A Brief Analysis & Call to Action

The Two Pandemics Call for Commitment to Embedding Mental Health Concerns in All Forms of Schooling

A reporter asked us recently:

> *Are you hopeful that the two pandemics will prove to be a game changer that forces innovations such as embedding mental health in school improvement?*

Our answer: There will certainly be significant changes! We are cautiously optimistic that the increasing number of learning, behavior, and emotional problems will open policy makers up to transforming how schools address student and staff well-being as schools re-open and some students continue online.

However, there are many old ideas to overcome.

In most places, mental health in schools still gets defined mainly as mental illness and the tendency is to think in terms of case-oriented and clinical interventions. This provides services for only a relatively few of the many students experiencing behavior, learning, and emotional problems.

It's been fortunate, *for some students*, wherever school personnel and/or co-located and linked community service providers have been able to supplement existing efforts to provide individual and small group counseling/therapy. It is clear, however, that the number of students in need far outstrips the possibility of providing more than a small percentage with clinical services – even if this were the best way to address the wide range of mental health and psychosocial concerns. And, because resources are always so sparse, (and more so after COVID-19) providing so much for a few students tends to work against developing programs to prevent problems and promote social and emotional health.

Given all this, leaders concerned with advancing mental health in school need to focus on much more than just increasing clinical services. That, of course, has long been the message conveyed by those who stress that concerns about mental *health* involve much more than the focus on mental *illness.* This view includes an emphasis on promoting youth development, wellness, social and emotional learning, and fostering the emergence of a caring, supportive, and nurturing climate throughout a school.

In the abstract, most stakeholders support all efforts to advance the mental health in schools. When it comes to policy, however, competition arises related to priorities. Advocates for those with serious and chronic personal problems know there are not enough available and accessible services, especially for low income families. So, they mainly support expansion of specialized clinical services and tend to view other mental health school agenda items (e.g., promotion of mental health, primary prevention) as competition for sparse resources.

One poignant irony in all this is that advocacy for specialized clinical services has contributed not only to identifying more students who have diagnosable problems, but also to formally assigning diagnostic labels to many commonplace behavior, learning, and emotional problems. In the last decade the number of youngsters diagnosed as ADHD, LD, and clinically depressed has escalated exponentially. How many are misdiagnosed is anyone's guess. However, it is highly probable that many students whose problems can and should be addressed through other means are consuming resources needed for those with severe and chronic problems. And, the demand for clinical services continues to outstrip supply in alarming ways.

Continuing along this path is untenable.

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Needed: Widespread Acknowledgment of the Zero Sum Game

A zero sum game is a situation or interaction in which one participant's gains result only from another's equivalent losses. In trying to make the world a better place for children and adolescents, many advocates feel they must focus strategically and laser-like on one concern because resources are sparse and distributed politically. Thus, they enter into a zero sum game.

The continuing tendency of many advocates for mental health in schools is to compete in this way even though it pits the needs and interests of some youngsters against the needs and interests of others. And, too often, it generates counterproductive relationships among school staff and between school and community professionals, with the situation sometimes exacerbated by narrow pursuit of specific professional guild interests.

It is inevitable that some advocates will fight for specific groups of children and adolescents. Given current policy inequities, however, they can hope only for small zero sum successes. With respect to mental health in schools, usually this means immediate clinical help for a few more students, but at a cost for others that seldom is articulated.

The mission of schools calls for ensuring that *all* students have an equal opportunity to succeed at school and beyond. Therefore, advocacy for mental health in schools must address the needs and interests of all students. And, given that these needs and interests depend largely on the way school staff function, advocacy for mental health in schools must encompass a focus on staff as well as students and their families.

Needed: A New Advocacy Coalition for the Few *AND* the Many

Anyone who has done a substantive analysis of what schools do to address psychosocial and mental health concerns can articulate a host of deficiencies. Adequate data are available to make the case that something transformative needs to be done to improve matters.

Those who view mental health in schools through the lens of providing as many specialized clinical services as possible point to the number who are not served and then advocate for more services. A different agenda surfaces when the situation is viewed by those concerned mainly with classroom management and school discipline interventions. And, still other agenda arise when the concern is about promoting youth development, wellness, social and emotional learning, and fostering the emergence of a caring, supportive, and nurturing climate throughout a school.

Over many years, the different perspectives have led to advocacy for a variety of initiatives, such as Positive Behavior Support, integrated services, Coordinated School Health, Safe Schools/Healthy Students, Response to Intervention, Early Intervening, social and emotional learning, character education, projects to ameliorate bullying, violence, substance abuse, pregnancy, dropouts, efforts to enhance school connectedness and student re-engagement, and many more. Each initiative focuses on a major concern; each has a political constituency and a silo of economic support; each has established a niche. And, each has contributed to the piecemeal, ad hoc, and often simplistic approaches that characterize efforts to address student, school, and societal problems.

About Student Support Staff: Time to Awaken the Sleeping Giant

As we have reported widely, our Center's policy and program analyses make it clear that student support staff are not appropriately accounted for in school improvement planning and implementation. For the most part, support staff are absent from the tables where school re-opening and improvement plans and decisions are made. In addition, discussion of the roles and functions of support staff and how they should work together tend not to reflect the type of system building required for transformative changes.

We have come to think of the collective mass of student support staff as a sleeping giant. And, our reading of literature and politics suggests that sleeping giants often are at risk. Before it's too late, student support leaders must arouse their constituencies to ensure that they are more proactive in planning school re-openings and school improvement. This means coming to planning and decision making tables with

- sophisticated and detailed analyses of how schools have and have not addressed barriers to learning and teaching and re-engaged disconnected students
- less emphasis on intervention ownership and more on accomplishing desired outcomes through flexible and expanded roles and functions that account for the underlying commonalities among many school concerns and interventions
- well-articulated ways for schools to develop a unified, comprehensive, and equitable system (that fully embeds mental health concerns) to address student and school problems and well-being.

Implied in all this is the importance of going beyond delineating unique areas of expertise. It is essential to clarify overlapping functions of support staff and define expanded roles and functions for these invaluable personnel. And, in preparing to re-open schools, cross-disciplinary professional development must prepare them for making transformative system changes. (All this has major implications for *eventually* changing professional preparation and credentialing.)

Toward these ends, the associations and guilds representing student support staff must make transformative change a high priority. And from a policy and practice perspective, we advocate that they expand the current multi-tiered intervention framework by developing a unified, comprehensive, and equitable system of learning supports.

Expanding the Intervention Framework Beyond Multi-tiered Thinking

As a framework for preventing and addressing behavior and learning problems, the Every Student Succeeds Act references use of a school-wide tiered model (also referred to as a multi-tier system of supports or MTSS). The tiered model is defined as "a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students' needs, with regular observation to facilitate data-based instructional decision-making."

Emphasis on the tiered model is a carryover from previous federal policy guidelines related to Response to Intervention and Positive Behavioral Interventions and Supports. The result over the last few years of this policy emphasis is that schools increasingly are framing student and learning supports in terms of tiers or levels.

The simplicity of the tiered presentation as widely adopted by schools is appealing and helps underscore differences in levels of intervention. However, focusing simply on levels of intervention, while essential, is insufficient. Three basic concerns about such a formulation are that it mainly stresses levels of intensity, does not address the problem of systematically connecting interventions that fall into and across each level, and does not address the need to connect school and community interventions. As a result, it has done little to promote the type of intervention framework that policy and practice analyses indicate is needed to guide schools in developing a unified, comprehensive, and equitable system of student/learning supports.

While current school thinking about addressing mental health concerns in terms of tiers or levels (e.g., MTSS) is a good start, the continuum is better conceived as an overlapping and intertwined set of subsystems that interweave school-community-home resources to

- promote healthy development and prevent problems
- intervene early to address problems as soon after onset as is feasible
- assist with chronic and severe problems.

However, expanding the continuum levels into subsystems is only one facet of comprehensive framework. To flesh out the continuum and escape the trend toward generating laundry lists of programs and services at each level, it is necessary also to organize interventions into a demarcated group of domains of support.

So, a truly *comprehensive* intervention framework has two facets:

- the one that conceptualizes levels of intervention as a full *continuum of integrated intervention subsystems* that interweave school-community-home resources
- a second that organizes all interventions addressing learning, behavior, and emotional problems into a circumscribed set of domains of support.

When the two facets are combined, (a) each level represents a subsystem, (b) the three subsystems overlap, and (c) all three are integrated into an overall system that weaves together the school and community resources used in providing interventions in each of the domains of support (see http://smhp.psych.ucla.edu/pdfdocs/essamtss.pdf).

Expanding School Improvement Policy for Better Practice

If school improvement efforts are to be effective in enabling all students to have an equal opportunity to succeed at school, policymakers must move significantly beyond prevailing thinking. They must revise policy that perpetuates narrow-focused, categorical approaches since such policy is a grossly inadequate response to the many complex factors that interfere with positive development, learning, and teaching.

Current policy promotes an orientation that overemphasizes individually prescribed treatment services to the detriment of prevention programs, results in marginalized and fragmented interventions, and undervalues the human and social capital indigenous to every neighborhood. School improvement policy must be expanded to support development of the type of comprehensive, multifaceted, and cohesive system that can effectively address barriers to learning and teaching and re-engage disconnected students. Mental health concerns can readily be embedded in such a system, and the schools role in addressing mental health can be better defined.

Needed at this time is a fundamental, systemic *transformation* in the ways schools, families, and communities work together to address major barriers to learning and teaching and promote well-being. Such a transformation is essential to enhancing achievement for all, closing the achievement and opportunity gaps, reducing dropouts, and increasing the likelihood of schools being prized as treasures in their neighborhood. To do less is to make values and legislation committed to *every student succeeding* simply rhetorical statements.

Given the current depleted state of school resources, the transformation must be accomplished by rethinking and redeploying how existing resources are used. And schools must take greater advantage of the natural opportunities that occur each day for countering problems and promoting personal and social growth.

Staff and students need to feel positive about themselves and what they are doing if they are to cope with challenges proactively and effectively. Every form of schooling needs to commit to fostering staff and student strengths and creating an atmosphere that encourages mutual support, caring, and sense of community. For example, as schools re-open, a welcoming induction and ongoing social and academic supports are critical elements both in creating a positive sense of community and in facilitating staff and student school adjustment and performance. School-wide strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a safe and healthy school – one where staff, students, and families interact positively and identify with the school and its goals.

We know that the systemic changes called for are not easy to accomplish and require committed planning and implementation.* And we know how overwhelmed schools are as they struggle to re-open. But not attending to these matters now, and with a sense of urgency, will further undermine the future of public education.

We are at a societal turning point. It must be a turning point for how schools work with families and communities to address the problems and well-being of children and youth. In particular, schools must transform how they work to prevent and ameliorate the many problems experienced by too many students. There is much work to be done as public schools across the country strive to enhance equity of opportunity by meeting the needs of the many as well as the few.

Equity of opportunity at school is fundamental to enabling civil rights

*There are guides for moving forward. For example, see the two books we make free and accessible online:

>*Improving School Improvement*
http://smhp.psych.ucla.edu/improving_school_improvement.html

>*Addressing Barriers to Learning: In the Classroom and Schoolwide*
http://smhp.psych.ucla.edu/improving_school_improvement.html