

A Conference to Develop a Coordinated School Mental Health Research Agenda: A Brief Meeting Summary and Recommendations. For an extended summary, view the Full Meeting Proceedings.

This meeting was co-sponsored by the Center for Health and Health Care in Schools, George Washington University School of Public Health and Health Services, and the Center for School Mental Health, University of Maryland Psychiatry Department with generous support from The Robert Wood Johnson Foundation and the US Department of Health and Human Services, Charleston, South Carolina, September 21, 2011

Conference purpose: To create a coordinated research agenda that a) encourages collaboration among stakeholders in children's education and behavioral health, and b) supports the translation of behavioral health and education research findings into educational practice.

Objectives: To facilitate a conversation among behavioral health and education researchers, educational leaders, and funders to generate ideas on conducting research at the intersection of children's emotional/behavioral health and K - 12 education. The goal is to prioritize research questions associated with preventing behavioral health problems and promoting emotional health for children enrolled in K - 12 school systems.

Background: The Institute of Medicine's (IOM) Report *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* ([hotlink: http://www.iom.edu/Activities/MentalHealth/YouthMentalDisorders.aspx](http://www.iom.edu/Activities/MentalHealth/YouthMentalDisorders.aspx)) provided a framework for the discussion. The IOM report, a synthesis of the previous ten years of research, indicates both the progress made in children's mental health during the decade and outlines possibilities for future work.

Defining "young people" as those 0 to 25 years, the report underscores that (1) successful interventions are those most oriented towards systems change and (2) interventions targeting individuals are more difficult to sustain. The report emphasizes that universal interventions are effective and have maximum benefit for those young people with the most problems. While many recommendations focus on disseminating high-quality programs that promote mental well-being, the report also notes that schools are natural settings for those implementing these programs and suggests continued growth in ties between schools and children's mental health.

Discussion: In times of budgetary cuts, conferees agree that sharing information across systems is critical. One way to do this is to look closely at data collected in schools and school districts as well as through public health surveys and for mental health researchers to build on the outcomes and indicators that schools routinely use, such as school readiness, dropouts, tardiness, and attitudes about drugs.

Invited Perspectives

Roger Weissberg, Ph.D., President and CEO, Collaborative for Social and Emotional Learning (CASEL), noted that the IOM report broadens the range of mental health outcomes for children to include accomplishing developmental tasks. Education is interested in even broader outcomes such as college readiness. If mental health services are to be delivered in schools, then mental health personnel must be prepared to discuss academic outcomes as well as emotional or behavioral effects. Mental health programming in schools calls for an awareness of the needs of the school building, as well as of the entire school district, and also an understanding of how the district influences practices in schools.

Victor Young M.Ed., President, Cornerstone Literacy, sees children's mental health issues and the issues of K -12 education as broadly overlapping. Dr. Young described the experience of a colleague whose son had learning challenges. When the child was evaluated, his colleague found that each specialist would describe the problem from his or her own professional perspective (e.g., psychologist, reading specialist, neurologist). They all used their specific professional languages to describe the same child. Thus, Dr. Young concluded, we need to create a common language to help people from different disciplines communicate. A common language would produce more "ah ha moments" in schools. He believes that when mental health professionals talk about mental health, the school professional immediately thinks about mental *illness*. Dr. Young advocates for a national campaign to move people towards talking about mental wellness rather than mental health.

Continuing discussion. Researchers agree we need to align mental health research priorities with the interests of schools to assure the bi-directional flow of benefits from research on children's mental health and schools. Additionally, while research can promote good programs, good programming does not automatically translate into long-term funding. From day one, researchers need to think about sustainability for the programs and services they study.

Participants agree that prevention programs need to "go to scale." A participant who works at the school district level voiced the concern that research findings do not "trickle down" to the schools, and spoke of how schools are "compliance driven" and "checklist driven". How does one bridge the gap between broadly framed mental health programs and the schools' "checklist" focus? Adoption of the *No Child Left Behind* version of the Elementary and Secondary School Act a decade ago impacts how schools interact with students every day, and that is what drives school decisions. Even schools that have instituted Positive Behavioral Interventions and Supports (PBIS) still find that they are "compliance" driven.

Educating educational leaders about behavioral health promotion and intervention programs needs to happen not just with school district administrators but also with school board members. The mobility of school administrators within and among schools and school districts means that educating school leadership is an essential and on-going process.

Findings. Researchers strongly agree that the school mental health research agenda needs an overhaul. For mental health professionals, a paradigm shift that moves the focus from how our products -- screening tools, issue papers *et al.* -- get used to how we solve problems in schools needs to happen. However, these mental health programs are being conducted in the middle of school systems that are undergoing deep changes. To assure that school mental health work is useful, education and mental health researchers must make sure that research questions and findings benefit both the education and mental health fields, lead to common definitions of wellness and achieve clarity on how to measure specific components of wellness. Ultimately our collective work must produce timely, provocative papers that focus on outcomes valued by the public.