School Social Work: Meeting the Mental Health Needs of Students through Collaboration with Teachers

Monumental discrepancies exist between the number of children in need of mental health services and those that ever have appropriate contact with service providers (Armbruster, Gerstein, & Fallon, 1997). The National Institute of Mental Health (NIMH) estimates that 11 to 14 million children in the United States (approximately 17 percent to 22 percent) experience serious emotional difficulties (NIMH, 1990; Ruffolo, 1998). Of the children with serious mental health problems, approximately 70 percent to 80 percent do not receive mental health services (Costello, Burns, Angold, & Leaf, 1993; Ruffolo). Rates of service use are often found to be lowest in urban, low-income communities where mental health and child supportive resources are severely limited (Atkins et al., 1998). Schools are frequently called on to address the unmet mental health needs of children (Zahner & Daskalakis, 1997). In fact, teachers have been referred to as de facto mental health services providers (Adelman & Taylor, 1991).

This article presents a review of the research literature that links aspects of school environments to children’s mental health and academic functioning. Incorporating a strengths perspective (Rapp, 1998), this school contextual perspective is necessary to understand the important role of teachers as untapped, or at least underused, resources in mental health services delivery. This article summarizes research related to mental health collaborations between school social workers and teachers targeting multiple domains such as school practices, classroom strategies, and individualized teacher support. An

Key words: child mental health; collaboration; ecological model; school social work
ecological model of school-based mental health services that relies on
the involvement of teachers in every
aspect of school-based mental health
care for students is proposed (Atkins
et al., 1998). We make recommenda-
tions to school social workers regard-
ing efforts to promote collaborations
with teachers. Examples largely focus
on school-based practice in inner-
city environments that are in great
need, often having the fewest re-
sources to support youths.

School Factors Influencing
Child Mental Health and
Academic Achievement

A growing body of research has
emerged on the degree to which
school characteristics and teacher in-
f luences affect child mental health
and academic performance (Evetron,
Emmer, Sanford, & Clements, 1983;
Fler, Aber, Primavera, & Cauce,
1985; Goodenow, 1993; Hawkins,
1997; Hawkins & Lam, 1987;
Nafpaktitis, Mayer, & Butterworth,
1985; Wentzel, 1998; Wilson & Wil-
son, 1992). Protective and risk fac-
tors at the school, classroom, and
teacher levels have also been consid-
ered (Bowen & Bowen, 1998; Bowen,
Richman, Brewster, & Bowen, 1998).
(Figure 1 shows an ecological-medi-
tational model organizing contextu-
al, school, and teacher factors re-
lated to child outcomes; Atkins et al.,
1998; Fler et al., 1995). In this
model, school climate and teacher
classroom practices are proposed as
influences on child mental health and
academic functioning.

School Environment and
Teacher Factors

Earlier studies have documented
the influence of the school environ-
ment, teacher support, and teacher
practice strategies on children’s edu-
cational, social, and emotional out-
comes. In a study of 2,896 high school
students, barriers to learning and low-
quality school environments appeared
to dampen educational aspirations
(Wilson & Wilson, 1992). This same
study revealed that teacher support
was linked to the attainment of edu-
cation goals (Wilson & Wilson). This
finding has been replicated on nu-
merous occasions. In a study of 353
middle school students, children’s
perceptions of teacher support were

Figure 1

Ecological-Mediational Model: Contextual, School, and Teacher Factors
Influencing Child Outcomes

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<table>
<thead>
<tr>
<th>Contextual Factors</th>
<th>School Factors</th>
<th>Teacher Factors</th>
<th>Child Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Home</td>
<td>Resources</td>
<td>Class organization</td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td>Policy</td>
<td>Practice strategies</td>
<td>Behavior</td>
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<td></td>
<td>Practices</td>
<td>Climate Quality</td>
<td>Educational engagement</td>
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<td>Support to students</td>
<td>Academic performance</td>
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Stress level
associated with academic motivation and performance (Goodenow, 1993). Results of another study showed links between higher levels of teacher support, reduced levels of psychological distress, and improved academic performance (Wentzel, 1998). Teacher support was also a significant predictor of prosocial behavior and student interest in school (Wentzel). Proactive teacher classroom practices have been associated with reduced child behavioral problems and increased academic engagement (Everson et al., 1983; Hawkins, 1997; Hawkins & Lam, 1987; Nafpaktitis et al., 1985). These proactive practices include the establishment of clear rules, an organized routine, reinforcement of positive behaviors, and consistent consequences for inappropriate behavior. These findings lend support to the conceptualization of teacher practice strategies and supportive efforts as mediating larger school and contextual influences.

Teacher Support as a Protective Factor

Evidence for teacher support as a protective factor for youths’ outcomes has been established (Bowen & Bowen, 1998; Bowen et al., 1998). Middle school and high school students’ sense of teacher support significantly influences student academic performance and students’ affective investment in education (Bowen & Bowen). Teacher support was found to have a greater effect on these outcomes than did home risk factors (Bowen & Bowen). In another study, Bowen et al. examined the role of teacher support in providing students with a sense of school coherence. Results indicated that whereas perceptions of danger at school negatively influenced children’s sense of school coherence, teacher support acted as a protective factor in children’s sense of school coherence (Bowen et al.). These studies imply that teacher social support has a significant impact on both mental health and academic engagement.

School Environment and Teacher Stress

Stress has the potential for thwarting teachers’ ability to provide social support to children. There is a substantial body of research regarding teacher stress (DeFrank & Stroup, 1989; French, 1993; Jenkins & Calhoun, 1991; Malik, Mueller, & Meinke, 1991; Schonfeld, 1992). Themes from these studies seem to point to environmental factors as increasing teacher stress, resulting in lower levels of job satisfaction (DeFrank & Stroup). Much of the perceived stress seems related to factors outside of teachers’ control (DeFrank & Stroup; Schonfeld). These factors include overcrowded classrooms, lack of support from administrators, day-to-day teaching concerns; time constraints; and lack of resources (DeFrank & Stroup; French; Schonfeld). Teacher stress also has influenced aspects of teacher–student interaction, such as teacher-reduced tolerance and disengagement from students (French). In a study of 124 teachers, fatigue was the most frequently identified response to stress, followed by tension headaches, inability to sleep, and concentration problems (Jenkins & Calhoun).

Teachers’ efforts to cope with stress have ranged from seeking out supportive people to disengaging from students and assigning busy work to meet paperwork demands (French, 1993). Coping efforts to seek out supportive people so that teachers may discuss concerns indicates a need for consultation with
teachers to support them in classroom-wide interventions. A consultative model also promotes teachers’ sense of control. Teachers become an integral component of mental health intervention for children, heightening teacher sense of efficacy in addressing child emotional or behavioral difficulties.

Ecological factors in the school climate, as well as teacher support, teacher stress levels, and organizational practices appear to have strong influences on academic and psychological outcomes for youths. Evidence suggests that, in some instances, teacher factors could exert stronger influences than factors related to the home environment (Bowen & Bowen, 1998). Based on these empirical findings, it appears to be important to frame teachers as potential sources of support for youths experiencing mental health difficulties. It is critical that school social workers collaborate with teachers to promote mental health among children. This includes helping teachers identify and ameliorate sources of job stress. The school-based mental health movement has provided the opportunity for such rich collaborations by bringing mental health services providers, including school social workers, in close proximity to teachers, a potentially powerful influence on students’ mental health.

**Continuum of School-Based Mental Health Services**

In response to increased awareness in the 1980s of the unmet mental health needs of youths, school-based mental health services began to expand (Flaherty, Weist, & Warner, 1996). Subsequently, a continuum of school-based mental health models has developed. At one end of the spectrum are selective approaches that target children exhibiting emotional or behavioral difficulties. Most often, these services are provided through a school-based clinic and include individual counseling services (Armbuster et al., 1997; Catron & Weiss, 1994). In addition to undergoing individual psychotherapy sessions, a student also may be included in a school-based group intervention or family meetings (Flaherty et al.). The focus of these selected services is the child-specific concerns that precipitated referral. Research has shown that children with significant mental health needs who would not have ordinarily obtained services through traditional mental health clinics were able to obtain needed mental health services because the services were offered in the school setting (Armbuster et al.). At the other end of the spectrum are universal approaches that integrate mental health activities into daily school life (Conduct Problems Prevention Research Group [CPPRG], 1999). Strategies related to these approaches include schoolwide curriculums for prosocial behavior and teacher consultation strategies (Atkins et al., 1998; Comer, Haynes, Joyner, & Ben-Avie, 1996; CPPRG; Hawkins, 1997; Holtzman, 1992; Zigler, 1989).

**Selective Approaches**

The Vanderbilt School-Based Counseling Program (SBC) is an example of a school-based mental health clinic (Catron & Weiss, 1994). SBC focuses on meeting the mental health needs of children and families from socioeconomically disadvantaged backgrounds. Having a primary care model as its basis, SBC enables professional service providers to deliver a wide range of services, including psychotherapy, parent education, behavioral and psychiatric consultation,
community liaison, and case management. In a preliminary evaluation, SBC showed a dramatic increase in the number of children enrolled in mental health services relative to a traditional mental health clinic. In the first six months of the program, 98 percent of children referred to the SBC entered services, compared with only 17 percent of children referred to traditional clinic-based services.

Although selected school-based services appear promising in regard to accessibility of mental health services for children, there is no evidence that these programs are as successful at reaching parents or enhancing collaboration with teachers. For example, Catron and Weiss (1994) indicated that attempts to involve families in treatment were "moderately successful at best." They estimated that parents were involved in less than one mental health session per month. Partly in response to the difficulty of involving parents in treatment, school-based clinics have relied heavily on providing individual psychotherapy to children. For example, 90 percent of children receiving services at SBC were seen individually (Catron & Weiss). This study provides evidence for the need to increase outreach efforts to engage parents in school-based mental health services. Moving beyond the school environment, in the form of home visits, appears necessary. School social workers have played a role in linking home and school and are well-prepared to address this gap in school-based mental health services delivery (Allen-Meares, Washington, & Welsh, 2000).

Consultation with teachers was limited and occurred far less frequently than individual contact with a student (Catron & Weiss, 1994). This finding is in line with a larger body of literature that has critiqued school-based mental health services as being typically tangential to the education of children and therefore unrelated to the daily activities of school. Many classroom-based mental health interventions have been found to be either too complex for teachers to implement independently or too distinct from standard educational practice for teachers to embrace (Adelman & Taylor, 1997; Fantuzzo & Atkins, 1992).

**Prevention for At-Risk Groups**

School social workers are likely to provide interventions that target at-risk groups of children, such as students that might encounter normative school transitions. Teacher consultation coupled with additional services, including extra classroom volunteers or parent group meetings, are often added to the typical routines in schools to support students during the transition. Adelman and Taylor (1991) examined the impact of "add on" services on early school adjustment. They found that kindergarten students in experimental classrooms, which included the addition of classroom volunteers and ongoing parental involvement, seemed to show modest improvements in academic performance compared with children in standard classrooms. First-grade students in experimental classrooms evidenced improved behavior, fewer late arrivals, and higher scores on oral language measures compared with children in standard classrooms.

Similarly, transitions from elementary school to junior high school have been the targets for interventions, as has the transition from junior high to high school. For example, when additional supports were provided to students moving to middle school, results revealed decreases in children's
depression scores and improvements in academic performance (Greene & Ollendick, 1993). Likewise, in addressing the transition from junior high to high school, Felner, Ginter, and Primavera (1982) intervened at multiple levels. The role of the ninth-grade homeroom teacher was restructured to include student counseling and activities to strengthen linkages between home and school. Teachers received additional training to enhance the amount of emotional support they offered students. The school environment was reorganized to foster a stable peer support system by placing students with the same peer group for the first four class periods of the day. Students receiving these services were more successful at coping with the adjustment from junior high to high school than students undergoing the typical transition to high school. This was evidenced by better academic performance, improved attendance, enhanced self-competence, and positive views of school expectations and teacher support (Felner et al., 1982). Interventions to improve group risk factors appear to have empirical support and are appropriate for school social work involvement. School social workers in collaboration with teachers have the potential for reducing risk and increasing resilience in children (Richman & Bowen, 1997).

**Universal Approaches**

Universal models of service delivery, which involve the entire school community in mental wellness activities, are at the far end of the spectrum of school-based mental health approaches. These systemic interventions require high levels of teacher and school staff involvement. Mental health consultation with teachers to assist in the reorganiza-

tion of classroom practices in an effort to promote overall mental health among all children is at the core of this type of model (Atkins et al., 1998; Comer et al., 1996; Hawkins, 1997; Holtzman, 1992; Zigler, 1989). Service delivery at the school level often involves the social work practitioner in planning and implementing comprehensive organizational changes. Interventions such as creating uniform behavior management strategies across classrooms to reduce students’ behavioral difficulties have been examined in an urban junior high school. This schoolwide intervention showed promise in reducing behavioral difficulties and improving teacher morale (Gottfredson, 1987). This study indicates the importance of embedding mental health interventions in the organizational structure of the school.

In a rigorous test of the Fast Track multilevel school-based intervention with a sample of 378 first-grade classrooms, the institution of universal interventions was associated with significant improvements in classroom atmosphere and decreases in peer ratings of aggression and hyperactive-disruptive behavior (CPPRG, 1999). These universal interventions included social competence lessons across classrooms, focusing on self-control, emotional awareness, social problem solving, and peer relations. The commitment of mental health services providers to intervene with high-risk children may help reduce teacher stress and may increase teacher motivation to implement the universal mental health interventions in their classrooms (CPPRG). In this case, school-based service delivery models were blended to support youths and teachers at a variety of levels.

This literature highlights the necessity to create school-based mental
health services delivery systems that reach individual children with unmet mental health needs, as well as provide preventive strategies for all children. School social workers in collaboration with teachers have the potential for accomplishing successful mental health programming along the continuum of care.

School Social Workers Along the Continuum of School-Based Mental Health Services Delivery

School social workers are involved in the provision of services to youths in need (Armbruster et al., 1997; Weist, Paskewitz, Warner, & Flaherty, 1996). Having an office at a school site and having collaborative relationships with school staff provide school social workers the opportunity to engage youths in mental health care. This strategy includes prevention efforts and interventions for children who might not otherwise have access to mental health services (Armbruster et al.).

In addition to providing direct services to youths in need, school social workers have opportunities to influence positive child outcomes indirectly through mental health consultation with teachers, ranging from education regarding child mental health issues to problem solving specific behavioral concerns. Studies examining the effect of teacher consultation have found positive influences on classroom organization, teacher morale, and student outcomes (Adelman & Taylor, 1991; CPPRG, 1999; Felner et al., 1982; Goldman, Botkin, Tokunaga, & Kuklinski, 1997; Gottfredson, 1987; Greene & Ollendick, 1993; O’Neill, Williams, Sprague, Horner, & Albin, 1993). Incorporating teacher consultation and direct intervention with children and families helps to maintain children with behavioral difficulties in least-restrictive classroom environments (O’Neill et al.). Furthermore, weekly teacher consultation as a preventive, low-cost intervention is associated with increased teacher sense of professional competence, which in turn appears to have positive influences on students’ sense of competence and school achievement (Goldman et al.).

These findings lend support to the development of a strong teacher consultative component in school social work intervention strategies for meeting the mental health needs of students (see Figure 2).

Ecological Targets for School Social Work Intervention

Efforts between school social workers and teachers should focus on tangible and intangible factors in the school environment to promote schoolwide climate changes, policy changes, and the acquisition of needed resources. Classroom interventions include helping teachers incorporate consistent classroom routines and behavior management strategies. At the child and family level, the early identification of children with emotional or behavioral difficulties is an important target for teacher–social worker collaboration. School social worker consultation with teachers can help teachers cope with day-to-day teaching stresses through informal support and through more formal approaches such as mentorship programs, support groups, and in-service training.

Ecological Model for School-Based Services

An emerging model for school-based mental health services relies on strong collaborative relationships between school social workers and
Consistent with a strengths perspective (Rapp, 1998), the PALS program integrates interventions into ongoing school routines and builds on existing resources. Instead of targeting individual children, PALS offers services that affect the whole classroom. The goal is to increase positive attitudes and behaviors among all children in a classroom and to give all children the opportunity for academic and social success. Classrooms are considered to have unique strengths and needs (Atkins et al., 1998).

Conceptually, PALS’s theory is ecological and classroom-based. In other words, the program is designed to work with the specific needs of
the classroom teacher and with the indigenous resources available in the school and community. Teacher consultation begins with an assessment in which the school social worker and teacher identify the following: smooth and difficult times in the daily routine; student activities during these times; teacher activities and responsibilities during these times; and the roles of other adults who may be present during these times. A comparison of the smooth and difficult times during the daily routine helps to reveal supports that may be present at some times and not at others. Then the school social worker and teacher develop goals and strategies for intervention. Strategies may include making changes in classroom organization and behavioral interventions, as well as adding resources, such as parent volunteers, to support teacher practices (Atkins et al., 1998).

Practically, the interventions are implemented with the entire classroom. Thus, the interventions benefit every child in the classroom, not just the children exhibiting behavior difficulties. The guiding principles are to provide services in urban, low-income communities that use existing resources within schools. In addition, services are flexible and tailored to individual classrooms. These services are integrated into existing classroom activities and ongoing school routines with the involvement of teachers and parents in the design and delivery of services. There is a clear value of the importance of parents and teachers working together to enhance children's learning (Atkins et al., 1998).

As a prevention and intervention program, PALS's primary goal is to encourage and promote positive behavior among children. The program seeks to improve children's learning experiences by focusing on helping children manage their behavior at school and at home. Interventions are meant to support children in the classroom. Support is also offered to school administration in planning for children's long-term needs. Furthermore, support is offered to teachers to promote positive classroom behavior and to improve learning in their classrooms. Specific classroom-level targets are to promote academic engagement to motivate students to learn, to provide a classroom organization that allows for monitoring students' behaviors; and to provide social support to teachers and children through peer and adult models for positive interactions. Home visits and homework activities are considered important in promoting the development of prosocial behaviors across settings (Atkins et al., 1998).

**Discussion and Implications**

Collaboration with teachers and other school staff is necessary in the development of school-based mental health services. School social workers play an important role in this process, whether providing mental health consultation to teachers regarding classroomwide interventions or providing direct services to children and families through home visits. School-based mental health services models range from selective to universal approaches. Effective school-based mental health services models are embedded in the organizational structure of the school and intervene on multiple levels, addressing a variety of ecological targets.

Children and teachers are influenced by the greater school and community environments. System and individual factors can enhance or sabotage collaborations between
school social workers and teachers. Strategies for promoting collaboration include establishing a positive atmosphere in which everyone understands that all have a common interest in working together to meet the mental health and academic needs of children. Regular meetings with teachers to ensure consistent contact and communication help facilitate this process. In addition, school social workers need to take time to understand teachers’ expertise, and in doing so, clarity will arise with regard to role boundaries. Developing an understanding of school and community climates as experienced by teachers, parents, and students will further the school social worker’s assessment of subtle and obvious systems issues.

School-based mental health services hold promise in reaching youths in need, especially children in urban, low-income communities who might otherwise not have access to services. Successful collaboration between school social workers and teachers is the centerpiece for change. Teachers play key roles in mediating larger school and contextual effects and are as yet underused resources in the provision of mental health care to students. From an ecological–mediational theoretical framework, the PALS program is a service delivery model that recognizes the potential of teachers in this process (Atkins et al., 1998). School social workers in collaboration with teachers can promote and expand prevention, identification, and treatment of child emotional and behavioral difficulties in school settings.

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