
Caroline S. Clauss-Ehlers
ZewelANJI N. Serpell • Mark D. Weist
Editors

Handbook of Culturally Responsive School Mental Health

Advancing Research, Training,
Practice, and Policy

2013

Introduction: Making the Case for Culturally Responsive School Mental Health

Caroline S. Clauss-Ehlers, Zewelanj N. Serpell,
and Mark D. Weist

School Mental Health: Past and Present

For over two decades, the school mental health (SMH) movement has shown progressive growth in the United States (U.S.) and other countries based on some straightforward and compelling realities. First, child and adolescent mental health is among the most neglected of all health care needs, with 20% or more of children and youth presenting more concerning emotional and behavioral challenges, but less than one-third of these youth receiving any services (President's New Freedom Commission on Mental Health, 2003). Moreover, for those youth who do receive services there are serious questions about the quality of services received, with true evidence-based practice (EBP) being relatively rare, quality improvement often focused on variables such as fee-for-service productivity, and nonevidence

based, even harmful services being widespread (see Evans & Weist, 2004; Weist et al., 2007).

Second, children and youth generally do not receive mental health services in traditional settings such as mental health centers and private offices, but receive them in more natural settings, with the most prominent being schools and primary care offices. However, in these settings mental health services are often very limited, under-resourced, and even marginalized. In schools, mental health services are often limited to crisis response for all students, and otherwise available only to youth in special education. Further, position constraints plague mental health services delivered by the education system. For example, too few school psychologists, counselors, and social workers (and other professionals such as school nurses and special educators with behavioral expertise) commonly work in roles that do not capitalize on their full skill sets (e.g., psychologists relegated to testing, counselors relegated to academic advisement) and they often work in isolation of their professional counterparts in other community settings (see Rappaport et al., 2003).

Connecting these themes leads to the third point—that there are compelling benefits to a shared agenda, bringing together schools, families, community mental health staff and programs, and staff and programs from other youth serving systems (e.g., child welfare, juvenile services) toward an expanded SMH approach, involving a full continuum of environmental

C.S. Clauss-Ehlers, Ph.D. (✉)
Rutgers, The State University of New Jersey,
New Brunswick, NJ 08901, USA
e-mail: cc@gse.rutgers.edu

Z.N. Serpell
Virginia State University, Petersburg, VA 23806, USA

M.D. Weist
University of South Carolina,
Columbia, SC 29208, USA

enhancement, mental health promotion, prevention, early identification and intervention, and treatment, for all youth, in general and special education in schools (Weist, 1997). This expanded SMH approach has been called for back to the days of John Dewey in the late nineteenth century and gained significant momentum in the late 1980s with the development and growth of the school-based health center (SBHC) movement. As SBHCs, bringing a full array of health care to schools, were being developed in pioneering locations such as Minneapolis, Dallas, and Baltimore, in the 1980s, a rapid realization was that mental health concerns were the number one or two reason for referral, and many health conditions had emotional/behavioral components. This led to advocacy and federal leadership to build more comprehensive mental health services in schools, with prominent early leadership by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration, which in 1995 funded two national centers and five states to build infrastructure and work to advance SMH (see Anglin, 2003; Flaherty & Osher, 2003).

All of the above, along with a growing research base on schools as *the de facto site* for mental health services, and the advantages of effective SMH in reducing academic and nonacademic barriers to student learning, contributed to increasing federal and state investment in the field. In addition, a number of policy-focused articles and reports have been particularly influential, including Jane Knitzer's *Unclaimed Children* (1982), that documented the dire needs and neglect of the nation's children and adolescents contending with more serious emotional and behavioral challenges, the need for and advantages of a Systems of Care (SOC) approach by Stroul and Friedman (1986), and Surgeon General David Satcher's critically important reports on Mental Health (U.S. Department of Health and Human Services (DHHS, 1999) and Children's Mental Health (DHHS, 2000) calling for a paradigm change toward more proactive, preventive, flexible, and evidence-based mental health services for youth. These themes were amplified further in the historic New Freedom

Commission (2003) of the Bush Administration, that called for *transformation* of the nation's mental health system, increased focus on children and adolescents, EBPs, and included as 1 of 16 specific recommendations, *to expand and improve school mental health programs* (recommendation 4.2).

The U.S. federal government has progressively increased support for SMH as reflected in research grants through the National Institute of Mental Health and the U.S. Department of Education's (DOE) Institute of Education Sciences (IES); program and infrastructure grants through U.S. DOE's Mental Health Integration into the Schools and Safe Schools/Healthy Student's grants; the Substance Abuse and Mental Health Service Administration's (SAMHSA) System of Care grants; and Capacity Building grants through the Centers for Disease Control and Prevention (CDC; *please note that some of these grant initiatives involve multiple federal sponsors, with lead sponsors indicated here). As mentioned, MCHB made an early investment in SMH in the mid-1990s and national centers for SMH funded by MCHB at the University of California in Los Angeles and at the University of Maryland Baltimore (UMB) have helped to shape the field in developing numerous helpful documents and reports, in convening meetings, in promoting dialogue and collaboration, and in purposefully helping to shape federal policy (Anglin, 2003).

Annual conferences on Advancing School Mental Health continue to be held around the nation by the UMB center with the most recent conference in Charleston, South Carolina in the fall of 2011 drawing over 900 participants from all U.S. states. In addition, in collaboration with the Individuals with Disabilities Education Act (IDEA) Partnership, funded by the U.S. DOE's Office of Special Education Programs, the UMB center is sponsoring a National Community of Practice on Collaborative School Behavioral Health, which includes over 3,000 participants and represents more than 30 professional organizations, 16 states, and 12 practice groups pursuing the development of critical themes for the field. The goal of the community is to promote

multiscale learning or supporting schools, communities, organizations, and states in moving from discussion to collaboration and providing mutual support to escalate the pace of positive change in the field. The National Community of Practice started in 2004 with 80 stakeholders from diverse disciplines meeting and discussing key knowledge domains, also reflecting critical need areas for the field that are in need of development.

An initial group of eight theme areas/practice groups were developed and these have been refined (with some early themes dropping, some new ones surfacing) to include 12 currently. These theme areas and the work that is occurring to make progress on them in many ways reflect prominent needs of the field and work to occur in the immediate future for SMH to expand and improve. The 12 theme areas/practice groups are (with thanks to the University of Maryland, Center for School Mental Health, see <http://csmh.umaryland.edu>) as follows:

1. *Building a Collaborative Culture for Student Mental Health (CC)*. This practice group has as its primary objective to promote the active exchange of ideas and collaboration between school employed and community employed mental health providers, educators, and families. This exchange is to support the social, emotional, and mental health and the academic success of all children and adolescents. Research suggests that the social/emotional health of children and adolescents is linked to their academic and overall success in schools. A collegial, invitational approach to working together will allow all professionals and families to effect positive systemic change resulting in better informed and skilled school personnel to address the needs of students. By working together in a collaborative and creative manner, school, family, and community resources can better serve the educational and social/emotional needs of all students and assist in ensuring good mental health.

2. *Connecting School Mental Health and Positive Behavior Supports (PBS)*. This practice group is a conduit for families, researchers, administrators, and practitioners to find

common interests and practices related to SMH and PBS. PBS approaches are designed to prevent problem behaviors by proactively altering the environment before problems begin and concurrently teaching appropriate behavior. School-wide PBS systems support all students along a continuum of need based on the three-tiered PBS prevention model. SMH can be thought of as a framework of approaches that promote children's mental health by emphasizing prevention programming, positive youth development, and school-wide approaches. These approaches call for collaboration among mental health providers, educators, families, related service providers, and school administrators to meet the mental health needs of all students. By working collaboratively, this practice group seeks to clarify the relationship between PBS and SMH to promote seamless practice at the local level.

3. *Connecting School Mental Health with Juvenile Justice and Dropout (JJD) Prevention*. This practice group is committed to working across stakeholder groups to advance knowledge and best practice related to effectively linking SMH with JJD prevention. For youth to be successful, effective coordination and communication across systems is needed, and resources and best practice guidelines related to this work need to be readily available. Key priority areas include advancing effective strategies for reducing truancy, unnecessary suspensions and expulsions, dropout, and delinquency; building school and community capacity to meet the needs of youth and their families; promoting successful transitions between systems; encouraging relevant professional development for school and juvenile justice staff; advancing school connectedness and family partnership; promoting best practices in diversion and early intervention for youth who are in the juvenile justice system or who are at risk of placement in juvenile detention.

4. *Education: An Essential Component of Systems of Care (EESOC)*. This practice group is focused on the role of schools as significant partners with other child-serving,

community agencies/organizations and families in improving outcomes for children and youth with, or at risk of, mental, emotional, and behavioral health challenges. The EESOC practice group promotes learning as critical to social-emotional health and the adoption of effective services and supports that build and sustain community-based SOC. As a proactive, national level practice group, we will support resource sharing, cross agency training, and collaborative professional development. Our practice group is committed to looking at the multiple needs of children and families through a systemic lens. Therefore, it encourages presentations that outline or describe a system approach to service delivery and incorporating various system partners especially families and youth in any presentations.

5. *Family-School-Community Partnerships (FP)*. This practice group embodies family driven principles and is led by family members. This practice group fosters family participation in family-school-community collaboratives by supporting capacity building efforts for a shared agenda and effective infrastructure development and maintenance. In addition to advancing understanding of the value of family-school-community collaboratives, key capacity building efforts will include working with other practice groups to provide targeted information, leadership training, mentoring, coaching, and initial and ongoing family-school-community stakeholder development. Priorities are: (1) educating and informing families to help them effectively voice their needs to their school districts, in their communities and on state and national levels; (2) advocating for and supporting the participation of families across community of practice groups; (3) educating and informing schools, systems, policy groups, and others about the importance of family integration in policy work; (4) providing a place for family leaders to collaborate on discussion of needs, priorities, and opportunities; and (5) supporting the work of families.

6. *Improving School Mental Health for Youth with Disabilities (YD)*. The purpose of this practice group is to promote collaboration between schools and school systems, mental health agencies, service providers, youth, caregivers, and other key stakeholders to facilitate the delivery of quality mental health services to students with disabilities in the school setting. Enhanced collaboration will increase opportunities to deliver coordinated learning and mental health interventions, and facilitate understanding of the challenges and opportunities for youth with disabilities. Through these partnerships, this practice group seeks to ensure that students with disabilities receive appropriate programs and services in the least restrictive environment to successfully achieve targeted goals.
7. *Learning the Language: Promoting Effective Ways for Interdisciplinary Collaboration (LL)*. Creating a common language among parents, educators, pupil services personnel, and mental health providers helps to establish a strong community of understanding so students can learn, participate, and achieve. This practice group helps to promote greater understanding of the language used across interactive systems in mental health and education. In schools, a full complement of services helps to insure that students receive the necessary supports and tools for both academic and social emotional learning. This practice group recognizes that a community of multiple stakeholders is needed to address the mental health and educational needs of students. Our key priorities are: (1) to demystify the vocabulary used; (2) to add increased value to state and local educational/family/youth services agencies currently implementing expanded, SMH services/programs; (3) to promote a better understanding of how we communicate across systems/stakeholders; and (4) to build stronger relationships across SOC for families, students, and professionals involved in schools.
8. *Psychiatry and Schools (PS)*. This group focuses on issues related to psychiatric services in schools. Topics may include, but

are not limited to, the roles of psychiatrists who work in schools, and interdisciplinary collaboration among psychiatrists and other professionals working in schools, including primary health care professionals. Important issues for this practice group include the development of guidelines for appropriate medication prescribing in schools and ways to utilize psychiatric services optimally in the face of severe shortages of child and adolescent psychiatrists.

9. *Quality and Evidence-Based Practice (EBP)*. The mission of the Quality and Evidence-Based Practice Group is to share information across individuals and groups interested in improving the quality of SMH programs and services and to discuss, promote, and disseminate EBPs in SMH. This practice group strives to bridge the research-practice and practice-research gaps in the field. In addition, the practice group seeks to understand and identify the best student and program-level evaluation strategies.
10. *School Mental Health for Culturally Diverse Youth (DY)*. This practice group will focus on the practice, theory, and research specific to culturally diverse youth in the schools. The mission of the Culturally Diverse Youth practice group is to promote better understanding of strategies designed to enhance the success of culturally diverse youth in the school environment. Specific issues such as stigma, cultural adaptations, health disparities, disproportionality, family engagement, and linguistic and cultural competence are addressed by this practice group. The practice group will identify and disseminate information on effective treatment approaches in work with diverse communities to better inform the education, family, and youth-serving systems.
11. *Mental Health for Military Families (MF)*. The vision of this practice group is to develop and implement a comprehensive array of school programs and services to support military students, family, and community. Proposed objectives include: (1) to promote a full continuum of mental health promotion and intervention programs and services to
- include early identification and intervention, prevention, evaluation, and treatment; (2) to remove barriers to learning and improve the academic success of students; (3) to enhance strengths and protective factors in students, families, and the school community; (4) to promote the quality of life and wellness in military families; and (5) to provide training, staff development, and research opportunities to improve children's and adolescents' mental health and education.
12. *Youth Involvement and Leadership (YIL)*. This practice group is focused on advancing YIL in SMH. Priority areas include: (1) expanding youth leadership, participation, and input at local, state, and national levels, (2) advancing the development and implementation of strategies and approaches that promote greater youth leadership at all levels of the service systems that support them, (3) supporting efforts by the national community of practice and its practice groups to promote meaningful YIL, (4) organizing a dialogue around greater inclusion of youth in meaningful ways in all facets of SMH, (5) developing and promoting best practices and innovative approaches for YIL, and (6) serving as a resource for educators and involvement and leadership in schools and communities.

The Case for Cross-Cultural Competence in Today's Schools

Demographic trends. The fact that public schools are undergoing marked changes in the demographics of their student populations is increasingly evident. To date, nearly a quarter of students attending public schools are ethnic minorities. Reports from 2009 indicate that the school enrollment of Latino students has doubled and that these numbers are likely to continue increasing (National Center Education Statistics (NCES), 2011). In 2009–2010, 10%, or approximately 4.7 million students in U.S. public schools were English language learners (Aud et al. 2012). Furthermore, many students are now entering

schools from households that are living well below the poverty line (Planty et al., 2009). If Census Bureau projections are accurate, an astounding growth in the diversity of the U.S. population will occur over the next 10–15 years, and the population of schools will certainly mirror these trends.

The U.S. has already seen substantial increases in demographic diversity between 2000 and 2010—both Latino and Asian populations have demonstrated a 43% growth, with the latter group demonstrating the fastest growth among all racial/ethnic groups. The latest reports indicate that in 2010, populations in at least four states—California, Hawaii, New Mexico, Texas, as well as that of the District of Columbia—were “majority minority” with over 50% of people reporting racial/ethnic minority status. Even in states that typically have not been racially/ethnically diverse, there have been dramatic increases; for example, Nevada has experienced a 46% growth in the number of racial/ethnic minorities residing in that state.

Also worthy of note is that nine million people in the 2010 Census self-identified as having more than one race (Humes, Jones, & Ramirez, 2011). This has important implications for what we conceive of as culture, as some biracial and multiracial individuals may have a unique set of cultural experiences. For example, these youth may be in appearance race-ambiguous, and may be navigating complex family networks that encompass a diverse, and possibly divergent, set of cultural values (Brown, 2009). Vast diversity is also evident within racial groups, with individuals reporting varying countries of origin, primary language, and generational status in the United States. Within the Latino population, countries of origin include Central America, South America, Mexico, and the Caribbean, thus suggesting cultural variability even within ethnic subpopulations.

Meeting the Needs of Diverse Students in Schools

The significance of the substantial growth in the diversity of students in schools cannot be underestimated and the prevailing view is that on the

whole educators, counselors, and other mental health care providers are not adequately prepared to meet the needs of these students, and many will go unserved (Huang, Macbeth, Dodge, & Jacobstein, 2004). The persistence of significant disparities in service utilization by diverse communities (Diala et al., 2001; Snowden & Yamada, 2005) as well as evidence of reduced knowledge about mental health services and access in these groups (Bussing, Zima, Gary, & Garvan, 2003; dosRies et al., 2003) is of much concern. Most disturbing is the fact that access to needed services does not guarantee improved mental health outcomes among culturally diverse youth, as they are more likely than their White counterparts to receive inferior, inappropriate, and ineffective services (Alegría et al., 2002; DHHS, 1999; Oswald, Coutinho, & Best, 2002; Patton, 1998).

Schools have an important role to play in the elimination of mental health care disparities as they can afford better access. However, inequities in access and underutilization of school-based services among diverse communities underscore the need for cultural competence among service providers (DHHS, 2001). A vast majority of teachers and other school staff are economically and/or culturally different from the students they serve (Aud et al., 2010) and, many will not have had any preparation or training to effectively work with culturally diverse students and their families (Rogers, Ponterotto, Conoley, & Wiese, 1992).

Meeting the diverse needs of students in contemporary schools is far more complicated than has been the case in the past. There is a critical need to address obvious language differences (Ortiz, 2006), but also the less obvious and more intricate issues related to immigration status, acculturation, and differing cultural norms about mental health and schooling. Schools will need to contend with issues of cultural difference in all their complexity and consider the significant changes in the structural configuration of newly immigrated families, including the fact that many children will be at a different phase of adaptation to mainstream culture than their parents (Gopaul-McNicol & Armour-Thomas, 2002). Multiracial or biracial status will also warrant consideration as the experiences of these youth may entail challenges with identity development, and there

is evidence that these youth may present with a greater number and earlier onset of mental health needs than their mono-racial counterparts (Choi, Harachi, Gillmore, & Catalano, 2006).

Meeting the needs of culturally diverse youth will require a framework for unpacking the factors that influence developmental outcomes of culturally and linguistically diverse children. Educators and researchers will have to shift from using a comparative lens that identifies European American middle class values and developmental processes as the norm. This framework will need to accommodate the fact that development among culturally diverse youth is influenced not just by cultural factors, but also by social position variables (e.g., race, social class, ethnicity, and gender), social stratification mechanisms (e.g., racism, discrimination, and prejudice), and segregation (García Coll, Ackerman, & Cicchetti, 2000). Meeting the needs of culturally diverse students will also require attention to how we as service providers can capitalize on the unique skill set and strengths with which these youth and their families enter schools.

Defining cross-cultural competence. A starting point to understand how service providers can be more culturally responsive to children and families is to consider how to build competence in this area. Cultural competence involves flexibility—an ability to be open to understanding the child or family's experience from their frame of reference rather than from one's own. Out of this flexibility comes an open-mindedness to being aware of one's assumptions and biases (Sue & Sue, 2008), as well as being aware of the worldview of the child/family with whom you are working (Sue & Sue). These two domains, awareness of self and awareness of other, interact dynamically so that when the helping professional is aware of his/her own biases, s/he will be better equipped to understand the child/family from their perspective. In this sense cross-cultural competence involves empathy—one looks outside oneself to see someone else from their vantage point.

Much of the cultural competence literature has defined the term with a tripartite model: awareness, knowledge, and skills (Sue, Arredondo, & McDavis, 1992; Sue et al., 1998). Within each of these domains are specific cultural competencies

that further spell out specific aspects of competence. For instance, *awareness* involves having “moved from being culturally unaware to being aware and sensitive to own cultural heritage and to valuing and respecting differences” (p. 47); *knowledge* includes being “knowledgeable and informed on a number of culturally diverse groups, especially groups therapists work with” (p. 47); and *skills* encompass being “able to generate a wide variety of verbal and nonverbal helping responses” (p. 47). While these present one example for each domain, the original description includes 34 multicultural competencies (Sue & Sue, 2008; Sue et al., 1992, 1998).

Handbook co-editors view cultural competence as being systemic in nature. This philosophy is in accord with that proposed by Sue and Sue (2008) that examines the impact of cultural competence on a systemic/societal scale. For the purposes of the current volume, two systemic foci are addressed. On one level is the systemic focus on the child/family. This perspective examines the child and his/her family in the context of school, community, and the intersections among variables present in these contexts. These variables are addressed in chapters that explore the vast array of family and peer experiences faced by children and families today.

On another level is the profession itself—i.e., the researchers, mental health professionals, advocates, and policy makers who make up different constituencies. This second level presents challenges for cultural competence. One challenge concerns the lack of linkages between and among areas of research, training, practice, and policy. For instance, professional programs have a wide range of multicultural emphasis—some with cultural competence at the programs' core, others with cultural competence relegated to one course. The gap is then widened when helping professionals graduate from programs that are less culturally responsive and work in communities different from their own. In another example, while there are existing guidelines for culturally competent practice, there is less research to support the empirical use of these techniques with diverse populations. Highlighting gaps that result from a lack of interconnection is a key action item for this volume (see Chap. 19).

Goals and Objectives of the Handbook

Goals. The *Handbook* has several overarching goals that aim to tie in content and themes discussed in this chapter and those that follow. From these broad intentions come specific objectives. These are discussed below. The *Handbook's* main goal is to encourage those involved in all aspects of SMH to extend their thinking about the ways we can be responsive to the diverse youth we serve. The pages that follow discuss innovative frameworks, approaches, and strategies for cultural responsiveness in training, practice, research, and policy efforts.

This process involves acknowledging that ours is a changing landscape. Within this landscape, the role and impact of culture influences children's development and socialization. For those involved in various capacities of SMH, this acknowledgment means working to understand children within their sociocultural contexts. It also involves understanding the many variables that influence children and their families such as language, customs, culture, and historic background.

A second goal is to extend the knowledge base in the area of culturally responsive SMH. The pages that follow encourage school personnel to create linkages between innovative practice and policy that meet the needs of culturally diverse children and families. Through these linkages, schools are invited to define, discuss, and develop ways that the school climate addresses the educational, social, and emotional needs of children. SMH professionals are encouraged to consider culturally and linguistically relevant treatment. Not only does this better meet the needs of those seeking services, it also promotes access and utilization. *Handbook* co-editors articulate as a national priority, a call to action for culturally responsive advocates among the many constituencies who work with children (i.e., school personnel, administrators, policy makers, clinicians, academics, researchers).

A third goal is to address gaps and promote knowledge in culturally responsive research, training, practice, and policy. While comprehensive approaches to culturally responsive best

practices have been, and are being, developed, more work is needed. For instance, ongoing efforts are needed to further refine and create an evidence base that supports comprehensive and culturally responsive practice, while also linking training and policy initiatives to these outcomes. The *Handbook's* broad focus on research, training, practice, and policy also seeks to provide readers with insights about interconnections between and among these domains.

Objectives. Concrete, specific objectives arise from these goals. Constituencies are invited to examine and identify how cultural factors play out in the each domain. In so doing, the hope is that constituencies will further refine their approach to integrate culturally relevant meanings for those with whom they work and the policies they create. This involves considering how to conceptualize teaching, training, practice, research, and policy initiatives that incorporate an understanding of cultural influences on children's development in one's day-to-day practice.

A second objective is to draw from the specific programs and frameworks presented in the *Handbook* to consider implications for best practice in one's own community. For instance, in Chap. 7, Nancy Bearss presents a comprehensive framework for working with lesbian, gay, bisexual, and transgender (LGBT) youth in schools. It is hoped that by reading this chapter, the reader will get a sense of how to promote practice and policy that promotes the well-being of LGBT youth who may feel alienated and ostracized within their school systems. Similarly, in Chap. 17, Patricia M. Raskin discusses the real pressures faced by today's families as they attempt to negotiate the demands of work and family. It is anticipated that the reader will come away from reading this chapter with a better sense of how to implement school policies that are sensitive to this tension (i.e., policy that incorporates electronic access as a way to communicate with working families).

A third objective is for the reader to turn to the *Handbook* as a much needed reference. The *Handbook* provides a base of knowledge that readers can reference when questions arise about

culturally competent responsiveness in research, practice, training, and policy domains. Each chapter includes a list of contemporary references that provides readers with additional resources for their area of interest.

Overview and Objectives for Each of the Three Handbook Sections

As stated in the Preface, the rationale for the *Handbook* is to address gaps in the literature through a compilation of chapters that highlight key topics in advancing culturally responsive SMH promotion and intervention across key realms of training, practice, research, and policy. Central to this rationale is exploring connections across these domains. One question, for instance, concerns how to provide linkages between research and culturally competent practice, thus expanding culturally responsive EBP. Similarly, another question focuses on implications of training culturally responsive school personnel for the provision of culturally responsive services in the future.

The *Handbook* has three parts, each with various contributors that reflect key themes. The three critical areas are: (I) *Status of the Research on Cultural Considerations in School-Based Mental Health Interventions with Children and Adolescents*; (II) *Innovative Approaches in Work with Diverse Children and Adolescents in Schools*; and (III) *Specific Problems and Interventions*. Each area is described below.

Part I, *Status of the Research on Cultural Considerations in School-Based Mental Health Interventions with Children and Adolescents*, provides a general introduction to the text and reviews research literature as it relates to school-based interventions with children and adolescents. The section builds on previous research findings and presents an ecological approach to understanding the notion of cultural competence in school-based mental health as well as the overall school climate.

Part II, *Innovative Approaches in Work with Diverse Children and Adolescents in Schools*, focuses on innovative approaches in work with

diverse children and adolescents (i.e., culture, parental involvement, role models, school setting) that promote cross-culturally competent SMH services. Specific programs are presented that provide a model for this type of work such as the Black Parents Strengths and Strategies Program. Innovative theoretical frameworks such as Phenomenological Variant of Ecological Systems Theory (PVEST) are presented as models of positive school climate.

Part III, *Specific Problems and Interventions*, is the concluding part of the text. The focus of Part III is to invite readers to consider specific issues—some illustrated with case studies—that connect science to practice. Prevention efforts associated with the healthy development of children and adolescents are also discussed. Chapters in this part address the achievement gap, advocacy, academic support, and ways to assess cultural competence in school-based interventions.

Part I: Status of the Research on Cultural Considerations in School-Based Mental Health Interventions with Children and Adolescents

Part I provides an overall framework for the *Handbook* and a foundation for Part II and III. Chapters throughout Part I make the case for culturally responsive school-based mental health. This rationale is presented through the following: a historical perspective of the SMH movement coupled with demographic trends in today's schools (Chap. 1); discussion about building a culture of trust in schools with overseas military base schools being one such example (Chap. 2); consideration of cultural responsiveness in diverse school contexts with rural schools being included among them (Chap. 3); and attention directed to the changing roles of twenty-first century school personnel against the backdrop of twenty-first century national demographic changes (Chap. 4).

In Chap. 2, Alan R. Scheuermann and Tracey Jernigan discuss the impact of military life on families and the relevance of specific cultural issues for them. The authors discuss challenges associated with providing mental health services

for youth in an overseas military base located in a different culture. A key issue that results from this situation is that civilians living overseas “are subject to the civilian laws of the host nation based on a Status of Forces Agreement (SOFA),” thus there are cultural considerations housed within cultural considerations. Chapter 3 continues the conversation about the critical need for cultural responsiveness, here within a rural school context. Hence, Julie Sarno Owens and her colleagues discuss being culturally responsive in the provision of SMH services within a rural context. Definitions for the term “rural” are presented as well as how, even though different than an urban setting, rural communities “are heterogeneous with regard to demographic, economic, and cultural characteristics.”

In the final chapter in this part, Laura Miller and her colleagues discuss how the school counselor’s role has changed from the twentieth to the twenty-first century. The expansion of this role includes an increased focus on the social/emotional growth of the student within a sociocultural context. The importance of advocacy, cultural sensitivity, and working across professional cultures such as educational vs. counseling realms is presented. Consideration of the shift in school personnel roles has implications for the next part of the book, Part II—that examines innovative approaches in work with diverse school communities. As such, it is an appropriate segue.

Part II: Innovative Approaches in Work with Diverse Children and Adolescents in Schools

The cultural landscape of the U.S. and the world as a whole is changing. Promoting cross-culturally competent SMH services will therefore require innovation. Not only do researchers and practitioners have to consider the sociocultural, political, and historical contexts of the communities where schools are located and in which children live, but they also have to develop new conceptualizations of SMH and culture in order to address the increasingly complex needs of diverse children and adolescents.

Many of the chapters in Part II describe a re-conceptualization or broadening of what constitutes SMH. Chapters also illustrate the importance of expanding beyond the confines of the school building to reach out to families, connect with and develop a shared agenda with community partners, and incorporate flexibility into the program implementation process. Furthermore, chapters in this part of the *Handbook* highlight the importance of cultural specificity and adaptation in SMH programs.

Programs described include those that target the specific needs of a particular group and/or around particular problems. Chapters 5 and 6, by Kendra P. DeLoach and Stephanie I. Coard, and their respective colleagues, articulate key issues and effective strategies to engage and address SMH among African American youth and their families. Kendra P. DeLoach and colleagues focus on strategies to engage families, whereas Stephanie I. Coard and colleagues describe how an empirically supported parenting program can be successfully adapted to be more culturally responsive for African American families. With a similar focus on families, in Chap. 8, Matthew Mock reviews key target areas for effective practice in school settings for Asian American and Pacific Islander youth and their families—highlighting issues related to stigma, access, and service utilization.

Other chapters emphasize the need to pay attention to critical contextual factors, that is often the impetus for a strength-based approach to programming. For instance, in Chap. 9, Keisha Bentley and colleagues consider the unique experiences of African American males in school contexts and how important it is to address issues related to racial stress. In Chap. 13, Nicole Evangelista Brandt and her colleagues review the rapid escalation of gang involvement and associated problems for youth in the U.S. and present strategies for culturally competent programs and services to address this unique population of youth. In Chap. 7, Nancy Bearss discusses best practices in promoting positive school climates for LGBT youth. The author underscores the need for a positive school climate to combat alienation, suicidality, and

depression experienced by LGBT youth, and discusses important cultural considerations in work with LGBT youth from diverse racial/ethnic backgrounds. In Chap. 11, Jody Lieske and her colleagues focus on SMH issues in rural school settings. These authors highlight the fact that rural communities have their own culture, and addressing mental health issues in primary care settings is an important mechanism through which to improve *school* mental health.

Remaining chapters in Part II focus on cross-cutting issues that exist within subpopulations of culturally diverse communities. For instance, Kip Thompson and colleagues discuss the role of adolescent ethnic identity development. This chapter considers theoretical frameworks of adolescent identity development as well processes associated with personal and ethnic identity development across a range of diverse communities of youth. In Chap. 10, Caroline S. Clauss-Ehlers and her colleague Adeyinka Akinsulure-Smith address specific issues faced by forced migrant children and their families. These include developmental, mental health, legal, and linguistic considerations for refugees, unaccompanied minors, and asylum seekers.

Part III: Specific Problems and Interventions

Discussion about innovation leads to a focus on specific problems and interventions, the final part of the *Handbook*. The six chapters that make up this part address a range of different issues that include: training transformed school counselors (Chap. 14); culturally responsive substance abuse and sex education prevention programming for middle school youth (Chap. 15); culturally competent assessment in schools (Chap. 16); policy implications for work/family balance issues among families (Chap. 17); understanding trauma from a culturally competent perspective (Chap. 18); and consideration of next steps to advance culturally responsive school-based mental health (Chap. 19).

The first three chapters (i.e., Chaps. 14, 15, and 16) present models of training and/or

programming. In Chap. 14, Marte Ostvik-deWilde and colleagues discuss the University of Maryland's school counselor preparation program that prepares school counselors to deal with urban educational issues. School counselors learn to be advocates, to address the achievement gap, and to take a systemic, culturally competent perspective. Chapter 15 focuses on programming from another perspective, that of prevention programming for early adolescents. Desi Hacker and colleagues discuss a "culturally integrated sex education and substance prevention program" for adolescents between 11 and 14 years of age. The chapter concludes with a discussion of key variables that are central to effective culturally responsive programs. Chapter 16 provides yet another lens from which to consider culturally responsive intervention—here in the assessment arena. Toni Harris and colleagues discuss "cultural bias in school assessment" that leads to a disproportionate number of children of color and those from low-income families in special education. The chapter goes on to discuss culturally competent best practices in school-based assessment.

The remaining chapters of Part III focus on building capacity within various realms of child and family experience. In Chap. 17, for instance, Patricia M. Raskin examines trends in work/family issues over the past 30 years. Central to this discussion is consideration of the impact of race, ethnicity, and social class on work/family dilemmas. Avenues for policy are presented such as flexibility solutions. In Chap. 18, Leslie K. Taylor and colleagues make the case for the importance of "school-based interventions for traumatized youth." Taylor and her colleagues also make recommendations "for building capacities necessary for supporting and sustaining culturally competent trauma focused intervention within schools."

The *Handbook's* concluding chapter raises overall policy and capacity building concerns. *Handbook* co-editors present current critical issues and provide an action plan to advance cross-culturally competent school-based mental health. The urgency to pursue this action plan is underscored throughout the chapter.

Conclusion

As *Handbook* co-editors we invite readers to absorb the information that follows and explore how it applies to those with whom you work. Whether as school personnel, an educator, mental health professional, policy maker, or administrator, we hope the pages that follow provide you with new perspectives about the work that you do, the impact it has, and its far-reaching implications for children and their families. Our efforts have largely focused on pulling together a comprehensive approach that creates linkages between research, training, practice, and policy. As with any project, we appreciate that there are gaps in the information provided and further work to be done. In your review of the volume, we encourage you to consider future areas of focus for these aspects of the field and the accompanying effort needed to move knowledge, practice, and policy forward.

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