

Commentary: Challenges of Forging Partnerships to Advance Mental Health Science and Practice

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The article by Fantuzzo, McWayne, and Bulotsky (2003) describes a model for addressing the former U.S. Surgeon General's (USDHHS, 1999) priorities for improving mental health service delivery to our nation's children. The authors identify several elements that characterize their own work and that can guide the work of school psychologists and other child-oriented psychologists. These elements include: (a) adopting a public health model (i.e., population-focused); (b) conceptualizing the child within an ecological-developmental context (i.e., child-centered); and (c) involving key stakeholders as partners in the co-construction of interventions (i.e., partnership-based). Implementing a model with these elements requires the integration of research and practice, interdisciplinary collaboration, participatory program development, and strategies for creating culture-specific, ecologically valid, sustainable programs in real-life settings (Nastasi, 2000). The realization of a model with these elements presents challenges for researchers, practitioners, and those responsible for preparing future psychologists (i.e., the trainers). For researchers, adopting such a model requires going beyond traditional research designs and methodologies to work in dynamic and complex natural settings and to work with lay partners. For practitioners, such as school psychologists, the work suggested by Fantuzzo et al. necessitates reframing traditional roles, renegotiating existing responsibilities within school systems, and developing new skills or applying minimally used skills. Finally, those responsible for the professional

preparation of child-oriented psychologists (such as, school psychologists) need to rethink the goals, content, and applied experiences within training programs, with attention to the question of whether existing training and credentialing models are sufficient to prepare psychologists of the future.

The purpose of this commentary is to identify the challenges posed by attempts to develop prevention/intervention programming that is culture-specific, ecologically valid, and sustainable within natural settings, specifically schools. As Fantuzzo et al. (2003) suggest, critical elements of such programming include conceptualizing mental health within a public health perspective, appreciating the complexity of child development within an ecological context, and involving key socializing agents (i.e., natural helpers such as parents, teachers, community members) as partners in mental health promotion. Although Fantuzzo and his colleagues illustrate the successful implementation of their model in a community context by a team of university researchers, two critical questions remain about the feasibility of replication in schools: What is necessary for translating Fantuzzo et al.'s model to school settings? What are the requisite competencies and perspectives necessary for school psychologists to take an active role in these efforts?

Challenges for School-Based Practice: Public Education as Public Health

Translating models such as that proposed by Fantuzzo et al. (2003) into practice in school

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settings requires certain assumptions about the purpose, priorities, and definitions of public education. More specifically, adopting a framework such as Fantuzzo et al.'s necessitates consideration of the role of schools in promoting the overall well-being (i.e., health) of students, the relative priority of cognitive-academic and social-emotional (i.e., mental health) goals, the importance of culture-specific practices, the balance of research and practice, and the involvement of family and community partners. A key issue is the receptivity of schools to what may constitute major reforms in public education. Moreover, the preparedness of psychologists to play a central role in facilitating these reforms is an important question. In this section, the key assumptions for school-based practices, which are consistent with Fantuzzo et al.'s model and the Surgeon General's (USDHHS, 1999) priorities for mental health, are reviewed.

The integration of comprehensive mental health programming in schools requires adopting a public health perspective. Most importantly, the public health perspective endorsed by the U.S. Surgeon General (USDHHS, 1999) requires a shift from the traditional medical model focused on etiology, diagnosis, and treatment of mental health problems to an approach that involves: (a) providing comprehensive services that cover the continuum from mental health to mental illness; (b) surveillance of mental health needs within the general population; (c) a science-based approach to service provision that includes ongoing evaluation; (d) a developmental-ecological perspective that addresses person-environment links, necessitating social-cultural and physical environmental factors; and (e) insuring access to care for all members of society. Although some of these ideas are not inconsistent with the foundations of public education, others are likely to challenge the status quo and require systemic reforms.

Questions are likely to be raised about the priorities and capacities of schools to provide comprehensive mental health care. School administrators and school-based mental health professionals would need to consider what services could be provided in the context of schools and what services would require access

to more intensive treatment facilities outside of the school setting. A critical question is the availability of funding for school-based mental health services. Sufficient mental health staff to provide the range of services from prevention to treatment would require consideration. In a health-promotion or prevention-oriented system, all personnel would need relevant training.

A related question is the relative priority of academic-cognitive versus social-emotional aspects of child and adolescent development within the educational context, exemplified in the *No Child Left Behind Act of 2001* (NCLB Act, PL 107-110; U.S. Department of Education [USDOE], 2002a) and the President's Commission on Excellence in Special Education (PCESE; USDOE, 2002b). Given current concerns about outcomes-based education and accountability through academic testing, social-emotional development and mental health needs are likely to receive lower priority. Educators, legislators, and community members would need to be convinced of the important relationships among social-emotional development, cognitive development, and academic achievement. In addition, allocating sufficient time to all aspects of development or re-allocating time through integration of social-emotional and cognitive-academic goals would be required. Nonetheless, it should be noted that advocating for the social-emotional needs of students is not inconsistent with current educational policies. For example, NCLB also calls for safe and drug-free schools, and PCESE addresses both academic and behavioral needs of students with disabilities. Additionally, the President's New Freedom Commission on Mental Health (Office of the Press Secretary, 2002) is focused on improving mental health service delivery for children with serious emotional disturbances.

In addition to the focus on the whole child, the adoption of an ecological-development perspective (e.g., Bronfenbrenner, 1989) requires attention to physical and social environmental factors that influence the child/adolescent's development and current functioning. Consideration of the child/adolescent's ecology involves the examination and monitoring of the immediate setting (e.g., classroom), the larger encompassing contexts (e.g.,

school, society), related systems in which the child lives (e.g., family, peer group, community), and the interaction of these systems. Partnership with families, community agencies, and community members, as has been suggested by Fantuzzo et al. (2003; see also Nastasi, Varjas, Bernstein, & Jayasena, 2000), is a crucial element in achieving an ecological orientation. Given that the importance of school-family-community collaboration for academic achievement has been recognized (Christenson, 2000), adopting an ecological perspective about mental health is a logical extension.

Another consideration is the role of research and research-practice integration within schools. Surveillance of students' mental health needs and ongoing evaluation of mental health services would require the same commitment to ongoing research and evaluation of mental health as is currently devoted to academic achievement. Such research/evaluation efforts would likely require additional school funding and personnel, and/or collaboration with other institutions such as universities or community-based research organizations.

Finally, the adoption of a strong culture-specific orientation to service delivery would be necessary. As the Surgeon General (USDHHS, 2001) suggested, such an orientation would require looking beyond ethnic and racial categories and using instead a broad definition of culture that encompasses the beliefs, values, norms, and language of students and their families. Therefore, providing mental health services within a diverse society would necessitate understanding the multiple culture-specific manifestations of symptoms, coping styles, and use of social and professional supports; and then developing accessible culture-specific services. Moreover, the sensitivity to cultural issues would likely require training in cultural competencies for school personnel.

The idea that schools can play an important role in mental health service provision is not new (Adelman & Taylor, 1998; Nastasi, Varjas, Bernstein, & Pluymert, 1998; USDHHS, 1999). Certainly, schools provide an excellent context for insuring accessible mental health care to the general population of

children and adolescents. Nevertheless, we are far from realizing the potential contributions of schools and school-based mental health service providers to fostering the general health and well-being of students. A critical question is whether school psychologists have the perspectives and competencies necessary to act as school-based public health care providers.

Challenges Specific to School Psychologists: School-Based Mental Health Specialist as Public Health Care Provider

Increasingly school psychologists are being urged to redefine their roles and identities to participate in comprehensive health care of children and adolescents (Adelman & Taylor, 1998; DeJong, 2000; Kolbe, Collins, & Cortese, 1997; Kubiszyn, 1999). These calls parallel other efforts to engage psychologists in interdisciplinary health promotion (Leviton, 1996), comprehensive mental health services (Nastasi, 1998, 2000), and participatory community-based intervention (Schensul, 1998); and to redefine the concept of scientist-practitioner to include more active engagement in research (Nastasi, 1998; Stoner & Green, 1992). To meet these demands, psychologists working in schools need expertise in comprehensive health and mental health care, culturally relevant (or culture-specific) practice, interdisciplinary collaboration, participatory approaches to service provision, and action research methods. This array of competencies is consistent with those included in recently proposed models of psychological practice (DeJong, 2000; Kubiszyn, 1999; Mazza & Overstreet, 2000; Nastasi, 2000; Power, 2000; Roberts et al., 1998; Sheridan & Gutkin, 2000). The key components of the school psychologist as public health care provider have been described elsewhere (Nastasi, 2000) and are summarized in Table 1.

School psychologists have much to contribute to the realization of public mental health programming in schools. They bring to schools expertise in psychological theory; assessment, intervention, and prevention; collaboration and consultation; systemic and organizational change; and research. Moreover, because of their combined expertise in mental health

Table 1
School Psychologist as Public (Mental) Health Care Provider

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- Applies an interdisciplinary perspective to promoting overall well-being and successful life functioning of children and adolescents in multiple contexts (school, home, community, peer group, society)
 - Collaborative and interdisciplinary professional, integrating psychology, education, medicine, anthropology, sociology, and public health
 - Producer of science—generates knowledge through basic and applied research
 - Practicing scientist—integrates theory, research, and practice in reflective manner
 - Integrated roles, encompassing change agent, mental health specialist, systems specialist, advocate, program developer and evaluator, and partner
 - Proactive in social and educational reform
 - Expert on mental health
 - Addresses diversity through active learning about culture of partners and recipients of services, and the integration of this knowledge into practice; appreciates myriad possibilities for healthy functioning
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Note. Adapted from “School psychologists as health-care providers in the 21st century: Conceptual framework, professional identity, and professional practice” by B. K. Nastasi, 2000, *School Psychology Review*, 29, p. 551, copyright 2000 by the National Association of School Psychologists. Adapted with permission of the publisher.

(Nastasi, 2000) and education (Sheridan & Gutkin, 2000), school psychologists are uniquely qualified to understand the educational implications of mental health and to facilitate the integration of public education and public health. The extent to which school psychologists can fulfill this potential depends on the motivation of individual professionals to take an active role as change agents and advocate for comprehensive school-based mental health services. Additionally, it depends on the interest and capacity of professional organizations to assume leadership in facilitating necessary system reform. Furthermore, graduate training programs and credentialing bodies need to question whether professional psychologists are being adequately prepared (through instruction and field experiences) to engage in interdisciplinary and participatory mental health efforts, to create culture-specific assessment and intervention tools, and to integrate research and practice.

Final Words

The successful inclusion of comprehensive mental health services in schools is likely

to involve critical reforms in thinking and practice for educators and psychologists. Certainly psychologists are essential partners in the process of advancing the science and practice of mental health. To advance the scientific practice of mental health in school settings, however, psychologists working in schools must assume leadership roles in the development of participatory (partnership-based), ecologically and culturally valid (child-oriented and culture-specific) research-based models of public health (i.e., population-focused). An important question that remains is whether school psychologists are willing to assume this responsibility. Otherwise, opportunities for expanding the effects of psychology on the overall well-being of children and adolescents will be lost to other visionary professionals, and school psychologists will continue to operate in the restricted roles that have defined the profession for decades.

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