

# Mental Health in Schools and Addressing Barriers to Learning and Teaching

## Legislation Analyses: Proposed Frameworks

*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.*

Carnegie Task Force on Education

In support of the work of the *Policy Leadership Cadre for Mental Health in Schools*,\* the national Center for Mental Health in Schools at UCLA continues to analyze legislation that focuses (a) specifically on mental health in schools and (b) more generally on addressing barriers to learning and teaching in major ways that can affect mental health in schools. Both enacted and proposed legislation will be studied, with a view to possible contrasting implications. The main emphasis will be on state and federal acts, but over the next few years Center staff will also try to sample local (including school board) policy actions.

In line with this broad focus, the intent is to map and analyze legislation in keeping with a continuum ranging from promotion of healthy development and preventing problems – through responding to problems soon after onset – to providing special assistance for severe and chronic problems. Such a continuum encompasses efforts to enable academic, social, emotional, and physical development and address learning, behavior, and emotional problems at school and through connections with home and community resources.

A full continuum of interventions is of interest. As indicated in Figure 1, along the continuum, analyses of the nature and scope of interventions will be organized into six traditional and fundamental areas of broad *societal* concern.

Moreover, in addition to analyzing the specific nature and scope of the interventions delineated in legislation, analyses will be made of the degree policy is concerned with enhancing efforts to construct an integrated systemic, unified, and comprehensive approach. The importance of this emphasis is suggested in Figure 2. Note in Figure 2, the stress is not just on a continuum of interventions or on integrating services but on a continuum of *integrated systems*. The continuum embraces the six areas outline in Figure 1. It encompasses interventions focused on individuals, families, and the contexts in which they live, learn, work, and play and incorporates a holistic and developmental emphasis. And, a basic underlying assumption is that the least restrictive, nonintrusive forms of intervention needed should be used to address problems and accommodate diversity. Another assumption is that problems usually are not discrete, and thus, interventions that address root causes should be used.

For purposes of clarifying how legislation addresses systemic considerations, analyses will determine the degree and the manner in which legislation (and guidelines for enacted legislation) delineate matters related to

- an integrated infrastructure
- coalescing existing and new resources and enhancing how they are used
- continuous capacity building
- continuous evaluation and appropriate accountability based on delineated standards and quality indicators.

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\*For previous work of the national Policy Leadership Cadre for Mental Health in Schools, see <http://www.smhp.psych.ucla.edu/policy.htm>

Finally, for purposes of translating general concerns about mental health into ways schools readily see as helping to meet their institutional mission, we will embed mental health into the schools' daily need to address barriers to learning and teaching. To this end, analyses will focus on six content or "curricular" arenas that have been articulated related to a school's Enabling or Learning Supports Component. These six arenas are:

- *enhancing regular classroom strategies to enable learning* (e.g., improving instruction for students with mild-moderate learning and behavior problems and re-engaging those who have become disengaged from learning at school)
- *responding to, and where feasible, preventing school and personal crises*
- *supporting transitions* (e.g., assisting students and families as they negotiate school and grade changes, daily transitions, etc.)
- *increasing home and school connections*
- *increasing community involvement and support* (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)
- *facilitating student and family access to effective services and special assistance as needed.*

Each arena has major implications for mental health in schools. Each can play out along the systemic continuum of interventions outlined in Figure 2. Thus, analyses will use the matrix in Figure 3 as another guiding framework.

### **The Process:**

At this time, the Center's staff has begun gathering information on legislation relevant to mental health in schools. As something that seems relevant is identified, it is being added to a growing Quick Find in the Center's Online Clearinghouse – See <http://smhp.psych.ucla.edu/qf/legislation.html>

In anticipation of the Center's first Policy Leadership Institute in Dallas, TX in September, 2005, the Center staff is about to embark on analyses of the legislation that has been identified so far.

At each step, we will ask for guidance and feedback from the *Policy Leadership Cadre for Mental Health in Schools* and others and will provide products for use by the Cadre and others in advancing policy for mental health in schools.

**Figure 1. Addressing barriers to student learning:  
A continuum of six fundamental areas for analyzing policy and practice**

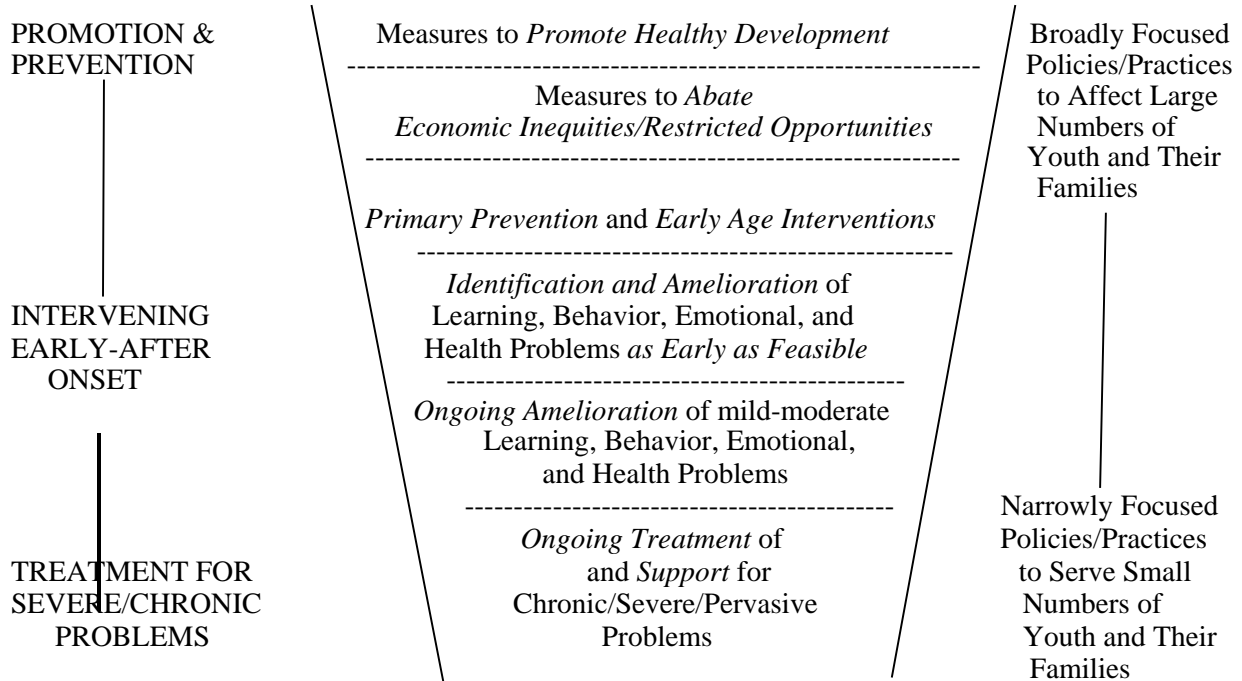


Figure 2

**Levels of Intervention:\***  
**Connected Systems for Meeting the Needs of All Students**

**School Resources**

(facilities, stakeholders, programs, services)

Examples:

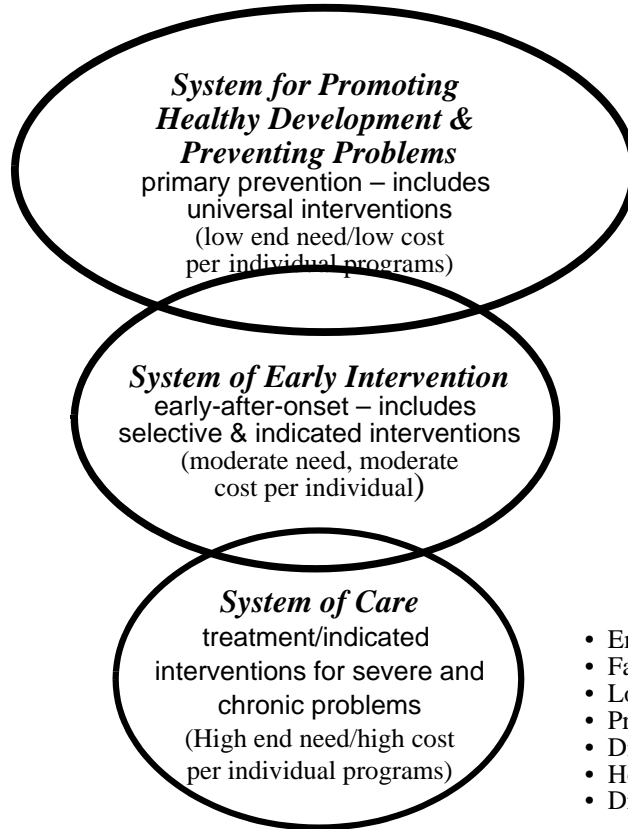
- General health education
- Social and emotional learning programs
- Recreation programs
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement
- Drug and alcohol education
  
- Drug counseling
- Pregnancy prevention
- Violence prevention
- Gang intervention
- Dropout prevention
- Suicide prevention
- Learning/behavior accommodations & response to intervention
- Work programs
  
- Special education for learning disabilities, emotional disturbance, and other health impairments

**Community Resources**

(facilities, stakeholders, programs, services)

Examples:

- Recreation & Enrichment
- Public health & safety programs
- Prenatal care
- Home visiting programs
- Immunizations
- Child abuse education
- Internships & community service programs
- Economic development
  
- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs
  
- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization
- Drug treatment



Systemic collaboration is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *system for promoting healthy development and preventing problems*, *system of early intervention*, and *system 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

\*Various venues, concepts, and initiatives permeate this continuum of intervention *systems*. For example, venues such as day care and preschools, concepts such as social and emotional learning and development, and initiatives such as positive behavior support, response to intervention, and coordinated school health. Also, a considerable variety of staff are involved. Finally, *note that this illustration of an essential continuum of intervention systems differs in significant ways from the three tier pyramid that is widely referred to in discussing universal, selective, and indicated interventions.*

Figure 3

**Matrix for Reviewing Scope and Content of a Component to Address Barriers to Learning\***

		Scope of Intervention		
		System for Promoting Healthy Development & Preventing Problems	System for Early Intervention (Early after problem onset)	System of Care
Organizing around the <b>Content/ "curriculum"</b> (for addressing barriers to learning & promoting healthy development)	Classroom-Focused Enabling			
	Crisis/ Emergency Assistance & Prevention			
	Support for transitions			
	Home Involvement in Schooling			
	Community Outreach/ Volunteers			
	Student and Family Assistance			
		Accommodations for differences & disabilities	Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)	

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



## Feedback Form

### *Policy Leadership Cadre for Mental Health in Schools*

(1) Do you think there would be sufficient interest in your state for us to convene a *Policy Leadership Institute* for Mental Health in Schools?                      Yes      No

(2) Would you personally be interested in attending such a Leadership Institute?    Yes    No

(3) Would you like to be part of a *statewide network* for Policy Leadership for Mental Health in Schools?                      Yes      No

(4) If you know of others who we should contact about being part of the national Policy Leadership Cadre for Mental Health in Schools, please indicate names and contact information [e.g., address, phone, email, etc.] below or on a separate sheet or in a follow-up email.)

(5) Look at the Legislation Quick Find and let us know below or in a follow-up email about others we should be including.

(6) Do you have any feedback for us on the proposed work related to analyzing legislation?

(7) Do you have any recommendations for additional tasks that the Cadre could pursue?

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

*Thanks for completing this form. Return by FAX to (310) 206-8716.*



The Center for Mental Health in Schools is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.

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