Expanding Interdisciplinary Collaboration in School Mental Health: The Role of Graduate Programs

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Introduction

Over the past two decades, school mental health programs have garnered increasing attention from researchers, policymakers, mental health professionals, and school staff. This is not surprising given the identified gap between youth mental health needs and service availability. For example, approximately 20% of youth present with emotional and behavioral problems severe enough to warrant intervention (Costello et al., 1996; Grunbaum et al., 2004; Roberts et al., 1998), yet fewer than one-fifth of these youth receive specialized mental health services (Burns, 2010; Burns et al., 1995; Leil et al., 1996; U.S. Department of Health and Human Services, 2004). School mental health programs remove barriers to youth intervention by promoting enhanced accessibility to services (Burns et al., 1995; Rones & Hoagwood, 2000) and by providing less stigmatizing and more natural places to receive treatment than traditional clinical settings (Atkins et al., 2001). These programs assist in the early identification of mental health problems (Husky et al., 2011; Weist et al., 1999), the implementation of preventive interventions (Tashman et al., 2000; Weist, Stiegler, et al., 2010), and the generalization of intervention effects across settings (Evans et al., 2003).

Sadly, mental health services are often still limited at the school-building and school-district level, with student needs outstripping resource availability (Atkins et al., 2010; Catron et al., 1998). This is typically the result of a more traditional approach to school mental health that is characterized by restricting assessment, consultation, and treatment services to youth referred to special education. To better meet student needs and provide mental health services to all students, many of these programs are now reflecting an expanded school mental health (ESM) approach that involves collaboration among school staff, community system staff and families, and other stakeholders to move toward a full continuum of mental health promotion that includes environmental enhancement, prevention, early intervention, and treatment for youth and their families in both general and special education (Weist, 1997; Weist & Evans, 2005). These programs move from the status quo of underutilized traditional community mental health, and underresourced mental health services organized and delivered by schools, toward a more comprehensive and mutually supportive approach that offers a range of benefits (Catron et al., 1998; Evans et al., 2007; Kutsah et al., 2006; Robinson, 2004; Weist, 2003).

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Recognizing the Importance of Interdisciplinary Collaboration in ESMH

Growing support for investment in children's mental health has emerged as a salient agenda item among policymakers. Among other strategies, improved interdisciplinary collaboration has been proposed as a means of achieving improved mental health outcomes (see U.S. Department of Health and Human Services, 1999, 2001; U.S. Public Health Service, 2000). For example, federal reports emphasize the delivery of high-quality mental health services through the transformation of services into strategies that are more collaborative, preventive, flexible, and evidence based (Mills et al., 2006; President's New Freedom Commission, 2003).
Moreover, several federal funding streams continue to support ESMH and capacity building through the development of new programs and the incorporation of interdisciplinary staff within the program milieu. These funding streams include:

- The Safe Schools Health Students Initiative (i.e., grants from the Substance Abuse and Mental Health Services Administration [SAMHSA] and the U.S. Department of Education [DOE]);
- Integrating Mental Health Services into the Schools (U.S. DOE);
- Building Capacity for School Mental Health Services (Centers for Disease Control and Prevention); and
- Developing Systems of Care for Youth with Serious Emotional/Behavioral Disorders (SAMHSA).

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Barriers to Interdisciplinary Collaboration in ESMH

Although the growing interest for interdisciplinary collaboration among practitioners, researchers, and funding agencies offers encouragement and provides a glimpse of a promising future for ESMH, this emphasis also points toward a need for reducing barriers associated with collaborations among mental health providers and educators. One prominent barrier that occurs within schools is the confusion about the roles of various professionals. Table 1 presents a summary of the multiple and overlapping responsibilities of different types of school mental health clinicians; these duties and responsibilities were summarized from a description of roles from each respective professional association and from O*NET (www.onetonline.org), the nation's primary source of occupational information. As one example, the role of school counselors relative to the roles of other mental health professionals and staff within the schools continues to evolve. In the past, the primary role of school counselors has been to perform aptitude, ability, and other types of vocational assessments (Flaherty et al., 1998). In recent years, however, school counselors have begun to provide preventive and some counseling services for students—individually, with their families, and in groups (Brown et al., 2006). Such changes in roles for some school counselors—but not others—can create role confusion for the counselors themselves and for members of other disciplines who interact with them (Lieberman, 2004). Similar role confusion can occur for members of other disciplines, such as school psychology, who may be highly focused on assessment and psychological intervention in some districts but may be more involved in prevention and intervention in others (Nasini, 2000).

In addition to professional role confusion, consumer confusion about where to go for which mental health service also abounds. Perhaps because the public often misunderstands the varying professional training backgrounds and skill sets that cross mental health titles and roles (e.g., school administrators, school counselors, and schools psychologists; see Brown et al., 2006), misconceptions often surface regarding who is professionally qualified to provide a particular service for a particular situation. This confusion not only results in poor collaboration among mental health professionals in general, but also potentially accounts for some of the fragmentation of services commonly found in children's mental health (U.S. Public Health Service, 2000). However, despite the fact that poor coordination of services and the ineffective use of resources serve as barriers to the implementation of high-quality ESMH services, schools nonetheless offer opportunities to promote interconnected training, practice, research, and policy initiatives in children's mental health.

Interdisciplinary (and Intradisciplinary) Collaborations in ESMH at the Trainee Level

It is critical that partners at the graduate and professional level identify barriers to successful collaboration and implement strategies to counteract those barriers. This section reviews the barriers that graduate programs housed in colleges and universities encounter as they seek to adequately train mental health students to be successful collaborators within the field of ESMH.

The considerable scope of various mental health professions and academic disciplines often means that relationships across professions suffer from a lack of clarity, consistency, and integration (Humes & Hohenhull, 1987). Some of this disconnect is, ironically, due to the rising prominence in mental health services in our public schools. Although the roles of mental health professionals who work in schools increasingly blur together, it is important that the collaborators refocus on the overall purpose of providing the best mental health services to children and youth rather than struggling to make each mental health discipline unique (Hepworth et al., 2010; Huebner & Hahn, 1988; Zastrow, 2010).

It is notable that many of the barriers to successful collaboration begin and persist in the university setting. Oftentimes, graduate degree programs in mental health are highly specialized, with little emphasis given to generalized and integrated training. Further, training programs in psychology vary widely in terms of their ability to provide interdisciplinary experiences in schools (Paternite et al., 2006). For example, students in clinical psychology programs take courses within clinical psychology, complete research studies with faculty within their program, and complete applied training in severe and persistent mental health problems in university clinics. Likewise, students in school psychology take courses within their discipline, complete research studies with faculty within their program, and complete applied training in psychosocial/educational assessment in schools. In both cases, the students and faculty are too often comfortably isolated within their respective disciplines, colleges, training programs, and practicum settings. In addition, at most universities, school psychology, educational psychology, and counseling psychology generally fall within colleges of education. This is often an advantage for students and faculty
in these programs because extra-university partnerships might be available through teacher education programs that already exist between the university and the community. Clinical and community psychology programs, however, are generally within colleges of arts and sciences, where these partnerships are limited.

Moreover, disciplines such as social work, developmental psychology, general and special education, nursing, and other allied health disciplines such as occupational therapy and speech pathology all suffer from isolation within the university setting. At times, these vastly different—yet inherently linked—programs insulate themselves from potentially fruitful relationships waiting on the other side of campus. At other times, already established university/school collaborations are overlooked. Graduate students are often trained to become proficient in one specific area of mental health and, therefore, may disregard other specialties within the field. Consequently, it is not surprising that graduates later find it challenging to collaborate with individuals in other disciplines or with differing educational backgrounds when they enter the work force. The challenges to potential collaborations are even more pronounced within the school setting where the difficulties and realities of day-to-day interactions may even serve to exacerbate tensions (Flaherty et al., 1998; Weist, 1997).

One recommendation for reducing barriers to the development of partnerships is to provide enhanced planning for integrated training within the university setting. Graduate degree programs could work together to develop coursework, applied training experiences, and research experiences that cut across disciplines, thereby establishing—early on—the importance of interdisciplinary collaborations for graduate trainees. Additionally, graduate training programs should emphasize the importance of broadening training for their graduate students, so that the programs expand to purposefully provide opportunities for collaboration and integration outside of a typical training program. This could include an incorporation of case-based learning, interactive videoconferencing, interdisciplinary didactics, training on leadership in schools, and experiential training experiences in interdisciplinary collaboration (Huhebner & Hahn, 1988; Sarno-Owens & Hamel-Lambert, 2007). This change in structure and perspective may require that clinical
supervisors and research mentors work together—in different capacities and with increased flexibility—to provide effective supervision to graduate students working within interdisciplinary settings. It may always be difficult to distinguish where the line falls between disciplines, because every professional brings a different set of skills to the table; however, these differences in emphasis can actually be strengths in collaborative training (Weist, Mills, et al., 2010).

Another recommendation to counteract these barriers is to create an open dialogue regarding issues between faculty and trainees across the various mental health disciplines at a specific school. This open dialogue should focus on shared leadership, training, responsibility, and communication among the various mental health providers who could potentially collaborate within an ESMH setting. Huebner and Hahn (1988) suggest that open dialogue needs structure and specific training goals. The authors recommend that training should ideally include:

- Developing shared agendas;
- Goal setting;
- Communication;

Although training models in graduate education that can be applied to professionals that can be applied to interdisciplinary practice in ESMH placements have the potential to create considerable opportunities for educators (general and special education), school counselors, psychologists (developmental, school, community, clinical, counseling, and educational psychology) and social workers to learn effective collaboration across disciplines so as to provide well-coordinated, high-quality services. Bronstein (2003) proposed a model of interdisciplinary collaboration for professionals that can be applied to practice in ESMH settings. In this model, the five most important components for successful collaboration include:

- Interdependence;
- Newly created professional activities;
- Flexibility;
- Collective ownership of goals; and
- Reflection on process.

Similarly, the development of universal theoretical models or frameworks for interdisciplinary practice in ESMH placements has the potential to create considerable opportunities for educators (general and special education), school counselors, psychologists (developmental, school, community, clinical, counseling, and educational psychology) and social workers to learn effective collaboration across disciplines so as to provide well-coordinated, high-quality services. Bronstein (2003) proposed a model of interdisciplinary collaboration for professionals that can be applied to practice in ESMH settings. In this model, the five most important components for successful collaboration include:

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Building off this model, Mellin (2009) proposed a conceptual model specific to ESMH, which includes the above-mentioned components and also addresses the important processes necessary for productive relationships, such as:

- Communication;
- Collaboration;
- Coordination;
- Accountability;
- Cross-disciplinary training;
- Mutual respect; and
- Partnership synergy.

Contextual influences described in the model include professional roles, school/organizational characteristics, personal characteristics, and history of collaboration. Finally, the model denotes proximal and distal outcomes with regard to youth, partnership, and school/organization/community, thereby providing a template by which to measure the outcomes of collaborative practice.

Proximal outcomes relevant to youth focus on issues of access to care and customer satisfaction and include measurement of access to services and support and the consumer’s satisfaction with the services received. Partnership, as assessed by increased creativity, support, and new solutions, represents another proximal outcome. The final proximal outcome, school/organization/community, is measured in terms of additional resources and whether or not the climate has improved.

The model described by Mellin (2009) also includes distal outcomes, again focusing on indices that include youth, partnership, and school/organization/community. In terms of youth, the variables that are measured include academic achievement, social and emotional improvements, and enhanced familial relationships. Partnership focuses on the assessment of collective efficacy and duplication of services. Lastly, school/organization/community evaluates financial burdens and the building of social capital. Overall, this promising model represents an important step toward the delineation of a common language for researchers, policymakers, and practitioners around both the practice and evaluation of interdisciplinary collaboration in ESMH.

In addition to the proposed models, recommendations for interdisciplinary collaboration related to school mental health have also emanated from professionals...
involved in such diverse disciplines as social work (Anderson-Butcher & Ashton, 2004), school counseling (Brown et al., 2006), and clinical and community psychology (Weist et al., 2001; 2006), among others. In an attempt to synthesize these findings across disciplines, Mellin and colleagues (2010) reviewed the literature on common elements of interdisciplinary collaboration and indicated that the critical elements include shared decision making, mutual responsibility, mutual respect, interdependence, and reflection.

These proposed models and recommendations represent a promising advance in the delineation of successful elements for interdisciplinary collaboration in school-based settings. However, despite these conceptual advances and the fact that collaborative and interdisciplinary team efforts are considered a main tenet of the ESMH framework, examples in the literature of successful and measurable interdisciplinary collaborative programs in school-based settings remain few, and the reports of these programs are mostly anecdotal in nature (Mellin et al., 2010).

In response to this gap in the literature, there have been recent and concerted efforts to promote and quantify successful aspects of interdisciplinary collaborative programs in school mental health. Several disciplines have taken the lead in this effort with proposals for training guidelines, again emphasizing the benefits and necessity of interdisciplinary collaboration for promoting positive school mental health (e.g., American School Counselor Association, 2005; National Association of School Psychologists, 2000). Unfortunately, most of these models and training guidelines have been disseminated to journals or organizations whose readership and members most often represent a particular discipline, thus reinforcing the barrier to developing a common language and set of universal competencies for interdisciplinary collaboration in school-based settings. However, there has been a recent increase in research and practice journals that not only focus on expanded school mental health, but journals that not only focus on expanded school mental health, but also actively seek out a multidisciplinary readership interested in the promotion of interdisciplinary and collaborative practice in school-based settings (see Advances in School Mental Promotion, published through the Cliford Beers Foundation and the University of Maryland, www.schoolentalhealth.co.uk; and, School Mental Health, Springer, www.springer.org).

Another mechanism through which this effort has occurred is through school mental health conferences that espouse interdisciplinary collaboration. As an example, the Center for School Mental Health annual conference (http://esmh.umd.edu) represents a forum whereby a diverse group of students and professionals meet to discuss the development and implementation of frameworks for collaborative efforts among individuals practicing in school-based settings. In addition, specific presentations and symposia are devoted to the provision of training sessions that focus on the nuts and bolts of engaging in collaborative relationships in school-based settings.

In recognition of the diversity in professional disciplines across the various ESMH programs and the differences in training models across disciplines, the Mental Health Education Integration Consortium (MHEDIC; www.mhedic.org) has developed a committee that is charged with identifying those competencies considered necessary to those competencies considered necessary to refining student mental health and learning. The expectation is that these competencies will apply equally to all professionals working in the school setting and will result in the promotion of effective and measurable interdisciplinary collaboration.

With an eye toward the development of future professionals who will work in ESMH, we provide several examples of prevention and intervention programs that seek to foster trainee (undergraduate and graduate) development by having students participate and deliver services in an interdisciplinary and collaborative fashion. For example, the Challenging Horizons after-school program (CHP) engages hundreds of undergraduates and a significant number of graduate students in service-learning activities that exemplify best practices in evidence-based, interdisciplinary collaboration to help public school students with learning or behavior problems (Evans et al., 2011). Another example is Youth Experiencing Success in School (YESS), a collaborative school-based program designed to increase access to evidence-based support services for children who struggle with inattention and disruptive behavior problems (Owens et al., 2008; Sarno-Owens & Hamel-Lambert, 2007). In this program, supervised graduate students, social workers, and professional school counselors deliver collaborative services within the school district. Such training opportunities in interdisciplinary collaboration for undergraduate and graduate students will help diminish the boundaries set by different training models and also promote the healthy exchange of creative ideas about how best to collaborate in school-based settings.

Conclusion

Interdisciplinary collaboration, a key ingredient of ESMH, remains in its infancy as prescribed theoretical frameworks, training programs, and integrated applied experiences for true interdisciplinary collaboration are still being explored and identified.

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Although we may not be all the way there yet, by distinguishing barriers to achieving interdisciplinary collaboration, we can identify facilitators who can assist in informing future work. To date, common elements of successful interdisciplinary collaboration continue to emerge, and the efforts to further promote such work already receive recognition from relevant professional organizations, such as the American Counseling Association and National Association of School Psychologists. An admitted limitation, however, is that these organizations tend to reach professionals of a particular discipline. Similarly, disconnect across disciplines and departments at the university level translates into the isolated approaches to training and practice that still persist.

It is recommended that the next logical step in promoting interdisciplinary collaboration should begin at the trainee level. Developing strong linkages across university departments, such as psychology and education, will facilitate the development of graduate training programs with interdisciplinary research and training experience.
as exemplified by the CHP and YESS programs. Taking advantage of inherent universality connections will also promote the development of ESMH coursework specific to interdisciplinary collaboration.

References
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