Toward Ending the Marginalization and Fragmentation of Mental Health in Schools

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ABSTRACT: *For efforts to address mental health and psychosocial concerns in schools to be effective, practices must not be marginalized and must be implemented cohesively at each school and among families of schools. Mechanisms and processes must be established to minimize marginalized and fragmented practice, weave together school and community resources, and develop comprehensive and multifaceted approaches. A school-based, resource-oriented team represents one key mechanism. In addition, schools working in the same neighborhoods and with the same families can use a collaborative council to coordinate school and community resources. Resource team and collaborative council functions include mapping, analyzing, and redeploying existing resources, and formulating plans for evolving a comprehensive, multifaceted continuum of school-community interventions to address barriers to student learning and promote healthy development.* (J Sch Health. 2000;70(5):210-215)

Despite widespread acknowledgment of problems facing youth in schools, interventions related to mental and social health are not a high priority on the school reform agenda. This is not surprising since the connection between interventions specifically designed to enhance readiness of all students to learn every day are not yet linked in the minds of school leaders to achievement test outcomes. Activities not directly related to instruction often are seen only as deflecting time and resources from direct instruction.[1,2]

Positive outcomes for psychosocial interventions have been reported, with benefits for schools (increased attendance, reduced violence and dropouts), society (increased employment, decreased need for emergency health and social services), and individuals (improved attention and effort).[3-12] However, these interventions usually are scattered throughout a school district in keeping with the source of funding (categorical funding, mandated services, a specially funded demonstration project). Few schools have sufficient resources to provide a comprehensive range of programs to promote mental health, minimize psychosocial problems, and provide treatment to students with severe problems. Because resources are limited, efforts to address barriers to learning and enhance healthy development are not only the province of professionals trained to provide mental health intervention, but fall to a range of other staff members, students, families, and community partners. Pulling together all the "pieces" calls for systemic reforms, comprehensive frameworks for intervention, and cohesive planning and implementation.

THE NEED FOR COHESION

Some estimate that as much as 25%-30% of resources in use at some schools may be assigned to functions other than regular instruction, and such resources rarely are used cohesively. The "pieces" that must be united to enable all students to succeed vary in scope and stage of development. For example, compensatory education, special education, safe and drug-free schools, dropout prevention, pregnancy prevention, and family resource centers represent long-standing, significant efforts in many school districts; afterschool enrichment programs and links with community resources are increasingly seen as important, but they remain underdeveloped; school-based health centers and mental health clinical services are sparse and usually underdeveloped.

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Whatever the scope and developmental status, the various programs and services tend to function in isolation. They often are separated by organizational structures and organized into separate divisions with too little connection to each other. Few school districts have cross categorical and departmental coordination.

In recent years, a variety of efforts have attempted to reduce piecemeal and fragmented approaches. For example, several years ago the US Department of Education mandated consolidated planning and established a policy of offering waivers related to categorical funding to facilitate coordinated efforts. As pupil services personnel know, however, pragmatic factors perpetuate fragmentation. Such staff often are funded to carry out specific mandates, may be assigned to multiple schools, share limited space, and frequently only have time to react to daily crises. Because of the categorical way programs are supported, students with problems may be involved in multiple programs, and the staff for each program may have little contact. Moreover, it is not uncommon for a family to have children attending the local elementary, middle, and high schools. In cases where several children in a family are having problems at school, well-meaning staff from each school may contact the home, rather than developing and implementing a cohesive intervention plan for working with the family in a unified way.

Probably the most serious form of fragmentation is the common practice of providing interventions without involving classroom teachers as key members of intervention planning and implementation. Collaborating with regular education teachers is critical to the success of many mental health and psychosocial interventions.[13] A prominent current example of the failure to do so is seen in the efforts to reduce social promotion, where the trend is to "add-on" afterschool, Saturday, and summer programs and do little to enhance what occurs every day in the classroom.

The prevailing reality is that too many major initiatives designed to address student problems and enhance student classroom performance remain piecemeal approaches to complex problems. Properly conceived, efforts to eliminate social promotion, reduce dropouts, include special education students in regular classrooms, etc., provide opportunities to reduce fragmentation and enhance the classroom

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teacher's resources by pulling together and focusing a team of adults not only on individual cases but on basic systemic concerns.

Fragmentation is worsened by the failure of policy makers at all levels to recognize the need to reform and restructure the work of school and community professionals who are in a position to address barriers to learning and facilitate development. Prevailing approaches to school reform continue to marginalize efforts designed to address barriers. As a result, little is known about mechanisms for connecting piecemeal initiatives to prevent and ameliorate youngsters' learning behavior, emotional, and health problems. The situation is unlikely to improve as long as so little attention is paid to restructuring what schools and communities already do to deal with psychosocial and mental health problems and promote healthy development. A key facet of all this is the need to establish models to guide development of comprehensive, multifaceted approaches that can play out effectively at every school site.

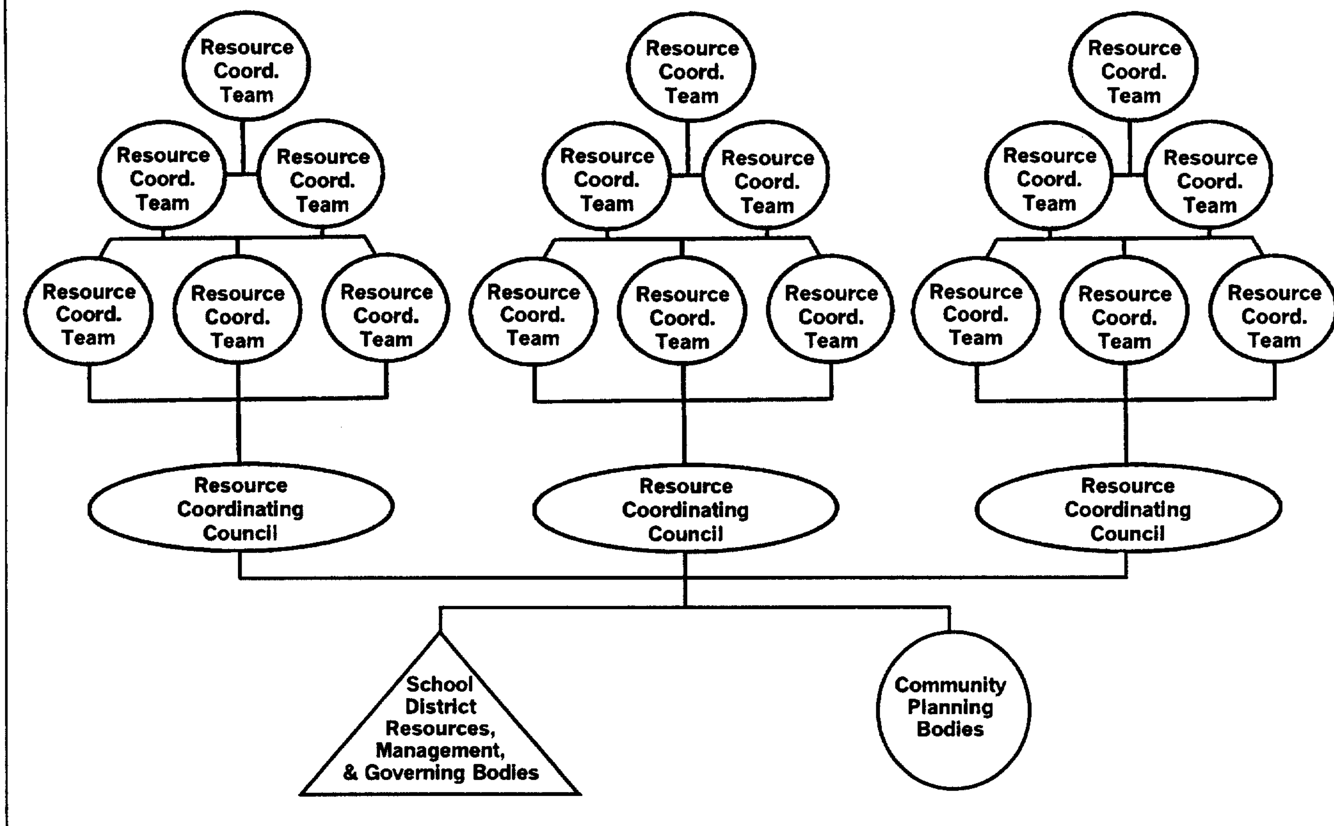
TOWARD COMPREHENSIVE, MULTIFACETED APPROACHES

As discussed by Adelman and Taylor,[14] (in this special issue) development of a comprehensive, multifaceted, and integrated approach that promotes the well-being of all youngsters requires a cohesive policy framework that elevates the priority given to addressing barriers to learning and facilitates blending of public and private resources. In schools, this includes restructuring to combine parallel programs supported by general funds, compensatory and special education entitlement, safe and drug-free school grants, and specially funded projects. It also involves connecting families of schools, such as high schools and their feeder middle and elementary schools, to enhance efficiency and effectiveness and achieve economies of scale. In communities, the need is for better ways of connecting agency and other neighborhood resources to each other and to schools.

A comprehensive approach encompasses a continuum ranging from primary prevention activities (such as quality preschool and child care, recreation, economic enhancements) through early-after-onset intervention of problems (such as support for school adjustment problems, welcome to new students, parent support, programs for at-risk students) to treatment for severe problems (such as counseling, case management, referral to district and community programs).[15] The intent is to weave together all relevant school, community, and home resources, including facilities, programs, services, and interveners, into a component to enable learning.

At schools, such an enabling component must be translated into school-based programs and services that are not marginalized and fragmented, but are part of the primary

Figure 1
Developing and Connecting Key Mechanisms at Schools Sites, Among Families of Schools, and District and Communitywide



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activities of daily school life. The emphasis throughout is on collaboration to enhance communication, coordination, and integration. This work stresses the importance of clustering the essential interventions into six areas of activity that enable learning by addressing factors that interfere with effective student functioning and, as a whole, create a caring school environment.[16,17]

1) Classroom-focused approaches to enable all students to learn and reduce the need for out-of-classroom referrals. The emphasis is on classroom restructuring and teacher mentoring aimed at preventing and addressing problems by better accommodating the range of individual differences in motivation and capability, in the classroom, as keys to assisting students with "garden variety" learning, behavior, and emotional problems. This encompasses ways to enhance motivation and use prereferral interventions and special accommodations, including refined ways to use resource teachers, pupil personnel staff, volunteers, and peer tutors.

2) Student and family assistance emphasizes use of direct health and human services (eg, counseling, social support, and referrals to social service and mental health programs in the school and community). Special attention is paid to enhancing mechanisms for triage, case monitoring, and management, and not using more intervention than is necessary (eg, using the least restrictive environment needed). Family Service Centers or a school-based clinic may be contexts for this activity.

3) Crisis assistance and prevention encompasses such activities as crisis response, violence reduction, suicide prevention, child abuse prevention, and programs for school safety. Development of a school-based Crisis Team provides an invaluable mechanism. Because of the nature of many crises, such work also calls for linkages with other schools and with a variety of community resources.

4) Support for transitions addresses the reality that students and their families are regularly confronted with many transitions such as changing schools, grade promotion, change in special education placements (eg, inclusion), and school to career. Examples include programs to welcome new students and their families and provide ongoing social supports, before and after school and vacation programs to enrich learning and provide recreation in a safe environment, and programs to facilitate articulation between grades.

5) Home involvement in schooling includes programs ranging from those designed to address the learning and support needs of adults in the home, enhance their ability as problem solvers in meeting children's needs, help families learn how to support students in doing their schoolwork, and encourage those in the home to contribute in various ways to improving the school community.

6) Community outreach for involvement and support involves building linkages to businesses, higher education, public and private agencies, faith organizations, and volunteer programs as a basis for enhancing the school's effectiveness and strengthening the surrounding neighborhood.

The nature and scope of these activities underscores the need for a school, a family of schools, a school district, and the communities that house them to develop an overall strategy for moving forward with efforts to pull together the pieces. With appropriate policy direction and operational planning, a cohesive and potent set of programs and services can be woven into the fabric of every school and neighborhood. Properly done, the overall impact will be to move efforts for addressing barriers to learning toward a broad programmatic focus that encompasses essential services and goes beyond a clinical model.[18]

Processes and Mechanisms for Systemic Change

Pulling together the pieces begins with processes designed to enhance awareness and readiness for systemic change. This includes ensuring that all concerned fully appreciate the factors interfering with youngsters' success at school and the nature and scope of comprehensive, multifaceted approaches for addressing such barriers. The initial processes lead to a broad overview or "big picture" of prevailing problems and needed interventions. The focus then shifts to analyses of what actually is happening, followed by clarification of the gaps related to what is needed and what exists.

Key to all this is mapping and analyzing resources. As school staff set out to establish a framework for connecting the pieces, it is important to clarify what is already in place. Special attention must be paid to clarifying what resources are available and/or in use, how they are connected, and what procedures are in place for enhancing resource usefulness. For all this to occur, time must be set aside from direct service responsibilities to allow staff to map and analyze resources and systems. The processes and mechanisms used to accomplish these tasks not only clarify a "big picture" perspective of what is and what's not needed, but help create the shared vision and working relationships necessary to institute improvements.[19]

While the emphasis here is on the school site, it is obvious that relevant school and school district leadership must be included at strategic points in the process if substantive changes are to occur. This includes the administration at the school, the coordinators and directors of support service units, the unions representing employees, and the families and community leaders involved in school leadership. Naturally enough, reformers often assess student and family needs; after all, these are the consumers or clients. But they often ignore the critical needs of school systems and personnel and many entities in the community. In addition, needs assessments often overemphasize deficits and deemphasize assets. Moreover, all this tends to ignore system resources. Effective systemic change requires a careful mapping of what already is in place, analyses of the cost effectiveness of current resource use, redeployment of resources that are not being well used, and strategies for ensuring all gaps are filled over time.

At as many points in the process as is appropriate, "products" are essential in documenting accomplishments and as vehicles for sharing the information with others. This basic form of "social marketing" can help sustain involvement and enhance a sense of optimism about connecting the pieces. For example, once existing programs and resources are mapped, "informatives" (eg, flyers, resource lists, posters) can be posted and widely circulated to school staff, families, and throughout the community. Such products stimulate curiosity about available programs and enhance interest in their use. They also help highlight the limits of what is available, which provides a basis for priority discussions about adding programs and enhancing the focus on prevention and early-after-onset intervention.

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Implementing essential processes for changing systems requires mechanisms (eg, individuals, teams) whose function it is to move from the status quo. It is often those who are most interested or optimistic about the benefits of connecting the pieces who do the best job of inspiring that vision in others. With change agent training, such persons can work with individual schools and families of schools in a geographic area to reorganize and integrate resources and establish the necessary mechanisms for doing so.

A Resource Coordinating Team

Connecting and keeping the pieces pulled together calls for the ongoing efforts of a school-based, resource-oriented team. The focus of such a team is to facilitate development at a school of a comprehensive, multifaceted approach to addressing barriers to student learning and promoting healthy development. A major aspect of this involves enhancing coordination and integration of existing resources. Key members of the team include pupil services personnel, such as psychologists, social workers, counselors, and nurses, staff from special education and compensatory programs for low-income students, those who provide referrals and first-line prevention and primary care, representatives of school-linked services, a site administrator who can facilitate budgetary and policy recommendations stemming from the teams efforts, representatives of school and community enrichment and recreation programs, and other stakeholders such as parents and youth.

Many schools already have "teams" composed of some of the above "partners." The focus of most teams, however, is on individual students presenting problems or on matters such as school safety and crisis intervention. In contrast, a Resource Coordinating Team focuses on resources and systems and how well they are functioning. Where it would be difficult to establish another team, one of the existing teams can assume resource coordination functions by setting aside half of their meeting time to focus on resource use and systems for fitting the pieces together.

One of the first tasks of a Resource Coordinating Team is to map the resources used at the school to address barriers to learning. Then, the team analyzes how well the resources are being used. Concerns will arise about redundancy, effectiveness, and priorities. The immediate challenge is to move from piecemeal approaches by coordinating and integrating existing activity (including curricula designed to foster positive social, emotional, and physical development). Resources must be redeployed from poorly conceived activities to enhance the potency of well-conceived programs and to fill gaps in the continuum of interventions. Concerns also will arise about how students receive special assistance. Renewed efforts will be made to ensure there are effective referral, student review ("triage"), and care monitoring/management procedures. Greater emphasis will be placed on ensuring there are programs in place that students can enter easily and quickly after referral (such as support groups, peer counseling, social skills training, recreation, and enrichment), thereby reducing the waiting list for limited intensive services (such as assessment and counseling).

Subsequent challenges are to evolve existing programs so they are more effective and then to enhance resources as needed (eg, by working with neighboring schools, community resources, volunteers, professionals-in-training, and family engagement). As resources are enhanced, these challenges encompass solving problems related to sharing space and information, building working relationships, adjusting job descriptions, allocating time, and modifying policies. Maintaining the involvement of key administrators is essential in all this. Adding new partners to the team also is essential if the newcomers are to understand the school's comprehensive, multifaceted approach and how to connect their pieces in a cohesive way.

Clearly, an effective Resource Coordinating Team can play a major role in reducing marginalization and fragmentation and enhancing cost effective use of resources. Of course, as with all staff-driven mechanisms, such a team's effectiveness is dependent on ongoing support and periodic revitalization.[19,20]

A Resource Coordinating Council

As school reform moves from a school-by-school focus to linkages among a "family of schools" in a geographic area (eg, feeder patterns from preschool through high school), an opportunity exists to pull together many pieces into a comprehensive, multifaceted continuum of interventions. Schools in the same neighborhood share many concerns and often are interacting with the same families. Some resources, such as certain programs and personnel, in neighboring schools and their surrounding community can be shared, thus minimizing redundancy and reducing costs. A Resource Coordinating Council provides a mechanism for reducing redundancy and enhancing resource coordination and effective use among families of schools and with community resources.

Building from the work done at school sites by Resource Coordinating Teams, representatives from school-site Resource Teams come together as a Council (Figure 1). This mechanism can serve to expand the leadership for coordination, facilitate communication, and focus on integrating and improving the range of activities to address barriers to learning and promote mental and physical health. By working together, participating sites maximize resources through sharing programs and personnel in many cost-effective ways. As a first activity, the Council shares information about resource availability (at schools and in the local community) with a view to maximizing use of existing programs and services. This forms the basis for identifying unmet needs and problems at school sites and in the surrounding neighborhood and for exploring ways to address them (eg, pooling resources, improving collaboration, accessing additional resources). Also, given the competition for limited resources, the Council can help clarify how resources can be distributed equitably among schools and throughout a neighborhood.

A note of caution: Many collaboratives meet productively for a few times and then interest in attending "another meeting" wanes. This happens when the full range of possible functions for the group is not well-understood or not facilitated effectively. Initially, such groups come together to share information. This activity, however, must segue to activities that convince each partner that they and their constituencies have much to gain by continued participation. Again, tangible products and specific next steps for enhancing access to and effectiveness of interventions at school sites and throughout the community must be highly

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visible. Some funding opportunities designed to promote broad community collaboration can help. An example is seen in the various state efforts to foster school-community collaborations. On a federal level, the initiative called "Boost for Children" provides a focus and a model for enhancing and evaluating the benefits of collaboration among child-serving agencies and schools.

Besides ensuring the group has a shared, evolving, and productive agenda, there must be procedures to build the capacity of participants and the group as a whole. This includes a focus on interdisciplinary training opportunities and an emphasis on translating concepts and terminology across entities (eg schools, mental health agencies, health promotion) to enhance ability for collaborative work.

As the Council runs into barriers in enhancing effective programs and services for children and families, participating groups must address policy and infrastructure matters related to their organizations. For example, effective use of school-owned resources commonly requires that school districts enhance cross-departmental coordination, establish leadership for system-wide restructuring of all the programs and services designed to address barriers to student learning, establish school board structures/committees that focus on integrating these resources, and demarginalize support services by fully integrating them into school reform/improvement plans. These policy and infrastructure changes are designed to weave school and community resources together and enhance the priority assigned to their role in achieving the mission of schools.

School-Community Partnerships

Efforts to connect community resources to schools is one of the most complicated aspects of efforts to develop cohesive approaches. There are obvious benefits to school-community partnerships. Efforts related to school-linked services illustrate the point. By placing staff at schools, community agencies enable easier access for students and families – especially underserved and hard-to-reach populations. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance family involvement. Analyses suggest families using school-based services become interested in contributing to school and community by providing social support networks for new students and families, teaching each other coping skills, participating in school governance, and helping create a psychological sense of community.[21]

However, while school-linked services can add value, they also raise problems. For one, coordination across systems can be difficult. Fortunately, such difficulties can be reduced considerably when schools have first organized their own resources through Resource Coordinating Teams and when the schools in the community have shared information across programs through a Resource Coordinating Council. The mapping and analyses of gaps allow schools to outreach to specific programs and services they need and integrate these into the existing range of interventions at schools.

As difficult as the coordination problem is, school-community collaborations raise additional concerns that are harder to solve, such as limited space, sharing of confidential information, and liability matters. And there are perceived threats to the job security of school personnel (eg, suggestions that school districts will contract out support services in the belief they can get such services at lower cost). Work is under way to address these matters, but progress has been slower than many would like.

Available resources for addressing barriers to learning and promoting healthy development are so limited that all concerned parties must move beyond competing with each other and advocate for keeping in place all the currently available school and community resources and finding more. Moreover, the efficacy of the community services provided at schools may be undermined if they are not well-integrated with other services and with key programs at the school.[22-24] The need is for school-community collaborations that can complement and enhance each other and evolve into comprehensive, multifaceted, and integrated approaches. Such approaches do more than improve access to health and human services. They provide a broad programmatic approach that enhances the ability to address a wide array of the most prevalent barriers to development and learning.

CONCLUSION

In many schools, improvement in student achievement will not occur until comprehensive, multifaceted, integrated, schoolwide approaches are in place to address barriers to learning. Matters related to comprehensive approaches are best achieved when they appear regularly on the agenda of a school's governing body, local school boards, and community planning groups.[25,26] Steering and resource-oriented teams that cross organizational boundaries to create a "big picture" of the needs and resources for children and families ensure policy and practice are formulated in cohesive ways for the benefit of all youngsters and their families.

To institutionalize a comprehensive approach, new collaborative arrangements must be established. Staff providing health and human services can contribute a great deal to the creation of a framework and mechanisms for connecting programs and reducing marginalization. However, they cannot do this as long as they are completely consumed by their daily caseload of services. Their's must be a multifaceted role – providing services as well as vision and leadership that transforms how schools address barriers to learning and enhance healthy development.[27-29]

Of course, for major systemic change to occur, policies must be modified. Policy commitments must address allocations and redeployment of resources related to finances, personnel, time, space, equipment, and staff development. Infrastructure mechanisms must be established. Monitoring outcomes must expand to focus on the activities that prepare students to be successful. More generally, cohesive policy to establish a framework that effectively integrates resources for enhancing the success of all students must:

- *move governance* toward shared decision making and appropriate degrees of local control in ways that effectively involve staff, families, students and, community;
- create *change teams and change agents* to ensure appropriate and productive systemic redesign is initiated and maintained over time;
- *delineate leadership assignments and training* related to the vision for change, how to effect such changes, and how to generate ongoing renewal;
- establish mechanisms to manage and enhance resources (focusing on analyzing, planning, coordinating,

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integrating, monitoring, evaluating, and strengthening ongoing efforts);

- *fund capacity building* to accomplish system changes and enhance intervention quality;
- *develop accountability* that fosters approaches for collaboration and a results-oriented focus.

With appropriate policy in place, work can advance to restructure, transform, and enhance school-owned programs and services and community resources. As policymakers recognize the essential nature of such efforts in advancing student achievement, it will be easier to elevate the status and interconnection of programs to address barriers to learning and enhance healthy development. ■

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Statement of Purpose

The ***Journal of School Health***, an official publication of the American School Health Association, publishes material related to health promotion in school settings. ***Journal*** readership includes administrators, educators, nurses, physicians, dentists, dental hygienists, psychologists, counselors, social workers, nutritionists, dietitians, and other health professionals. These individuals work cooperatively with parents and the community to achieve the common goal of providing children and adolescents with the programs, services, and environment necessary to promote health and improve learning.

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