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Bringing Evidence-Based Child Mental Health Services to the Schools: General Issues and Specific Populations

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Epidemiological research indicates a high prevalence of psychiatric disorders among children and adolescents. Approximately 21% of children and adolescents, ages 9 to 17, have a diagnosable psychiatric disorder (Costello et al., 1996; Shaffer et al., 1996; U.S. Public Health Service, 2000), and additional youngsters experience social and emotional difficulties that do not meet symptom criteria for a disorder but cause considerable distress and impairment in functioning. Unfortunately, there is a significant gap between the many youth who are in need of treatment and those who actually receive mental health care (Burns et al., 1995; Leaf et al., 1996). According to the Surgeon General's 1999 report on mental health, 6 to 9 million youngsters with emotional problems are not receiving the help they require (U. S. Department of Health and Human Services, 1999). The failure to provide treatment to youth represents a major public health concern (U.S. Public Health Service, 2000).

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Schools present a crucial avenue for ameliorating this problem, and have been designated as a key setting by the Surgeon General for identifying and addressing mental health needs in youth (U.S. Department of Health and Human Services, 1999). This proposed solution for increasing health care access is based on several observations. First, in a large study of children's mental health service use, of the only 16% of youth receiving mental health services, 75% received them at school (Burns et al., 1995). Second, schools provide unparalleled contact with youth (Adelman & Taylor, 1999; Weist, 1997), and therefore, represent a single location through which the majority can be reached (Anglin, 2003). Such ease of accessibility creates the optimal environment to launch prevention, early identification, and intervention efforts that may prevent the development of serious secondary dysfunction such as suicidal behavior or substance abuse (Weist, 1999).

In addition, children and families may avoid seeking help partly due to the stigma associated with traditional mental health treatment. Offering services in a familiar setting like schools may make treatment more acceptable (Catron & Weiss, 1994; Weist, 1999) since many children already receive school-based services for non-mental health concerns. On a related note, school programs reduce barriers common to treatment in community mental health services such as cost, transportation, and family and demographic factors (Catron, Harris, & Weiss, 1998; Wu et al., 1999), and thus, may offer opportunities that would otherwise be unavailable.

Moreover, psychiatric issues in children and adolescents are often not recognized, and adults frequently minimize problems experienced by youth (Clauss-Ehlers & Weist, 2002). Partnering with schools creates opportunities to educate and support school personnel and parents in identifying mental health issues and making appropriate referrals for treatment.

Finally, treatment implemented within schools provides opportunities to practice skills in realistic contexts and with diverse individuals, thereby increasing the likelihood of generalization to the natural environment (Evans, 1999; Evans, Langberg, & Williams, 2003). Treatment progress can be further encouraged and reinforced by peers and teachers. Such a real-world approach reduces the division between the treatment setting and natural environment, and may enhance the effectiveness of school interventions compared to clinic-based treatments (Evans et al., 2003).

Based on the many potential advantages, there has been a proliferation of school-based programs (Adelman & Taylor, 1998). Although some positive effects have been found for programs addressing anxiety disorders, depression, substance use, and conduct and emotional problems (Dadds et al., 1997,

Dadds et al., 1999, Masia-Wamer et al., 2005; Rones & Hoagwood, 2000), the effectiveness of the majority of school initiatives is largely unknown (Adelman & Taylor, 1998; Hoagwood & Erwin, 1997; Leff, Power, Manz, Costigan, & Nabors, 2001; Power, Manz, & Leff, 2003; Rones & Hoagwood, 2000). Overall, school-based programs have not been subjected to systematic evaluation, and surprisingly few studies target specific psychiatric disorders, utilize methodological controls, or implement well-articulated interventions and standard outcome measures (Hoagwood & Erwin, 1997).

Considering the growing evidence supporting child mental health treatments evaluated in university research settings (Weisz, Donenberg, Han, & Weiss, 1995; Weisz, Weiss, & Donenberg, 1992), as well as concern over access to services and poor outcomes experienced by youth with mental disorders, the Surgeon General has called for increased development and proliferation of evidence-based interventions into community settings (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; U. S. Public Health Service, 2000). It cannot be assumed, however, that treatments validated in research settings can be delivered in an identical fashion or will demonstrate the same efficacy in real-world environments (Adelman & Taylor, 1998; Hoagwood et al., 2001). One critical direction for school-based mental health, therefore, is to determine the transportability and efficacy of evidence-based programs in school settings (Graczyk, Domitrovich, & Zins, 2003). A complementary approach for intervention development in schools, outlined in the NIMH Blueprint for Change Report (Hoagwood & Olin, 2002), proposes a closer link between science and real-world clinical practice at the initial stages of program development such that the final context for service delivery is considered in the design, development, refinement, and implementation of the intervention (Hoagwood & Olin, 2002).

As such, the need for, and potential benefits of, school-based mental health services for children are clear. Established effective interventions tailored for this setting are few, however, and issues of transportability pose quite a challenge. In this Special Issue, we bring together leaders in the field to discuss more general issues in the transporting of evidence-based programs to children and the status of some of the more promising programs targeting specific populations. In the lead paper, Weist and Paternite provide a societal context for understanding school mental health (SMH) programs and services. Despite growing federal attention (e.g., President's New Freedom Commission on Mental Health, 2003), these authors assess the current status of SMH as "emerging and tenuously supported." They discuss nine immediate challenges to the advancement of inno-

vative and successful SMH policies and programs. To meet these challenges, an interconnected policy-training-practice-research agenda with states as the key change agents is suggested. Of course, meeting the SMH demands requires more than the transporting of evidenced-based programs into the school setting. In the second paper, Koller and Bertel contend that traditional preservice preparation training programs for school-based personnel, including teachers, administrators, counselors, psychologists, social workers, and nurses, are not sufficient. They call for a paradigm shift at the preservice level to proactively confront the mental health challenges of students using a strengths-based approach and close with a description of a model online training program.

The Special Issue also provides in-depth coverage of SMH programs targeting specific populations. Populations covered represent the full spectrum of developmental levels and syndrome types. Two papers address the treatment of anxiety disorders. McLoone, Hudson, and Rapee provide comprehensive coverage that begins with the detailed description of these disorders and how they are likely to present in the school setting. From this base, these authors move on to discuss important assessment issues and review three school-based treatment programs. Auster, Feeney-Kettler, and Kratochwill present consultation as an alternative approach to treating these disorders. They discuss the potential benefits of a conjoint behavioral consultation (CBC) treatment model, in which mental health professionals consult with a child's parents and teachers, and provide an illustrative case example of a boy exhibiting selective mutism. Large-scale disasters such as Hurricane Katrina bring to light the need for evidenced-based trauma interventions in the schools. Brown, McQuaid, Farina, Ali, and Winnick-Gelles describe their efforts to develop and implement such a program for inner-city children exposed to the World Trade Center attacks on September 11, 2001. The program has a classroom-wide component that is followed by an individualized intervention for children continuing to evidence significant Posttraumatic Stress Disorder (PTSD) symptoms. Evaluations of program feasibility and acceptability are presented along with pilot study results. Turning to another internalizing syndrome, Crisp, Gudmundsen, and Shirk describe the Adolescent Mood Project (Project AMP), an investigation of the transportability of an evidence-based cognitive-behavioral treatment for adolescent depression from a university-lab to school-based setting. After a discussion of encountered obstacles and possible solutions, the authors present some preliminary treatment results.

Externalizing syndromes are also covered. Despite the promise of early intervention in the prevention of conduct problems, there is little empirical data to justify or guide such efforts. Arnold, Brown, Meagher, Baker, Dobbs, and Doctoroff review the extant literature and describe the development and implementation of a preschool classroom-based program aimed at externalizing and academic problems. With its high prevalence rate and associated poor school outcomes, it is fitting that this Special Issue devotes two papers to Attention-Deficit/Hyperactivity Disorder (ADHD). DuPaul and Weyandt provide a comprehensive review of empirically-supported, behavioral school-based interventions designed to enhance classroom behavior and academic achievement of students with this disorder. Making the argument that adolescents with ADHD have been overlooked with serious societal costs, Evans, Timmins, Sibley, Casey White, Serpell, and Schultz describe the development of the Challenging Horizons Program, a school-based comprehensive care intervention targeting middle school-aged youth with ADHD. The Issue closes with a paper focusing on students experiencing a wide range of difficulties who are classified in educational settings as having an emotional disturbance (ED), one of the 12 disability categories defined in the Individuals with Disabilities Education Act (IDEA). Reddy and Richardson describe three exemplary school-based prevention and intervention programs, which were identified from a review of 26 published outcome studies. Following this description, the authors discuss future directions and the need to improve training for school personnel.

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