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School psychology: a public health perspective I. Prevention, populations, and systems change[☆]

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Abstract

Concerns regarding American schools and mental health services for children abound, including inadequate educational achievement, school violence, over-referral to special education and disproportionate placement of minorities into special education, under-utilization of mental health services for children, and a poorly coordinated system of child mental health services. All of the above concerns share two common attributes: (a) they are statements regarding populations, rather than specific individuals; and (b) they are best addressed by changing system-wide elements of psychological service delivery. We argue that, although conceptualizing school psychology as primarily an indirect service specialty (e.g., *J. Sch. Psychol.* 28 (1990) 203) has advanced our thinking about effective service delivery, conceptualizing school psychological services from a public health perspective will provide an even broader framework that can increase both the efficacy and efficiency of school psychologists' work.

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Concerns regarding American schools abound. Topping the list are issues about inadequate educational achievement, particularly at the secondary school level (Baker & Smith, 1997; Stedman, 1996). School violence, especially after the shock of the Columbine massacre, also has grabbed the public's attention, even though the incidence of school-based violence is much lower than popularly imagined (Burns, Dean, & Jacob-Timm, 2001). In reference to low-achieving students and those with disabilities, the growing proportion of

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students in special education (Ruediger & Lorance, 1999), the disproportionate placement of African-American students into more stigmatizing disability categories (Patton, 1998), the continuing tendency to under-serve students with behavioral and emotional impairments (Walker, Nishioka, Zeller, Severson, & Feil, 2001), and the use of pull-out special education programs that lack proven effectiveness (Detterman & Thompson, 1997) raise concerns both at the levels of professional ethics and public policy.

Similar to concerns about the K-12 educational system, the system of mental health services for children and adolescents needs substantial improvement. Two factors are paramount—under-utilization and a poorly coordinated system of care. Approximately 70% of children and adolescents who are in need of mental health treatment do not receive any such services (National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Employment, NAMHC, 2001). Even more startling, only about 20% of students with serious emotional disturbance receive any form of mental health intervention, and only about half of those receive such services from specialty providers (Burns et al., 1995). The lack of coordination of mental health services for children and their families is summarized crisply in the first-ever Surgeon General's report on mental health . . . “[the delivery system] is complex, sometimes to the point of inscrutability—a patchwork of providers, interventions, and payers” (US Public Health Service, 1999, p. 179). Schools are not merely an adjunct to the mental health delivery system, they are the primary providers of mental health services for children—the de facto mental health system for children (Burns et al., 1995; Hoagwood & Erwin, 1997).

All of the above concerns share two common attributes: (a) they are statements regarding populations, rather than specific individuals; and (b) they are best addressed by changing system-wide elements of psychological service delivery. Although numerous school psychologists have advocated for the increased use of an indirect service delivery model (Bradley-Johnson & Dean, 2000; Gutkin & Conoley, 1990) or a greater accent on prevention (Myers & Nastasi, 1999), school psychologists continue to focus the vast bulk of their professional efforts on individual casework, particularly determining eligibility for special education placement (Reschly, 2000). In addition, the most commonly advocated “alternative delivery systems” (i.e., case-centered teacher consultation (e.g., Brown, Pryzwansky, & Schulte, 1998; Erchul & Martens, 1997), curriculum-based assessment (CBA) and other non-traditional assessment procedures (Shinn, 1998), or other “pre-referral interventions” (Reschly, 1998) frequently are as focused on services to individual students as is the more traditional assessment-focused model of service delivery.

We will argue that conceptualizing school psychological services from a public health perspective can provide a broad framework that will increase both the efficacy and efficiency of school psychologists' work.

Description of the public health model

Historical development

Although many disciplines currently apply the public health model to different fields of study, public health itself has a rich background in medicine. Throughout history, health

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