OPINION

Mental Health in Schools: Moving in New Directions

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It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. And school policy makers have a lengthy history of trying to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of psychological, counseling, and social service programs schools provide (Adelman & Taylor 2010). Adding to the work done by student support personnel is whatever the community can offer to collocate and/or link to schools.

While many societal considerations are involved, for the most part the rationale for strengthening mental health in schools has stressed one or both of the following points:

- schools provide good access to students (and their families) who require mental health services;
- schools need to address psychosocial and mental and physical health concerns to enable effective school performance and student well being.

Point one typically reflects the perspective and agenda of mental health advocates and agencies whose mission is to improve mental health services. The second point reflects the perspective and agenda of student support professionals and some leaders for school improvement and also provides a supportive rationale for those wanting schools to play a greater role related to addressing young people’s health concerns (Adelman & Taylor, 2006a, b). Implied in both agenda is the hope of enhancing the nature and scope of mental health interventions to fill gaps, enhance effectiveness, address problems early, reduce stigma, and fully imbue clinical and service efforts with public health, general education, and equity orientations. This issue of Contemporary School Psychology with its emphasis on promising approaches to wellness, social skills, and life competencies mainly reflects the second agenda.

The problem with both rationales is that, when proposals emphasize another specific approach, another initiative, another team, and so forth, the fragmentation of efforts to focus on the “total child” at a school and throughout a district tends to increase. And, when fragmentation is exacerbated, efforts to embed mental health and psychosocial concerns are further marginalized in school improvement policy and practice.

How Mental Health And Psychosocial Concerns Are Marginalized In Current School Improvement Policy And Practice

Prevailing policy and plans for turning around, transforming, and continuously improving schools are primarily shaped by a two-component framework which marginalizes efforts related to providing additional supports and attention where needed (Adelman & Taylor, 1998). This is graphically presented in Exhibit 1. As illustrated, the main thrust is on improving (1) instruction and (2) how schools manage resources, with the many student and learning support programs and services operated as supplementary add-ons.

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Exhibit 1. *Prevailing two-component framework shaping school improvement policy.*

Obviously, effective instruction is fundamental to a school’s mission; no one wants to send children to a school where teachers lack high standards, expectations, and competence; and sound governance and management of resources are essential. What is equally obvious is that teachers need and want considerable help in addressing barriers to student and school success.

Unfortunately, many overlapping factors interfere with learning and teaching. Teachers in low performing schools point to how few students appear motivationally ready and able to learn what the daily lesson plan prescribes. Teachers in the upper grades report that a significant percentage of students are actively disengaged and alienated from classroom learning. And, acting out behavior, especially bullying and disrespect for others, is rampant. (So is passivity, but this attracts less attention.) One result of all this is seen in the increasing number of students misdiagnosed as having learning disabilities (LD) and attention deficit hyperactivity disorders (ADHD). Another result is too many dropouts and pushouts.

The help teachers currently receive is poorly conceived and designed in ways that meet the needs of relatively few students. This inadequate response to their needs is the product of two-component thinking. The reality is that the many interventions designed to provide student and learning supports are introduced through ad hoc and piecemeal policy and operate in a fragmented manner. This often has resulted in a counterproductive competition for resources as staff representing different interests