SCHOOL MENTAL HEALTH CONSULTATION:
A CLINICAL SOCIAL WORK INTERVENTIVE TECHNIQUE
Bryan D. Carter

The provision of mental health consultation services is one of the five essential service components which a community mental health center must provide to its particular catchment area (Stretch, 1967). An examination of social work practice in community mental health settings by Mueller and James (1972) indicated that mental health consultation is frequently a clinical social work responsibility and therefore requires proper training and supervision in consultation theory and methodology. The present paper will address the process and procedures of school mental health consultation and the inherent problems in the consultation process.

Consultation: A Community Mental Health Conceptualization

Moed and Muhich (1972) have emphasized the importance of distinguishing between the older and more well-established form of consultation known as "clinical consultation" and the newer field of "mental health consultation." Historically, clinical consultation has involved those situations in which a clinician is requested to provide professional advice and/or direct clinical evaluation and services to a client with which a colleague is having undue difficulty.

In contrast, mental health consultation has arisen out of the community mental health and community psychiatry movements as a potential solution to the lack of demonstrated effectiveness of traditional methods of therapy in reducing the overall incidence of mental health problems in the community. It has its foundation in the concept of secondary prevention and is also a clear "attempt to solve the mental health manpower problem by generating therapeutic and preventive forces elsewhere in the community" (Moed & Muhich, 1972, p. 232).

In contrast to clinical consultation, mental health consultation entails the provision of indirect services by a mental health professional to a broad variety of community caretakers. These groups of consultees, usually teachers, principals, guidance counselors, and speech therapists in the school setting, present the consultant with the problems that confront...
them in dealing with their clients, i.e., the school population. Seldom does such a process involve the direct intervention of the consultant in the client's problem.

According to Caplan (1964), secondary prevention is concerned with the "early identification of emotional and behavioral disturbances which are the result of interpersonal, neurophysiologic, or sociocultural factors and early identification and intervention by community caretakers essentially around learning to recognize and to use the potential healing or therapeutic aspects of the educative process" (Berlin, 1967, p. 34). As can be seen, concepts from primary and secondary prevention are an integral part of the goal of school mental health consultation.

Group vs. Individual Consultation

For reasons of economy, mental health consultation in the school is usually conducted with groups of educators rather than from the one-to-one consultant-consultee approach which has been the subject of the bulk of consultation literature. A recent research study (Tobiessen & Shai, 1971), evidently the only experimental comparison of individual and group consultation to date, found group mental health consultation with elementary school teachers to be as effective as individual mental health consultation in improving child behavior and parent-school relations as measured by devised rating scales. Of significant importance were the additional findings that teachers who participated in group consultation gave the consultation program significantly higher ratings than did teachers who were provided individual consultation, on the following factors: the amount of child development knowledge acquired, the amount of communication generated between teachers, and the "general usefulness" of the consultation experience. These findings have important implications since group consultation is evidently more economical than individual consultation and is also, at least according to Tobiessen and Shai, more effective than individual consultation as a means of educating teachers in preventive mental health principles. Additionally, certain emotional benefits may accrue to teachers through group consultation which were not evidenced in individual consultation.

Altrocchi, Spielberger, and Eisdorfer (1965) have developed a case-seminar method of group mental health consultation which appears to implicitly integrate concepts from Berlin's (1969) individual case-focused consultation model. As in individual consultation, the goals of the group method of consultation are to assist the community caretakers in carrying out their professional responsibilities by enabling them to become more aware of and sensitive to the needs of their clients and more relaxed and proficient in their relationships with their clients and associates. The medium for the consultation process is the case-seminar meeting where a