THE PROVISION OF MENTAL HEALTH SERVICES IN SCHOOLS

By

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Abstract

Many students are affected by mental health problems. There is growing controversy of how best to serve these children while taking into consideration budget constraints and the role of the schools in this matter. This study reviewed the available literature on the provision of mental health services in the schools. The historical development of school-based mental health services is addressed, and the context of special education law and the No Child Left Behind Act is discussed. Next, the prevailing arguments for and against the provision of mental health services are summarized. The paper concludes with a review of the empirical evidence addressing the provision of mental health services in the schools. Results indicate a lack of research in this area. As such, further research addressing school-based mental health services is recommended.

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Chapter I

In America today, many students struggle with mental health concerns on a daily basis. Mental health problems among adolescents and children are fairly common, with the mean overall prevalence at 15.8% (Roberts, Attkisson, & Rosenblatt, 1998). According to the American Psychiatric Association (2000), mental health problems like mental retardation, learning disorders, attention-deficit disorder, disruptive behavioral disorders, elimination disorders, selective mutism, psychotic disorders such as schizophrenia, and mood disorders like depression or bipolar may occur as early as childhood or adolescence. Mental health concerns certainly are not limited to adults. The educational implications of mental health disorders for the students who struggle with them are vast and far-reaching. For instance, the Center for Disease Control and Prevention (CDC) found, in a 2001 study surveying adolescents in grades 9-12, that 28.3% of students display two of the most serious diagnostic hallmarks for depression (Grumbaum et al., 2002). The same study indicated that 8.8% of these students admitted to attempting suicide at least once in the previous 12 months. In today's society, social pressures on youth are unparalleled. Children are regularly exposed to multiple stressors in their homes due to child abuse, child neglect, substance abuse, rising rates of poverty, and violence in our communities (Heathfield & Clark, 2004). Policymakers have recognized the implications of realities like these as serious issues that require additional support in our communities; and, more specifically, our schools.

Although students with academically based disorders like learning disabilities may qualify for special education services if certain criteria are met, should schools provide mental health services for students who present mental health problems? As

budget cuts have become more prevalent and severe in America's public schools, school principals are often forced to take an inventory of which services are necessary and which are peripheral, and act based on this assessment. Further, other reform movements and the No Child Left Behind Act (NCLB) have been instrumental in turning the attention of America's schools from services that provide socio-emotional and mental health support to more traditional academic services.

No Child Left Behind

With the advent of the No Child Left Behind Act, the concept of Federal funding based on test scores has forced schools to narrow the focus of their financial and personnel resources to emphasize more traditional, academically-based services for students in schools. The No Child Left Behind Act has placed an unprecedented importance on the academic performance of America's students, and the act has made overt connections between academic performance and much needed funding. In his executive summary, President George W. Bush outlined several policy changes as he implemented the act. First, schools must have annual, nationwide assessments of reading and math skills. As such, students will be formally assessed at least once per year for the purpose of eventually formulating a report card for each school district and state (Bush, 2003).

The link between testing and funding has had a huge impact on our schools. James Green (2004) summed the effects of high stakes testing nicely when he said, "The current emphasis on high-stakes testing is leaving an unmistakable imprint on all aspects of education. Our curriculum, our instructional methods and materials and even our understanding of the purpose of public education are being reshaped by the

standardized tests" (p. 30). Further, schools whose students are not meeting criteria set by the Department of Education will "first receive assistance, and then come under corrective action if they still fail to make progress" (Bush, 2003, p. 3). According to the President's address, "The Secretary of Education will be authorized to reduce Federal funds available to a state for administrative expenses if a state fails to meet their performance objectives and demonstrate results in academic achievement" (Bush, 2003 p. 5). The implications of these policies as they relate to the provision of mental health services in schools are massive. States that once provided mental health services to students are now faced with reallocating resources to ensure high test scores by making academic improvements to meet the demands of the NCLB.

Proponents of school-based mental health services often argue that students who are unstable from a mental health perspective will struggle academically, socially, and emotionally, regardless of the quality of instruction, academic, or behavioral interventions provided (Adelman & Taylor, 1999). These mental health proponents take a more holistic approach to education, stating that for students to thrive academically, their physical and mental health needs must be met. Proponents argue that attempting to teach students academics without first addressing their socio-emotional well-being is a lost cause.

Those who disagree with the provision of mental health services in schools, however, point to the lack of funding in our schools (Adelman & Taylor, 1999). Most argue that students need the basics: reading, writing, and math. Reading, writing, and math are considered cultural imperatives in our society, and dissenters argue that counseling services and mental health interventions are the responsibility of families

and the communities in which students live, rather than the responsibility of the schools. Further, opponents of mental health services in schools worry that the provision of such services is done without parental consent or knowledge in many cases, which can be a violation of parental rights.

Statement of the Problem

Given the large number of students affected by the decisions of our school personnel regarding the provision of mental health services and the growing scarcity of financial resources to address mental health needs, research regarding the provision of mental health services in schools is warranted.

Research Objectives

Thus, the five objectives of this research are: a) to determine what is known about the historical development of school-based mental health services; b) to determine the reasons for the provision of mental health services in the schools; c) to determine the reasons against the provision of mental health services in the schools; d) to investigate the National Association of School Psychologists stand on the provision of mental health services in the schools; and, finally, e) to ascertain what empirical evidence exists to support of deny the provision of mental health services in the schools.

Definitions

To further facilitate knowledge of mental health problems and concerns for America's students, the following definitions are provided:

The No Child Left Behind Act- an act of Congress, proposed by President G. W. Bush, which places accountability on student performance. Students' academic

achievement is measured using standardized testing. Schools are held accountable for progress or underachievement with financial rewards and bonuses or disciplinary action. Further, vouchers may be given to students in failing schools (George W. Bush, 2003).

Mental Health- the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity (Department of Health and Human Services, 1999).

Mental Illness- a term that refers collectively to all mental disorders, which are health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning (Department of Health and Human Services, 1999).

Mental Health Problems- a term that refers to signs and symptoms of sufficient intensity or duration to meet the criteria for any mental disorder (Department of Health and Human Services, 1999).

PL XX-XXX- the letters "PL" stand for public law and are followed by several numerals, a dash, and more numerals. The first numerals designate the session of Congress in which the law was passed. The second set of numerals designate the position in the sequence of laws for that particular congressional session.

Passive consent- when parents are provided with information or notified that they have access to information about a service and have the right to object if they choose (Evans, 1999).

Chapter II: Literature Review

This chapter will focus first on a review of the literature surrounding issues related to mental health. A brief history of mental health services in schools will be explained. The pros and cons of providing mental health services in schools will be explored, as well as a brief look at the body of empirical research on the evidence-based effects of mental health services in the schools.

History

To gain an understanding of the context surrounding the issue of the provision of mental health services in schools, it is helpful to first explore the historical development of mental health services in the public schools. Because a mental health disorder is considered a disability under the Individuals with Disabilities Education Act (IDEA), much of the history of the provision of mental health services is intertwined with, and related to, the history of special education in America.

From a constitutional perspective, the primary power and responsibility for education is delegated to the states. The federal government had a laissez faire approach to education prior to the 1950s (Martin, Martin & Terman, 1996).

According to Martin, Martin, and Terman (1996), due to a perceived threat of Soviet intellectual superiority after the Soviet Union launched Sputnik, the National Defense Education Act (NDEA) was passed in 1958. Several days after the NDEA was signed, President Dwight Eisenhower signed an additional act that provided financial incentives to colleges and universities that trained people to teach children with mental retardation.

In 1965, the Elementary and Secondary Education Act (ESEA) (PL 89-10) was signed into law, marking the first major federal effort to provide direct monetary support to selected populations in public elementary and secondary schools (Martin, Martin, & Terman, 1996, p. 26). Although not directly pertaining to students with disabilities, the ESEA provided money to states to assist in educating students whose families were below the poverty line. In 1966, an amendment to the ESEA (PL 89-313) was passed, and the Bureau of Education for the Handicapped in the Department of Health, Education, and Welfare was created (Katsiaynnis, Yell, and Bradley, 2001).

In 1970, PL 91-230, or the Education of the Handicapped Act (EHA) was passed. EHA was the first law that exclusively addressed students with disabilities. It is important to note that prior to the mid 1970s, students with disabilities of any kind (mental health problems included) were inadequately served or overtly excluded from public education (Martin, Martin, & Terman, 1996). Students with severe physical or emotional disabilities were simply not allowed to attend school. Students who did not meet the criteria of being educable were excluded from public school. However, under the EHA, grants were offered to institutions to develop programs to train teachers who could teach students with disabilities. The EHA was amended in 1974 after the landmark court cases PARC (PARC v. Commonwealth of Pennsylvania, 1972) and Mills (Mills v. Board of Education of District of Columbia, 1972) were decided. The amendment included a requirement that all states receiving federal funds must adopt the goal of "full educational opportunity for students with disabilities" (Katsiaynnis, Yell, and Bradley, 2001, p. 325).

In 1975, the Education for All Handicapped Children Act (EAHCA) (PL 94-142) was signed into law, marking the "most significant increase in the role of the federal government in special education to date" (Katsiaynnis, Yell, & Bradley, 2001, p. 325). Many current students with emotional or mental health disorders qualify for special education services and are entitled, therefore, to the protection of these laws. The nomenclature for mental or emotional disability categories varies from state to state. However, the President's New Freedom Commission on Mental Health defined children with these types of emotional and mental health problems as having a serious emotional disturbance (SED).

According to Katsiaynnis, Yell, and Bradley (2001), under the EAHCA, disabled students were ensured a free and appropriate public education (FAPE), due process rights, and an individualized education plan (IEP). Special education students also were entitled to be educated in the least restrictive environment (LRE). In 1990, the title of the EAHCA was changed to the Individuals with Disabilities Education Act (IDEA).

In 1999, the U.S. Surgeon General issued a report on Mental Health in America that called for reforms in mental health systems (U.S. Department of Health and Human Services, 1999). Part of the report specifically addressed the needs of children's mental health. In response to the Surgeon General's report, George W. Bush issued an executive order in April 2002. The executive order authorized the establishment of "The President's New Commission on Mental Health" (Executive Order No. 13263, 2002). The commission proposed solutions to some of the problems outlined in the 1999 Surgeon General's Report on Mental Health. To meet the needs of children with mental health problems, schools were encouraged to partner with community-based mental

health organizations. According to The President's New Freedom Commission on Mental Health (2002), past community and school partnerships have been successful. Such partnerships have improved school attendance and reduced discipline referrals. Further, preliminary evidence suggests standardized test scores have risen as a result of such partnerships (The President's New Freedom Commission on Mental Health 2002).

Upon examining of the history of the provision of services to students with mental health concerns and other disabilities, one may conclude that mental health services are a national priority. However, in which context should the provision of these services take place, and should schools provide mental health services to students? The following discussion focuses on the literature from professionals who believe the responsibility of providing mental health services to our nation's youth rests on the schools.

Need

According to the Surgeon General's Report on Mental Health, approximately 20% of children and adolescents experience the symptoms of a diagnosable DSM-IV mental health disorder (U.S. Department of Health and Human Services, 1999). Unfortunately, it has been reported that well below 50% of children with mental health disorders receive any treatment to address their needs (U.S. Department of Health and Human Services, 1999). Neglecting the mental health needs of our children can have devastating consequences (Adelman & Taylor, 1999). The lack of mental health support for children can lead to more serious problems and the need for more expensive services in adolescence and adulthood. Additionally, failing to meet

children's mental health needs can result in poor health outcomes when these children mature into adolescence and adulthood, thereby compromising the safety of families, communities, and societies (Power, 2003).

Access

An additional piece of the mental health puzzle is one of access. Of the small percentage of affected children who receive mental health services, 70-80% receive them in a school (Burns et al., 1995). It seems schools have become the "front line" for efforts to systematically address the socio-emotional needs of children (Elias, Zins, Graczyk, & Weissberg, 2003). Some would say the use of schools as a vehicle for mental health services is only logical. The World Health Organization report (1994), *Mental Health Programs in Schools,* asserted: "Schools have a central position in many children's lives and potentially in their development, especially when families are unable to assume a leading role. Therefore, schools, for many children, may be the most sensible point of intervention [for mental health services]" (as cited in Armbruster et al., 1999).

Although many children receive mental health services in schools, a large portion of these are qualified as special education students. Few schools provide services in the regular education program for students with serious mental health needs (Dutchnowski, 1994). Furthermore, children identified with mental health disorders are more likely to enter and receive treatment in a school than when services are offered in the community (Catron & Weiss, 1994). Schools often stand in the gap, with educational personnel advocating for students who would otherwise be left to struggle. According to Adelman and Taylor (1999), schools provide invaluable access to students

with mental health needs and "unique opportunities for intensive, multifaceted approaches and are essential contexts for prevention and research activity" (p. 137).

Success

Proponents of school-based mental health services also address the perceived link between mental health and academic achievement. There is growing consensus among educators, health care professionals, child advocates, welfare reformers, and social policymakers who admit the interrelatedness of children's overall health and their achievement (Carlson, Paavole, & Talley, 1996). These advocates assert that children do not learn in a vacuum. Children are affected by their environment and the current state of their physical and mental health. Educators also have recognized that emotional, social, and physical health problems must be addressed so schools may function satisfactorily and students may learn and perform effectively (Adelman & Taylor, 1999). Although the primary concern of schools is education, it has been argued that mental health is crucial to learning as well as socio-emotional development (Executive Order No. 13263, 2002). When put into the greater context of life, school is often the first structured environment for children with mental health disorders. Children learn training and coping skills in school that will hopefully guide them the rest of their lives. Elias et al. stated it succinctly when they posited: "There is growing international recognition that education must include all of the elements needed for success in school and must refocus to prepare children for the tests of life, not for a life of tests" (2003, p. 304).

NASP's View

The National Association of School Psychologists (NASP) provides a brochure outlining its stance on the provision of mental health services in schools (National Association of School Psychologists, 2005). According to NASP, "Mental health is as important as physical health to our quality of life" (2005, ¶1). NASP asserts that all children face mental health problems from time to time, ranging from problems with learning and development to problems with relationships and physical health as a result of mental health problems. School psychologists are trained to prevent and intervene related to a long list of mental health concerns. Examples of these concerns include: stress, anxiety, depression, loneliness, alienation, academic difficulties, substance abuse, and fears of terrorism or war, to name a few. According to NASP, schools are ideal settings for the provision of mental health services. Schools are particularly well suited settings for the provision of mental health services for several reasons: schools are geared toward learning and development, schools are a natural context for the intervention and prevention of mental health problems, schools are connected to various community resources and agencies, and educational staff are familiar with ways to communicate with parents. Additionally, school psychologists are trained to make links between mental health, learning, and behavior to promote good mental health and high academic achievement for students. The National Association of School Psychologists describes the role of the school psychologist regarding mental health as being one of prevention, intervention, assessment, diagnosis, collaboration, and advocacy.

Upon an examination of the pros of providing mental health services in the schools and a review of NASP's position on the issue, one may see the need for the inclusion of mental health services. Additionally, schools are often the only place students have easy access to the mental health services that can make them more successful in life. However, not all professionals agree about the necessity for mental health services in the schools. Although the literature on this topic is limited, the following discussion focuses on those who oppose the provision of school-based mental health services and why.

Philosophy and Money

For many, the aversion to the provision of mental health services in schools is largely a philosophical one. Many parents, teachers, and administrators see schools as delivery systems for academic instruction and little more. Deviation from the provision of services, which are strictly academic in nature, is an intrusion into the sole mission of schools: educational instruction. Adelman and Taylor (1999) captured this idea when they said ". . . schools are not in the mental health business. Their mandate is to educate. Thus, they tend to see any activity not directly related to instruction as taking resources away from their primary mission" (p. 138). Mental health interventions could be seen as burdens on educational systems due to the reality of fixed resources that must be allocated across multiple needs with a priority on student achievement (Ringeisen, Henderson, & Hoagwood, 2003). Unfortunately, resources in schools are limited. When resources are increasingly limited with every failed referendum and every legislative session that works to trim the budgets of schools, priorities must be made.

For some, mental health services are secondary to the academic mission of our public schools.

Consent

According to Evans (1999), "The issue of consent is central to the arguments of those who criticize school-based services" (p. 172). When a school counselor, social worker or psychologist begins seeing a student, there are many gray areas. Consistency on the consent for services varies from state to state. In some states, children are allowed to consent to services at the age of twelve. One state allows children to consent to treatment at any age if they are judged to be intelligent enough to understand what they are consenting to (DeKraai & Sales, 1991). With consent practices varying to such a great degree from state-to-state, it behooves providers of mental health services in schools to become aware of the laws in their particular state to avoid litigation.

Problems with consent go deeper than state-to-state legislative differences, however. In states where consent rules are governed by strict guidelines, ambiguity and complications may arise. For instance, situations involving divorced parents, children in detention facilities, foster children, and married parents who disagree about the course of treatment for their children can lead to complications (Evans, 1999). Further, parental advocacy groups have raised questions about some decisions to utilize what is called passive consent. Referring to the integration of education and mental health services as education's ruin, the Citizens Commission on Human Rights (1995) asserted that the provision of mental health services is intrusive and in violation of parental rights. Furthermore, the Commonwealth of Pennsylvania House of

Representative's Committee on Education (1996) argued that the school-based system of mental health lacks the privacy and safeguards available in a clinical setting.

Empirical Effects of Mental Health Services in Schools

According to Adleman and Taylor, "It is not new insight that mental health and psychosocial problems must be addressed if schools are to function satisfactorily and if students are to learn and perform effectively" (1998, p. 136). Of the available empirical research available on the effects of mental health services in schools, many studies show favorable results for such interventions.

In a longitudinal study, Rosenblatt and Attkisson (1997) examined adolescent (mean age = 12.4) students (n = 41) with severe emotional disturbance and mental health concerns in several counties in California. Students were given the Woodcock Johnson Tests of Achievement and the Wide Range Achievement Test-Revised (WRAT-R) to gauge their academic achievement level. At the conclusion of the study, students showed increases in grade-level achievement of as much as a year and strong student school attendance when extensive mental health programs were implemented over the course of that year. Rosenblatt and Attkisson (1993) reported similar results in an earlier study in California involving 237 students.

In a two-year longitudinal study that compared mental health concern symptoms of sadness and anger with GPA and school attendance, Roeser, Eccles, and Strobel (1998) conducted concurrent studies with 6th and 8th graders in California (n = 97) and Maryland (n = 1071). These researchers found that students who displayed sadness and anger had lower GPAs and poorer school attendance than students who did not report these symptoms. Further, Roeser et al. found that students who showed

depressive symptoms in school were more likely to engage in classroom resistance behaviors like failing to complete assignments or missing class.

In a pilot study assessing treatment outcomes for high-school students enrolled in a school-based mental health clinic in Baltimore, Weist, Paskewitz, Warner, and Flaherty (1996) found that adolescent (mean age = 16) students (n = 39) who received therapy displayed improvements in their self-concept with decreases in their depression scores. Conversely, students (n = 34) who received no services experienced an increase in depression and poorer self-concepts.

In a longitudinal study that examined early psychosocial predictors of academic achievement, Teo, Carlson, and Mathieu (1996) found that young children's psychological adjustment and psychosocial environment predicted later academic achievement. Students (n = 174) participated in the study from birth to sixteen years of age. Teo et al. found students with positive early mental health histories were found to have higher scores on standardized tests of academic achievement in first grade, sixth grade, and at sixteen years of age.

Similarly, in another longitudinal study, which assessed students from birth to eighteen years of age, Gutman, Sameroff, and Cole (2003) found that poor mental health among low-risk students (n = 145) was negatively related to students' average GPA, including the slope of their GPA from 1st grade to 12th grade.

In a longitudinal study that tracked high-risk students (n = 174) from birth to sixteen years of age, Jimerson, Egeland, and Teo (1999) found academic achievement spiraled downward in students with socioemotional and behavior problems. As a part of the study, students were administered the Peabody Individual Achievement Test (PIAT)

and the Woodcock Johnson Test of Achievement- Revised (WJ-R) to assess their levels of academic achievement. Additionally, teachers were interviewed and given checklists to complete to determine the students' socioemotional functioning and behavior. Students who experienced problems in socioemotional functioning or behavior were reported to fall further and further behind their peers due to a lack of motivation, attention, concentration, and an inability to self-regulate their emotions and behavior.

In a study involving adolescents aged thirteen to eighteen years of age (n = 383), which assessed the efficacy of a school-based mental health center, Gall, Pagano, Desmond, Perrin, and Murphy (2000) administered the Pediatric Symptom Checklist (PSC-Y) to screen students for mental health problems. Qualifying students were identified and received services in the school. Two months later, the attendance records of students who were receiving services were reviewed, and students' absences and tardiness were reported to have decreased significantly.

However, as limited as it may be, not all empirical research on the effects of mental health services is favorable. For instance, one study compared school district mean achievement scores in Oklahoma with predetermined expense categories (Jaques & Brorsen 2000). Jaques and Brorsen found that standardized test scores were positively related to expenditures on instruction and instructional support. Conversely, they found that test scores were negatively related to expenditures on student support services such as counseling and school administration.

In another study, Gutman, Sameroff, and Cole (2003) found no significant relation for high-risk students (n = 145) between their mental health and their GPA or

the slope of their GPA over the course of their K-12 schooling experience. The same study also found no relation between their mental health, IQ, and school attendance.

Upon conducting a review of the available literature on the history of mental health services in schools, the impressions of those who agree and disagree with the provision of mental health services in the schools, and a brief look at some of the available empirical research on the effects of mental health services in the schools, the complexity of the issue and the need for further research is apparent. The following chapter will provide a summary and discussion of the research addressing the provision of mental health services in the schools.

Chapter III: Summary and Discussion

Summary

The literature on the subject of the provision of mental health services in schools, although somewhat limited, provides an insight into the issues facing school personnel and administration today. Those arguing for the provision of mental health services in the schools highlight advantages like the perceived link between school performance and mental health. Further, proponents assert that schools are ideal places for the provision of mental health services due to their central location and their influential status in local communities. Many argued that schools also stand in the gap, providing much needed services for students who would otherwise be left to struggle alone.

Professionals outlining the cons of the provision of mental health services in schools, however, point to the reality of limited financial resources and a philosophical aversion to schools providing ancillary student-support services in place of traditional academic programs. Further, due to interstate inconsistencies and ambiguities in local and state laws, schools are said to be a poor place to perform mental health services because the provision of mental health services can create legal and individual right issues regarding consent.

The available empirical research on the effectiveness of mental health services in the schools largely supports such efforts. Several studies have shown that students who receive mental health services in schools concurrently with other academic programs have higher GPAs, better attendance, better self-concepts, and other positive findings. However, it should be noted that many of the studies cited were correlational in nature. Because researchers cannot account for every variable occurring in students'

lives while the studies took place, it should not be inferred that the provision of mental health services is directly responsible for the relative success of those students. In other words, correlation does not necessarily ensure causation. There are likely other variables that affected both the mental health and the academic status of those students studied. There is, moreover, a limited body of research that shows no or a negative correlation between the provision of mental health services and academic performance.

Limitations of Literature Review

Although this literature review is intended to be comprehensive in scope, it is certainly not an exhaustive exploration of the available literature on the provision of mental health services in schools. This literature review was intended to give the reader an overview of the issues surrounding the provision of mental health services in schools. Second, due to potential biases on the part of the researcher and a lack of availability or accessibility of certain studies or articles, it is possible that this review lacks representation from either side of the issue. Finally, this research is a review of literature. As such, it does not provide new information or research intended to benefit of the field of school psychology or education. This literature review was merely intended to succinctly synthesize some of the available information on the issue of the provision of mental health services in the schools.

Implications for future research

A review of literature addressing the provision of mental health services in the schools outlines several promising areas for future research in the field. First, research on the perceptions of school personnel towards the provision of mental health services is needed. Attaining this information would serve as a barometer of the attitudes of

school personnel towards the provision of mental health services. Little, if any, evidence of studies in this area was available. Second, more empirical research examining the differences between at-risk students who receive mental health services and those who do not in relation to their academic performance is needed. Research in this area was scant, providing ample opportunity for further research in this area.

Implications for professional practice

This literature review has several implications for professional practice. First, it will allow school psychologists and educators to be better informed of the issues surrounding the provision of mental health services in the schools. Having this knowledge will better equip school psychologists to be realistic while implementing programs and setting expectations for their own practices. Being aware of what empirical research has to say in this area will allow school psychologists to make better, more informed decisions while acting as effective advocates for children with mental health concerns. Second, the information provided in this literature review will broaden the perspective of school psychologists and other educators. Having knowledge of some of the concerns of the provision of mental health services in schools will give school psychologists an appreciation for the points of view of others and make them more effective advocates for the field of school psychology. Finally, having knowledge of differing points of view in the provision of mental health services in schools will allow school psychologists to develop strategies for working with people who have differing perceptions.

Summary

Many students of today are affected by mental health concerns. There is growing controversy of how best to serve these children while taking into consideration budget constraints and the role of the schools in this matter. This study reviewed the available literature on the provision of mental health services in the schools. The historical development of school-based mental health services is addressed, and the context of special education law and the No Child Left Behind Act is discussed. Next, the prevailing arguments for and against the provision of mental health services are summarized. The paper concludes with a review of the empirical evidence addressing the provision of mental health services in the schools. Results indicate a lack of research in this area. As such, further research addressing school-based mental health services is recommended.

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