

Responding to Today's Mental Health Needs of Children, Families and Schools: Revisiting the Preservice Training and Preparation of School-Based Personnel

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Abstract

With the alarming increase in the mental health needs of youth today, traditional preservice preparation training programs for school-based personnel in the area of mental health are overwhelmingly insufficient. While school professionals often lack basic specific evidence-based knowledge and skills to identify and intervene with students at risk for mental illness, they also lack the personal resources to understand their own mental health concerns which include how to effectively cope with job stress, while increasing teaching effectiveness and job satisfaction. Therefore, there is a call for a paradigm shift at the preservice level to better prepare all school-based personnel, including teachers, administrators, counselors, psychologists, social workers and nurses to proactively confront the mental health challenges of today's youth and the difficulties they face in serving those students. In this article, the authors provide evidence to illustrate the need for training in the area of preventative strengths-based mental health. Traditional training programs designed for school-based personnel are discussed, followed by suggestions for the implementation of strengths-based performance standards for all individuals preparing to work in the school environment. Finally, an innovative online graduate degree program, located at a unique university-based center dedicated to implementing a prevention, strengths-based mental health approach to educating school personnel, is discussed.

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Increasingly, school-based personnel are faced with students who present with growing mental health concerns. While the rate of mental illness in youth continues unabated in the United States (Morris, 2002), and, with the contributing etiological factors many and varied, questions are raised about the training adequacy of school-

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based personnel to combat this growing concern in today's school environment. To illustrate, Rones and Hoagwood (2000) suggest that university-based preservice educational training programs do not adequately prepare and thus provide sufficient knowledge, skill, or field experience to work with children in schools who present with mental health problems. If this is true, then what training do school-based personnel actually receive at the preservice level? To elaborate, is preservice training focused on a strengths-based prevention model or one focusing on traditional broad and global standards that emphasize pathology and mental illness?

In order to address these growing concerns, this article will first provide a rationale indicating the need for specific competency-based prevention training in the area of children's mental health for school-based personnel. Secondly, to increase student achievement in the classroom, while fostering mental health in the learner, the authors will present examples of traditional preservice training models and offer suggested modifications. Finally, the authors will discuss the application of a unique university-based preservice training program designed from a proactive, strengths-based prevention model. This model is dedicated to advancing the preparation of school-based personnel to proactively meet the mental health challenges of today's youth.

The Need for Mental Health Training

Of growing concern, a significant number of youth in the United States experience mental health problems to a degree that impairs daily functioning. For example, between five and nine percent of children can be classified with a diagnosis of a serious emotional disturbance, requiring substantive mental health support in the school setting (Friedman, Katz-Leavy, Mandersheid, & Sondheimer, 1996; Morris, 2002; New Freedom Commission on Mental Health, 2003). In addition, approximately one in five children, or 15 million in the United States, experiences significant symptoms of a diagnosable mental disorder during the course of any one year (Adelman & Taylor, 2000a). Conversely, while these are clearly alarming statistics, the number of youth with sub-threshold mental health problems remains unidentified, thus supporting the critical need for prevention and early intervention efforts before problems develop or escalate to a diagnostic level.

Increasingly, more children with a variety of emotional needs are included in the general classroom setting, placing increased demands on both the special education and general education teacher. The educator's challenge then, is to not only teach content driven academic

pedagogy required by the school district, but also the ability to create a classroom environment where all learners' needs are addressed. This includes the development of a positive self-concept. The recent report of President Bush's New Freedom Commission (2003) formally recommends that all "Federal, State, and local child-serving agencies fully recognize and address the mental health needs of youth in the educational system" (p. 62), thereby clearly placing emphasis on the involvement of schools in the promotion of mental health services. According to the report:

Schools are where children spend most of each day. While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of this important interplay between emotional health and school success, schools must be active partners in the mental health care of our children. (p. 58)

In addition, Surgeon General David Satcher stated that the U.S. is currently facing a public crisis in mental health for today's youth. According to Satcher's *National Action Agenda for Children's Mental Health* (2001), 1 in 10 youth in the United States suffers from a mental disorder severe enough to limit daily functioning in the family, school, and community setting. Although federal and state government agencies are increasingly aware of the prominence and depth of this problem, to date, no universal systemic changes have been made to mandate preservice teacher competency in the recognition and early intervention of specific mental health needs of youth in schools (Burke, personal communication, as cited in Koller & Svoboda, 2002).

To illustrate, regardless of an apparent increase in children's mental health needs in schools, an overwhelming 70% of children with a diagnosable mental illness do not receive treatment, or receive inadequate treatment (Tashman, Waxman, Nabors, & Weist, 1998). As a result, teachers are increasingly faced with students who lack the optimal social and emotional resources to focus and, therefore, benefit from academic instruction in the classroom (Koller, Osterlind, Paris, & Weston, 2004). In fact, according to the Florida Commission on Mental Health and Substance Abuse (2001), "The major barrier to school readiness for children is often not the lack of appropriate cognitive skills but rather the absence of needed social and emotional skills" (p. 8). Therefore, with such a large gap existing between children who need mental health services and those who actually receive services, coupled with an increasing national emphasis on the prevention of mental illness, the critical importance of competency-based training of all school-based personnel at the preservice level has assumed paramount importance.

To compound the problem, a substantial number of youth with mental health concerns are at risk for school dropout (Koller & Svoboda, 2002; Svoboda, 2001). In fact, while an estimated 550,000 individuals fail to complete high school each year, (National Center for Educational Statistics, 1998) roughly 45 percent of the one million individuals who took the General Educational Development (GED) high school equivalency test in 2001 reported mental health concerns as contributory factors to school failure and dropout (GEDTS, 2001).

While the etiological factors contributing to students at risk for school dropout are many and varied (Alexander, Entwisle, & Horsey, 1997), a number of precipitating factors are clear. These include student lack of attachment to school and school rules, poor student relations with school-based personnel, especially the teacher, ongoing inconsistent parental support, and student self-concept deficits fraught with feelings of inferiority, isolation, lack of resiliency, anxiety, and depression (Alexander, Entwisle, & Kabbani, 2001; Hess & Copeland, 2001; Marcus & Sanders-Reio, 2001).

In addition, of growing concern nationally, is the apparent rapid escalation of school dropouts with comorbid mental illness who end up referred to the juvenile justice system (Brogan, 2004). Apparently, the rate of increase continues unabated. For example, in 2002 an estimated 40 to 70 percent of the roughly one million youth referred for incarceration were suspected of comorbid mental illness disorders significant enough to warrant a DSM-IV-TR diagnosis (Kessler, 2002). To confound this problem, however, the literature suggests that, traditionally, mental illness in school age youth often goes undiagnosed and untreated once an offense has been committed and referral is made to the juvenile courts for adjudication (Boesky, 2001).

However, for those identified with mental illness, several personality patterns are emerging from the research literature. For example, while youth with internalizing symptoms (i.e., depression, social withdrawal and suicidal ideation) are less likely to be identified than those with externalizing symptoms, gender difference do exist as incarcerated males are more likely to receive school-based mental health services (Atkins, Showden, & Libby, 2002). Yet, of adolescent females who drop out of school almost 60 percent end up in the juvenile system within one year (Svoboda, 2001).

While there is little argument that suspected comorbid mental health problems must be identified upon referral to the juvenile justice system prior to incarceration and treatment, in actuality, this process should begin much earlier—while youth are still in school. As well, as significant progress continues to empirically identify early developmental patterns predictive of long-term failure, the teacher, who

is the first adult role model in the classroom must be able to apply basic mental health principles to foster positive personal, social and emotional growth (Koller et al., 2004). Regardless, without appropriate early identification and treatment, incarcerated school-aged youth with mental health concerns will continue to demonstrate dysfunction well into their adult years (Cellini, 2001).

Preservice Training Programs: Lacking a Curricular Mental Health Training Component

The growing mental health concern among today's youth, in addition to the overwhelming school dropout rate, supports the need for revisiting the training of preservice school-based personnel relating to mental health principles and practices. The inadequacy of specific competency-based preservice training in prevention-based mental health is apparent when examining university-based curricula and certification requirements mandated by various accrediting bodies, such as the National Council for Accreditation of Teacher Education (NCATE), National Association of School Psychologists (NASP), Council on Social Work Education (CSWE), The Council for Accreditation of Counseling and Related Educational Programs (CACREP), and the Interstate New Teacher Assessment and Support Consortium (INTASC).

Currently at the preservice level, teachers and administrators receive little, if any, specific competency-based training regarding their role in knowing how to identify a wide variety of precipitant mental health issues facing students today (e.g., depression, stress, anxiety, school violence, and bullying). For example, teachers typically complete a basic general psychology course that has little, if any, relevant practical application to the classroom. In addition, they may be required to take a basic educational psychology course that focuses essentially on instructional theory to the exclusion of application, particularly learning constructs related to mental health. As Oddone (2002) states, in reviewing curricular mental health pedagogical content in several current popular educational psychology textbooks, it is apparent that "information about mental health (as well as the related areas of social-emotional development and personality) has steadily declined since the 1950's." As well, regarding in-service assistance for teachers already employed, Greenburg, Domitrovich, and Bumbarger (2000) found inadequate assistance to combat today's behavioral and mental health problems found in schools. That is, most school-based efforts are reactive rather than proactive. Thus, as training standards for teachers which are typically established by state accrediting agencies and/or national professional organizations and teacher quality

becomes ever more narrowly defined by subject matter pedagogical skills, the development of positive social and emotional skills of youth are left to chance or not addressed. According to Oddone (2002), "pressures to demonstrate progress in school performance, as illustrated by improved test scores, threaten to relegate mental health, safety, and other issues that reflect overall student well-being to the sidelines, as though these concerns are not relevant to the mission assigned to schools" (p. 274). In addition, due in part to the federal enactment of the *No Child Left Behind Act*, schools, and as a result, teachers, are increasingly pressured to demonstrate student academic progress. This is especially apparent in the mandates to increase student state and local achievement test scores. In the process, however, this pressure has had a negative effect on the classroom teacher by raising his or her stress level to improve student performance by increasing the focus on academic achievement.

However, according to the National Board for Professional Teaching (2003), a teachers' mission "extends beyond developing the cognitive capacity of their students" implying that teachers are also concerned with student development in other areas including the development of positive mental health and character. In addition, NCATE accreditation standards (2002) state that new teachers graduating from NCATE-accredited institutions "are able to handle the demands of a classroom on day one—not through on-the-job training" (p. 2). However, with the increasing prevalence of students with mental health concerns in schools today and the lack of specific preservice preparation in the area of mental health prevention, new teachers are not able to meet the overwhelming individual demands of all students in the classroom (Koller et al., 2004)

In fact, Koller and his colleagues (2004) found that, overall, both first-year baccalaureate teachers (both regular and special education) graduating from NCATE-approved colleges of education and their experienced mentors, many with graduate teaching degrees through the doctoral level, felt unprepared to recognize and/or intervene in typical mental health issues confronting today's teachers. This included daily problems such as identifying and assisting with an anxious student, recognizing potential signs of childhood depression and/or stress, or helping the friendless child. Yet, all teachers, both first-year graduates and their experienced mentors, regardless of their academic preparation, unanimously agreed that knowledge of the mental health needs of youth are critically important for all teachers to experience success in today's classroom. Interestingly, both the first-year and mentor teachers rated their own mental health (e.g., teacher stress, pressure to raise student achievement test scores, fear of classroom violence,

or how to communicate with an irate parent) as being a significant concern, yet felt unprepared to recognize and manage the signs and symptoms of their own stress and burnout.

In addition, Morris (2002) reported that both preservice and inservice general elementary education teachers hold a strong interest and desire for more basic information regarding children's mental health issues, but this information is not typically offered in the regular or special teacher education program at a level requiring competence. The teachers questioned in this study came from two large Midwestern university-based NCATE-approved teacher education programs and the results defy common perceptions that only special education teachers need training in the area of mental health. In point of fact, the results strongly supported that special education trained teachers are not exempt from preservice instruction in mental health. This research further supports that many learners, regardless of their educational placement in the school setting, will likely exhibit mental health concerns, thereby requiring assistance from general and special education school personnel to effectively identify and intervene with the non-academic barriers that hinder optimal student learning.

As children are increasingly placed in the general education classroom setting, due, in part, to factors including mandated inclusion, an increased emphasis is placed upon the general education teacher to be prepared for issues other than academic content (Gable & Van Acker, 2000). In addition, since children spend the majority of a school day in the classroom where the teacher is the only adult present, the teacher assumes an influential role in the development of the child from both an academic as well as personal, social and emotional perspective (Koplewicz, 1996). Hence, it is essential that teachers are equipped with a fundamental knowledge of factors that influence not only the development of mental illness in those they serve, but also those proactive strengths-based prevention efforts which promote mental health and resilience.

Similar to preservice teacher mandated requirements, preservice standards also lack for school administrators in the areas of student and staff mental health promotion. According to the National Policy Board for Educational Administration (2002), "successful educational leaders must be able to identify, clarify, and address barriers to student learning and communicate the importance of developing learning strategies for diverse populations" (p. 6). Although this standard states the importance of addressing barriers to student learning, specific issues related to the prevention of mental health problems are not recognized as one of these barriers. This suggests that administrators, who are the *leaders* of the school, may not be adequately prepared to

identify, intervene or prevent the common mental health concerns of their students and staff. For example, a review of the research literature suggests that teachers who are isolated from other colleagues, who encounter difficult relationships with students and parents, who experience a lack of consistent support from parents, or who experience a lack of understanding, support, and leadership from administrators are at high-risk for burnout (Brock & Grady, 2000). In fact, teachers reported reluctance to confide in school administrators about their own stress problems for fear of reprisal, and/or job loss (Koller et al., 2004). Without the support and endorsement of the school administrator, evidence-based practices in school are typically not integrated. Therefore, if the administrative leaders of the school have not been trained in, are not committed to, or do not know how to integrate mental health practices, it will be difficult to create a positive school environment that fosters the mental health of students *and* staff (Brock & Grady, 2000).

Global and/or Pathological Training Models

Adelman and Taylor (2000b) argue that schools are not traditionally viewed as being in the mental health or social service business. In other words, the primary focus of schools is education based on content driven pedagogy. However, a review of the research indicates that children are poorly equipped to learn academic skills if their basic psychological needs are not met (Gable & Van Acker, 2000; Koplewicz, 1996; Morris, 2002). This implies that children who experience unresolved conflict in areas including personal, social, emotional and academic issues are at risk for problems focusing their attention on learning tasks in the classroom. In fact, if traditional preservice training programs focus on pathology (i.e., the identification of deficits or functional limitations to determine eligibility for placement in special education and/or a DSM-IV diagnosis) rather than requiring competence in evidence-based practices to prevent pathology, how can the educator be expected to recognize, let alone prevent those precipitating factors which lead to dysfunction? Further, the authors argue that integrating mental health training at the preservice level is no less important in its contribution to successful teaching and learning than is instruction on how to teach specific academic subject matter.

In addition to preservice regular and special education teacher and administrator training programs, standards exist in other school disciplines, such as school psychology, school social work, school counseling and school nursing that promote vague or global mental health mandates often neglected or de-emphasized in the school setting. For example, one of the National Association of School Psychologists (2002)

standards for school psychologists in training regarding prevention, crisis intervention and mental health states: "School psychologists have knowledge of human development and psychopathology and of associated biological, cultural and social influences on human behavior. School psychologists provide or contribute to prevention and intervention programs that promote the mental health and physical well-being of students" (p. 16). As a result, although school psychology graduate programs typically provide students with basic training in the prevention and intervention of mental illness, the focus remains on pathology. However, the school psychologist in practice typically does not become involved in a case until significant problems already exist. Furthermore, in spite of their training, school psychologists are often underutilized in schools for this role. That is, activities revolving around conducting individual assessments to qualify students for special education services typically consume the role of the practicing school psychologist (Ehrhardt-Padgett, Hatzichristou, Kitson, & Meyers, 2003).

Regarding school counselor preparation, the Council for Accreditation of Counseling and Related Educational Programs Standards (CACREP) (2001) globally states that preservice school counselors possess the knowledge of, "The role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status and equity issues in school counseling; knowledge and understanding of community, environmental and institutional opportunities that enhance" (p. 1), as well as "barriers that impede student academic, career, personal/social success and overall development" (p. 2). Unfortunately, however, specific preservice prevention and early intervention techniques including the documentation of evidence-based practices designed to manage student mental health needs are often neglected in school counselor training programs (Keys, Bemak & Lockhart, 1998; Lockhart & Keys, 1998). In fact, Lockhart and Keys (1998) further argue that school systems continue to define the role of the school counselor through traditional guidance program models, despite the escalating mental health needs of students and their families. Similarly, preservice university-based training programs often neglect to provide future school counselors with competency-based training in areas such as crisis intervention and mental health prevention and intervention in schools.

Gysbers and Henderson (2000) have developed a National Comprehensive Guidance Program model that redefines the role of the school counselor to ensure that counselors' knowledge and skills are utilized in the school environment. The comprehensive guidance

model is also designed to help control time management concerns by guaranteeing that counselors utilize time effectively on relevant guidance activities (i.e., implementing the school guidance curriculum and individual counseling), rather than on non-guidance activities (i.e., scheduling). This model provides a framework for the comprehensive school guidance program to make the counselors' duties concrete. More specifically, the authors suggest that counselors spend 80% of their time on direct services to students and 20% of their time on indirect services. In addition, to further expand the school counselor's ability to work with *all* students in the school environment, Lockhart and Keys (1998) recommend additional preservice training efforts in the area of mental health.

In the specialty area of school nursing, academic standards in the area of mental health are globally present; however, similar to school psychologists, the specific knowledge and skills of such professionals are often underutilized in the school environment (National Association of School Nurses [NASN]). For example, school nurses typically receive substantial preservice training in mental illness and are in a position to promote the development of positive mental health with students in schools. However, the role of the school nurse is often dominated by the dispensing of medication and band-aids (Libbus et al., 2003). To illustrate, one nurse who was interviewed as part of a research project looking at how school nurses feel about their job duties stated, "I would like to be freed from band-aid duty to perform activities that require my nursing judgment" (p. 322).

In 2002, the National Association of Social Workers' (NASW) created the Standards for School Social Work Services. To work in the school environment, NASW requires a graduate degree from a program accredited by the Council on Social Work Education. Sample standards related to prevention-based mental health include the following: to promote collaboration among community health and mental health service providers while facilitating student access to such services, select effective prevention and intervention programs to enhance students' educational experiences and promote students' resolution of nonproductive encounters in school (NASW, 2002). On one hand, these standards appear to be positive performance-based mental health competencies, rather than solely focused on pathology. However, the required academic content and skills for school social workers are determined by specific university-based graduate degree programs which offer school social work as a specialization, in accordance with the mandates of the program's state board of education (Council on Social Work Education, 2004). In addition, regardless of their extensive training in mental health, many social workers struggle

with an accreditation identity to practice in the school setting and are often confronted with problems in state certification. Thus, according to NASW (2004), only 5% of the nation's approximately half-million social workers work in the schools.

Implications for Designing Prevention-based Training Models for School Personnel

In order for systemic change to occur from a traditional deficit-driven model of mental illness or pathology, to a strengths-based model focusing on prevention, a collaborative, inter-disciplinary effort must exist. This effort must not be in name only. That is, understanding, managing and predicting human behavior is far too complex to relegate to a single professional discipline or to naïve lists of 'do's and don'ts' as if the development of positive behavior is parallel to following a recipe in a cookbook.

Given that the foundation for many personality traits start early in life and are developmental in nature, an active participation on the part of all stakeholders is required. This collaborative effort will likely produce a diversity of opinions, practices and regulations necessitating the breaking of barriers existing between the family, the school, various community public mental health service agencies, traditional medical models of illness or pathology, the state and national accrediting agencies who govern school accreditation and certification, as well as the training of professionals who staff front line services in schools. As Rowling and Weist (2004) state, "to date, mental health is a field that has been seen as primarily the domain of health specialists, not the concern of teachers, parents and police" (p. 7). Thus, for a sustainable systems change to occur, the recognition of a paradigmatic shift must occur not only in attitude, i.e., reducing the stigma of mental illness and philosophy, but also at the interdisciplinary preservice and inservice content knowledge levels derived from evidence-based practices.

In order to better prepare preservice education teachers and other school-based personnel for employment in today's school environment fraught with escalating mental health concerns, several concerns must be addressed. In response to the unclear and insufficient standards of many preservice programs designed for school personnel, the development and implementation of specific competency-based objectives for *all* persons preparing to work in the school environment must be instituted. For example, there is a great need for state and national certification agencies to mandate specific and performance-based requirements for all school personnel so that universities are required to provide future school-based personnel with the specific

knowledge and skills necessary for coping with the needs of today's youth. To illustrate, The Interstate New Teacher Assessment and Support Consortium (INTASC) has created core standards, currently adopted by forty-two states, dedicated to the preparation, licensing and on-going professional development of teachers (INTASC, 1995). More specifically, INTASC standards specify what all beginning teachers "should know, be like, and be able to do in order to practice responsibly, regardless of the subject matter or grade level being taught" (p. 1). These standards are based on the following premise: "An effective teacher must be able to integrate content knowledge with the specific strengths and needs of students to assure that *all* students learn and perform at high levels" (p. 1). In addition, INTASC (1995) believes teachers "must be able to create learning experiences that are responsive to students' social, emotional, physical and cognitive development, their cultural and community experiences and their interests, talents and learning styles" (p. 2).

Recently, the American Psychological Association's National Coalition for Psychology in Schools and Education has also taken steps toward enhancing the training of school-based personnel (P. P. Heppner, personal communication, December 28, 2004). For example, the Coalition is in the developmental stages of creating a model to improve collaboration among psychologists, K-12 teachers and school districts. Members are hopeful this model will eventually be used as a diagnostic tool to assist school personnel identify strengths and weaknesses with respect to teachers' pedagogical practices and desired student outcomes which includes mental health, academic achievement and life skills. Although this model views the psychologist as the primary mental health professional responsible for the early identification and intervention of children's mental health and academic needs, the psychologist's treatment recommendations should be directly related to the input of teachers and other knowledgeable personnel personally involved with students.

In general, teachers spend the majority of their day with students and an unwritten rule in a teacher's job description entails that he or she assumes the status of a positive role model for all students. Therefore, it is logical to assume that a teacher who is better prepared to influence the development of positive student mental health should be in a better position to assist students in meeting the multiple demands of school and developing them into emotionally healthy learners. Hence, formal, specific competency-based instruction to address the mental health needs of all youth should be required during all teacher preparation programs to enable teachers to help students overcome those non-academic barriers that hinder learning in the classroom. In

the process, teachers in training should also be better equipped to proactively identify and intervene with their own mental health concerns, as these issues have been identified to be of paramount importance to teachers employed in the school setting (Koller et al., 2004).

Koller and his colleagues (2004) state that all preservice teachers should know and be able to demonstrate the following concepts upon completion of their preservice requirements: (a) Understand the specific role that all teachers have in the prevention of mental health problems (e.g., creating positive classroom environments, promoting healthy peer relationships, and enhancing students' self-concept) from a knowledge of current evidence-based practices; (b) Know how to identify students who may have or who may be headed toward a mental health problem (e.g., preventing bullying behavior, or working with the depressed or anxious child); and (c) Know how to create a positive, strengths-based learning environment where learning academic content (e.g., math) can occur, while the development of a positive self-image in the learner flourishes.

Pre-service teachers should also be able to recognize and apply evidence-based practices relating to issues of teacher stress and burnout, in addition to knowing who to seek consultation from within the school setting for support. In addition, as stress is influenced by the climate of the school and classroom (Brock & Grady, 2000), the incidence of teacher stress and burnout may be dramatically reduced if teachers are better prepared to face issues that contribute to the school climate, including student bullying, defiance, stress, anxiety and depression—all of which relate to mental health promotion.

Additional suggestions for training include requiring specific coursework objectives designed for persons working in the school environment. For example, university trainers should require that all preservice teachers and administrators demonstrate competencies that focus primarily on the classroom application of basic psychological theories and principles *associated with the specific mental health needs of children and adolescents*, rather than just a basic understanding of global psychological principles. Important competencies include an understanding of the following topics: what is mental health and why does it belong in schools, mental health vs. mental illness, school violence and bullying, the importance of social emotional health, creating the emotionally healthy classroom, mental health interventions in schools, crisis intervention (individual and group), building resiliency in students, and teacher-wellness management.

In order to continue advocacy efforts toward integrating mental health in preservice training programs, the following recommendations are suggested: (a) Continue aggressive research

efforts toward the identification of evidence-based practices and how to implement these practices into preservice training programs; (b) Develop community interagency policy initiatives with schools as equal partners concerned about the emotional health of the learner; (c) Encourage proponents of prevention-based mental health services to demonstrate to school personnel, school district boards, as well as credentialing state and professional agencies that proactive mental health services are directly linked to the educational outcome of the learner; and (d) In spite of the merits to the federal enactment of the *No Child Left Behind* mandate, the need exists to develop state and federal policies which extend beyond student academic performance. That is, as long as federal legislation mandates improved student academic achievement without recognizing the link between positive mental health and academic achievement, substantive issues including mental health will remain on the backburner, regardless of school personnel preservice preparation.

In an effort to break traditional practices and thus barriers to the typical training of university-based school personnel, the following section highlights the development of a unique university-based interdisciplinary center which is devoted to the promotion of a strengths-based prevention model.

University of Missouri Center for the Advancement of Mental Health Practices in Schools

In part because of the escalating mental illness seen in today's youth, the Missouri Department of Mental Health, through funding from the state legislature, entered into a cooperative relationship with the University of Missouri—Columbia to initiate a more proactive (vs. reactive) strengths-based (vs. pathology based) approach to prevention. The result has been the formulation of the Center for the Advancement of Mental Health Practices in Schools (Center).

Intentionally designed in a relatively backwards fashion from traditional models of preservice curriculum building, the Center was constructed solely upon the specific needs determined by practitioners in the field – not mandated by an accrediting body at the state or national level with vague, often subjectively determined, non-essential, purely theoretical knowledge that may or may not have direct implications for working with today's youth and those who serve them.

As such, the Center is committed to serving as a mechanism which supports the mental health needs of ALL students, their families and the school based personnel who serve them. The Center's mission is to (a) Promote the *awareness* of positive mental health practices impacting school systems; (b) Increase the *knowledge* of school personnel and

their role in preventing mental health problems through evidence-based practices; and (c) Provide school personnel and other mental health providers the *skills* to problem-solve mental health issues.

Organizationally, the Center is uniquely located in the nationally recognized University of Missouri—Columbia College of Education where all teachers and school administrators are trained at the undergraduate and graduate levels, as well as administratively responsible to the Department of Educational, School and Counseling Psychology, which prepares school psychologists, and counselors for school-based service. The Department and Center benefit from two doctoral level training programs which are nationally accredited by the American Psychological Association and collaborate with the University of Missouri's School of Nursing and School of Social Work in the promotion and training of nurses and social workers for school-based practice, respectively.

Operationally, extensive field-based research efforts, including numerous focus groups were conducted to collect autonomous information from school personnel across all professions and levels of employment. This information provided consistent and concrete evidence as to their expressed needs which were not met or inadequately met through either their academic preservice preparation or current inservice continuing educational development. Examples of knowledge-based skill level deficits identified by practitioners included the following: How to address student barriers to learning, how to effectively manage teacher stress and burnout, how to identify and work with the anxious or depressed child in the classroom, how to detect and intervene with suicidal students, how to communicate with an irate parent, how to prevent violence and bullying in the classroom, how to solicit help on mental health issues for students in need outside the confines of the school environment, etc.

The result of these efforts is a Center which has pioneered a number of programs designed to integrate innovative multidisciplinary approaches to mental health practices in schools. Included in these efforts is the development of competency-based graduate programs grounded in the Center mission relating directly to school-based mental health. For example, individual coursework or recognized graduate degrees are offered at the Master's of Education (M.Ed.) and Educational Specialist (Ed.S.) levels, with a focus in mental health. The curricular focus is based upon a preventative, strengths-based approach to mental health, utilizing available evidence-based practices. This unique program is offered entirely online and courses are taught by a variety of doctoral level professionals from around the United States and an even broader range of disciplines including medicine,

nursing, law, psychology, psychiatry, special and general education and educational leadership. As a result, students enrolled in coursework benefit by continuous individual and group instruction and consultation from nationally recognized authorities in specific mental health content areas.

Examples of typical online course offerings include: Exploring Mental Health Issues in Schools, Child and Adolescent Mental Health, Building Resiliency and Optimism in Children and Adolescents, Wellness Management for School Personnel, Youth Violence and Bullying—Prevention and Intervention, and Psychiatric Disorders in the Classroom.

At the undergraduate level, specific coursework has been retailored from traditional general psychology courses to focus on school environmental applications of basic psychological theories and principles utilizing evidence-based practices devoted to the mental health of children and adolescents. Topics for discussion with preservice undergraduate teachers include: how to create a positive school and classroom atmosphere that promotes healthy psychological development for *all* students, how to collaborate with and empower families to promote positive psychological development in their children, how to identify warning signs of psychosocial maladjustment and mental health problems and how to adapt classroom instruction to meet the needs of students who suffer from potential or existing behavior or emotional problems.

The Center has also designed academic content-driven modules for delivery as part of continuing teacher inservice training or inclusion within traditional teacher preservice preparation training. All modules are referenced from evidence-based practices and are designed based upon identified teacher need. Examples include: anger management, attention problems and ADHD, school violence and bullying, dropout prevention and building student resiliency. Finally, as part of the Center mission, extensive consultation, inservice training and program evaluation services are available to schools, families and other child-serving organizations on a variety of topics ranging from identifying and intervening with at-risk students to recognizing comorbid psychiatric disorders in juvenile delinquents.

Currently, there are 64 students actively enrolled in the graduate degree programs. These students come from locations throughout the world including the United States, Germany, Australia and Canada and represent a variety of school-based professions including counselors, principals, teachers, nurses and social workers. With such diverse backgrounds, students share a variety of experiences which contribute to the overall instruction of the group. Independent evalu-

ations conducted from students enrolled in the program have been exceedingly positive. Particular comments have centered on the accessibility and knowledge of a national faculty, relevant and practical application of evidence-based practices to the school environment and the opportunity to share similar experiences with colleagues worldwide.

Conclusion

To maximize the quality of educational services provided to today's youth, including those with mental health concerns, a paradigm shift is necessary to change the current preservice training trends in educating school-based personnel. Currently, traditional training programs typically neglect or de-emphasize the importance of student mental health, focus on pathology and illness rather than proactive prevention strategies, or state vague standards that may or may not be interpreted as mental health competencies. Addressing the mental health needs of children, adolescents and the school-based personnel who serve them are fundamental necessities for school success in today's classroom. Whereas efforts toward the prevention of mental illness and, thus, the promotion of resiliency and wellness will need to be systematic in order to be effective across all training and service delivery avenues at the university level, this paradigmatic shift from focusing on mental illness to the promotion of mental health must also occur at the certification and licensing levels. To encourage this paradigm shift in advancing school-based mental health practices, the following recommendations are suggested: Advance research literature on identifying evidence-based practices and how to implement these practices into preservice training programs, develop community inter-agency policy initiatives with schools as equal partners, introduce and encourage the adoption of prevention-based mental health services for school-based personnel, school district boards, as well as credentialing state and professional agencies and finally, develop state and federal policies which extend beyond student academic performance. The responsibility to ensure that youth are prepared to successfully navigate life's challenging experiences rests with us all.

References

- Adelman, H., & Taylor, L. (2000a). Shaping the future of mental health in schools. *Psychology in the Schools, 37*, 49-60.
- Adelman, H., & Taylor, L. (2000b). Promoting mental health in schools in the midst of school reform. *Journal of School Health, 70*, 171-178.

- Alexander, K., Entwisle, D., & Horsey, C. (1997). From first grade forward: Early foundation of high school dropout. *Sociology of Education, 70*(2), 87-107.
- Alexander, K., Entwisle, D., & Kabbani, N. (2001). The dropout process in life perspective: Early risk factors at home and school. *Teachers College Record, 103*, 760-822.
- Atkins, L., Showden, J., & Libby, R. (2002). Mental health and incarcerated youth I: Prevalence and nature of psychopathology. *Journal of Child and Family Studies, 8*(2), 193-204.
- Boesky, L. M. (2001). Mental health training in juvenile justice: A necessity. *Corrections Today, 63*(4), 98-101.
- Brock, B. L., & Grady, M. L. (2000). *Rekindling the flame: Principals combating teacher burnout*. Thousand Oaks, CA: Corwin Press, Inc.
- Brogan, P. (2004, July 8). Many youth at detention centers are mentally ill, report finds; some haven't even committed crimes. *USA Today*, p. A.10.
- Cellini, H. (2001). Mental health concerns of adjudicated youth. *Corrections Today, 63*(6), 30.
- Council for Accreditation of Counseling and Related Educational Programs (2001). *The 2001 Standards*. Retrieved September 3, 2004, from <http://www.counseling.org/cacrep/2001standards700.htm>.
- Council on Social Work Education (2004). *Handbook of accreditation standards and procedures*. Retrieved September 5, 2004 from <http://www.cswe.org/>.
- Ehrhardt-Padgett, G., Hatzichristou, C., Kitson, J. & Meyers, J. (2003). Awakening to a new dawn: Perspectives of the future of school psychology. *School Psychology Quarterly, 18*, 483-496.
- Florida Commission on Mental Health and Substance Abuse (2001). *Final Report*. Retrieved August 29, 2004 from <http://www.fmhi.usf.edu/fcmhsa/finalreports.html>.
- Friedman, R. M., Katz-Leavy, J. W., Mandersheid, R. W., & Sondheimer, D. L. (1996). Prevalence of serious emotional disturbance in children and adolescents. In R. W. Manderscheid & M. A. Sonnenschein (Eds.), *Mental health, United States, 1996* (pp. 77-91). Washington, DC: U.S. Government Printing Office.
- Gable, R., & Van Acker, R. (2000). The challenge to make schools safe. *The Teacher Educator, 35*, 1-15.

- General Educational Testing Service (2001). *Who passed the GED test: The 2001 statistical report*. Washington, DC: American Council on Education.
- Greenburg, M. T., Domitrovich, C., & Bumbarger, B. (2000). *Preventing mental disorders in school-aged children: A review of the effectiveness of prevention programs*. Pennsylvania State University, College of Health and Human Development, Prevention Research Center for the Promotion of Human Development.
- Gysbers, N., & Henderson, P. (2000). *Developing and managing your school guidance program*. Alexandria, VA: American Counseling Association.
- Hess, R., & Copland, E. (2001). Student's stress, coping strategies and school completion: A longitudinal perspective. *School Psychology Quarterly*, 16(4), 389-405.
- Interstate New Teacher Assessment and Support Consortium (1995). *Next steps: Moving toward performance-based licensing in teaching*. Washington, DC: Council of Chief State School Officers.
- Kessler, C. (2002). Need for attention to mental health of youth offenders. *The Lancet*, 359(9322), 1956-1957.
- Keys, S., Bemak, F., & Lockhart, E. (1998). Transforming school counseling to serve the mental health needs of at-risk youth. *Journal of Counseling & Development*, 76, 381-388.
- Koller, J., Osterlind, S., Paris, K., & Weston, K. (2004). Differences between novice and expert teachers' undergraduate preparation and ratings of importance in the area of children's mental health. *International Journal of Mental Health Promotion*, 6(2), 40-46.
- Koller, J., & Svoboda, S. (2002). The application of a strengths-based mental health approach in schools. *Journal of the Association for Childhood Education International*, 78, 291-295.
- Koplewicz, H. (1996). *It's nobody's fault: New hope and help for difficult children and their parents*. New York: Times Books.
- Libbus, M. K., Bullock, L. F., Brooks, C., Igoe, J., Beetem, N., & Cole, M. (2003). School nurses: Voices from the health room. *Journal of School Health*, 73(8), 322-324.
- Lockhart, E., & Keys, S. (1998). The mental health counseling role of school counselors. *Professional School Counseling*, 1(4), 3-7.
- Marcus, R., & Sanders-Reio, J. (2001). The influence of attachment on school completion. *School Psychology Quarterly*, 16, 427-444.

- Morris, E. F. (2002). *A study of the mental health knowledge and attitudes of preservice and inservice elementary school teachers*. Unpublished doctoral dissertation, University of Missouri—Columbia.
- National Association of School Nurses (2004). *Addressing the Mental Health Needs of Children and Adolescents*. Retrieved September 3, 2004 from <http://www.nasn.org>.
- National Association of School Psychologists (2000). *Standards for the credentialing of school psychologists*. Retrieved September 3, 2004 from <http://www.nasponline.org/certification/FinalStandards.pdf>.
- National Association of School Social Workers (2002). *Standards for school social work services*. Retrieved September 3, 2004 from http://www.socialworkers.org/sections/credentials/school_social.asp.
- National Association of School Social Workers (2004). *Issue fact sheet: School social work*. Retrieved September 3, 2004 from <http://www.naswdc.org/pressroom/features/issue/school.asp>.
- National Center for Educational Statistics (1998). *Dropout rates in the United States in 1998*. Washington, DC: Author.
- National Council for Accreditation of Teacher Education. (2002). *Professional standards for the accreditation of schools, colleges, and departments of education*. Retrieved September 3, 2004 from http://www.ncate.org/2000/unit_stnds_2002.pdf.
- National Policy Board for Educational Administration (2002). *Standards for advanced programs in educational leadership*. Retrieved August 21, 2004 from <http://npbea.org/ELCC/index.html>.
- Oddone, A. (2002). Promoting resilience in an "at risk" world. *Childhood Education*, 78(5), 274-277.
- President's New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report for the President's New Freedom Commission on Mental Health (SMA Publication No. 03-3832)*. Rockville, MD: Author.
- Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Journal of Clinical Child and Family Psychology Review*, 3, 223-241.
- Rowling, L., & Weist, M. (2004). Promoting the growth, improvement and sustainability of school mental health programs worldwide. *International Journal of Mental Health Promotion*, 6(2), 40-46.

- Svoboda, S. K. (2001). *Identifying the mental health needs of females in the juvenile justice system*. Unpublished manuscript, University of Missouri—Columbia.
- Tashman, N. A., Waxman, R. P., Nabors, L. A., & Weist, M. D. (1998). The Prepare approach to training clinicians in school mental health programs. *Journal of School Health, 68*, 162-172.

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