

—Sheryl Kataoka, Brian Rowan *and* Kimberly Hoagwood

MENTAL HEALTH AND EDUCATION POLICY RESEARCH — ISSUES AND FUTURE DIRECTIONS

Education policy has long recognized the special needs of children with limitations from physical and mental impairments and has worked to ensure that such children have the additional services needed to succeed. Most recently, however, the No Child Left Behind (NCLB) act introduced added pressure to serve special needs children by tying funding to continued, measurable progress among all students, particularly those in low-performing, low-income schools—often the very same schools with higher proportions of students with special education needs and with higher mental health barriers to achievement. Therefore, attending to the needs of children with mental health conditions has taken on added importance. Yet policies and programs are often not conducive to this goal, as Sheryl Kataoka, Brian Rowan, and Kimberly Hoagwood argue in their paper “Mental Health and Education Policy Research – Issues and Future Directions” for the *Fundamental Policy – Spotlight on Mental Health Conference*.

To ensure equity and progress in education within the current policy climate, the authors call for research that creates stronger bridges and new partnerships between the mental health and education systems.

Important Segment of Students Not Well Served by Education Policy

In recent years, policymakers and the public have grown increasingly concerned that American children are losing ground academically. As a result, education policy has strayed from its broader mission of fostering positive development

in a number of life facets, including vocational and mental and physical health, and instead moved toward a narrower mission of outcome- or standards-based academic achievement.

Two important trends in American education policy have shaped education budgets, standards, benchmarks, and practice. First, Title I of the Elementary and Secondary Education Act, most recently reauthorized as the NCLB in 2002, provides schools serving high proportions of students in poverty with additional funding to improve their academic achievement. Under NCLB, failure by schools to make “adequate yearly progress” toward 100 percent academic proficiency for all children can lead to a variety of sanctions. Second is the shift in special education in both definition and practice. The 1975 Education for All Handicapped Children Act—in 1994 renamed the Individuals with Disabilities Education Act (IDEA)—mandates free and appropriate public education for all children with disabilities (approximately 11 percent of students nationwide).

Yet these two trends have often failed to fully recognize the needs of an important segment of the classroom, those with mental health issues. Although the NCLB offers several provisions that touch on prevention of mental health issues, most are modestly funded, discretionary grant programs that often compete with other school-based programs and tax already overworked and understaffed schools. Also, although many prevention programs have been proven effective, the administration’s current education budget

request either eliminates or radically reduces funding for the majority of them.

IDEA also supports students whose academic deficits stem from emotional and behavioral disorders. However, the mandated services for these students have largely been restricted to transportation, speech and language therapy, occupation and physical therapy, and brief counseling. In addition, IDEA provides no clear classification criteria for disabilities. As a result, disabilities classified in the education arena as “emotionally disturbed,” for example, do not correspond well with known psychiatric disorders. Some have argued that this misalignment is a reason for delayed or incorrect diagnoses, leading to erroneous placement in ambiguous special education categories where treatment is not aligned with actual needs.

Finally, from a budgetary perspective, schools are required to provide special education services to all eligible students with a disability, yet federal dollars finance only about 8 percent of state special education services.

Areas for Future Research

The authors believe education and mental health policies can be better designed to not only improve the mental health outcomes of children, but also enhance students’ academic success. However, to do so requires that the next generation of research strengthen collaborations between education and mental health disciplines and develop new approaches to intervention that both address the educational mission and provide appropriate assessment and treatment for mental health problems that affect learning.

In particular, the authors recommend the following research activities:

- Identifying mental health services that could be delivered by school staff and that would entail a broader conceptualization of mental health and educational functioning;
- Evaluating the effectiveness of different models of mental health financing in schools and seeking ways to diminish tax competition and conflict over scarce resources across sectors of care;
- Determining the active ingredients in the school context that spark both mental health improvements and educational attainment. Research should also explore a more differentiated approach to schools as environments that promote both learning and social-emotional development.

Addressing these research questions for this important segment of students with mental health issues could strengthen overall education policy by ensuring better educational outcomes and reducing competition for scarce resources. Given the climate of NCLB to document progress for all students, and given that mental health and educational outcomes are so clearly intertwined, it benefits policymakers and taxpayers to address these needs.

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The authors acknowledge the support
of the Robert Wood Johnson Foundation
in the preparation of this material.

The MacArthur Foundation Network on Mental Health Policy Research has worked to develop a knowledge base linking mental health policies, financing, and organization to their effects on access to quality care. www.macfound.org

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