Key priorities, challenges and opportunities to advance an integrated mental health and education research agenda

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Key priorities, challenges and opportunities to advance an integrated mental health and education research agenda

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A critical priority for the fields of education and mental health is to develop an integrated research agenda to advance empirical and practical progress towards the goal of reducing a significant research to practice gap. This study presents qualitative findings from an intensive dialogue meeting held with a multidisciplinary sample of 35 leaders in education, children’s mental health and related fields. Comprehensive data from the meeting by three independent notetakers were analysed and integrated to fully capture the discussion of research priorities for education and mental health. Synthesized content represented the three categories of key priorities, challenges and opportunities towards an integrated mental health and education research agenda. Themes identified by qualitative analysis of the notes, as well as suggestions, current progress and future directions for reducing the research-to-practice gap, are described.

Keywords: children’s mental health; education; research agenda; school mental health; research to practice

Challenges, opportunities and priorities to advance an integrated mental health and education research agenda

The intersection between child and adolescent mental health and academic achievement has become a critical research focus. Students’ social and emotional competence is significantly associated with school success (Zins, Bloodworth, Weissberg, & Walberg, 2004). In fact, a meta-analysis of universal social emotional learning (SEL) programmes found that the academic performance of SEL participants reflected an 11-percentile-point gain in achievement (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Further, students with multiple social, emotional and behavioural risk factors are faced with significant barriers to learning, such as low overall grades, poor academic motivation and low self-esteem (Roeser, Eccles, & Freedman-Doan, 1999; Wagner & Cameto, 2004). Students classified with an emotional disturbance in the education sector have particularly concerning academic underachievement as compared to students without disabilities (Reid, Gonzalez, Nordness, Trout, & Epstein, 2004).

In order to adequately address barriers to student learning, and to promote students’ academic success and wellness, an integrated research agenda between the fields of mental health and education is necessary. This integrated agenda would involve mental health and...
education researchers working together to (1) identify, (2) examine and (3) translate findings of school interventions and programmes that target outcomes valued by educators, mental health providers and the youth and families they serve. In an effort to further develop an integrated agenda, this paper describes themes identified in a qualitative analysis of meeting notes from a recent intensive half-day meeting, Thought Leader Dialogue (TLD), conducted with a multidisciplinary group of stakeholders representing the mental health and education fields. The meeting proceedings are discussed within the context of three categories (i.e. key priority areas, challenges and opportunities) in an effort to capture the current state of mental health and education integration and to inform future progress on developing a research agenda.

**Guiding principles related to integrating mental health and education research**

There are some existing directions and recommendations that might guide an integrated research agenda including strategies for partnering and identifying mutually relevant research topics and desired outcomes. Prior literature emphasizes the importance of establishing multidisciplinary partnerships and conducting research on programming that leverages existing resources and interests of the education system (Atkins, Hoagwood, Kutash, & Seidman, 2010; Evans, 2010; Kataoka, Rowan, & Hoagwood, 2009). This strategy assists in reducing redundancy, maximizing resources and developing a more unified research programme. For example, Manz (2007) recommends using a partnership approach, in which key stakeholders such as researchers, educators and families actively inform the research agenda, similar to a community-based participatory research design in which all stakeholders participate in all levels of research (planning, implementation, evaluation and dissemination; see Viswanathan et al., 2004). In addition, Evans (2010) advocates for integrating knowledge from less traditionally considered fields such as industrial/organizational psychology and business management, which emphasize the development and study of systems of accountability. This could add value to existing research programmes in school mental health (SMH) which, similar to the children’s mental health field, is in its infancy with respect to incorporating methods of accountability and quality assessment and improvement (Weist et al., 2009). For instance, as has been suggested for K–12 education (see Stapleman, 2000), the future of SMH programming may benefit from a standard-based accountability system as used in other industries, focusing on ‘inputs’ (e.g. programme content, structure and function), ‘outputs’ (i.e. specific outcome variables) and consequences or a feedback loop based on performance.

To effectively advance an integrated mental health and education research agenda, as previously described, researchers must also establish processes and priorities that are consistent with the mission and resources of both the mental health and education sectors. For example, Atkins et al. (2010) suggest that identifying mental health needs of students based on impairments in developmental competencies or functioning within the school setting may be a more appropriate approach than screening for and assessing for diagnostic constructs (e.g. symptomatology and psychopathology). Further, Atkins and colleagues (2010) promote leveraging ‘indigenous’ school resources that augment existing educational processes in the classroom and school setting, as opposed to implementing programmes that are additive to an educator’s ongoing processes. Ideally, mental health and education researchers will prioritize achieving psychosocial and academic outcomes through mental health promotion and prevention, while minimizing the burden of superimposed programmes, especially in under-resourced schools (Atkins et al., 2010).
Barriers to integrating mental health and education research agenda

Despite significant interest in combining mental health and education priorities to achieve an integrated research agenda, existing challenges remain. Funding and differences in paradigms or foci between mental health and education are two broad categories of barriers discussed in the literature.

**Funding**

Funding constraints for both SMH programming and research contribute to challenges in advancing an integrated mental health and education research agenda. Schools face many competing demands for funding, and mental health services are rarely a core cost for education systems (Kataoka et al., 2009; Ringeisen, Henderson, & Hoagwood, 2003). Although there are federal education legislative initiatives such as *No Child Left Behind* (NCLB, 2002) that may indirectly support the need for mental health programming, these have been modestly funded in practice (Kataoka et al., 2009). A significant amount of federal funding previously available through discretionary grant programmes to enhance integrated practices or to sustain non-academic learning supports has been eliminated or reduced from the federal budget (Department of Health & Human Services Substance Abuse & Mental Health Services Administration, 2012). State and local funding, which account for the majority of support dedicated to education, is overwhelmingly targeted towards direct student instruction, with limited resources for programming other than academic curriculum. In addition, research funding within education and mental health is often siloed, compelling researchers to focus primarily on mental health or education interventions and outcomes, as opposed to investigating both simultaneously.

**Focus**

Funding silos and distinct research agenda and practice paradigms of education and mental health contribute to disparate foci of researchers within education and mental health (Kataoka et al., 2009). While this approach may serve to advance specialized knowledge in niche areas, it works against the need for integration and interdisciplinary collaboration to maximize progress in supporting student mental health and development.

Related to the emphasis on direct instruction and academic achievement, education research has often focused specifically on instructional methods that directly impact academic functioning, as opposed to comprehensive approaches that also support mental health and psychosocial development. Mental health researchers, on the other hand, may deliver interventions housed within the school building, but relatively disconnected from the academic mission of schools (Taylor & Adelman, 2000). In doing so, mental health research can perpetuate the status quo within schools that extra-curricular and other school-based services operate in parallel to instruction, without a cohesive approach to supporting student learning. Ringeisen and colleagues (2003, p. 165) note that the field of mental health is most often ‘intervention-driven’, with a focus on developing and testing programmes to determine relative effectiveness. In this way, the traditional research agenda and paradigms of work within mental health are not conducive to research conducted within the paradigms of education or the school environment. This is closely related to the recommendation of Atkins et al. (2010) for SMH researchers to utilize an ecological systems perspective to consider the competencies and functioning of students within the school and other community environments (as opposed to a focus on diagnostic status, symptomatology or psychopathology).
Weaving mental health supports into existing educational processes may be a more appropriate approach than traditional ‘parallel’ or supplemental approaches, especially because schools are not in the position to spend limited resources on a wide range of intervention programmes and then change their course when a new programme is found to be more effective (Ringeisen et al., 2003). Instead, they are most likely to select a manageable number of programmes and adapt the principles, techniques or service delivery to the specific needs of the school in order to sustain the programme in that setting. More recent expansion of mental health care to community-based (including school-based) settings has improved access to care for many children (Stephan, Weist, Kataoka, Adelsheim, & Mills, 2007). However, this has also contributed to the ‘research-to-practice gap’, in which interventions initially developed in controlled environments for traditional outpatient care are not prepared for implementation in more complex, ‘real-world’ settings such as schools (Jensen & Foster, 2010; Spencer, Detrich, & Slocum, 2012; Weist, Lowie, Flaherty, & Pruitt, 2001). Some argue that new models for bridging science and practice are necessary, resulting in a broadening of the types of research activities that funders could support (Wandersman et al., 2008). Although this gap has become a point of national attention (Institute of Medicine, 2001), there is concern that investigation of evidence-based interventions in ‘real-world’ settings is not paying sufficient attention to contextual factors that could impact implementation in the community or school. For instance, Ringeisen and colleagues (2003) suggest consideration of a basic context map for schools which includes students and school personnel at the individual level, nested within the organizational level of the school (having unique climate and resource availability), as well as the state and federal levels which typically dictate service eligibility, financing and accountability measures. These multi-tiered levels illustrate the complexity of the school context as a setting for mental health services, which is all too frequently ignored in the development and implementation phases of programming and in the design of SMH research activities. This has contributed to a lack of evidence-based mental health interventions delivered in schools altogether (Kataoka et al., 2009). Closing this gap is as much a responsibility of mental health interventionists and researchers in adapting to the school context as it is a call for schools to incorporate psychosocial programming.

**Method**

**Thought leader dialogue**

In order to facilitate a more integrated mental health and education research agenda, a one-day TLD meeting was convened. The meeting was hosted by two organizations that have a focus on reducing barriers to learning and promoting wellness and academic success in the USA, the Center for School Mental Health (CSMH; based at the University of Maryland School of Medicine) and the Center for Health and Health Care in Schools (CHHCS; based at George Washington University). The meeting was facilitated by the leadership of the two Centers and was attended by leaders with expertise related to children’s mental health and education research. Stakeholders were identified through existing networks of the two Centers, nominations for experts in each area and a scan of funders’ portfolios to identify individuals actively engaged in mental health and/or education research in schools. The invitation process continued until the optimal number of participants was achieved to yield meaningful dialogue while balancing even representation across fields and geography.

Thirty-five of 60 invitees attended this summit-style meeting in September 2011. Participants represented a broad array of fields including social work, psychology (developmental and clinical), psychiatry, health care, education (administrators and
directors), epidemiology (social systems informatics and prevention science), education policy and planning. The public, private and academic sectors were also represented including state representatives, business leaders, consultants and academic researchers and scholars, as well as representatives from public and private funding sources for children’s mental health and education research. Table 1 shows the self-reported field representation from the 35 participants.

Setting the stage
Of the researchers who were invited to the meeting, 16 completed an online survey prior to the convening that described their current work and highlighted their perceptions of the challenges and opportunities in conducting research that could influence both the mental health and education sectors. The majority of survey respondents identified their primary affiliation to be an academic institution, either in a department of mental health (44%, n = 7), medical school (31%, n = 5) or in a department of education (13%, n = 2). Seventy-five per cent (n = 12) of respondents categorized their research as focused on the individual child, but the majority of respondents indicated that their studies are conducted within school buildings (at the elementary, middle and/or high school levels). The most commonly endorsed challenges to conducting integrated mental health and education research reported by this sample of researchers were practical considerations (e.g. time constraints and the concern of over burdening clinicians and teachers, 60%, n = 9). In addition, systemic issues were seen as noteworthy barriers to effective integration, such as the competing priorities between mental health and education (47%, n = 7) and differing organizational factors (40%, n = 6). Only three respondents (20%) endorsed ‘lack of funding’ as a primary barrier. In addition, respondents indicated that the best opportunities for future research integration are increasing the use of evidence-based programmes in practice (81%, n = 13) and improving our knowledge of the association between academic success and emotional well-being (56%, n = 9).

Meeting agenda
The agenda for the meeting began with a presentation of the Institute of Medicine (IOM) report, Preventing mental, emotional and behavioural disorders among young people: Progress and possibilities (National Research Council & Institute of Medicine, 2009). The IOM report, a synthesis of the previous 10 y of research, provided a framework for the ensuing discussion as this seminal report both summarizes the progress made in children’s

<table>
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<tr>
<th>Discipline</th>
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<tr>
<td>General mental health</td>
<td>11</td>
<td>31.4</td>
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<tr>
<td>School mental health</td>
<td>6</td>
<td>17.2</td>
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<tr>
<td>Education policy and planning</td>
<td>5</td>
<td>14.3</td>
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<tr>
<td>Marketing, public policy and/or finance</td>
<td>5</td>
<td>14.3</td>
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<tr>
<td>Children’s health care</td>
<td>4</td>
<td>11.4</td>
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<tr>
<td>Epidemiology, public health and social work</td>
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<td>11.4</td>
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Notes: General mental health includes fields of psychology and psychiatry. School mental health includes individuals who are focused on mental health programming in schools. Education policy and planning includes administrators and directors. Marketing, public policy and/or finance includes funders and consultants.
mental health during the past decade and provides recommendations to strengthen the ties between education and children’s mental health. Furthermore, since key federal agencies [such as Substance Abuse and Mental Health Services Administration (SAMHSA)] are using this report to inform their prevention priorities, a review of relevant recommendations within the report was warranted.

Participants discussed their reactions and suggested implications of the IOM report related to education and mental health research in schools. Individuals from the private and public funding community shared their perspectives on priority areas and the drivers that influence what they financially support. In addition to the larger group discussion, two small breakout groups were held and framed by two specific objectives. The first objective was to identify priority research topics and questions related to prevention/promotion, education and treatment practices and policies that target children’s emotional/behavioural health in the education system. The second objective was to suggest goals for the next 1–5 y associated with advancing an integrated mental health and education research agenda. A reconvening of all participants served to summarize the two small breakout groups, and brainstorm-specific recommendations and action steps to achieve meaningful collaboration and progress among researchers investigating emotional/behavioural health in schools and education.

**Identification of critical themes**

Three independent notetakers documented the proceedings of the entire meeting. These notes were cleaned by the leaders of the two Centers for clarity, spelling, grammar and redundancy. A qualitative analysis of the notes was conducted in order to identify the critical themes that emerged during the meeting along three dimensions: key priority areas, challenges and opportunities. Two independent coders reviewed the three sets of notes to identify priority areas, challenges and opportunities. A cross-note review was then conducted by a third coder, who developed summative statements that captured the content of key discussion points. The primary goal in synthesizing qualitative data to summative statements was to represent each idea using language that would appeal to and be transparent across multiple disciplines and stakeholder groups.

**Results**

Qualitative analysis of the meeting proceedings provided identification of key themes across three categories (i.e. priorities, challenges and opportunities) to help advance an integrated mental health and education research agenda. Each of the categories will be reviewed in the following sections.

**Priority areas for integrated mental health and education research**

The content of the meeting resulted in the identification of many priority areas related to building an integrated mental health and research agenda. See Table 2 for a list of these key priority areas.

Across the identified priorities, three main themes emerged: (a) research methods and procedures, (b) role definition and collaboration and (c) funding and sustainability.
Research methods and procedures

With regard to research methods and procedures, participants agreed that mental health and education research must be integrated into the overall education agenda, and focus on a broad range of outcomes, including developmental competence and academics. It was recommended that research that emphasizes the connection between emotional behaviour health and academics, and how mental health influences both.

‘What gets assessed gets addressed.’ We must develop actionable, formative assessments of mental health outcomes in schools in order to move the research agenda forward.

Research should examine the economic analyses and cost–benefit of implementing mental health programmes in schools.

Research should more aggressively examine the impact (outcomes, reach, timeliness), explanation (not just what works but why it works) and efficiency (what can be embedded, making use of what exists) of mental health programmes in schools.

Research should examine the most effective roles for schools in improving children’s healthy social–emotional development and determine the optimal configuration of shared delivery in schools.

Research should integrate principles of implementation science into integrated mental health and education research.

Researchers should enhance bi-directionality of research (research to practice, practice to research).

Researchers should enhance social marketing for the public, including funders and school boards, on the importance of mental health in schools to achieving both social, emotional/behavioural and academic outcomes.

Research must address two ends of a spectrum – personalization of care and implementation to scale.

Research needs to focus more intentionally on teachers as an agent of change for children’s mental health.

Role definition and collaboration

Related to participants identifying the importance of focusing on role definition and collaboration, participants suggested that research should examine the most effective roles for schools and school-based staff to improve children’s social–emotional development and determine the optimal configuration of shared delivery in schools. It was not only important to recognize the role of mental health personnel in the planning, identification and treatment of students, but also repeatedly noted that research needs to recognize the

Table 2. Priority areas for integrated mental health and education research.

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<th>Priority areas for integrated mental health and education research.</th>
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<tbody>
<tr>
<td>1</td>
<td>Mental health must be integrated into the overall education agenda, and research must focus on a broad range of outcomes, including developmental competence and academics. Research should focus on the connection between emotional behaviour health and academics, and how mental health influences both.</td>
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<td>2</td>
<td>‘What gets assessed gets addressed.’ We must develop actionable, formative assessments of mental health outcomes in schools in order to move the research agenda forward.</td>
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<td>Researchers should enhance bi-directionality of research (research to practice, practice to research).</td>
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<td>Researchers should enhance social marketing for the public, including funders and school boards, on the importance of mental health in schools to achieving both social, emotional/behavioural and academic outcomes.</td>
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<td>10</td>
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value and role of educators as an agent of change for children’s mental health. While researchers are increasingly doing a better job in identifying what practices and programmes work in schools, there needs to be more focus on the human factors of buy-in, supervision, coaching and support that are needed for a programme to be successfully implemented.

**Funding**

The final priority areas identified are related to funding and financing. One theme emerged stating that mental health and education research should utilize economic and cost–benefit analyses when implementing mental health programming in schools. Also, participants strongly encouraged enhanced social marketing for the public, including funders and school boards, on the importance of SMH to achieving both mental health and academic outcomes.

**Challenges for conducting integrated mental health and education research**

The content of the meeting resulted in the identification of challenges and barriers related to conducting an integrated mental health and research agenda. See Table 3 for a list of these challenges.

After close examination of all the identified challenges, there were three themes that emerged including field discipline differences, limitations to external validity and practical limitations.

**Field differences**

Consistent with previous literature, the multidisciplinary group of participants identified differences across fields as a barrier to the progression of an integrated mental health and education research agenda. For instance, the differences in language, research standards and practice between disciplines contribute to challenges in research design, implementation and dissemination of findings. Finally, the current mission of schools is

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<th>Table 3. Challenges for conducting integrated mental health and education research.</th>
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often narrowly focused on test scores and achieving academic success such that the goal of promoting students’ social-emotional well-being is either marginalized or unrecognized altogether. This often results in the perception that mental health research in schools is irrelevant or unappealing unless it is directly tied to academic outcomes. Note that tying these outcomes together was identified as a priority area, but also a challenge based on the polarization of goals across disciplines. Therefore, a challenge is identifying outcomes that are of shared value among different stakeholder groups.

**External validity**

Another primary limitation to integrated research is related to external validity or generalizability of unique findings. For instance, participants commonly expressed that in an effort to achieve positive findings, investigators often conduct research in well-functioning schools. The concern here is that this approach potentially limits the generalizability of findings. Also, there was a strong sentiment that the adaptation of mental health interventions for schools with predominantly minority populations is lacking. Importantly, while this was identified as a challenge to developing a research agenda, this could also be viewed as a priority area to help foster momentum.

**Practical limitations**

The third category of barriers identified represents practical limitations to research, funding and implementation. For instance, time constraints present a challenge to conducting research in the schools due to the concern of overburdening teachers and others and the limited time available during the school day for any ‘non-academic’ activities. Also, school databases may be difficult to access, may have varying degrees of reliability and each school/district captures data differently. For example, while one school may count attendance only using a student’s presence during first period, other schools may count attendance in each class or at the end of the day to determine whether a student was in attendance. Challenges tend to be unreliable and non-optimal for the outcomes assessment. Finally, significant workforce issues limit the feasibility of conducting and generalizing SMH research, particularly in the area of prevention. Underlying all these practical limitations, funding is scarce for quality SMH research.

**Opportunities for an integrated mental health and education research agenda**

In response to the priority areas identified and challenges to addressing these priority areas, participants brainstormed opportunities for current and future work and suggested specific action steps. These opportunities fell into categories essentially mirroring those of the priority areas: research methods, collaboration and funding (see Table 4).

**Research methods**

In terms of research methods and outcomes of enquiry, coded topics included maximizing existing resources and promoting new approaches. For instance, participants emphasized the importance of making good use of existing data; the action step suggested for this opportunity was to develop an inventory of information and data represented across large data-sets. Building on this, the participants suggested integration of mental wellness measures into outcomes assessments, which was closely related to another suggestion to encourage assessment of social–emotional indicators as a part of universal school
screening. The overall goals related to opportunities in research included identifying and assessing developmental and academic outcomes potentially impacted by mental health programming in schools, as well as to amplify shared focus on the adoption of evidence-based practices in schools. Participants suggested the development of a provocative challenge to funders and researchers to reconsider valued outcomes and to adjust research and funding accordingly.

**Collaboration, reach and dissemination**

Participants also identified opportunities to enhance cross-disciplinary collaboration, reach and dissemination of research findings. For instance, one suggested action step was to generate a summary of the most influential studies in mental health in schools to date, with a concurrent effort to translate findings for various stakeholder groups, including educators, in order to increase understanding and adoption of findings. One recommendation was the development of a companion report to the IOM report (National Research Council & Institute of Medicine, 2009) that would be written in language that would make the information more accessible and relevant to educators. Finally, participants recommended enhanced networking between mental health and education researchers via formal and informal structures.

**Funding**

The remaining identified opportunities can be broadly categorized under the topic of funding. One recommendation was to build specific funding structures to enhance the integration of mental health and education research, including the development of requests for proposals that require integrated mental health and education research. Participants also emphasized the importance of funders requiring sustainability plans in mental health and education research.

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### Table 4. Opportunities for an integrated mental health and education research agenda.

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<th>1. Enhance focus on adoption of evidence-based practices in schools.</th>
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<td></td>
<td>2. Identify and assess developmental and academic outcomes potentially impacted by mental health programming in schools.</td>
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<td></td>
<td>3. Enhance social marketing on importance of mental health programming in schools, including prevention.</td>
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<td></td>
<td>4. Consider methods of braiding research funding from private and federal funders.</td>
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<td></td>
<td>5. Funding mechanisms to support mental health research in schools must integrate plans for sustainability of efforts/services beyond the research funding.</td>
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<td></td>
<td>6. Make adequate use of existing data. Develop an inventory and information on large data-sets.</td>
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<td></td>
<td>7. Integrate measures of mental wellness into outcomes assessment.</td>
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<td>8. Re-write or summarize the IOM report in language for educators.</td>
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<td>9. Encourage assessment of social–emotional indicators as a part of universal school screening.</td>
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<td>10. Build structures to enhance integration of mental health and education research, including the development of requests for proposals that require integrated research and continuing to facilitate dialogue between mental health and education researchers.</td>
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<td>11. Facilitate the development of mental health and education networks.</td>
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<td></td>
<td>12. Translate research for educators in order to increase understanding and adoption of findings.</td>
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<td>13. Develop a provocative challenge to funders and researchers to reconsider outcomes that are valued by our public.</td>
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<td></td>
<td>14. Convene funders from both mental health and education, and consider doing so at an education meeting.</td>
</tr>
<tr>
<td></td>
<td>15. Generate a summary of the most influential studies in mental health and education to date.</td>
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education research proposals to avoid the omnipresent ending of programmes in schools ‘when the funding ends’. This might be supported by requiring braided research funding from private and federal funders, as well as social marketing efforts aimed at increasing buy-in towards sustainability.

Limitations

Some limitations of this study exist and should be noted. Although significant efforts were made to identify and facilitate the involvement of national leaders within the education sector (e.g. researchers and administrators), the co-sponsors of the meeting were unsuccessful at achieving balanced participation from both mental health and education fields. That is, more participants represented the mental health field compared to the education sector; thus, participants did not equally represent the full spectrum of disciplines that could inform the development of an integrated research agenda. The two Centers were intentional about the number of participants to include in the meeting in order to maximize active participation. Although a number of invitees were not able to participate in person, all individuals were given the opportunity to offer feedback and suggestions before recommendations and action steps were finalized. Taken together, the generalizability of findings is limited by the number of perspectives represented.

In addition, despite having two independent raters code meeting note data to identify prominent themes, an exhaustive analysis of themes could not be assured. It is also possible that important topical areas were missed in the qualitative assessment of the information. In addition, the methodological approach employed did not allow the authors to determine the relative importance of prominent themes, as all themes that were repeated throughout the day were included. For instance, the design did not lend itself to prioritizing or sequencing action steps towards an integrated research and mental health agenda.

Discussion

TLD brought together a diverse group of researchers, funders and SMH leaders with the aim of identifying the priorities, challenges and opportunities in mental health and education research that could bring us closer to developing an integrated national mental health and education research agenda. An integrated research agenda could advance empirical progress and practical application to help reduce the significant research to practice gap. Findings from the qualitative analyses of the TLD are consistent with and build upon prior literature addressing key priorities and challenges. Representing a broad range of field expertise, TLD participants were able to help inform recommendations for increased interdisciplinary partnership and collaboration on advancing an integrated research agenda that promotes children’s social and emotional well-being in schools. In addition, the TLD highlighted the importance of focusing on the mission and resources of the education sector to ensure success of SMH research activities as part of the broader education agenda. TLD participants offered recommendations for overcoming barriers to an integrated research agenda including restricted and siloed funding, methodological and logistical issues of conducting research in schools and differences in language, practice and research standards between mental health and education. TLD participants, including the host Centers, committed to working actively on specific recommendations and action steps generated during the meeting. To that end, TLD co-sponsors (CSMH and CHHCS) have already worked towards some of the specific actions steps, noted below.
(1) Facilitate future exchanges between education and behavioural health researchers.
- The CSMH is currently planning an invited one-day pre-conference research meeting to be held in conjunction with the 17th Annual Conference on Advancing School Mental Health in October 2012. The CSMH, along with the Center for Intervention Research in Schools at Ohio University (CIRS), will co-host a small group of education and mental health researchers to discuss their research activities and dialogue on critical issues to advancing SMH research including methodology.
- Both the CSMH and CHHCS have discussed opportunities to engage in a similar TLD process at a meeting of educational researchers, such as the Society for Research on Educational Effectiveness with the Institute for Educational Sciences.

(2) Translate mental health research so that schools can understand the findings and the importance as it relates to schools and academic achievement.
- The CHHCS published an annotated bibliography that provides information on recent empirical studies linking behavioural health interventions with students’ educational outcomes.
- The CSMH published the ‘The Impact of School Mental Health: Educational, Emotional and Behavioural Outcomes’, which provides a one-page review of the research literature on SMH impact, followed by more detailed empirical support.

(3) Identify common elements of wellness and how to assess them.
- The CSMH, in collaboration with partners from the National Institute of Mental Health (NIMH), Center for Mental Health in Pediatric Primary Care, is engaged in a rigorous literature review and coding process to identify the common elements of SEL.

(4) Develop an inventory and information of publicly available data that exist.
- The CSMH in collaboration with the CHHCS developed a table of publicly available data-sets and databases that may help to inform the intersection of education and mental health.

The CSMH and CHHCS are committed to continued partnership around advancing an integrated mental health and education research agenda and are looking to other leaders in the field to respond to and move forward the priorities, opportunities and action steps identified in the TLD.

Notes
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