



Center for School Mental Health*

***Political and Systemic Issues of Public Schools
as Settings for Mental Health Programs and Services***

Robert W. Burke, Ph.D., Associate Professor**

To those of us passionate about the potential of school mental health (SMH) services, it is a foregone conclusion that such services should be provided for all children in virtually every public school in America. Equally apparent is the stark fact that, at the present time, high quality mental health services are not available in most schools. This gap between logic and reality begs an obvious question: If SMH is such a good idea, then why do such services exist in so few schools? And, more precisely to the point of this Issue Paper, if student mental health is so important, then why do so few teachers and other school personnel know hardly anything at all about it, much less take an active role in promoting it? The remainder of this paper provides an educator's perspective to these and related questions.

When considering the development and implementation of policies for those public schools and school districts interested in engaging teachers and other personnel in SMH programs there are a number of core issues and questions that must be addressed and resolved if such policies are to have any chance of successful implementation on two levels: first, at the level of adoption as official policy; and second, at the level of authentic implementation by individual school personnel in teachers' classrooms, principals' offices, and elsewhere in district facilities. As veteran educators (and "front-line" employees in other human service agencies) know full well, just because there is a policy "on the books" one should not assume that the practices and procedures mandated by the policy are uniformly understood and implemented by every staff member. In the remainder of this paper selected issues relevant to the SMH-Education interface are addressed, including: alternative perspectives on the value and legitimacy of SMH; the capacity of teachers in PreKindergarten- Grade 12 (PK-12) classrooms to engage in SMH collaborations; and the political discourse regarding the purposes of public education. The intent here is not to provide a template for policy development and implementation applicable to every school or school district in the U.S.; indeed, attempting to use a "one size fits all" approach to this endeavor will likely fail because of the myriad factors that impinge upon policy work at the local level including, for example, the nature of relationships among key participants, power dynamics operating at different levels of decision making, and ideological positions expressed by school and community stakeholders. The necessity of considering these and other situational factors becomes obvious when SMH advocates recognize the simple fact that in the U.S. there are 15,000 public school districts, each with its own unique characteristics, needs, and relative freedom to act autonomously. This is but one core feature of public education that has received minor consideration in the SMH literature.

The Politics and Complexities of Public Education

Although arguments in favor of greater integration between education and mental health systems—including a high level of collaboration among teachers and mental health staff—likely resonate as true with readers of this Issue Paper and similar publications dedicated to advancing the SMH agenda it is essential that scholars, practitioners, and advocates develop and continually refine a more comprehensive understanding of the complexities of public education in our American democracy. Failure to develop action strategies and programs thoroughly grounded in an ecological and political understanding of schools and schooling will inevitably undermine even the most sophisticated plans. Advocates and practitioners of SMH must recognize and reckon with the confounding reality that public education in the U.S. is fundamentally a political issue. At the most basic legal and social levels, public schools in our democratic society are institutions that are “owned” by every citizen. The public schoolhouse door is open to every child and family, and every student is entitled to the best possible education. Since the beginning of free public schools in the U.S., teachers have been recipients of demands and expectations generated by students, colleagues, administrators, parents and guardians, the local community, and others. This “collective ownership” of public education means that every citizen has the right to propose his or her beliefs, values, and agendas for implementation in schools and classrooms. This right to suggest changes exists regardless of their relevance or appropriateness for use in classrooms.

While mental health research and practice have contributed in significant ways to the education, growth, and development of countless schoolhouse participants (including teachers, students, and parents) onerous obstacles stand in the way of actualizing comprehensive and authentic integration between SMH and education professionals. More to the point, it is likely that mental health professionals working within the confines of a schoolhouse encounter any number of overt and covert barriers to conducting their work and actualizing optimal results (Weist, Lowie, Flaherty & Pruitt, 2001). Knowing schools and the people who populate them is imperative: Masten (2003) cautions “it is unwise to ignore the fact that schools have distinct system characteristics and answer to larger systems” (p. 170). Hence, advancing the SMH agenda necessitates coming to grips with a dizzying array of those elements (e.g., people) and issues (e.g., complex and often competing goals of education) present at macro and micro levels.

The Conundrum of Establishing School Mental Health Services in Public Education

If SMH services are to have any reasonable chance for widespread adoption and implementation, SMH policy and program developers and advocates should first establish their position vis-à-vis the complex web of systemic and sociopolitical variables inherent in any initiative intended to be operationalized in public schools. Undertaking such an endeavor is no easy task in part because of the complexity and variability of the systems involved. Beyond reckoning with the systems themselves, however, lies the daunting task of factoring in the laws and policies which provide both parameters and directions for each individual agency. This complex web of systems and mandates is even further complicated by the fact that laws and other mandates are subject to interpretation by agency representatives at all levels. Thus, a legal mandate enacted by the U.S. Department of Education (e.g., the *No Child Left Behind Act* [Public Law 107-110]) not uniformly interpreted and implemented by persons serving in educational agencies at state and local school district levels. Failure to recognize and

accommodate this complexity is one major reason for the limited success of SMH policies and programs across the U.S., as revealed by Kutash, et al. (2006) in their analysis of the current state of SMH:

“While there is sparse evidence of wide-spread implementation of effective SBMH services, there is no lack of federal policies, regulations, and initiatives promoting the implementation of evidence-based SBMH services” (p. 61).

In short, while policies supportive of SMH services have been written, the current reality is that, for the most part, these same policies have not resulted in a level of service implementation sufficient to meet the mental health needs of PK-12 students. The obvious question is: Why not? Determining the answer to that question has thus far proved to be elusive for SMH advocates, even though extensive, high quality work has been conducted. Perhaps it is time to expand our conversation by inviting new people with alternative perspectives into our quest for understanding—and eventually resolving—this conundrum.

Alternative Perspectives on Mental Health Services in Schools

The frequently contentious and complex socio-political dynamics alluded to above are endemic to all public schools; hence, it is no wonder that working relationships among all professionals working in a school district or building can be readily strained due to factors like: inadequate fiscal and material resources; insufficient time in the school day, week, or year; and schedule variations that result in disruptive communication among personnel, students, families, and other critical participants. Understanding the scope of contextual features of schools which might promote or constrain SMH services is one important first step in developing a broader, more comprehensive plan for implementing and sustaining such programs and services, a point emphasized by Ringeisen, Henderson, and Hoagwood (2003): “Unfortunately, the literature on ‘evidence-based practices’ in children’s mental health pays insufficient attention to features of the school context that might influence intervention delivery” (p. 154). Therefore, those education and mental health professionals who are dedicated to improving both the breadth and quality of their collaborative efforts to enhance the education and overall health of children are encouraged to recognize the obvious and subtle features of school systems, especially those that can either foster or impede institutionalization of substantive changes at the classroom level.

Perspectives in Support of School Mental Health

There is, of course, a sound rationale supported by empirical evidence that frames a strong argument in support of SMH in general, and dramatically increased levels of teacher engagement in particular. Thus, for example, the core issue of determining what are, and what are not, the “legitimate” purposes of public education has been convincingly addressed by experts and advocates of SMH, who have presented clear and compelling arguments to substantiate their position (see, for example, Masten, 2003; Lochman, 2003; and Short, 2003). Further, Ronen and Hoagwood (2000) suggested that schools’ fulfillment of the mandate to educate all children necessitates attention to mental health issues. They documented that “children whose emotional, behavioral, or social difficulties are not addressed have a diminished capacity to learn and benefit from the school environment” (p. 236). In addition, children who

develop disruptive behavior patterns can have a negative influence on the social and academic environment for other children.

There is clear evidence not only that there are strong positive associations between mental health and academic success, but also that emotional and behavioral health problems are significant barriers to learning (Adelman and Taylor, 1999; Atkins et al., 2003; Waxman et al., 1999; Weist, 1997). In addition, there is widespread recognition among teachers and mental health professionals that they and other school personnel must expand the scope and depth of their collaborations in order to provide optimal education and care for our nation's children and youth. It is incumbent upon mental health professionals and their allies within the education sector to take the initiative to clearly and definitively identify the inter-relationship between students' emotional/behavioral health and their academic success.

Perspectives in Opposition to School Mental Health

The following stakeholder groups are illustrative of beliefs and values contrary to those held by most advocates of SMH.

One stakeholder group identifies itself as "Parents for Label and Drug Free Education" (www.ablechild.org). According to their website, the group "consists of a growing number of parents outraged over both the subjective labeling (ADHD, ADD, OCD, ODD) and pervasive drugging of our children." It is clear that this group does not believe much of what mental health professionals take for granted, as evidenced in the following quotes from their Home Page:

- "Junk Science pervades our schools and is being misrepresented to parents worldwide as scientific fact!!! Parents need to fight for their right to full informed consent!!! Do not accept based solely on what you are told but question, delve, and more importantly always re-question."
- "Information that we provide you consists of what you would need to be given to make an informed or educated decision surrounding your child."
- "Our website is one of the most comprehensive sites on the web. There is a vast wealth of information and we encourage you to take your time in viewing it."

Yet another stakeholder group uses the name "EdWatch" and maintains a website devoted to providing consumers access to their documents related to schools and mental health (www.edwatch.org). This political action group seeks to exert influence over programs and policies related to SMH. Among other projects and initiatives, EdWatch has created the "Universal Mental Health Screening Briefing Book" as a resource to use in opposing implementation of the recommendations contained in the final report of the President's new Freedom Commission on Mental Health (2003). Information on the EdWatch website includes the following example:

"We know that:

1. Mental illness is over-diagnosed, especially in children.
2. Psychotropic medications are over-prescribed.
3. Parents are being coerced to force their children to take psychotropic medications.
4. The diagnostic criteria for mental illnesses are vague social constructs, as admitted by experts in the psychiatric field.
5. Many studies, some of them kept from physicians and the public for years, have shown that these medications are not at all effective in the long term.

Therefore, we must take steps to protect our children and change the culture. An important first step is to stop parents from being coerced into putting their children on psychotropic drugs in order for them to attend public schools.”

In order to increase the likelihood of realizing the goal of heightened collaboration among teachers and mental health staff it will be necessary for all participants to discover ways to navigate these turbulent political waters.

Suggestions to Enhance Understanding and Action

As a starting point, it may be useful to create two concept maps of the public education landscape for which SMH policies are intended. The first concept map could provide a comprehensive graphic representation of the different organizations, agencies, and institutions that SMH advocates seek to engage and influence at the policy level. Ideally, such a map would also include representation of the full range of laws and other mandated directives surrounding the work of each agency. A second concept map could delineate a comprehensive list of the myriad issues concerning all facets of public education open to negotiation and/or interpretation and which are, therefore, subject to alteration as determined primarily by the prevailing “political winds.” Couched as questions, examples of these core issues include the following:

- What subject matter knowledge should be taught? Who decides this—and, upon what basis should these decisions be made?
- What instructional approaches and methods should be used? Who decides this—and, upon what basis should these decisions be made?
- What behavior by students is appropriate in the school setting?
- What knowledge and skills—if any--should be taught in addition to subject area content?

The Purposes of Public Education

Of the numerous educational issues that could be included in a concept map, the topic with greatest importance to SMH is an issue that has been debated since the beginning of free public schooling: What are schools for? The matter of determining the purposes of public education is central to the debate about the role of schools as settings in which SMH services are provided. One useful tool for framing any argument concerning the “legitimate” purposes of public schools is Goodlad’s (1994) three perspectives for examining, understanding, and changing schools:

(1) *What Are Schools Required to Do?* When viewed from this perspective, the primary purposes of schools are determined by law and codified in federal, state, and local school district policies and procedures. Goodlad (1994) explains that “the goals officially articulated for schools are educational. They imply, with varying degrees of specificity, the kinds of knowledge, skills, and attitudes that students should acquire” (p.3).

>>>School Mental Health Connections: Using this perspective generates many questions that could lead to an enhanced foundation for SMH policies and programs. A few examples include the following:

>What are the official documents that dictate the legal mandates of public schools for every state and every school district within each state? Where are they kept? How are they accessed? Who is responsible for interpreting and enacting the legal requirements?

>What official documents explicitly mandate policies or programs related to SMH? Are there documents that contain implicit requirements? (For an excellent example of this type of policy analysis, see Anglin, 2003).

>How do the official documents and proclamations of agencies at various levels (e.g., federal, state, and school district) converge or diverge? What procedures are in place to reconcile contradictory policies or programs?

>How might SMH advocates leverage the authoritative power of official documents to enhance policies and expand programs?

(2) *What Do Schools Actually Do?* When examined from this perspective additional purposes of schools will become evident. These implicit purposes can either align with, or diverge from, official, sanctioned missions of schools and schooling. Goodlad (1994) explains that, “the achievement of these official goals occurs within a context of political, social, and economic interests that not only impose additional, more implicit purposes but also determine to a considerable degree the values likely to prevail in school settings” (p.3). Thus, the explicit, non-negotiable, official mission of public schools is the provision of academic curriculum and instruction, based in the traditional subject matter disciplines of mathematics, languages, sciences, etc. Goodlad, however, provides an additional perspective for examining and understanding schools when he mentions the importance of studying what actually does occur in schools and classrooms on a day-to-day basis.

>>>School Mental Health Connections: Examining the purposes of schools from this perspective can generate a different set of questions of interest to SMH advocates:

>Who are the people populating schools? Where do they come from each day? What do they do in the school? Who do they work with? What is the nature of their work? What are the mental health implications of each person and the role he/she assumes within the school?

>What interpersonal transactions occur in schools and classrooms? Are these transactions either explicitly or implicitly related to SMH? If so, how?

>Which interpersonal transactions in schools and classrooms promote students’ mental wellness? Which transactions create or exacerbate mental health concerns?

>What other manifestations of SMH could be uncovered by an informed visitor or participant? How might these manifestations be documented and explained to outside parties like politicians?

(3) *What Should Schools Do?* A third approach suggested by Goodlad (1994) is to consider what the ideal purposes of schools in a democratic society should be. Using this perspective, citizens of every community might generate a list of needs and issues, engage in a productive and fair decision-making process, and ultimately implement the kinds of schools most responsive to their needs. Goodlad concludes, “The question ultimately boils down to whether schools should be used for ends other than or in addition to strictly educational ones” (p.5). In terms of SMH as a debatable educational issue, arguments that favor as well as those that oppose SMH do, in fact, belong in Goodlad’s third category of “should.”

>>>School Mental Health Connections: Proponents of SMH may gain new insights and develop new strategies by considering their advocacy work from Goodlad’s third approach to examining and understanding schools. Questions generated from this perspective include:

>What “community ideals” are currently embedded in school policies and programs at the federal, state, and local levels?

- >Who determines which “community ideals” become embraced or rejected? By what mechanisms do these processes occur at different levels of authority?
- >What are the major and minor unmet mental health needs of American society?
- >Which of these unmet needs could be addressed in our public education system?
- >How could the creation and implementation of responsive policies and programs be justified on the basis of law, economics, public health, etc?

The Role of Teachers in School Mental Health

The successful integration of mental health into the public education system is fully dependent on the investment and empowerment of teachers in their role in SMH. Unless one has actually spent extensive time in a public school classroom it is difficult—if not impossible—to really understand the nature of teachers’ work. Because the public schoolhouse door is open to every child and family, the stakeholders in any particular school or school district will represent any and all points along a continuum of needs, beliefs, attitudes, values, priorities, and expectations; and, they will exercise varying degrees of political power in advocating their preferred positions. On the one hand, this diversity of people and ideas is the essence of the rich social fabric constituting public education in a democratic society. On the other hand, since schools cannot incorporate *every* belief, value, and priority, frequent and sometimes contentious disagreements about the “what, why, where, when, and how” of schools and schooling emerge. In most instances, the teacher is the recipient of contradictory demands and expectations delivered by students’ parents/guardians as well as school administrators.

Among SMH advocates and service providers there is widespread recognition of the imperative to engage teachers in collaborative partnerships in order to promote both mental health and school success for our nation’s children and adolescents. Unfortunately, PK-12 teachers receive professional preparation that is woefully inadequate in terms of equipping them with the knowledge, skills, and dispositions necessary for inter-professional collaboration. Provided below are but a few of the prerequisites absent from most teacher education programs. (Note: For a comprehensive explanation of this topic, interested readers are referred to Burke and Paternite, 2007).

There is general agreement that novice teachers receive sound professional preparation for their responsibilities related to curriculum and instruction. However, in spite of the person-centeredness of the teaching profession, human relations knowledge, attitudes, and skills like the following are rarely offered in pre-service curricula:

- How to create and sustain meaningful relationships with students, parents/guardians, colleagues, and others.
- How to employ effective interpersonal communication including, for example, active listening, empathic responding, and non-coercive limit setting.
- How to discover and apply personal and professional coping strategies essential to maintaining inner balance and well-being in physical, mental, relational, and spiritual realms.
- How to establish and maintain personal and professional integrity in the face of intensive and invasive accountability demands generated by an inordinate number of stakeholders (e.g., students, parents, administrators, legislators, etc.).
- How to effectively and productively engage with other professionals in collaborative activities.

- How to perceive the classroom from a holistic, ecological perspective.
- How to understand human behavior from multiple perspectives, including an examination of the underlying causative circumstances and dynamics.
- How to recognize and facilitate group dynamics in the classroom.
- How to assume leadership of the psychosocial climate in the classroom.

(Burke, 2003).

Powell, Zehm & Kottler (1995) observe that

“Teachers are spectacularly unprepared to deal with problems like parental addiction and family dysfunction. Teachers receive almost no training in understanding the mechanisms and insidious effects of addiction, much less what to do about them. Although we learn quite a lot about how learning takes place, and how to function in a classroom as a manager, a motivator, an evaluator, and an imparter of information, we learn very little about how to develop solid relationships with children, how to inspire their trust, and how to recognize their emotional, social, family, and self-esteem problems. We understand very little about what can be done once these difficulties are identified” (p. ix).

Mental health professionals and advocates of SMH are encouraged to set aside time for continuous study of the complex and sometimes confounding elements and processes of public education and teaching in PK-12 classrooms. Indeed, this same investment of time and effort to learn about schools and schooling was suggested in an APA *Monitor On Psychology* article entitled “A New Assignment for Psychologists”:

First, psychologists need to think of education as a complex social system, from broad national associations down to informal social groups—cliques and gangs—in the schools. “We need to be aware of the complexity of that system,” said Bill Hill of Kennesaw State University. “We need to be sensitive to social and political relations within that system.” In doing so, psychologists must collaborate more with teachers and administrators in the schools...we need to go in and listen to them first, and then have them listen to us.” (www.apa.org/monitor)

In general, it can be asserted that a combination of factors beyond the control of teachers—including inadequate pre-service and in-service professional preparation; dramatic, unmet student mental health needs; and curricular and instructional decisions made at the state and federal levels—have contributed to the creation of school and classroom environments that are narrowly focused on control and compliance, prescriptive teaching, and the use of standardized test results as the only “acceptable” measure of student achievement and, by implication, teacher competence. Although teachers typically receive extensive pre-service and in-service preparation in curriculum and instruction, they receive little or no education concerning the intra- and interpersonal dimensions of teaching and learning in classrooms. Teachers, ill-equipped to deal with mental health needs—either their students’ or their own—are left to their own devices to cope. Tragically, gradual erosion of the hopes, dreams, commitment, vitality, and mental health of teachers and students is becoming commonplace.

Selected features of teachers are included here in the hope that those seeking to enhance the integration of mental health and education can do so with a fuller awareness of the complex milieu present in every K-12 public school classroom. SMH professionals who invest time and

energy engendering collegial relationships with teachers that are characterized by mutuality and trust will make enormous contributions to the integration agenda. Further, mental health professionals are encouraged to *teach the teachers* by using resources in which evidence-based practices are translated into “teacher talk” as well as contextualized to the realities of classroom life (for examples, see Burke, 2004, 2003, 2002a, 2002b, & 2000; and Burke & Kimes-Myers, 2002).

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**For information about this article please contact Robert W. Burke, Ph.D., Associate Professor Department of Teacher Education, School of Education and Allied Professions, Miami University, Oxford, Ohio, burkerw@muohio.edu.