School Mental Health:

A Selected Bibliography

The Evidence Base for:

School-based Mental Health Intervention

JIGSAW
Young People’s Health in Mind
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Highlights gaps in initiatives to restructure education, community health, and social services. Introduces enabling components to address gaps and accelerate reform beyond full-service school model. Outlines examples of current efforts to operationalize the unifying, policy-oriented concept. Stresses implications for school psychologists in terms of changing roles and functions.


Explored in this article are (a) the long-standing relation between mental health and schools, (b) the current status of mental health programs and services in schools, (c) efforts to establish school-community collaboration, and (d) work related to reframing the approach to mental health in schools.


Efforts to promote mental health in schools have encountered a variety of systemic problems. Of particular concern is that planning and implementing programs and services often occurs in an unsystematic and ad hoc fashion resulting in fragmented and piecemeal activities and an inefficient use of limited resources. Even more fundamental is the degree to which schools marginalize all efforts to address barriers to student learning. With a view to enhancing understanding and resolution of these problems, this paper explores the policy deficiencies that perpetuate the status quo and presents a framework for moving forward.


Asserts that providing all students with an equal opportunity to succeed in school requires a comprehensive, multifaceted approach that addresses barriers to learning and teaching. Specifically addresses: (1) barriers to learning, development, and teaching; (2) moving to a three-component model for school reform; (3) an enabling component framework; (4) process for reform; (5) systemic change; and (6) building an enhanced infrastructure. (SD)


Too many promising innovations disappear when project funding ends. As a result, interest in the problem of sustainability has increased markedly in recent years. This article explores this problem in terms of systemic change. Highlighted are basic ideas, phases, stages, steps, and lessons learned related to the planning, implementation, maintenance, and scale-up of school-based innovations. A particular emphasis is on efforts designed to enhance how schools address barriers to learning and teaching. The discussion is framed around the idea that the likelihood of sustaining any new approach is increased if it is integrated into the fabric of existing school improvement efforts.

Despite the nationwide emphasis on school improvement, the complexities of accomplishing desired systemic changes have been given short shrift in policy, research, training, and practice. This article focuses on the problem of expanding school improvement planning to better address how schools and districts intend to accomplish designated changes. Specifically, we frame and outline some basic considerations related to systemic change, and, to encourage a greater policy discussion of the complexities of implementing major school improvements on a large scale, we propose a set of policy actions.


For many children, schools are the main or only providers of mental health services. In this visionary and comprehensive book, two nationally known experts describe a new approach to school-based mental health—one that better serves students, maximizes resources, and promotes academic performance. Howard S. Adelman and Linda Taylor describe how educators can effectively coordinate internal and external resources to support a healthy school environment and help students who are at risk to overcome barriers to learning. School leaders, psychologists, counselors, and policy makers will find essential guidance, including: an overview of the history and current state of school mental health programs, covering major issues confronting the field; strategies for effective school-based initiatives, including addressing behavior issues, introducing classroom-based activities, and coordinating with community resources; and a call to action for higher-quality mental health programming across public schools—including information on how collaboration, research, and advocacy can make a difference. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


Current approaches to mental health in school tend to overemphasize individually prescribed treatment to the detriment of prevention programs. Moreover, they are implemented as another fragmented set of interventions, and this contributes to the continuing marginalization of student and learning supports. Finally, when the focus is on individuals' problems, mental health interventions contribute to the widespread undervaluing of the human and social capital represented by students, their families, and a wide spectrum of other resources in the community. As this issue of "Contemporary School Psychology" indicates, student support personnel think about mental health in schools as having the potential to play a significant role in school improvement efforts. To do so, however, involves doing much more than expanding the range of mental health approaches. The bottom line is that it is time to adopt a comprehensive concept as the umbrella under which those who push for expanding the focus on mental (and physical) health must embed themselves. All this has revolutionary implications for professional preparation of all student support personnel. In the next decade, although some current roles and functions will continue, many will disappear, and others will emerge. Opportunities will arise for student support staff not only to provide direct assistance, but to play increasing roles as advocates, catalysts, brokers, and facilitators of reform and to provide an increase variety of consultation and inservice training. (Contains 4 exhibits.)

Education and mental health integration will be advanced when the goal of mental health includes effective schooling and the goal of effective schools includes the healthy functioning of students. To build a solid foundation for this reciprocal agenda, especially within the zeitgeist of recent educational reforms, a change in the fundamental framework within which school mental health is conceptualized is needed. This change involves acknowledging a new set of priorities, which include: the use of naturalistic resources within schools to implement and sustain effective supports for students’ learning and emotional/behavioral health; inclusion of integrated models to enhance learning and promote health; attention to improving outcomes for all students, including those with serious emotional/behavioral needs; and strengthening the active involvement of parents. A strong research agenda to support these new priorities is essential.


Expanded school mental health (ESMH) programs often involve individuals from a variety of professions working together to address student needs evident across school, family, and community systems. Profession-driven differences in philosophies, expectations regarding confidentiality, and graduate training that reinforces isolated rather than interprofessional approaches to working with students, however, represent real challenges to maximizing the potential of ESMH. To address these issues, this exploratory study identified a common set of competencies to support interprofessional practice in ESMH. A total of 51 competencies were identified across seven theme areas, including: (1) Key Policies and Laws; (2) Interprofessional Collaboration; (3) Cross-Systems Collaboration; (4) Provision of Academic, Social-Emotional, and Behavioral Learning Supports; (5) Data-Driven Decision-Making; (6) Personal and Professional Growth and Well-Being; and, (7) Cultural Competence. Mapping of the competencies to existing accreditation and practice standards for selected professions revealed shared and unique competencies. Implications for workforce development and future research are offered.


In the 21st century, students’ character, social-emotional skills, and academic competencies will define school excellence. This article describes characteristics of visionary leadership for such schools based on settings already characterized by strengths in EQ + IQ = Best Leadership Practices for Caring and Successful Schools. Core beliefs underlying visionary leadership are presented as well as key practices of visionary leadership in action, including how to create contexts that engage schools in building empathy through moral action and service and how to fill schools with opportunities for student goal setting, decision making, and problem solving. Examples illustrate how leading schools that prepare children for the tests of life and not a life of tests is a vision truly worthy of pursuit.


Purpose: To examine associations between social relationships and school engagement in early secondary school and mental health, substance use, and educational achievement 2–4 years later. Methods: School-based longitudinal study of secondary school students, surveyed at school in Year 8 (13–14-years-old) and Year 10 (16-years-old), and 1-year post-secondary school. A total of 2678 Year 8 students (74%) participated in the first wave of data collection. For the
school-based surveys, attrition was <10%. Seventy-one percent of the participating Year 8 students completed the post-secondary school survey. Results: Having both good school and social connectedness in Year 8 was associated with the best outcomes in later years. In contrast, participants with low school connectedness but good social connectedness were at elevated risk of anxiety/depressive symptoms (odds ratio [OR]: 1.3; 95% confidence interval [CI]: 1.0, 1.76), regular smoking (OR: 2.0; 95% CI: 1.4, 2.9), drinking (OR: 1.7; 95% CI: 1.3, 2.2), and using marijuana (OR: 2.0; 95% CI: 1.6, 2.5) in later years. The likelihood of completing school was reduced for those with either poor social connectedness, low school connectedness, or both. Conclusions: Overall, young people’s experiences of early secondary school and their relationships with others may continue to affect their moods, their substance use in later years, and their likelihood of completing secondary school. Having both good school connectedness and good social connectedness is associated with the best outcomes. The challenge is how to promote both school and social connectedness to best achieve these health and learning outcomes.


The Gatehouse Project is an innovative, comprehensive approach to mental health promotion in secondary schools. It sets out to promote student engagement and school connectedness as the way to improve emotional well-being and learning outcomes. The key elements of the whole-school intervention are the establishment and support of a school-based adolescent health team; the identification of risk and protective factors in each school’s social and leaning environment from student surveys; and, through the use of these data, the identification and implementation of effective strategies to address these issues. The project evaluation used a cluster-randomized controlled trial design involving 26 schools with initial results demonstrating considerable success in reducing smoking rates among Year 8 children. This article describes and accounts for how system-level changes have been made in schools through a process of capacity building. This encourages teachers, parents, and students to view the core business of education differently.


Study objective: The aim of this study was to determine the effect of a multilevel school based intervention on adolescents’ emotional wellbeing and health risk behaviours. Design: School based cluster randomised controlled trial. Students were surveyed using laptop computers, twice in the first year of intervention and annually thereafter for a further two years. Setting: Secondary schools. Participants: 2678 year 8 students (74%) participated in the first wave of data collection. Attrition across the waves was less than 3%, 8%, and 10% respectively with no differential response rate between intervention and control groups at the subsequent waves (98% v 96%; 92% v 92%, and 90% v 89% respectively). Main results: A comparatively consistent 3% to 5% risk difference was found between intervention and control students for any drinking, any and regular smoking, and friends’ alcohol and tobacco use across the three waves of follow up. The largest effect was a reduction in the reporting of regular smoking by those in the intervention group (OR 0.57, 0.62, and 0.72 at waves 2, 3, and 4 respectively). There was no significant effect of the intervention on depressive symptoms, and social and school relationships. Conclusions: While further research is required to determine fully the processes of change, this study shows that a focus on general cognitive skills and positive changes to the
social environment of the school can have a substantial impact on important health risk behaviours.

The schools in Providence, Rhode Island, like those in most large and midsize cities, suffer alarming drop-out rates. In 1989, Urban Collaborative, an independent, public middle school for teenagers at risk of dropping out, was founded. The results have been phenomenal. More than 80 percent of the students go on to graduate from high school. Michael Brosnan uses the stories of the director, students, and teachers to explain how and why this school succeeds where so many have failed. It's founder and director, Rob DeBlois, quadriplegic since a diving accident when he was twenty-one, has had to face many challenges of his own, and the determination, enthusiasm, and ambition he brings to the Urban Collaborative are keys to its success. Rather than just detailing the woes of America's inner-city schools, this book offers new insights into the complexity of education reform and provides practical suggestions for ways our schools can be transformed.

It was a beautiful spring day. The sky was a deep azure with not a cloud in sight. The cool breeze was gently flowing over two friends who were wading into the stream for a relaxing morning of trout fishing. Calmly and with rhythmic grace, the two cast their flies with great expectation. Suddenly, one of the fishermen spotted a baby floating down the stream. He threw his rod on the bank and ran to pull the baby out of the stream. Placing the baby on the bank, he noticed another floating down the stream. In a panic, he rushed back into the water to retrieve that baby. When he had placed the second baby safely on the bank, he noticed a third and a fourth floating in the stream. His friend, who was still fishing, quietly walked out of the water, gently placed his rod on the bank and began walking upstream. The fisherman who was frantically trying to save the babies yelled, “Where are you going? I need your help to save these babies.” His buddy turned and said, “I am going upstream to stop the person who is putting the babies in the water.”

A systematic review was conducted to identify and describe school-based prevention and early intervention programs for depression and to evaluate their effectiveness in reducing depressive symptoms. Forty-two randomised controlled trials, relating to 28 individual school-based programs, were identified through the Cochrane Library, PsycInfo and PubMed databases. A large proportion of the programs identified were based on cognitive behavioural therapy (CBT), and delivered by a mental health professional or graduate student over 8–12 sessions. Indicated programs, which targeted students exhibiting elevated levels of depression, were found to be the most effective, with effect sizes for all programs ranging from 0.21 to 1.40. Teacher program leaders and the employment of attention control conditions were associated with fewer significant effects. Further school-based research is required that involves the use of attention controls, long-term follow-ups and which focuses on the training and evaluation of sustainable program leaders, such as teachers.

Guided by participatory research and implementation science, we conducted a two-phase study to contextualize a school mental health intervention for its implementation settings. Drawing from research and existing programs, we created a teacher consultation and coaching intervention delivered by indigenous school and community mental health professionals to increase effective classroom interactions for children with behavioral difficulties and their classmates. Administrators, classroom teachers, and mental health professionals from one community agency and five urban elementary schools participated. Phase I involved analysis of qualitative data from collaborative research to inform refinement to training, content, delivery, and supervision. Phase II involved analysis of mixed method implementation data from a pilot experimental trial of the adapted program. Overall aims were to integrate mental health and teacher support models into a feasible and relevant program for the urban school-community context. Implications of the research framework for school psychology and prevention science are discussed.


Explores existing models of the school as a health care service delivery setting and considers the implications of these models for the practice of psychology in schools. Since the delivery of health services in schools in the present has emerged in response to social needs from the past, the issue of schools as health care settings is examined from both a historical and contemporary perspective. Emphasis is limited in scope to the school as a bureaucratic structure in which models of health service delivery are situated.


National policy calls for the placement of comprehensive, customer-oriented, and accessible health and social services programs for America's children and youth. Schools have been targeted as the ideal location for such services. Numerous models of school-based and school-linked programs have been initiated. The role of psychology in these emerging models and programs is highly variable; however, it is an essential service that increasingly is being recognized as necessary in order for schools to address complex and diverse student and staff health needs. In this article, models for the delivery of school health services are profiled. Implications for practitioners who currently work in schools and for psychologists who are not currently working in schools but who are interested in maximizing psychology's contribution to school health services are offered.


Growing concerns with issues such as youth violence and delinquency have led to more investment in schools as points of human service delivery as well as education centers, especially in urban areas (L. Cuban, 1989; W. Damon, 1997; W. E. Davis, 1995a, 1995b). These “full-service schools”—also known as “community schools”—provide on-site medical, dental, psychological, social, and other services in partnership with community-based organizations (R. F. Kronick, 2000). This article describes an action research approach to a complex case study, demonstrating the application of innovative methods and strategies available to the mental health consultant in full-service school settings. It highlights critical issues such as forming
alliances among parents, administrators, teachers, counselors, and other stakeholders and basing behavioral management team decisions on clearly explained data.

Decker, L. E. and V. A. Decker (2003). Home, school, and community partnerships, Scarecrow Press. Many Americans worry about what they see as a growing gulf between the American public and its public schools. Troubling trends seem to indicate a fraying relationship among families, schools, and communities. Education reform has become the topic of many conversations as well as books and articles. There is widespread agreement that schools and education curricula need to be fixed, but there is no agreement on how this can be accomplished. Educators across the nation are implementing ideas and strategies that are making a difference in children's lives and in the health and well being of our communities. Structured in ten chapters, this book will help educators weave some of the best ideas for creating and sustaining family and community engagement into a comprehensive home-school-community partnership program tailored to their own communities. Website references and URLs for additional exploration are included. For educational leaders, teachers, and family and community advocates interested in creating and maintaining home-school-community partnerships and collaborative initiatives.


Background: This paper argues for giving explicit attention to the quality of implementation of school-wide mental health promotions and examines the impact of implementation quality on academic performance in a major Australian mental health initiative. Method: Hierarchical linear modelling was used to investigate change in standardised academic performance across the 2-year implementation of a mental health initiative in 96 Australian primary (or elementary) schools that was focused on improving student social-emotional competencies. Results: After controlling for differences in socioeconomic background, a significant positive relationship existed between quality of implementation and academic performance. The difference between students in high- and low-implementing schools was equivalent to a difference in academic performance of up to 6 months of schooling.


School-based prevention programs can positively impact a range of social, emotional, and behavioral outcomes. Yet the current climate of accountability pressures schools to restrict activities that are not perceived as part of the core curriculum. Building on models from public health and prevention science, we describe an integrated approach to school-based prevention. These models leverage the most effective structural and content components of social–emotional and behavioral health prevention interventions. Integrated interventions are expected to have additive and synergistic effects that result in greater impacts on multiple student outcomes. Integrated programs are also expected to be more efficient to deliver, easier to implement with high quality and integrity, and more sustainable. We provide a detailed example of the process through which the PAX-Good Behavior Game and the Promoting Alternative Thinking Strategies (PATHS) curriculum were integrated into the PATHS to PAX model. Implications for future research are proposed.

The International Guide to Student Achievement brings together and critically examines the major influences shaping student achievement today. There are many, often competing, claims about how to enhance student achievement, raising the questions of "What works?" and "What works best?" World-renowned bestselling authors, John Hattie and Eric M. Anderman have invited an international group of scholars to write brief, empirically-supported articles that examine predictors of academic achievement across a variety of topics and domains. Rather than telling people what to do in their schools and classrooms, this guide simply provides the first-ever compendium of research that summarizes what is known about the major influences shaping students' academic achievement around the world. Readers can apply this knowledge base to their own school and classroom settings. The 150+ entries serve as intellectual building blocks to creatively mix into new or existing educational arrangements and aim for quick, easy reference. Chapter authors follow a common format that allows readers to more seamlessly compare and contrast information across entries, guiding readers to apply this knowledge to their own classrooms, their curriculums and teaching strategies, and their teacher training programs.


Full-service community schools integrate quality education with the support services needed to help children and their families overcome barriers to learning. These new kinds of institutions invite public and non-profit health, mental health, social services, and youth development agencies to bring their programs, their staffs, and their fiscal resources into school buildings to create one-stop hubs. Children, youth, and families access an array of helpful services and work together with the school on community outreach and enrichment. A full-time community school coordinator works with the principal to facilitate partnerships. Emerging models need to become more visible to educators. (7pp.)


This document reports on a study of a model full-service community school and explains the kind of services provided, staffing considerations, ways of involving community partners, governance arrangements, and parent involvement. It considers the barriers to creating this kind of school and explores ways to fund programs. The narrative offers a snapshot, in fall 2001, of Molly Stark Elementary School in Vermont, but it is also an apt description of similar schools. It focuses on experience, documented and anecdotal, to present the concept. The first part of each chapter focuses on what is going on in other educational settings over the country. The second section uses examples from Molly Stark school where quality instruction is combined with extended-day and extended-year services, health and social services, and parent education and support. The document also examines the prognosis for community schools and considers how they should be sustained. Appendices provide a community-school assessment checklist, a community needs assessment or appearance survey, child-care programs handbook, request for consultation, sample after-school program forms, sample communications with parents about after-school programs, and sample job descriptions for families of employees.


In the last three years, comprehensive school-based clinics have proliferated throughout the United States: There are currently 138 clinics in 30 states and the District of Columbia, and at least 65 more are in the planning stage. Clinic programs differ widely in their organizational
structure, operating costs, range of services and funding sources. Although some clinics are funded by private foundations, increasingly, programs are being initiated by local public health departments supported by state funds. Only 10-25 percent of all clinic visits are for family planning services. While all of the clinics provide counseling on family planning, most of the state-funded clinics either prohibit the use of funds for contraceptive supplies and abortion referral or allow grantees to decide what to do about the issue of pregnancy prevention. To date, no study has found that rates of sexual activity increase among students who participate in clinic programs. There is some evidence indicating that participation in school-based clinics may have a positive impact on contraceptive practice.


During the past decade, a plethora of new school-based models for enhancing the life chances of adolescents have emerged. The term full service schools encompasses school-based primary health clinics, youth service programs, community schools, and other innovative efforts to improve access to health and social services. These programs have in common the use of school facilities for delivering services through partnerships with community agencies; a shared vision of youth development; and financial support from sources outside school systems, particularly states and foundations. Organizing a school-based initiative requires careful planning to involve school personnel, community agencies, parents, and students. Evaluation is still preliminary; scattered results are encouraging in regard to utilization of and access to needed health and mental health care; dropout, substance abuse, and pregnancy prevention; and improved attendance. This evolving field of school-based intervention creates new opportunities for research on outcomes and impacts, operational components, and cost benefits. Observers see the development of full service schools as a significant step toward the integration of the movements for quality education and the drive for healthy youth development.


The primary job of parents is to ensure safe passage for their children from infancy through adolescence to adulthood. Research has indicated many things schools can do to turn the privilege of safe passage into a right. Three research-based programs that work to achieve safe passage are described. The first is Caring Connection, a "one-stop-shop" for youth services at a high school in Marshalltown (Iowa). The second is the Quantum Opportunities Program, an innovative 4-year, year-round program in Philadelphia (Pennsylvania) that provides learning, youth development, and community service opportunities, along with summer jobs, for youth from disadvantaged families. The third program, The Academy for Peace and Justice, operated by El Puente, a community organization in Brooklyn (New York), is an academically and developmentally focused school with strong connections with the community. The experiences of these programs and other successful initiatives are used to model the "safe passage school," an imaginary prototype urban middle school. The 1,000 students of the school are divided into five separate "houses," in which students stay together for 3 years. Basic core courses are shaped to fit with the specialized house themes. The school is characterized by a support system with needed services provided on site. The active promotion of parent participation and after-school activities are additional features of the model. The vision of the safe passage school encompasses almost all aspects of successful programs, integrated into a student-teacher-family-centered institution. Some suggestions are given for turning the vision of the safe passage school into a reality. Seventeen publications and 16 organizations are listed for additional information.

The rapid proliferation of school-based health centers is taking place at the same time that school systems are seeking to improve their educational practices. Many different school reform models are being promulgated with modest success. Absence of connections between school reorganization and the provision of human services may lead to failure. The emerging community school model integrates quality education with effective health, mental health, and social services in “one stop” school centers that become student, parent, and community hubs.


A community school differs from other public schools in important ways: it is generally open most of the time, governed by a partnership between the school system and a community agency, and offers a broad array of health and social services. It often has an extended day before and after school, features parent involvement programs, and works for community enrichment. How should such a school be structured? How can its success be measured? Community Schools in Action: Lessons from a Decade of Practice presents the Children’s Aid Society's (CAS) approach to creating community schools for the 21st century. CAS began this work more than a decade ago and today operates thirteen such schools in three low-income areas of New York City. Through a technical assistance center operated by CAS, hundreds of other schools across the country and the world are adapting this model. Based on their own experiences working with community schools, the contributors to the volume supply invaluable information about the selected program components. They describe how and why CAS started its community school initiative and explain how CAS community schools are organized, integrated with the school system, sustained, and evaluated. The book also includes several contributions from experts outside of CAS: a city superintendent, an architect, and the director of the Coalition for Community Schools. Co-editors Joy Dryfoos, an authority on community schools, and Jane Quinn, CAS’s Assistant Executive Director of Community Schools, have teamed up with freelance writer Carol Barkin to provide commentary linking the various components together. For those interested in transforming their schools into effective child- and family-centered institutions, this book provides a detailed road map. For those concerned with educational and social policy, the book offers a unique example of research-based action that has significant implications for our society.


This article presents findings from a meta-analysis of 213 school-based, universal social and emotional learning (SEL) programs involving 270,034 kindergarten through high school students. Compared to controls, SEL participants demonstrated significantly improved social and emotional skills, attitudes, behavior, and academic performance that reflected an 11-percentile-point gain in achievement. School teaching staff successfully conducted SEL programs. The use of 4 recommended practices for developing skills and the presence of implementation problems moderated program outcomes. The findings add to the growing empirical evidence regarding the positive impact of SEL programs. Policy makers, educators, and the public can contribute to healthy development of children by supporting the incorporation of evidence-based SEL programming into standard educational practice.

Despite successive waves of school reform, the English education system, like many others, continues to be characterized by marked inequalities of outcome. These seem to be related to factors in students’ family, community and wider societal contexts that schools traditionally have been powerless to tackle. This paper argues, however, that schools can intervene in these contexts by offering a wider range of services and activities to children and adults under the aegis of ‘full service and extended’ approaches. The paper outlines how these approaches have evolved in England and elsewhere, and reviews the evidence for their effectiveness. It concludes that their current limited impacts could be enhanced if the work of schools were aligned with wider social strategies. Such a move, it suggests, raises questions about how school systems are governed and about what kind of society schools are expected to help build.


Urges teachers in the United States to prepare children for the tests of life, not a life of tests. Implications of the terrorist attacks on September 11, 2001; Tendency of positive messages of tragedy to be ephemeral; Education of children for civic participation, character development and love for democracy.


The Laws of Life is an international essay contest and social and emotional learning (SEL) initiative that many school districts use to build students’ SEL and related abilities. In the contest, students reflect on their identities--who they are, who they want to become, and what they want their lives to stand for--by writing about the main values by which they live their life, their "laws of life." In this article, the authors describe Plainfield (New Jersey) High School's photojournalism project aimed at integrating the Laws of Life into the existing graphic arts curriculum. Students in Plainfield's mixed-grade Graphic Arts II class participated in the project and were encouraged to reflect on the values by which they live and express them through the arts. The reflection exercise revealed some telling results for the project as a whole. When asked to describe what they thought and felt when they looked at their completed project for the first time, 50% of the students expressed that they felt a great appreciation for all of their hard work, and 25% noted that their school was a diverse community. The overwhelming majority of students hoped that their peers would look at the banner and see a message of unity.


Anyone walking through the main doors of Thomas Jefferson School is greeted by a poster: “The House of Learners: Where Dreams Are Born, Respect and Responsibility Rule, Caring Is Shown, and Leaders Are Grown.” These are not mere words; they are the organizing principles for the integration of social, emotional, and academic learning at each grade level. Students are encouraged to dream and empowered to act. There is a focus on the process of discovery and experimentation in science, social studies, music, art, and writing. And students are asked what kind of school they would like to have and what they are willing to do to make it happen, and then they are given the chance to develop the skills they need to get involved. The same questions are asked about their community and the wider world in which nyone walking through the main doors of Thomas Jefferson School is greeted by a poster: “The House of Learners: Where Dreams Are Born, Respect and Responsibility Rule, Caring Is Shown, and Leaders Are Grown.” These are not mere words; they are the organizing principles for the
integration of social, emotional, and academic learning at each grade level. Students are encouraged to dream and empowered to act. There is a focus on the process of discovery and experimentation in science, social studies, music, art, and writing. And students are asked what kind of school they would like to have and what they are willing to do to make it happen, and then they are given the chance to develop the skills they need to get involved. There is increasing evidence that students who attend such schools as Thomas Jefferson are more socially-emotionally competent, are less likely to engage in violence and related problem self-behaviors, and are more academically engaged and successful (Durlak & Weissberg, 2005).


A concise monograph addresses the expanding field of family involvement to out of school time (OST). OST may be defined as time outside of state required time limits for compulsory school attendance but time in which students are engaged in planned academic or enrichment activities. During the past decade, OST programs have burgeoned across the United States. OST programs are offered to children and youth, elementary through high school, as structured and safe venues to increase student academic achievement, and extend students' interests. Chapter authors share promising practices from a range of backgrounds, including nonprofit organizations, faith-based, health, and governmental agencies as well as university-school connections. Contents describe the benefits and concerns of parent engagement in OST, how parents select appropriate programs, ways to connect with parents to assure regular attendance of youth, methods to solicit families to participate in OST activities, and evaluation measures.


Psychotherapeutic interventions with children have not been as successful in practice as laboratory studies suggest. Two weaknesses frequently cited include the failure of treatment gains to generalize to other times and settings and the lack of individualization. Although social skills interventions have inherent appeal and appear appropriate to address many of the social and emotional problems encountered by children and youth, they have not demonstrated effectiveness despite their widespread use. This article outlines four steps to improve social skills interventions that take advantage of the unique environments of schools and increase the likelihood that social skills interventions can achieve individualization and generalization.


There is urgent need for improvement in community-based mental health care for children and families. Multiple studies have documented serious limitations in the effectiveness of “usual care.” Fortunately, many empirically-supported strategies to improve care have been developed, and thus there is now a great deal of knowledge available to address this significant public health problem. The goal of this selective review is to highlight and synthesize that empirically-supported knowledge to stimulate and facilitate the needed translation of knowledge into action. The review provides a sound foundation for constructing improved services by consolidating descriptive data on the status quo in children’s mental health care, as
well as evidence for an array of promising strategies to improve (a) Service access and engagement; (b) Delivery of evidence-based practices; and (c) Outcome accountability. A multi-level framework is used to highlight recommended care improvement targets.

This practical text is an indispensable guide for home-school-community collaborations. It meets the needs of current and practicing teachers, as well as administrators, who are trying to create effective partnerships with families.

Filled with practical suggestions and reflective opportunities, Home, School, and Community Collaboration uses the culturally responsive family support model to prepare readers to work with children from diverse families. This text includes contributions from 24 experts in the field in addressing the issues in family involvement that today’s teachers are likely to encounter. Key Features: Covers family systems theory, family involvement models, and the family support approach; Includes a wide range of practical strategies for use in today’s schools, as well as activities that help readers make connections between the course content and their own experiences; Features case studies and vignettes that provide opportunities for reflection and help readers apply text information to real-life settings

Objective: Although schools are identified as critical for detecting youth mental disorders, little is known about whether the number of mental health providers and types of resources that they offer influence student mental health service use. Such information could inform the development and allocation of appropriate school-based resources to increase service use. This article examines associations of school resources with past-year mental health service use among students with 12-month DSM-IV mental disorders. Method: Data come from the U.S. National Comorbidity Survey Adolescent Supplement (NCS-A), a national survey of adolescent mental health that included 4,445 adolescent–parent pairs in 227 schools in which principals and mental health coordinators completed surveys about school resources and policies for addressing student emotional problems. Adolescents and parents completed the Composite International Diagnostic Interview and reported mental health service use across multiple sectors. Multilevel multivariate regression was used to examine associations of school mental health resources and individual-level service use. Results: Nearly half (45.3%) of adolescents with a 12-month DSM-IV disorder received past-year mental health services. Substantial variation existed in school resources. Increased school engagement in early identification was significantly associated with mental health service use for adolescents with mild/moderate mental and behavior disorders. The ratio of students to mental health providers was not associated with overall service use, but was associated with sector of service use. Conclusions: School mental health resources, particularly those related to early identification, may facilitate mental health service use and may influence sector of service use for youths with DSM disorders.

The field of school-based prevention of behavioral problems and promotion of caring and competence has grown dramatically in the past decade. This article provides a brief summary of current progress in the field and a discussion of future challenges and directions in research and practice. The article presents four future directions for research in the field of school-based prevention and health promotion: building the science of implementation and sustainability, building greater integration between educational policy and prevention, understanding factors influencing program integration with ongoing programming in schools, and the continued development and refinement of new programs and models. These future directions are driven by two significant research-to-service challenges faced both by practitioners and researchers that involve systems integration across developmental stages and levels of care. There is little question that further advances in the development and application of effective prevention practices and policies with schools and communities will require a much greater degree of collaboration in which researchers learn from educators and vice versa. A central part of this collaboration includes greater attention to the important role that prevention programs and policies can play in both increasing academic performance and resilience, and improving the quality of life of communities.


A comprehensive mission for schools is to educate students to be knowledgeable, responsible, socially skilled, healthy, caring, and contributing citizens. This mission is supported by the growing number of school-based prevention and youth development programs. Yet, the current impact of these programs is limited because of insufficient coordination with other components of school operations and inattention to implementation and evaluation factors necessary for strong program impact and sustainability. Widespread implementation of beneficial prevention programming requires further development of research-based, comprehensive school reform models that improve social, health, and academic outcomes; educational policies that demand accountability for fostering children's full development; professional development that prepares and supports educators to implement programs effectively; and systematic monitoring and evaluation to guide school improvement. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


This article investigates school counselor involvement in partnerships using Epstein's six types of school-family- community involvement interactions (i.e., parenting, communicating, volunteering, learning at home, decision-making, and collaborating with the community). Findings show more involvement in parenting and collaborating with the community interactions and reveal a new partnership interaction practiced by school counselors. Recommendations for school counselors and areas for future research are discussed.


Context: Collaborative engagement between education and health agencies has become requisite since the establishment of school inclusion policies in many developed countries. For the child with healthcare needs in an educational setting, such collaboration is assumed to be necessary to ensure a coordinated and holistic approach. However, it is less clear how this is best achieved. Objectives: This secondary research aimed to answer the questions: what are the
reported models of best practice to support the collaboration between education and health staff and what are the implications for training strategies at an undergraduate and postgraduate level to affect these models? Methods: Systematic review of current literature, with narrative summary. Findings: Models of interaction and teamwork are well-described, but not necessarily well-evaluated, in the intersection between schools and health agencies. They include a spectrum from consultative to collaborative and interactive teaming. It is suggested that professionals may not be adequately skilled in, or knowledgeable about, teamwork processes or the unique roles each group can play in collaborations around the health needs of school children. Discussion and Conclusion: There is a need for robust primary research into the questions identified in this paper, as well as a need for educators and health professionals to receive training in inter-professional teamwork and collaboration beyond their traditional domains. It is suggested such training needs to occur at both the undergraduate and postgraduate levels.


The authors review the status, strength, and quality of evidence-based practice in child and adolescent mental health services. The definitional criteria that have been applied to the evidence base differ considerably across treatments, and these definitions circumscribe the range, depth, and extensionality of the evidence. The authors describe major dimensions that differentiate evidence-based practices for children from those for adults and summarize the status of the scientific literature on a range of service practices. The readiness of the child and adolescent evidence base for large-scale dissemination should be viewed with healthy skepticism until studies of the fit between empirically based treatments and the context of service delivery have been undertaken. Acceleration of the pace at which evidence-based practices can be more readily disseminated will require new models of development of clinical services that consider the practice setting in which the service is ultimately to be delivered. As is true with any newly popularized term, the term "evidence-based" has an almost intuitive ring of credibility to it. It brings to mind images of tree-lined and stately buildings fronted with Grecian columns and filled with persons wearing white coats, speaking in hushed tones, and offering reassurances. But this ring may be hollow. As Montaigne noted, "Nothing is so firmly believed as what we least know," and as Valery warned, "That which has been delivered by everyone, always and everywhere, has every chance of being false." There are as many definitions of what constitutes "evidence" as there are definitions of what constitutes a "service." More important, the use of the term "evidence-based practice" presupposes agreement as to how the evidence was generated, what the evidence means, and how or when the practice can be implemented. We suggest that before this term becomes a slogan, it may be wise to examine the presuppositions behind it, acknowledge the limitations of what is sometimes characterized as evidence-based practice, and, in the next generation of services research, attend to implementation issues at the front end. Much of what passes for research on evidence-based practice in the field of child and adolescent mental health might more aptly be described as clinical treatment efficacy research. In this article we first describe how evidence-based practice is being defined in the field of child and adolescent mental health, the characteristics of children and of services that pose special challenges in creating evidence-based practices, and the state of research evidence for treatments and services. Finally, we explain why healthy skepticism about current evidence-based practices is not unreasonable.

A review of the literature from 1985 to 1995 on school-based mental health services for children was conducted using a computerized data-base search. Of the 5,046 references initially identified, 228 were program evaluations. Three inclusion criteria were applied to those studies: use of random assignment to the intervention; inclusion of a control group; and use of standardized outcome measures. Only 16 studies met these criteria. Three types of interventions were found to have empirical support for their effectiveness, although some of the evidence was mixed: cognitive-behavioral therapy, social skills training, and teacher consultation. The studies are discussed with reference to the sample, targeted problem, implementation, and types of outcomes assessed, using a comprehensive model of outcome domains, called the SFCES model. Future studies of school-based mental health services should (a) investigate the effectiveness of these interventions with a wider range of children's psychiatric disorders; (b) broaden the range of outcomes to include variables related to service placements and family perspectives; (c) examine the combined effectiveness of these empirically-validated interventions; and (d) evaluate the impact of these services when linked to home-based interventions.


Examined the integrated services paradigm within children's services, which holds much promise as a means to create more comprehensive and coordinated systems of care for children and families living in poverty. I reviewed the development of integrated service approaches and delineated common elements of models and programs that have emerged across the nation, implications for the practice of professional child psychology are discussed, including professional practice, training, leadership, and research considerations.


Healthy People 2020 includes an objective to increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and sexually transmitted infections (STI); unhealthy dietary patterns; and inadequate physical activity. These specific goals are part of the efforts of Healthy People 2020 to increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards. A focus on Pre-K through 12 health education is a prerequisite for the implementation of a coordinated, seamless approach to health education as advocated by the Healthy People Curriculum Task Force and incorporated into the Education for Health framework. To help accomplish these goals, this article views the role of education as part of the broader socioecologic model of health. A comprehensive literature review was undertaken to identify evidence-based, peer-reviewed programs, strategies, and resources. The results of this review are presented organized as sexual health, mental and emotional health, injury prevention, tobacco and substance abuse, and exercise and healthy eating. Evidence-based implementation strategies, often considered the missing link, are recommended to help achieve the Healthy People 2020 objective of increasing the prevalence of comprehensive school health education programs designed to reduce health risks for children.

The Dallas (Texas) Public Schools established the first school-based health center in the United States in 1969. In 1993 a partnership between two school principals, a school mental health professional, and the medical director of the county mental health center was the impetus for the first comprehensive school-based mental health center in Texas. In 1995 the programs joined together as Youth and Family Centers (YFCs) to provide physical health, mental health, and other support services to students and their families. The 10 strategically located school-based centers are directed by licensed mental health professionals employed by the district who lead a multidisciplinary team of physical health and mental health providers. Students served by the YFCs have fewer discipline problems, course failures, and school absences.


As part of the Kentucky Education Reform Act, school-based Family Resource/Youth Service Centers were commissioned to address those poverty-related issues that attenuate children and youths' coming to school prepared to learn. The centers had flexible mandates and were to adapt their service profiles to local urban, suburban and rural communities. A variety of grounded, inductive qualitative strategies were employed in an implementation evaluation that yielded profiles or domains of program elements, and descriptions of implementation strategies and impact on participants. These program descriptors were considered accurate by program personnel, formed the basis for training new program coordinators, and have served as reliable predictors of educational outcomes for program participants, thus affirming the utility of the qualitative evaluation approaches.


There is increasing recognition of the need for evaluations that identify program processes or mediators and assess degree of program implementation rather than focusing solely on outcome evaluation. This paper describes the application of complementary qualitative and quantitative evaluation procedures to assess the degree of implementation of multi-component family support programs for improving educational outcomes for at risk youth, and to assess the relationship between program implementation and outcomes. The qualitative evaluation involved prolonged engagement to identify common program domains or mediators. Using a method called Innovation Configuration Analysis, levels of implementation of program domains were explicated as well as an overall Implementation Fidelity Index. Strong positive relationships were found between overall program implementation and program-level outcomes achieved by student participants.


BACKGROUND: This study examined the impact of school-based mental health programs on children's school outcomes and the utilization of acute mental health services. METHODS: The study sample included 468 Medicaid-enrolled children aged 6 to 17 years who were enrolled 1 of 2 school-based mental health programs (SBMHs) in a metropolitan area sometime during school year 2006-2007. A multilevel analysis examined the relative effects of SBMHs on
children’s absence, suspension, grade promotion, use of acute mental health services, as well as
the association of child and school-level factors on the outcomes of interest. RESULTS: Little
change in average number of days absent per month and no significant change in the use of
acute mental health services were found. The mean number of days suspended per month out-
of-school decreased from 0.100 to 0.003 days (p < .001). The percentage of children promoted
to the next grade increased almost 13% after program enrollment (p < .01). Program type did
not predict outcome changes except grade promotion. CONCLUSIONS: Despite the positive
effect of school-based mental health programs on some school outcomes, the lack of difference
between programs suggests the need to identify active mechanisms associated with outcome to
make the delivery of care more efficient.

Kutash, K., et al. (2011). "School-based mental health programs for students who have emotional

Most schools offer some type of school-based mental health service to students, and there is a
growing body of empirically rigorous studies examining the effects on academic and mental
health outcomes for students. However, students classified as having emotional disturbances
are under-represented in these studies. Using a convenience sample of four different types of
school-based mental health programs, changes in achievement levels and social and emotional
functioning in youth with emotional disturbances served in special education (n = 148) were
examined. Longitudinal results reveal there was improvement in either the emotional or social
functioning of these youth in all four programs, while results for improvement in achievement
levels were less consistent. Results reveal that in the targeted sample of programs with
intensive or multifaceted services, there was improvement in academic as well as social and
emotional functioning in these youth. Implications for school-based mental health services are
discussed.

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The guide provides practical information and advice for those engaged in developing and
implementing effective evidence-based services in the school setting. This resource (1) describes
the principal models and approaches identified in the literature from mental health and
education, (2) critiques the empirical support for the approaches described, and (3) suggests
how science, policy, and practice can be integrated to achieve effective school-based mental
health service systems through the adoption of the public health model.

Kutash, K., et al. (2002). "A school, family, and community collaborative program for children who have

In this article, the rationale, development, implementation, and evaluation of a school-based
program for students with emotional disturbances who are served in a special education setting
is described. The essential features of this program included a training program for professionals
from the school and community agencies, the development and implementation of a strengths-
based plan in which students and families are included as partners, and a method for evaluating
the fidelity of program implementation. Results indicated a reduction in discipline referrals,
better retention of students with emotional disturbances in their community schools, and a
trend toward improved emotional functioning. In addition, fidelity was positively related to
higher reading achievement. The findings are discussed in terms of their implications for policy,
training, and future research efforts.
According to the Mental Health: A Report of the Surgeon General an estimated 21% of children and adolescents aged 9–17 in the U.S. have a diagnosable mental health or addictive disorder. However, according to the same report approximately 70% of children and adolescents who need mental health services do not receive them (U.S. Department of Health and Human Services, 1999). These numbers translate into a significant challenge that our nation’s schools and communities face. Where do these afflicted youth and their families receive services? In rural settings, these services are typically delivered by physicians in primary health care settings and staff in the child’s school.

School-based mental health (SBMH) programs and services have grown progressively in the United States in the past two decades, related in part to increased recognition of their advantages and heightened federal support. However, SBMH is an emerging field, with many issues needing attention. This introductory article provides a context for the special issue by highlighting the importance of increased conceptual clarity about SBMH, enhanced mental health—education systems integration, and advancement of the SBMH research base. Key elements for success of SBMH programs and services are discussed, as underscored recently by the report of the New Freedom Commission on Mental Health (2003) and other important initiatives. These elements include (a) school–family–community agency partnerships, (b) commitment to a full continuum of mental health education, mental health promotion, assessment, problem prevention, early intervention, and treatment, and (c) services for all youth, including those in general and special education. A synopsis of the articles in the special issue is provided, emphasizing their conceptual and empirical contributions to delivery and sustainability of effective mental health practices in schools.

Willie Sutton is famously known for answering a reporter, Mitch Ohnstad, who asked why he robbed banks by saying, “because that’s where the money is.” It is a good bet that if those working in the field of wellness promotion were asked, “Why do you focus your efforts on schools?” the answer would be “Because that’s where the children are.”

Supportive and caring relations within families promote academic achievement and protect against involvement in health-risk behaviors by adolescents. Similarly, supportive and caring relationships within schools (henceforth, school connectedness) promote academic motivation among adolescents. Much less is known, however, about the influence of school connectedness on adolescent health-risk behaviors. Previous research generally suffers from two limitations. First, most research is cross-sectional. The longitudinal research that does exist does not distinguish between initiation or escalation or reduction of health-risk behaviors. Second, school connectedness has generally been treated as a broad construct that combines students'
perceptions of safety, support, belonging and engagement. Such a broad conceptualization does not provide clear guidance to policy makers and practitioners on how to increase school connectedness. This paper addresses these limitations by exploring the association between two dimensions of school connectedness--perceived teacher support and social belonging--and the initiation, escalation and reduction of participation in six adolescent health-risk behaviors. (Contains 5 tables.)


A caring school enables learning by addressing barriers. Collaboration and collegiality are key facets in all this. The programs that emerge from a well-designed and developed enabling component are fundamental to enhancing a supportive and caring context for learning by all students. The implications for student and staff well-being, for learning, and for the future of every student are more than evident.


Minkler and Wallerstein have pulled together a fantastic set of contributions from the leading researchers in the field. In addition to a fine collection of case studies, this book puts the key issues for researchers and practitioners in a historical, philosophical, and applied, practical context


In this book, an international group of leading scientists present perspectives on the control of human behavior, awareness, consciousness, and the meaning and function of perceived control or self-efficacy in people's lives. The book breaks down the barriers between subdisciplines, and thus constitutes an occasion to reflect on various facets of control in human life. Each expert reviews his or her field through the lens of perceived control and shows how these insights can be applied in practice.


Youth in urban areas have been effected by a reduced availability of mental health services and increased contact with serious risk factors. School mental health (SMH) programs may be an optimal avenue for providing services to these youth who otherwise might not receive treatment. In this pilot study, we examined change in adolescent reports of behavioral and emotional functioning for youth receiving SMH services in inner-city schools. Results indicate minor improvements, but not clinically significant changes in functioning at 12- and 18-month follow-ups. Youth identified as having a greater number of resilience factors were more likely to remain in and complete therapy. Adolescents reported feeling satisfied with their treatment; high satisfaction was positively related to perceptions of clinicians as being warm, caring, and exhibiting positive regard for them.

Significant growth and improvement of school mental health programs has occurred in recent years. However, evaluation of outcomes for children receiving these services is needed to provide accountability data and ensure the sustainability of these programs. When designing studies, evaluators must overcome several challenges that may threaten the validity of their conclusions. In this paper, threats or challenges to the internal and external validity of results from evaluation studies are reviewed. Suggestions are provided for overcoming these challenges, in order to encourage future evaluation activities in this developing field and to document the impact of services for youth and their families.


A systematic review was conducted of school-based prevention and early intervention programs for anxiety. The aim of the review was to identify and describe the programs available, and to evaluate their effectiveness in reducing symptoms of anxiety. Twenty-seven outcome trials, describing 20 individual programs, were identified through the Cochrane Library, PsycInfo and PubMed databases. Results of the review indicated that most universal, selective and indicated prevention programs are effective in reducing symptoms of anxiety in children and adolescents, with effect sizes ranging from 0.11 to 1.37. Most programs targeted adolescents (59%), were aimed at reducing the symptoms of nonspecific anxiety (67%), and delivered cognitive behavioural therapy (CBT; 78%). Further quality school-based research is required that involves longer-term follow-up, the use of attention control conditions and evaluates teacher delivery.


The unmet needs of our nation's children and families have continued to increase, especially for impoverished and minority populations. In response, there has been growing support for a service integration approach that emphasizes interagency and interdisciplinary coordination and collaboration, particularly with respect to the role of schools. The American Psychological Association (APA) Task Force on Comprehensive and Coordinated Psychological Services for Children Ages 0–10 endorsed the service integration model and called for professional psychology to take a leadership role in its development, refinement, implementation, and evaluation. The APA adopted these recommendations as policy. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


America's high schools must be redesigned to become communities that provide a high level of academic rigor for all youngsters so that they will be prepared to pursue postsecondary education. To preserve democracy, we must educate all students so that they will be able to participate as voters and as members of groups or organizations that form the basis of our democracy. Schools must teach students to be self-motivated learners, and be places where students gain social and civic competencies as well as academic skills. In order to achieve these goals, schools have to become more personalized and offer a purpose to students by demonstrating a connection between the world of work and their lives.

There is a significant research to practice gap in the area of mental health practices and interventions in schools. Understanding the teacher perspective can provide important information about contextual influences that can be used to bridge the research to practice gap in school-based mental health practices. The purpose of this study was to examine teachers' perceptions of current mental health needs in their schools; their knowledge, skills, training experiences and training needs; their roles for supporting children's mental health; and barriers to supporting mental health needs in their school settings. Participants included 292 teachers from 5 school districts. Teachers reported viewing school psychologists as having a primary role in most aspects of mental health service delivery in the school including conducting screening and behavioral assessments, monitoring student progress, and referring children to school-based or community services. Teachers perceived themselves as having primary responsibility for implementing classroom-based behavioral interventions but believed school psychologists had a greater role in teaching social emotional lessons. Teachers also reported a global lack of experience and training for supporting children's mental health needs. Implications of the findings are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


Reviews have identified mental health interventions that are relevant to schools; unfortunately, this research pays insufficient attention to the school context. Several aspects of school context likely influence the ability of schools to change current practices or adopt new ones. Relying on an organizational framework, a three-level model of school context particularly relevant to the delivery mental health interventions: (a) individual, (b) organizational, and (c) state or national-level factors are described. This article argues that effective school-based mental health care will result from the marriage of system reform efforts, capacity building, and the delivery of empirically driven intervention strategies. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


This paper provides a synthetic review of research on school-based mental health services. Schools play an increasingly important role in providing mental health services to children, yet most school-based programs being provided have no evidence to support their impact. A computerized search of references published between 1985 and 1999 was used to identify studies of school-based mental health services for children. Study inclusion was determined by (i) use of randomized, quasi-experimental, or multiple baseline research design; (ii) inclusion of a control group; (iii) use of standardized outcome measures; and (iv) baseline and postintervention outcome assessment. The application of these criteria yielded a final sample of 47 studies on which this review is based. Results suggest that there are a strong group of school-based mental health programs that have evidence of impact across a range of emotional and behavioral problems. However, there were no programs that specifically targeted particular clinical syndromes. Important features of the implementation process that increase the probability of service sustainability and maintenance were identified. These include (i) consistent program implementation; (ii) inclusion of parents, teachers, or peers; (iii) use of multiple modalities; (iv) integration of program content into general classroom curriculum; and (v) developmentally appropriate program components. Implications of these findings and directions for future research are discussed.

**Purpose** – The purpose of this paper is to highlight new and existing research on school characteristics that are essential elements in building the capacity of school communities to implement whole school approaches to mental health promotion.

**Design/methodology/approach** – Through an overview of recent research and writing the need for a paradigmatic shift is identified so that educational research and school processes as well as mental health outcomes are utilized as the starting point for school mental health promotion.

**Findings** – Much of the current advocated practice for improved mental health outcomes arises from evidence from health sector interventions, evidence that may not match the breadth and complexity of conditions in schools that need to be considered to bring about change. The practice may also ignore school processes and structures and the research that delineates how these operate. The results of research in Australia identify two key educational areas, leadership and professional learning that require an increased focus in school mental health promotion. These have emerged from a decade of experience in the implementation and evaluation of MindMatters. Practical implications – Health and educational personnel need to target these areas for particular development to ensure strong supports are created for sustainable local school action. Originality/value – The paper focuses on school leadership and teacher efficacy – areas that have relevance for whole school mental health and wellbeing.


**Implications for the future of professional psychology are discussed and related to the Patient Protection and Affordable Care Act, patient-centered health care homes and accountable care organizations, and the growing importance of interprofessional competencies in health care. The need for increased information about the psychology workforce is related to the history of the institutional practice of psychology and how that data must be used to plan for the supply of psychologists required to meet the service demands of the changing health care system. Several challenges to the field of psychology are offered, along with steps that must be taken by the profession to prepare for increased institutionally based health care services in the future.


The Center for School Mental Health Assistance at the University of Maryland recently completed a review of evidence-based prevention and treatment programs that can be used by school mental health clinicians. Based on the review, a school-based program operating in 22 Baltimore City schools has purchased and trained clinicians in a number of protocols for evidence-based interventions. We present findings from this review and make pragmatic recommendations for school mental health programs to overcome the challenges associated with the use of evidence-based interventions.


At least one in five school children in the United States have significant mental health problems, with only 60% of these children actually receiving services for their difficulties. Given the complexity and interconnectedness of the systems impacting children’s mental health, key partnerships are needed to efficiently and effectively address the mental health needs of children and youth. Through multisystemic partnerships, school and pediatric psychologists
collaborate with family and community partners to co-develop assessment and intervention procedures. The main purpose of this article was to describe extant models of partnership in order to provide a basis for conceptualizing an optimal process for delivering mental health services across a variety of contexts. Common elements across the various models were noted and linked to the contributions made by the articles contained within this special edition. The papers included in this series are also reviewed briefly.


There is solid evidence for strategies and programs that, if implemented with fidelity in schools, will enhance the mental health of children and youth. These practices are, however, inconsistently applied and rarely evaluated programmatically in every day practice. In recent years, implementation variables that influence uptake have received attention. An emerging area of interest is the role that research partnerships might play in narrowing the gap between science and practice. Drawing on the literature and practice examples, collaborators from the United States and Canada explore the role of partnerships in bringing the worlds of research and practice closer into alignment.


This study examined the impact of the Family Check-Up (FCU) and linked intervention services on reducing health-risk behaviors and promoting social adaptation among middle school youth. A total of 593 students and their families were randomly assigned to receive either the intervention or middle school services as usual. Forty-two percent of intervention families engaged in the service and received the FCU. Using complier average causal effect analyses, engagement in the intervention moderated intervention outcomes. Families who engaged in the intervention had youth who reported lower rates of antisocial behavior and substance use over time than did a matched control sample. Results extend previous research indicating that a family-centered approach to supporting youth in the public school setting reduced the growth of antisocial behavior, alcohol use, tobacco use, and marijuana use throughout the middle school years.


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.

This review links practice, funding, and evidence for interventions for mental health and psychosocial wellbeing in humanitarian settings. We studied practice by reviewing reports of mental health and psychosocial support activities (2007–10); funding by analysis of the financial tracking service and the creditor reporting system (2007–09); and interventions by systematic review and meta-analysis. In 160 reports, the five most commonly reported activities were basic counselling for individuals (39%); facilitation of community support of vulnerable individuals (23%); provision of child-friendly spaces (21%); support of community-initiated social support (21%); and basic counselling for groups and families (20%). Most interventions took place and were funded outside national mental health and protection systems. 32 controlled studies of interventions were identified, 13 of which were randomised controlled trials (RCTs) that met the criteria for meta-analysis. Two studies showed promising effects for strengthening community and family supports. Psychosocial wellbeing was not included as an outcome in the meta-analysis, because its definition varied across studies. In adults with symptoms of post-traumatic stress disorder (PTSD), meta-analysis of seven RCTs showed beneficial effects for several interventions (psychotherapy and psychosocial supports) compared with usual care or waiting list (standardised mean difference [SMD] −0.38, 95% CI −0.55 to −0.20). In children, meta-analysis of four RCTs failed to show an effect for symptoms of PTSD (−0.36, −0.83 to 0.10), but showed a beneficial effect of interventions (group psychotherapy, school-based support, and other psychosocial support) for internalising symptoms (six RCTs; SMD −0.24, −0.40 to −0.09). Overall, research and evidence focuses on interventions that are infrequently implemented, whereas the most commonly used interventions have had little rigorous scrutiny.

Vaughan, B. (2001). CommunityMatters: Working with Diversity for Wellbeing, Curriculum Corporation. CommunityMatters has been developed to address the above issues identified in MindMatters so that school leaders have a resource to use with their school staff and communities. This holistic approach to the promotion of mental health – of emotional and social wellbeing – explores the interrelationship between identity, culture and community, particularly: how fundamental resilience and wellbeing are to community and culture; the importance and development of partnerships so that, together with the community, its people and other resources, schools are places that promote social and emotional wellbeing for all students; a range of issues and strategies for fostering an environment and curriculum that increase protective factors, thus enhancing connectedness and resilience. In educational terms, CommunityMatters aims to assist schools with the crucial task of transforming its following key statement into practice. To enhance mental health protective factors and student social and emotional wellbeing, schools need to build a positive environment that will create caring relationships, a culture of high but achievable expectations and ongoing opportunities for authentic participation and contribution, for all students. In addition, embedded in CommunityMatters are the principles of equity.


Engaging adolescents with their health can prevent a lifetime of bad habits and should be a priority for an efficient future health service.

Community-based participatory research (CBPR) has emerged in the last decades as a transformative research paradigm that bridges the gap between science and practice through community engagement and social action to increase health equity. CBPR expands the potential for the translational sciences to develop, implement, and disseminate effective interventions across diverse communities through strategies to redress power imbalances; facilitate mutual benefit among community and academic partners; and promote reciprocal knowledge translation, incorporating community theories into the research. We identify the barriers and challenges within the intervention and implementation sciences, discuss how CBPR can address these challenges, provide an illustrative research example, and discuss next steps to advance the translational science of CBPR.


BACKGROUND: This article reviews challenges to collaboration in school mental health (SMH) and presents practical strategies for overcoming them. METHODS: The importance of collaboration to the success of SMH programs is reviewed, with a particular focus on collaboration between school- and community-employed professionals. Challenges to effective collaboration between school- and community-employed professionals in SMH are considered. Strategies for overcoming challenges to effective collaboration are presented. RESULTS: Marginalization of the SMH agenda, limited interdisciplinary teamwork, restricted coordination mechanisms, confidentiality concerns, and resource and funding issues are key challenges to collaboration. Strategies targeted toward each of these challenges may help improve the effectiveness of SMH programs and ultimately student outcomes. CONCLUSIONS: Collaboration between school- and community-employed professionals is critical to the success of SMH programs. Despite its promise, the success of SMH programs can be jeopardized by ineffective collaboration between school- and community-employed professionals. Strategies to overcome marginalization, promote authentic interdisciplinary teamwork, build effective coordination mechanisms, protect student and family confidentiality, and promote policy change and resource enhancements should be addressed in SMH improvement planning.


Objective: MindMatters is an innovative, national mental health promotion program which provides a framework for mental health promotion in Australian schools. Its objectives are to facilitate exemplary practice in the promotion of whole-school approaches to mental health promotion; develop mental health education resources, curriculum and professional development programs which are appropriate to a wide range of schools, students and learning areas; trial guidelines on mental health and suicide prevention and to encourage the development of partnerships between schools, parents, and community support agencies to promote the mental wellbeing of young people. Method: A team of academics and health education professionals, supported by a reference group of mental health experts, developed MindMatters. The program was piloted in 24 secondary schools, drawn from all educational systems and each State and Territory in Australia. The pilot program was amended and prepared for dissemination nationally. Results: The program provides a framework for mental health promotion in widely differing school settings. The teacher professional development dimension
of the program is central to enhancing the role of schools in broad population mental health promotion. Conclusions: Promoting the mental health and wellbeing of all young people is a vital part of the core business of teachers by creating a supportive school environment that is conducive to learning. Teachers need to be comfortable and confident in promoting and teaching for mental health. Specific, targeted interventions, provided within a whole-school framework, address the needs of the minority of students who require additional support.


In 2012, we find ourselves just passing the 50th anniversary of the Eisenhower Commission Report (1961) and approaching the same anniversary of the Community Mental Health Act (1963). These landmark events launched the community mental health movement. The Rehabilitation Act of 1973 and the President's New Freedom Commission (2003) have continued this work by establishing funding sources and highlighting the importance of recovery and excellence in care. Modern Community Mental Health: An Interdisciplinary Approach integrates each of the key concepts contained within the presidential reports and landmark legislation into the context of today's community service delivery system. This pathfinding textbook promises to revolutionize community mental health training by responding to the realities of modern health care delivery systems, presenting an integrated, interdisciplinary paradigm of care. Extraordinarily broad in coverage, it will open a door of possibilities to those caring for the mentally ill in the community. Recognizing that community-based services must be truly collaborative in order to be effective and efficient, the editors have assembled a cast of contributors from among the brightest lights in community practice. Chapter authors, who are currently doing interdisciplinary work successfully on a daily basis, will collaborate on writing teams to offer their insight into the problems and triumphs that are part of this approach. They will cover not only macro issues such as the economics of behavioral healthcare, reimbursement models, and quality improvement, but the specific skills necessary for competent practice such as treatment planning, clinical documentation, risk management, and partnering with members of a team that may include social workers, psychiatrists, psychologists, and nurses. Twenty additional chapters will provide detailed roadmaps to practices and programs that have been shown to be effective when delivered in a community setting—such as supported employment, assertive community treatment (ACT) teams, crisis intervention training (CIT), family psychoeducation, and supported housing—and will be grounded in educational benchmarks, healthcare reform opportunities, and cultural competencies. By definition community mental health practice is never static. As communities change, the profession changes, and in recent years changes in funding have drastically impacted the system of care. We need empirically supported interventions, to include the voice of the consumers and their families, and have a way to educate current and future professionals so that we all truly work together.