Preface

Integrating Mental Health into Schools to Support Student Success

Schools represent arguably the most critical venue for promoting child and adolescent mental health and for identifying and addressing mental illness early and effectively. Most children in the United States attend school for thousands of hours over the course of their development, thereby offering an unparalleled location for identification and implementation of mental health supports. While schools are predominantly focused on academic success (eg, grades, attendance, test scores), they must also attend to student mental health to promote student success. This is for two reasons: (1) academic success is contingent on health, both physical and mental health; and (2) schools are ultimately responsible not just for promoting good readers, writers, and mathematicians but also for producing well-rounded, well-adjusted citizens prepared to live happy, meaningful lives and to contribute successfully to society.

The mental health field, including child psychiatry, has an important role to play in promoting student success in school. Historically, child psychiatry has most often been accessed by schools to address tertiary care needs of individual students with severe problems that negatively impact schooling. We would argue against simply engaging mental health professionals when students become ill or when there are complex mental health problems to address. Rather, schools and students will most benefit by utilizing the science and practice of psychiatry to inform all levels of a continuum of student mental health supports, from universal promotion and prevention to tertiary intervention. We are at a critical juncture with respect to the integration of education and mental health, with a growing science and practice base in the areas of brain development, intervention development, and implementation. The literature and our experience would suggest that successful integration of mental health into education systems requires an intentional partnering of all those invested in student mental health, including mental health professionals, educators, and youth and families.
This issue reflects state-of-the-art efforts to meaningfully integrate mental health into education across a multitiered system of support for students. In the first article of the volume, Stephan, Sugai, Lever, and Connors describe the landscape of the educational system in a post-No-Child-Left-Behind era that emphasizes test scores as a primary measure for student success. The authors make the case that integrating mental health services into a multitiered system of support is key factor to optimizing learning environments. Furthermore, schools may represent one of our best opportunities to facilitate an integrated implementation of mental health practices and systems to provide for the needs of all children. Next, we present a series of articles focused on universal applications of mental health to schools. Effective mental health promotion in school systems begins with increasing mental health literacy. Kutcher, Bagnell, and Wei report on two initiatives designed to engage students and educators using technology to improve mental health awareness, reducing stigma, and improving health-related decision-making. Next, Bostic Nevarez, Potter, Prince, Benningfield, and Aguirre describe specific strategies for promoting mental health in schools through mindfulness practice. Mindfulness—the practice of attending non-judgmentally to the present moment—can be incorporated into the regular school day; emerging evidence suggests that doing so improves cognitive performance and resilience to stress. Benningfield, Potter, and Bostic then describe the neurobiology related to emotional and cognitive integration, making the case for the incorporation of social and emotional learning within academic programming to promote student success. The authors argue that the brain’s organization makes it impossible to segregate cognitive processes from emotional ones.

The next collection of articles describes specific mental health interventions and programming to support students with a variety of concerns. In an article on Safety Assessments in Schools, Rappaport, Pollack, Flaherty, Schwartz, and McMickens highlight key components of a thorough evaluation of a student’s risk of harm to self or others. The authors emphasize the role of the consultant in establishing rapport with the identified student of concern and the family in evaluating threat. Clinical vignettes illustrate the principles discussed. Next, we consider schools as an important setting for prevention and treatment of substance use disorders (SUD), which are highly prevalent and present a significant public health burden. Several prevention programs have been found to be effective at delaying the onset of alcohol and drug use. Individual treatment for SUD is effective at decreasing substance use as well as substance-related harm, but few studies to date have tested whether these programs can be effectively delivered in school settings. Benningfield, Riggs, and Stephan review the literature and propose components of school-based treatment of SUD. Requests for assistance with management of disruptive behaviors are some of the most common reasons for school mental health consultation. Kuhn, Ebert, Gracey, Chapman, and Epstein review effective interventions for dealing with disruptive behaviors in adolescents, noting that effective implementation is a key factor to success. The stress encountered in school settings can take a significant toll on teachers who witness traumas, violence, disasters, or crises. Secondary traumatic stress (STS) describes a constellation of symptoms similar to those of posttraumatic stress disorder that can result from hearing about students’ traumas. Hydon, Wong, Langley, Stein, and Kataoka describe a US Department of Education training program that promotes education and interventions to prevent STS in teachers. Psychotic illness can have a devastating impact on those affected. One factor linked to the severity of illness and ultimate quality of life is the length of time between onset of symptoms and proper treatment. Schools have the potential to decrease the duration of untreated psychosis by providing education, screening, and access to early intervention.
Schiffman, Stephan, Hong, and Reeves review the concept of duration of untreated psychosis and evaluate the data that support screening and early intervention for psychotic disorders in schools. Suicide accounts for more deaths among youth and young adults in the United States than do all natural causes combined. Joshi, Hartley, Kessler, and Barstead provide up-to-date recommendations for suicide prevention in schools and identify areas of active research in the field. Because most deaths by suicide occur in people who have had mental health conditions, prevention efforts must focus on school-based mental health education and promotion. When youth require inpatient treatment for psychiatric illness, the transition at discharge can be quite challenging. Limited family support and lack of coordination with school personnel may increase the risk for hospital readmission. Weiss, Blizzard, Vaughan, Sydnor-Diggs, Edwards, and Stephan have developed an innovative School Transition Program that supports students, families, and school personnel for up to 3 months after hospital discharge. Through improving communication, coordinating of services, and identifying the individual needs of youth returning to school, this program has the potential to significantly improve clinical outcomes.

Finally, we close with three articles to help guide school mental health program implementation. Family engagement is often a challenging component of successful mental health treatment in schools and is the focus of the contribution from Becker, Buckingham, and Brandt. In this article, the authors provide practical strategies school mental health providers can employ to improve family involvement in treatment. Next, we present an article reviewing methods for evidence-based assessment (EBA). While evidence-based treatments have gained in popularity, an emphasis on assessment has lagged behind. Accurately defining the challenges faced by an individual student as well as a population of students is essential to providing quality care. Bohnenkamp, Glascoe, Gracey, Epstein, and Benningfield review common instruments available for EBA and describe the methods employed in two well-established school mental health programs. To close the issue, Faran, Johnson, Ban, Shue, and Weist provide a description for one model of integrated mental health services in the US Army School Behavioral Health program. Their review of this unique program identifies potential barriers and describes their solutions and may serve as a blueprint for other systems that wish to implement integrated mental health services.

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