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Embedding School Health into School Improvement Policy

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Context: No one seriously argues against the common sense notion that physical and mental health problems can profoundly affect learning and performance. The reality, however, is that health concerns are only one set of factors that interfere with success at school, and when a focus on health is advocated as a separate agenda, the efforts tend to be marginalized in school improvement policy and practice.
Evidence Acquisition: This paper is the product of decades of research conducted by our center at UCLA. It reflects policy and practice analyses, prototypes developed for policy, practice, infrastructure, and systemic change, and direct implementation efforts with schools, districts, and state departments of education.
Results: We find that school health concerns currently are marginalized in school improvement policy. As a result, prevailing approaches to physical and mental health in schools are too limited in nature and scope and are implemented in a piecemeal and fragmented manner. Improving the situation requires embedding such concerns into a framework that addresses the fuller range of factors that can interfere with learning and teaching. To this end, we emphasize moving in new directions to transform how schools can comprehensively address such factors.
Conclusions: It is time to do more than advocate for expanding the range of health programs and services. Needed is a fundamental transformation of student and learning supports so that all the fragmented pieces are unified as a primary and essential component that is fully integrated into school improvement policy and practice for every school.

Keywords: Health; Mental Health; School; Policy

1. Context

No one seriously argues against the importance of a school health focus or that physical and mental health problems can profoundly affect learning and performance. Over many years, advocacy for schools playing a role in strengthening physical and mental health has stressed one or both of the following points:

- Schools provide good access to students (and their families) who require health services;

- Schools must deal with health problems to reinforce efficient school performance and promote students' well-being. The first point distinctly represents the perspective and agenda of health promoters and bureaus involved in improving services. The second recommendation refers to the viewpoint and program of teachers (1).

As a result of advocacy for the above agenda, schools have long offered a range of health, psychological, counseling, and social service programs (2). However, all this activity has been and continues to be marginalized in school improvement policy and practice. This trend is likely to go unchanged as long as the advocacy focuses narrowly on health. In moving forward, our research frames health concerns as one among a range of factors that can interfere with learning and teaching, and from this perspective, we analyze the current state of affairs related to how schools address such factors. Given that the prevailing situation is unsatisfactory, we outline how the situation can be transformed.

2. Results

2.1. Barriers to Development, Learning, Teaching, and Well-Being

Figure 1 highlights overlapping factors that can interfere with school success. Any combination of such factors can put a student at risk, but when there is a high concentration of risk factors, the number of students manifesting problems increases.

Emphasizing barriers to learning and teaching in no way is meant as an excuse for poor school performance. Indeed, doing so simply underscores common sense. As schools strive for high performance, success usually involves dealing effectively with interfering factors. The widespread reality is that many schools cannot achieve their prime mission without playing a significant role in addressing such barriers. This is especially so in schools serving families living in economically depressed neighborhoods.

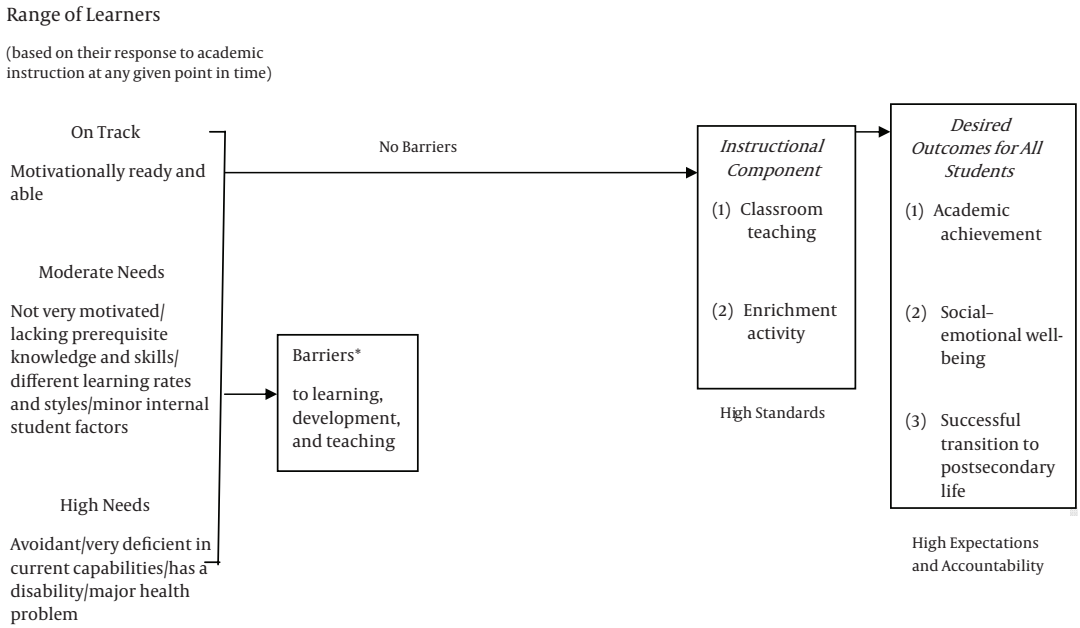


Figure 1. Barriers to Learning and Teaching

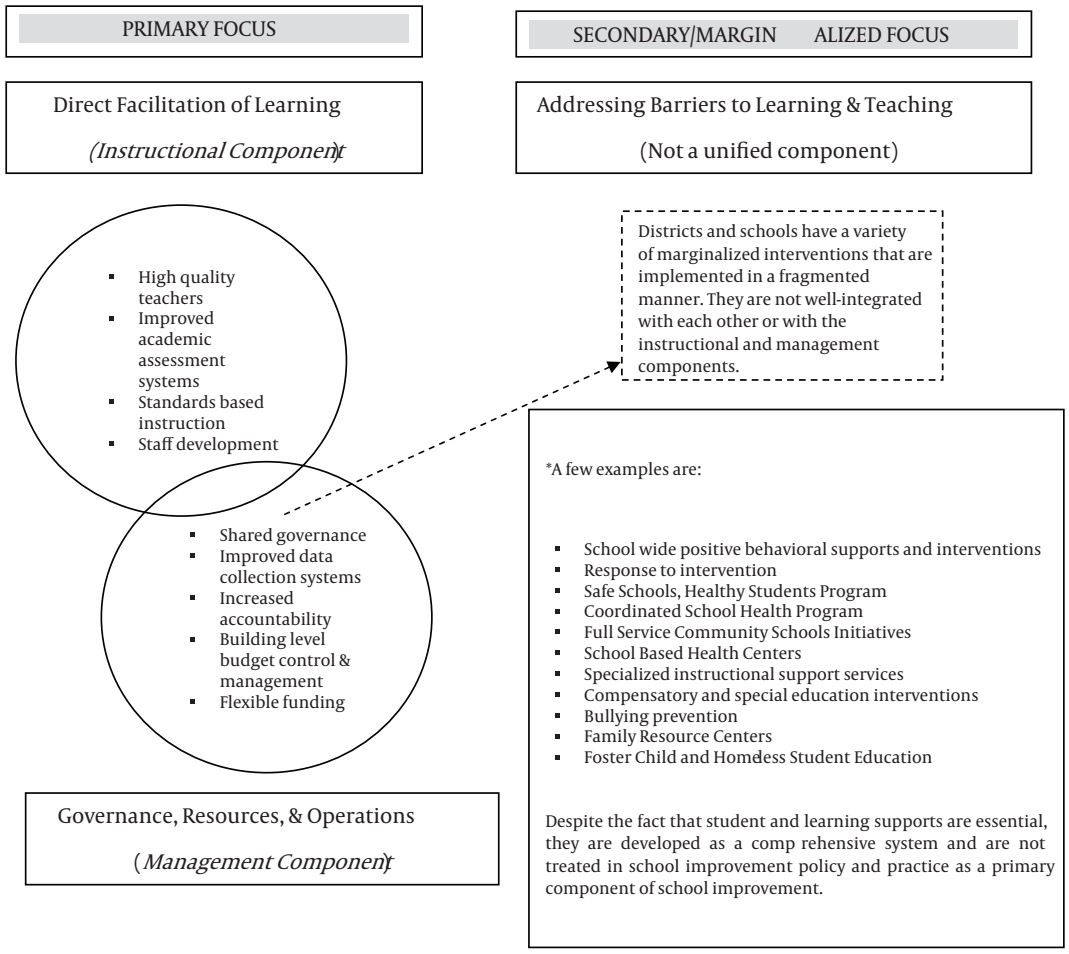


Figure 2. Current Two-Component Framework Shaping School Improvement Policy

2.2. About Fragmentation and Marginalization

Obviously, the first and foremost mission of schools is to educate the young, and good instruction is fundamental to that mission. No one wants to send their child to a school where teachers lack instructional competence. As a result, school improvement policy primarily emphasizes instruction and, in the process, usually marginalizes considerations related to dealing with barriers. That is, the focus on instruction is proactive and systematic; interventions to address barriers usually are reactive, ad hoc and piecemeal, and operate in a fragmented manner (3). The marginalized and fragmented state of student and learning supports tend to create counterproductive competition for sparse resources among support staff who represent different interests and are continuously pushing for separate, narrow programs and services. This competition then contributes to ongoing marginalization (4). And, rather than focusing on ending the marginalization, efforts to improve the situation have overemphasized strategies such as adding additional personnel, bringing in community service providers, and improving coordination (5, 6). Our research has clarified that the marginalization stems from the dominance of a two-component framework in school improvement policy making (7). As graphically illustrated in Figure 2, currently the main thrust in improving school performance is on enhancing 1) core instruction and 2) the way schools are governed and manage resources. Student and learning supports (including interventions to improve health) are operated as supplementary add-ons.

2.3. New Directions for Schools to Address Barriers to Development, Learning, and Well-Being

An expanded vision to improve the policy and practice in school is crucial to secure new directions for students and staff. This would avert complicated array of factors which interfere with schools in achieving their mission. Considering the number of schools and students in trouble, we approached this issue in terms of transforming student and learning supports.

We focus on four interconnected concerns:

- As a primary and essential step, the framework for school improvement should be expanded to fully integrate a student and learning supports component, creating a unified and comprehensive system of learning should improve the classroom condition and school environment by reframing student and learning support interventions. Removing barriers to learning and teaching by re-considering the operational infrastructure that ensure the effective daily implementation and current development of a unified and comprehensive system. Ensuring that effective implementation, replication to scale, and sustainability are secured by expediting approaches to systemic change. Considering inadequate facilities, emphasis is placed on interconnecting and reapplying the current school and community resources, and employing existing opportunities at schools to solve problems and facilitate the improvements of student, personnel, and other parties concerned. This is not the place to cover each of the four interrelated concerns. Rather, in what follows, we briefly highlight frameworks for expanding school improvement policy and for guiding development of a unified and comprehensive intervention system. (References at the end of this article provide detailed coverage of the other related concerns).

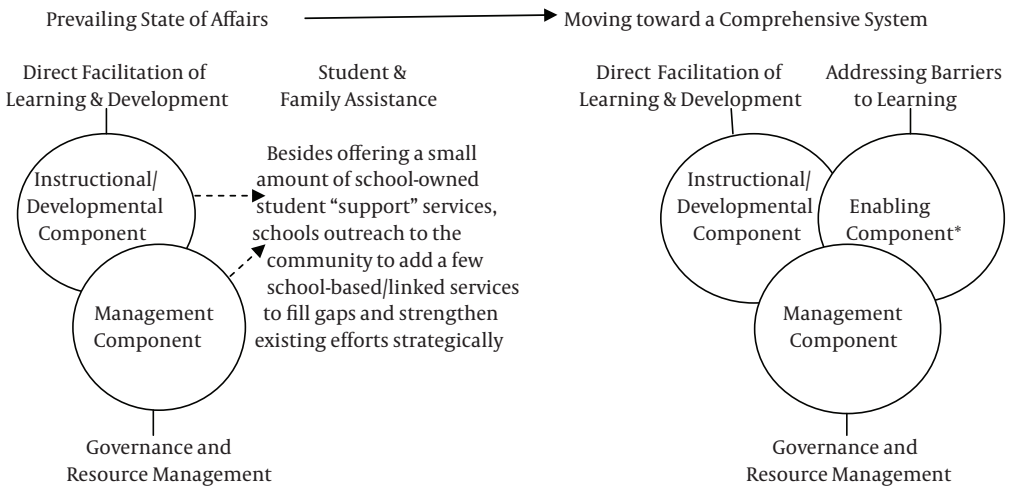
2.4. Expanding to a Three Component Framework for School Improvement

The policy analyses performed in our institution over the years, underlines the unification of programs designed for physical and mental health in schools with all other limited supportive attempts regarding learning process of student (1, 2, 8, 9). The three structural components help remove barriers to learning and teaching. Figure 3 graphically illustrates shifting from a two- to a three-component framework. The third component becomes the unifying concept and context for embedding school health and all efforts to address barriers to learning and teaching. It is the focal point for weaving together all resources currently expended for such activity and deploying these resources to develop a unified, comprehensive, multifaceted, and equitable system.

The third component, as with the other two, must be considered as primary and essential in policy and practice to overcome current marginalization and fragmentation. In addition, the third component must be fully integrated into school improvement, planning and implementation to be effective in classrooms and across school.

The move to a three-component framework is a fundamental paradigm shift. The intent is to ensure that schools are well-positioned to both enable students to get around barriers to learning and motivationally re-engage them in classroom instruction. The emphasis on motivation, especially intrinsic motivation, is essential (10-12). It recognizes that, to be effective, efforts to address interfering factors must include a focus on re-engaging students in learning at school (1, 8, 13). Furthermore, the common structural features of the three components present crucial opportunities for all school staff to significantly contribute, in whatever way possible, to programs for enhancing classroom and across school in relation to promotion of students and their families, community healthy development, and well-being of families and their cooperation with schools. In our study, the third component is termed enabling component or a component that promotes learning by removing the obstacles. However, having adopted the third component, it is often designated as a learning supports component (see Figure 4).

Figure 3. Moving to a Three-Component Policy Framework for School Improvement



* The enabling component is designed to enable learning by (1) addressing factors that interfere with learning, development, and teaching and (2) re-engaging students in classroom instruction. The component is established in policy and practice as primary and essential and is developed into a unified, comprehensive system by weaving together school and community resources. Some venues where this comprehensive approach is adopted refer to the third component as a learning supports component.

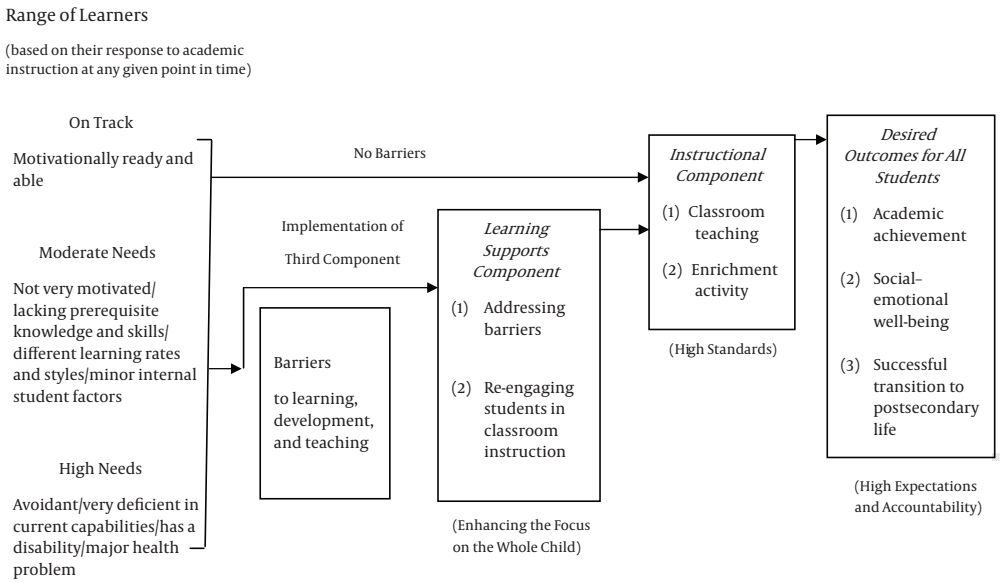


Figure 4. An Enabling or Learning Supports Component to Address Barriers and Re-Engage Students in Classroom Instruction

Integrating student and learning supports into a third component boosts attempts to challenge the continuing marginalization of student and learning supports and reinforce full integration into school improvement in policy and practice. Adoption of the third component can provide an essential driver for transforming what schools do in dealing with factors interfering with student success. In the USA, various state education bureaus and increasing number of communities introduce plans that fix and incorporate different supports that provide a more efficient way of addressing barriers to learning and teaching and attract disconnected students (14).

2.5. Operationalizing the Third Component

As noted, re engaging disconnected students in classroom instruction are done by the third component which prevents interfering factors. As currently practiced, the interventional archetype framework incorporate (a) a unified, integrated and organized continuum of school and community interventions and (b) a cohesive

and multifaceted set of content domains. The resulting framework guides development of a unified, comprehensive, multifaceted, and equitable system that plays out cohesively in classrooms and school-wide to address the many specific problems schools must address on a regular basis.

2.5.1. A Continuum to Equitably Promote Wellness and Address Problems

Schools and community interventions form an appropriate continuum that includes attempts to:

- Accelerate positive, sound development and overcome problems.
- Address problems as early after onset as possible.
- Introduce special assistance for acute and long term problems.

The interventions employed, reinforce academic, social, emotional, and physical improvement and rectify physical and mental health, learning, and behavioral aspects. Weaving together a wide range of resources allows for meeting the needs of the many and the few and, properly implemented, significantly reduces the number of students diagnosed with disabilities and requiring individual special assistance. In the realm of education, the continuum is often defined as tiers or levels of school intervention. On the contrary, we stress that the continuum presents one of two aspects of a unified, comprehensive, and impartial intervention system (7, 15). Specifically, our prototype conceives the continuum levels as three subsystems that embrace both school and community resources (see Figure 5). The other facet, described in the next section, stresses arenas of intervention content.

Currently, the considerable policy attention to students manifesting profound problems (e.g. diagnosable disabilities) has helped build the subsystem at the bottom of the continuum (e.g. special education). At the same time, rather little attention has been paid to building the subsystems to promote healthy development and prevent or at least intervene early after the onset of a problem. Because, in many schools, most students must be identified for special education in order to receive assistance, the bottom subsystem is overwhelmed with referrals, and many students are inappropriately diagnosed (e.g. as having learning disabilities or attention deficit hyperactivity disorder). The aim of the three subsystems is to promote wellness, prevent the majority of problems interfering with learning and teaching, deal with another significant segment as soon after problem onset as is feasible, and end up with relatively few students needing specialized assistance and other intensive and costly interventions.

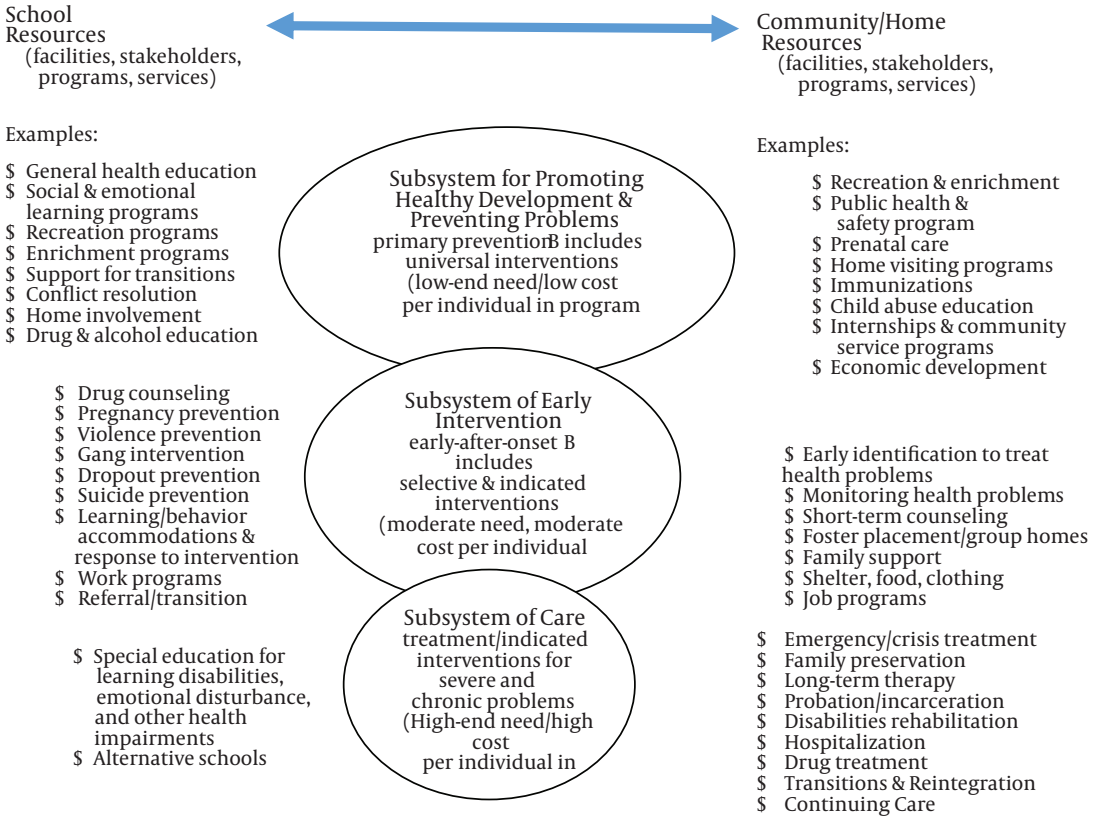


Figure 5. Full Continuum of Integrated Intervention Subsystems

2.5.2. Framing Intervention Content to Address Problems at a School

Most districts and schools currently have no list of the various efforts they use to address barriers to learning and teaching. When the interventions are itemized, the end product usually is a laundry list of programs, services, and special initiatives. This reflects both the marginalization and fragmentation of the endeavor. With a view to operationalizing the intervention continuum, we analyzed current school efforts to address barriers to learning and teaching and re-engage disconnected students and then categorized them into content clusters. We arrived at six fundamental and essential intervention arenas (Table 1). These generally capture, define, and organize the essence of the multifaceted activity schools need to pursue on a regular basis (1, 3, 8). This facet of the intervention prototype is sometimes referred to as the content or "curriculum" of the third component of school improvement.

2.5.3. Continuum + Content = A Unified and Comprehensive Intervention Prototype Framework

Incorporating the continuum with the six domains produces a unified prototype so called, “big picture” intervention framework for an integrated and comprehensive system of learning supports as shown in Figure 6. The matrix thus obtained, stimulates reconsidering and re-organizing daily work to support learning at school. The framework can guide and coalesce school improvement planning for developing an equitable system. The matrix provides a tool for mapping what is in place and analyzing resources, identifying gaps and redundancies, making decisions about priorities in filling gaps, enhancing coordination and integration of resources. These processes can take place overtime at the school level, for a group of related schools (a feeder pattern), at the district and national levels, across community, and for different regions and states.

By and large, the creation of an integrated, comprehensive, systemic approach help increase impact, reduce the number of people in need of specialized supports, and promote cost effectiveness. This involves promoting the health of teachers and other school staff which leads to their additional attempt to promote the well being of students. In this way, the impact of as many problems as feasible is either prevented or minimized in individual students, by measures that equitably maximize school involvement, productive learning, and positive development. Moreover, given the likelihood that many problems are not discrete, this approach minimizes tendencies to develop separate initiatives for every designated problem.

2.5.3.1. Concluding Comments

Analyses of school improvement policy and plans underline how distant most schools are from playing their efficient role in combating barriers to learning and teaching and providing equity of opportunity. With specific respect to current approaches to physical and mental health in schools, the tendency is for piecemeal and fragmented implementation and ongoing marginalization. Improving the situation requires greater efforts than merely widening the scope

Table 1. Six Arenas for Addressing Barriers to Learning and Teaching at a School

Variables	
Enhance regular classroom strategies to enable learning	(e.g. ensure that instruction is personalized for all students and especially those manifesting mild moderate learning and behavior problems. There is a focus on enhancing the range of learning options, extending learning opportunities, and providing learning supports, accommodations, and special assistance as needed and within the context of implementing "response to intervention." Special attention is given to re engaging those who have become disengaged from learning at school
Support transitions	(e.g. assisting students and families as they negotiate hurdles to enrollment, adjust to school, grade, and program changes, make daily transitions before, during, and after school, access and effectively use supports and extended learning opportunities, and so forth)
Increase home involvement and engagement	(e.g. increasing and strengthening the home and its connections with school)
Respond to, and where feasible, prevent school and personal crises and traumatic events	(including creating a caring and safe learning environment and countering the impact of out of school traumatic events)
Increase community involvement, engagement, and support	(e.g. outreach to develop a greater community support from a wide range of entities. This includes agency collaborations and use of volunteers to extend learning opportunities and help students in need.)
Facilitate student and family access to effective services and special assistance	(on campus and in the community as needed)

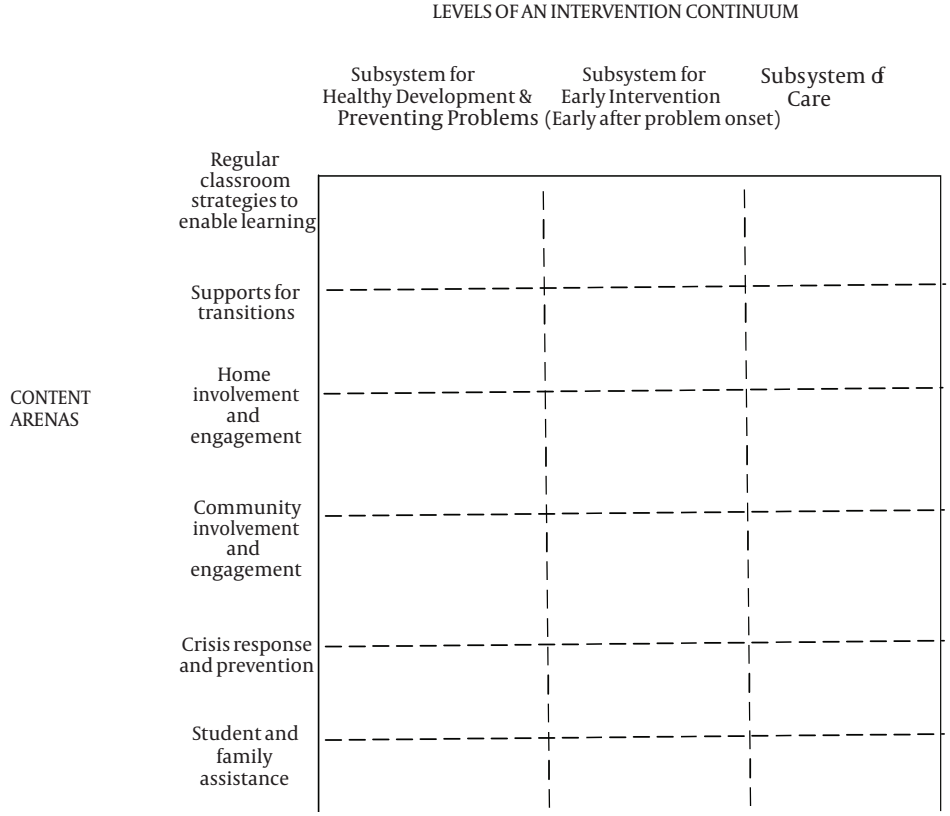


Figure 6. Framework for a Unified, Comprehensive, and Equitable System of Student/Learning Supports

of health programs and services. For every school, a fundamental transformation of student and learning supports is needed to unify all the isolated pieces as a primary and essential component. This fully integrates policy and practice into school improvement. A comprehensive concept must be adopted, in the first place, to involve those who insist on expanding the focus on mental and physical health. In any society, a health agenda especially a clinical health schedule, per se, is too limited to be incorporated into the broad mission of schools, a measure inadequate for providing equity of opportunity for all students to succeed at school. It is possible to continue building a few islands of excellence like "demonstrations, pilots" and" Cadillac models". However, we all have to intensify our efforts in fundamentally new directions proportionate to the needed scale. All this has revolutionary implications for the professional preparation of educators. The people involved in working to improve schools must be geared to implement system development and transformation roles and functions and to fully and effectively participate in school improvement activities, district governance, planning, and evaluation bodies. Rhetorical slogans include making values for statements such as we must have fully developed children! We seek all children to prosper! We intend to have no underprivileged child.

Authors' Contributions

Howard Adelman and Linda Taylor reviewed and analyzed the field, developed the original ideas presented, wrote the manuscript, and are guarantors.

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References

1. Adelman HS, Taylor L. *The school leader's guide to student learning supports: New directions for addressing barriers to learning.*Thousand Oaks: Corwin Press; 2006.
2. Adelman HS, Taylor L. *Mental health in schools: Engaging learners, preventing problems, and improving schools.*Thousand Oaks: Corwin Press; 2009.
3. Center for Mental Health in Schools.. *Another initiative? Where does it fit? A unifying framework and an integrated infrastructure for schools to address barriers to learning and promote healthy development.*Los Angeles: Center for Mental Health in School; 2005.
4. Adelman HS, Taylor L. Not another special initiative. *Every Child J.* 2014;**4**(4):74–80.
5. Taylor L, Adelman HS. Toward ending the marginalization and fragmentation of mental health in schools. *J Sch Health.* 2000;**70**(5):210–5.

6. Adelman HS, Taylor L. Ending the marginalization of mental health in schools: A comprehensive approach. In: Christner R, Mennuti R editors. *School based mental health: A practitioner's guide to comparative practices*.. London: Routledge Publishing; 2009. pp. 25–54.
7. Adelman HS, Taylor L. Reframing mental health in schools and expanding school reform. *Educ Psychol.* 1998;**33**(4):135–52.
8. Adelman HS, Taylor L. *The implementation guide to student learning supports: New directions for addressing barriers to learning*.Thousand Oaks: Corwin Press; 2006.
9. Center for Mental Health in Schools and NASP.. *Enhancing the blueprint for school improvement in the ESEA reauthorization: Moving from a two to a three component approach*.Los Angeles: Center for Mental Health in Schools; 2010.
10. Deci EL, Moller AC. The concept of competence: A starting place for understanding intrinsic motivation and self determined extrinsic motivation. In: Elliot AJ, Dweck CJ editors. *Handbook of competence and motivation*.. New York: Guilford Press; 2005. pp. 579–97.
11. Fredricks JA, Blumenfeld PC, Paris AH. School engagement: Potential of the concept, state of the evidence. *Rev Educ Res.* 2004;**74**(1):59–109.
12. National Research Council and the Institute of Medicine.. *Engaging schools: Fostering high school students' motivation to learn*.Washington DC: National Academies Press; 2004.
13. Ramsaroop SD, Reid MC, Adelman RD. Completing an advance directive in the primary care setting: what do we need for success? *J Am Geriatr Soc.* 2007;**55**(2):277–83.
14. Adelman HS, Taylor L. Transforming student and learning supports: Trailblazing initiatives. *Addressing Barriers Learn.* 2014.
15. Center for Mental Health in Schools.. *Moving beyond the three tier intervention pyramid toward a comprehensive framework for student and learning supports*.Los Angeles: Center for Mental Health in Schools; 2011.