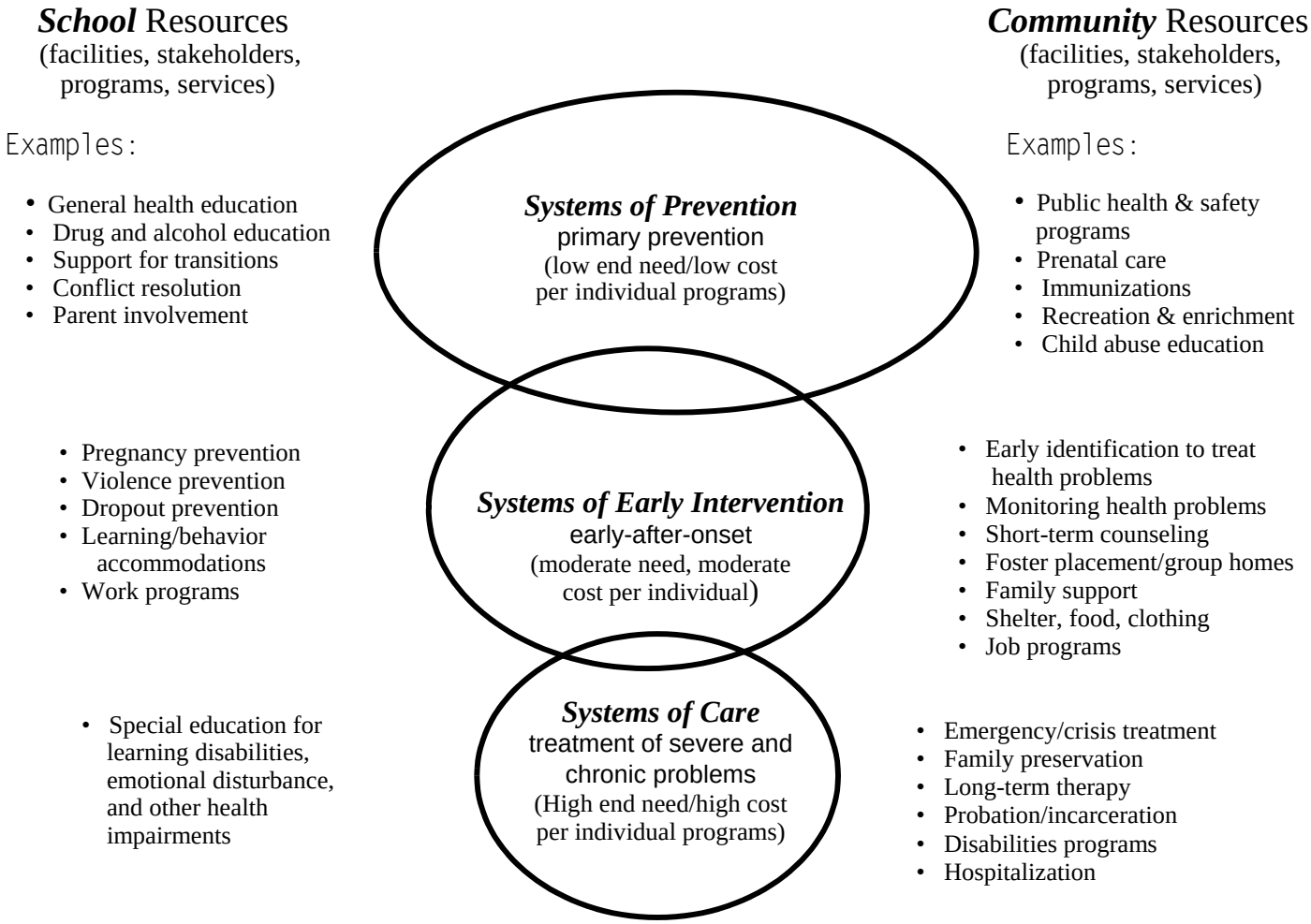
By coordinating and integrating with each other and with community resources, school based centers and other school programs can enhance the mental health of increasing numbers of students. The success of efforts to integrate school, center, and community resources depends on a variety of factors -- a clear policy vision of why integrated efforts are important, leadership and a critical mass of committed colleagues, mechanisms and processes that can overcome challenges to collaboration, time to plan, support at each step of the way, appropriate accountability. It is not an easy process, but the rewards for all involved can be great. These can include greater intervention effectiveness and a strengthened sense of community. And, the success of such efforts should help schools see the integral part mental health programs can play in reducing barriers to learning, and this should contribute to greater support and acceptance of the programs.

Some school based centers have found it helpful to assist school staff in a self-study of its resources and systems to support students and families. The survey that follows may be of use in assessing collaborative efforts (see Figure 2).

Of course, when all is said and done, there are the haunting words of the person who defined collaboration as "an unnatural act between nonconsenting adults."

Figure 2. Meeting the needs of all students.

Providing a Continuum of School and Community Programs & Services Ensuring use of the Least Intervention Needed



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

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

Survey of System Status

As your school sets out to enhance the usefulness of education support programs designed to address barriers to learning, it helps to clarify what you have in place as the basis for determining what needs to be done. You will want to pay special attention to

- *Clarifying what resources already are available*
- *How the resources are organized to work in a coordinated way*
- *What procedures are in place for enhancing resource usefulness*

This survey provides a starting point.

Items 1-6 ask about what processes are in place.
Use the following ratings in responding to these items.

DK = don't know
1 = not yet
2 = planned
3 = just recently initiated
4 = has been functional for a while
5 = well institutionalized (well established with a commitment to maintenance)

Items 7-10 ask about effectiveness of existing processes.
Use the following ratings in responding to these items.

DK = don't know
1 = hardly ever effective
2 = effective about 25% of the time
3 = effective about half of the time
4 = effective about 75% of the time
5 = almost always effective

DK = don't know
1 = not yet
2 = planned
3 = just recently initiated
4 = has been functional for a while
5 = well institutionalized

1. Is someone at the school designated as coordinator/leader for activity designed to address barriers to learning (e.g., education support programs, health and social services, the Enabling Component)? DK 1 2 3 4 5

2. Is there a time and place when personnel involved in activities designed to address barriers to learning meet together? DK 1 2 3 4 5

3. Do you have a Resource Coordinating Team? DK 1 2 3 4 5

4. Do you have written descriptions available to give staff (and parents, when applicable) regarding

a) activities available at the site designed to address barriers to learning (programs, teams, resources, services – including parent and family service centers if you have them)? DK 1 2 3 4 5

b) resources available in the community? DK 1 2 3 4 5

c) a system for staff to use in making referrals? DK 1 2 3 4 5

d) a system for triage (to decide how to respond when a referral is made)? DK 1 2 3 4 5

e) a case management system? DK 1 2 3 4 5

f) a student study team? DK 1 2 3 4 5

g) a crisis team? DK 1 2 3 4 5

h) Specify below any other relevant programs/services – including preventive approaches (e.g., prereferral interventions; welcoming, social support, and articulation programs to address transitions; programs to enhance home involvement in schooling; community outreach and use of volunteers)?

_____ DK 1 2 3 4 5

_____ DK 1 2 3 4 5

_____ DK 1 2 3 4 5

_____ DK 1 2 3 4 5

5. Are there different processes by which staff and families learn

a) what is available in the way of programs/services? DK 1 2 3 4 5

b) how to access programs/services they need? DK 1 2 3 4 5

6. With respect to your complex/cluster's activity designed to address barriers to learning, has someone at the school been designated as a representative to meet with the other schools? DK 1 2 3 4 5

DK = don't know
1 = hardly ever effective
2 = effective about 25% of the time
3 = effective about half of the time
4 = effective about 75% of the time
5 = almost always effective

7. How effective is the

a) referral system?	DK	1	2	3	4	5
b) triage system?	DK	1	2	3	4	5
c) case management system?	DK	1	2	3	4	5
d) student study team?	DK	1	2	3	4	5
e) Crisis team?	DK	1	2	3	4	5

8. How effective are the processes for

a) planning, implementing, and evaluating system improvements (e.g., related to referral, triage, case management, student study teams, crisis team, prevention programs)?	DK	1	2	3	4	5
b) enhancing resources for assisting students and family (e.g., through staff development; developing or bringing new programs/services to the site; making formal linkages with programs/services in the community)?	DK	1	2	3	4	5

9. How effective are the processes for ensuring that

a) resources are properly allocated and coordinated?	DK	1	2	3	4	5
b) linked community services are effectively coordinated/ integrated with related activities at the site?	DK	1	2	3	4	5

10. How effective are the professes for ensuring that resources available to the whole complex/cluster are properly allocated and shared/coordinated? DK 1 2 3 4 5

Please list community resources with which you have formal relationships.

a) Those that bring program(s) to the school site

b) Those not at the school site by which have made a special commitment to respond to the school's referrals and needs.

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Quick Find On-line Clearinghouse

(http://smhp.psych.ucla.edu/qf/p1201_01.htm)

TOPIC: Collaboration - School, Community, Interagency

The following reflects our most recent response for technical assistance related to this topic. This list represents a sample of information to get you started and is not meant to be exhaustive.
(Note: Clicking on the following links causes a new window to be opened. To return to this window, close the newly opened one).

Center Developed Documents, Resources and Tools

Articles

- **Beyond Placement in the Least Restrictive Environment : The Concept of Least Intervention Needed and the Need for Continuum of Community-school Programs/Services H.S. Adelman & L. Taylor (1998). *(Prepared for a forum sponsored by the National Association of State Director of Special Education.)***
- **Building Comprehensive, Multifaceted, and Integrated Approaches to Addressing Barriers to Student Learning. H.S. Adelman & L. Taylor (2002). *Childhood Education, 78*(5), 261-268**
- **Connecting Schools, Families and Communities. L. Taylor & H.S. Adelman (2000). *Professional School Counseling,* 3(5), 298-307.**
- **Creating School and Community Partnerships for Substance Abuse Prevention Programs. H.S. Adelman & L. Taylor (2002)*Los Angeles, CA: UCLA Center for Mental Health in Schools.***
- **Fostering School, Family, and Community Involvement. Guidebook in series, Safe and Secure: Guides to Creating Safer Schools. H.S. Adelman, & L. Taylor (2007). *Northwest Regional Educational Laboratory & Hamilton Fish Institute.***
- **A Policy and Practice Framework to Guide School-Community Connections. L. Taylor & H.S. Adelman (1998). *Rural Special Education Quarterly, 17*(3/4) 62-70.**
- **Restructuring education support services and integrating community resources: Beyond the full service school model. H.S. Adelman & L. Taylor (1997). *School Psychology Review, 25,*431-445**
- **School-Community Relations: Policy and Practice L. Taylor & H.S. Adelman (2003). In Fishbaugh, et al., (Eds.), Ensuring safe school environments: Exploring issues–seeking solutions. Mahwah, NJ: Lawrence Erlbaum.**
- **School and Community Collaboration to Promote a Safe Learning Environment. H.S. Adelman & L. Taylor (2006). *State Education Standard, 7*(1), 38-43.**
- **System reform to address barriers to learning: Beyond school-linked services and full service schools. H.S. Adelman & L. Taylor (1997). *American Journal of Orthopsychiatry,* 67(3), 408-421.**
- **Want to Work With Schools? What is Involved in Successful Linkages? L. Taylor & H. Adelman (2006). *The School Service Sourcebook: A Guide for Social Workers, Counselors, and Mental Health Professionals, Oxford University Press***

Continuing Education Modules

- **Addressing Barriers to Learning: New Directions for Mental Health in Schools**
- **Developing Resource-Oriented Mechanisms to Enhance learning Supports**

Center Policy and Program Analysis Briefs

- Addressing Barriers to Student Learning: Closing Gaps in School/Community Policy and Practice
- Building Collaboration for Mental Health Services in California Schools: What Will be Built?
- Creating school and community partnerships for substance abuse prevention programs
- Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together
- New Directions for School & Community Initiatives to Address Barriers to Learning: Two Examples of White Papers to Inform and Guide Policy Makers (February 2002)

Fact & Information Resources, Guidance Notes, Practice Notes, and Tools for Practice

- Tools for Practice: School-Community Collaboration: A Self-study Survey

Guides to Policy & Program Development and Practice

- School-Community Partnerships: A Guide
- Sustaining School-Community Partnerships to Enhance Outcomes for Children and Youth: A Guidebook and Tool Kit

Introductory Packets

- Confidentiality and Informed Consent
- Parent and Home Involvement in Schools
- Working Collaboratively: From School-Based Collaborative Teams to School-Community-Higher Education Connections

Newsletters

- Newsletter: Article: Community Resources that Could Partner with Schools (Winter, '99)
- Newsletter: CSSS - Hawaii`i's Comprehensive Student Support System... a multifaceted approach that encompasses & enhances MH in schools.(Summer, '01)
- Newsletter: Opening the Classroom Door.(Spring, '01)
- Newsletter: Safe Students/Healthy Schools: A Collaborative Process. (Spring, '03)
- Newsletter: School-Community Partnerships from the School's Perspective.(Winter, '99)
- Newsletter: School-Linked Services and Beyond (Spring, '96)

Resource Aid Packet

- Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs

Technical Aid Packets

- After-School Programs and Addressing Barriers to Learning
- Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change
- School-Based Client Consultation, Referral and Management of Care
- Volunteers to Help Teachers and School Address Barriers to Learning

Training Tutorials

- Training Tutorial: Community Outreach: School-Community Resources to Address