

Feasibility of the *MindMatters* School Mental Health Promotion Program in American Schools

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Assessed the feasibility of the Australian *MindMatters* program, a whole school mental health promotion program for application in the United States (U.S.). Forty-two participants representing school and community stakeholder groups from four U.S. communities (urban, rural, suburban, small town) evaluated the program for application in their communities through a research process involving discussion and endorsement ratings of relevance and likely impact. The majority of participants (85%) indicated that the program would help students in their community schools feel safe and valued, and participants indicated strong endorsement for *MindMatters* curriculum units focusing on suicide prevention and addressing bullying and harassment. Participants rated their own stakeholder group (e.g., teacher, school administrator, and parent) as being most likely to support and implement the program, suggesting that providing qualitative feedback on a program may help to increase a sense of ownership over it. Ideas for tailoring programs developed in other settings for application in local communities are discussed.

KEY WORDS: *MindMatters*; teacher; school administrator; prevention.

Across the United States, there is growing recognition of the need to promote the mental health and well-being of children and adolescents (New Freedom Commission on Mental Health, 2003). Approximately one-third of children and adolescents will experience a diagnosable mental health disorder in their lifetime; however, 75–80% of these children do not receive appropriate interventions (U.S. Department of Health and Human Services, 1999, 2000; Pelosi, 1996). These disorders lead to impairment in social, academic, and family functioning causing some to drop out of school, become entangled in the juvenile justice system, abuse drugs and alcohol, and participate in risky behaviors with serious long-term consequences.

To help address these problems, mental health professionals have identified schools as an important setting

for the screening and delivery of mental health services with educators as important collaborators (Weist *et al.*, 2003). There are many examples of mental health programs providing a broad array of services to youth ranging from school-wide efforts to promote the mental health and school success of all students, to intensive services for youth with serious emotional and behavioral problems. Buoyed by support in the President's New Freedom Commission on Mental Health Report (New Freedom Commission on Mental Health, 2003), school mental health is gaining momentum in the U.S. and demonstrating advantages such as improving access to care and outreach to underserved youth (Diala *et al.*, 2002; Evans, 1999; Weist *et al.*, 1999), enhancing productivity of program staff (Flaherty and Weist, 1999), promoting the generalization of behavioral change (Evans *et al.*, 2003), and leading to improved emotional, behavioral, and academic outcomes in students (Armbruster and Lichtman, 1999; Evans *et al.*, 2004; Illback *et al.*, 1997).

Universal interventions are directed toward the entire student body and usually have mental health promotion and screening as coexisting priorities. Some of these have focused on disruptive behavior and task completion in

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elementary and secondary schools (Horner *et al.*, 2004; Molina *et al.*, 2004). These programs tend to involve extensive teacher training and supervision and rely on widespread consistent use of behavioral strategies to improve behavior and achievement. Schools using these programs have experienced reductions in disciplinary behavior and high rates of teacher and parent satisfaction. On the basis of the results of their meta-analysis of 130 prevention programs for school-aged children, Greenberg *et al.* (2001) reported the following conclusions about effective programs: (a) multi-year programs are more likely to have long-term effects than short-term programs, (b) prevention programs should focus on the multiple domains that a child is involved in, such as school, family and community, (c) a central focus of the prevention program should be on the school environment, and (d) emphasis should be made on enhancing child, family and teacher behavior, while building home-school-community relationships.

One universal prevention and mental health promotion program that is consistent with these recommendations and has achieved extensive dissemination is the *MindMatters* program used in schools throughout Australia (Mullett *et al.*, 2004). A consortium of Australian health and education experts, working closely with school and community staff, stakeholders and government officials, conducted a comprehensive review of relevant literatures, and developed the *MindMatters* program. The program has been improved and refined since its inception in 1997, including an extensive pilot evaluation, and is well supported by the government of Australia and leadership in diverse sectors and systems from across the country. All 24-education systems in each state and territory of Australia are either implementing *MindMatters* in their secondary schools or have agreed to implement it. Those implementing *MindMatters* have developed an infrastructure to support the initiative including a National *MindMatters* Team, professional development and training mechanisms in every state and territory, a comprehensive evaluation strategy and resources to assist schools/communities in conducting evaluations, a website (www.curriculum.edu.au/MindMatters), and a range of communication mechanisms.

MindMatters is a program that promotes mental health through a school environment that strengthens life skills and promotes partnerships within the community. The goal of *MindMatters* is to provide the framework and resources for the school to develop a comprehensive approach to mental health promotion. Using the health promoting schools framework, *MindMatters* audits, plans and implements mental health promotion structures, policies and activities. The audit focuses on the three "spheres" of practice that interact to create a health promoting school:

(1) curriculum; (2) teaching and learning; school organization, ethos and environment; and (3) partnerships and services (Wyn *et al.*, 2000). The results of the audit aid the school in developing a comprehensive, multi-year strategy to enhance the mental health and well-being of its students, and to promote the mental health of families and school staff.

MindMatters includes two levels of resources to the school to aid in the school-wide promotion of mental health and well-being. The first level of resources includes comprehensive information to aid in the whole-school audit of current mental health promotion policies and practices and assists with the identification of areas in need of additional support. The second level of resources aids school staff in the effective implementation of curricula that promote the mental health and well-being of their students. The decision to implement specific portions of the curriculum is based on the result of the audit conducted by school personnel.

The five curriculum modules to be implemented by teachers in classrooms are:

- (1) *Enhancing Resilience: Communication, Changes, and Challenges (Part 1)* focuses on enhancing resilience via enhancing communication skills, promoting team building, and exploring personal, social, and cultural identity issues.
- (2) *Enhancing Resilience (Part 2): Stress and Coping* provides training on stress, stress management, coping, help seeking, peer support, and goal setting.
- (3) *A Whole-School Approach to Dealing with Bullying and Harassment* includes focused curriculum units for use in Health, English and Drama classes, which teach students how to cope with bullying and harassment.
- (4) *Understanding Mental Illnesses* aims to increase students' understanding of mental illnesses and mental health problems, reduce the stigma of having mental health problems, and increase help-seeking behavior among those who may present emotional/behavioral problems.
- (5) *Loss and Grief* focuses on increasing awareness of the connection between loss and depression, assists in identifying students who may be "at risk," and promotes an open environment for discussion of grief and loss issues.

Preliminary findings have shown that students participating in the *MindMatters* program are more willing to seek help for mental health problems compared to students not participating in the program (*MindMatters* Evaluation

Consortium, 2000). Data have also illustrated improvement in student academic performance, attitudes of staff, and knowledge of school policies for those participating in *MindMatters* (Hazell *et al.*, 2002; Wyn *et al.*, 2000). Given the widespread use of the *MindMatters* program and the data suggesting important benefits, the program warrants evaluation and potential dissemination in the United States. Prior to evaluating the effectiveness of the program it is necessary to make modifications to the curriculum and evaluate the feasibility. For example, the section addressing cultural competence focuses on Aboriginal populations and the section providing education about mental health disorders omits the most commonly diagnosed disorder in the school aged population, attention-deficit/hyperactivity disorder. The purpose of this study was to evaluate the acceptability and perceived effectiveness of the *MindMatters* program in relation to its potential implementation in the United States. Specifically, we were interested in identifying whether the content and techniques used in the program were likely to be effective to address the problems in American schools, which components of the program were perceived as most necessary, and which school personnel would be likely to support the program.

METHODS

In the 2002–2003 academic year, we conducted four discussion groups with school stakeholders (administrators, teachers, parents, and students) from large and small urban, suburban and rural school districts in the U.S. The goal of these meetings was to begin to assess the feasibility and perceived effectiveness of implementing the *MindMatters* program in American secondary schools.

In each of the four communities, participants attended a day-long meeting where the materials were presented and explained. Before the meeting, each participant received materials including a comprehensive review of the *MindMatters* program, and complete curriculum materials for assigned curriculum units (e.g., some were assigned the Enhancing Resilience unit, others were assigned the Bullying unit). This distribution ensured that each curriculum unit was reviewed by at least three people before the meetings. At various points throughout the discussion participants completed an assessment and provided qualitative feedback about the potential obstacles and benefits of implementing this program in the U.S.

PARTICIPANTS

Individuals from four school districts participated in this study. One was part of a large urban area (Baltimore City Schools, MD), another was a suburban school district (Montgomery County Schools, MD), one was a small city school district (Harrisonburg City Schools, VA), and the other was from a predominantly rural area (Rockingham County Schools, VA). Administrators in the 4 school districts were contacted and asked to help recruit parents, students, and school district staff. The participants included teachers, parents, students, administrators, and school mental health professionals (see Table I). All participants were paid a stipend for their attendance and contribution to the meeting.

PROCEDURES

Meetings were scheduled at school district or university sites located in or near the respective school

Table I. Characteristics of Sample Participants by School District

	Baltimore	Harrisonburg	Montgomery	Rockingham	Totals
High school					
General education teacher	0	2	0	1	3
Special education teacher	0	1	0	0	1
Middle schools					
General education teacher	1	0	2	0	3
Special education teacher	1	0	0	1	2
School counselor	2	0	1	2	5
School social worker	0	1	0	1	2
School psychologist	1	1	1	1	4
Principal/Assistant principal	1	3	1	0	5
District administrator	1	1	1	2	5
Classroom aide	0	0	1	0	1
Parent	0	2	2	1	5
Student	1	2	1	2	6
Totals	8	13	10	11	42

district. Prior to the meeting all participants were mailed an overview of *MindMatters* and one *MindMatters* curriculum unit and asked to review these materials in advance of the meeting. During the meeting the first three authors made a series of presentations that were followed by group discussions and an individual assessment. The presentations began with an overview of school mental health followed by an overview of *MindMatters*. The presentations were an objective review of current information on *MindMatters* as the authors were careful to not endorse or dismiss specific components or beliefs about the topics since the goal of the study was not to convince participants of the merits of this program, but to come to understand their perceptions and beliefs. Subsequent discussion topics pertained to each of the curriculum units and included presentations by the participants asked to read that unit prior to coming to the meeting. After each presentation the group was prompted to discuss the material in relation to their own school and experiences. The discussions were recorded and the qualitative data resulting from these discussions are described elsewhere (Mullett *et al.*, 2004).

MEASURE

A survey was prepared ahead of the meetings that consisted of sections that were administered at various points throughout the day. The first portion of the assessment instrument was the audit developed as part of the *MindMatters* program (Community Matters manual, p. 9) for schools to complete a self-assessment of their use of a "positive approach to enhancing protective factors and promoting the mental health of all members of the school community." This is a 25-item self-report measure requiring participants to rate on a 5-point scale (strongly agree, agree, unsure, disagree, and strongly disagree) whether each statement describes their school. For example, the first statement is, "All of our students feel safe in our school." This portion of the assessment was administered to all participants prior to the presentation or discussion of any material. The final assessment administered at the end of the day included these same items reworded to assess the degree with which participants believed *MindMatters* could help their school improve in each of the areas defined in the questions. For example, the first question was reworded to read, "The activities described in the *MindMatters* curriculum would help all of our students feel safe in our school." Participants rated these items on the same 5-point scale described above.

After completing the presentation and discussion of each of the components the participants were asked to rate the degree with which each component: should

be integrated into their schools' curriculum or practices, should be required of teachers, and would warrant the facilitation of community partnerships to assist with implementation. For example, participants were asked to rate their agreement with the statement, "It is important for my school to reach out to community partners to establish programs or procedures that will enhance the resilience of students who attend my school." Participants rated each of the five components on a 7-point scale ranging from strongly disagree (1) to strongly agree (7) for each of the three questions. Finally, using the same 7-point scale participants were asked to rate the degree with which the implementation of each component is the responsibility of teachers, school psychologist and counselor, administrators, and the participant.

RESULTS

Perceived Effectiveness of the *MindMatters* Components

The first question addressed in the analyses involved the identification of those problem areas in schools that were most frequently endorsed by the participants and participants' perceptions on whether *MindMatters* would help alleviate these problems. Table II includes a list of the 6 problem areas most frequently endorsed by participants and the percentage of respondents who endorsed each item as being a problem. Items (positively worded) were considered endorsed as a problem if the participant rated it as "disagree" or "strongly disagree." It is important to note that this classification method does not indicate the degree to which something is a problem, just the frequency with which it does not characterize the

Table II. Characteristics of Schools Most Frequently Endorsed as Disagree or Strongly Disagree

	Endorsed as a problem (%)	Endorsed that MM could help (%)
1. No students are stereotyped due to their cultural background.	70.7	48.8
2. Students feel valued in our school.	46.3	87.5
3. School council represents the diversity of our school.	42.9	56.1
4. We support staff to collaborate in dealing positively w/ challenging issues, such as homophobia.	35.7	— ^a
5. Staff feel valued in our school.	35	55
6. Students feel safe in our school.	34.1	87.8

^aMissing data.

Table III. Means and Standard Deviations Indicating Participants Level of Endorsement

	Enhancing resilience	Bullying and harassment	Understanding mental illness	Dealing with loss and grief	Preventing and responding to suicide
Activities should be incorporated into the curriculum	5.7 (1.3)	6.1 (1.0)	5.8 (1.1)	5.5 (1.4)	6.5 (1.1)
School staff should be responsible for conducting activities	5.4 (1.3)	5.9 (1.1)	5.5 (1.2)	5.4 (1.3)	6.6 (1.0)
School staff should pursue community partners to address this topic	6.0 (1.2)	6.0 (1.2)	5.9 (1.1)	5.9 (1.2)	6.5 (1.1)

Note. Responses ranged from 1 to 7 with 1—Strongly disagree; 4—Ambivalent; 7—Strongly agree.

respondents' schools. Two of the 6 items most frequently endorsed concern cultural and racial issues including the most frequently endorsed item pertaining to stereotyping. It was also common that participants reported that students (46%) and staff (35%) were not valued in the school. Safety concerns and addressing challenging issues were also frequently endorsed as shortcomings.

After the problem areas in participants' schools were identified, participants' beliefs about whether *MindMatters* could address them was assessed. Respondents reported that the program is likely to improve each of the top rated areas of difficulty. In particular, they reported that the *MindMatters* program is likely to help students feel safe and valued at school. Approximately half reported that the program would help staff feel more valued, as well as assist with diversity issues. Table II presents the percentage of participants who reported that *MindMatters* could help address the top problem areas.

Implementation of *MindMatters*

The second set of analyses assessed participants' beliefs about implementing the *MindMatters* components in their schools. First, scores were computed for participants' ratings of the importance of a component being implemented, the degree to which they believed teachers should be required to implement a component, and whether they believed outside collaborators would be needed to implement the component. Mean scores for each component across all three questions related to implementation were between 5.0 and 6.7. A rating of 4.0 means ambivalent and a rating of 7.0 indicates that the participant strongly agrees that the component should be a priority. Given the strong endorsement of all components and activities, the participants supported the implementation of all five components of the program.

Next, an analysis of variance was completed for each implementation question (importance of implementing component, requiring teachers to implement it, and

collaborating with the community) in order to determine whether there were relative differences between the ratings of the program components. There were significant differences between the components for importance of integrating into the school's activities $F(1, 41) = 6.48$; $p < 0.05$; requiring teachers to participate $F(1, 40) = 22.16$; $p < 0.001$; and collaborating with the community $F(1, 41) = 7.18$; $p < 0.05$. For all three implementation questions, the component dealing with the prevention of self-harm and suicide was rated significantly more important than the others; ratings on the importance of integrating the self-harm and suicide prevention component into the school, requiring teachers to participate in it, and collaborating with the community to implement it were significantly higher than those for the other components. Participants rated the bullying prevention component as more important than all components other than suicide prevention. With an emphasis on suicide prevention and to a lesser degree bullying prevention, the primary finding was the uniform endorsement of all components (see Table III).

Staff Responsible for Implementing *MindMatters*

In order to determine the participants' perception of who should be primarily responsible for implementing the components of *MindMatters*, a five components by four staff roles repeated measures analysis of variance was completed. The dependent measure was participants' ratings on the same 7-point scale (1—strongly disagree; 4—ambivalent; 7—strongly agree) to indicate agreement with statements indicating that certain staff should implement each component (see Table IV). The main effect of component was significant $F(4, 136) = 6.09$; $p < 0.001$, $\eta^2 = 0.15$ as was the main effect of staff $F(3, 102) = 26.4$; $p < 0.001$, $\eta^2 = 0.44$. As can be seen by the effect size, the majority of the variance can be accounted for by difference in ratings of staff. Participants rated that they (in whatever role they were in) would be the most

Table IV. Means and Standard Deviations of Endorsement for Various School Professionals to Implement Each Component of *MindMatters*

	Teachers	Counselors/Psychologists /Social workers	Administrators	Self	Components totals
Enhancing resilience	4.91 (0.98)	5.91 (0.78)	5.41 (1.00)	6.37 (0.65)	5.65 (0.85)
Bullying	5.63 (1.09)	6.03 (1.15)	5.97 (0.89)	6.51 (0.66)	6.04 (0.95)
Mental illness	4.54 (1.40)	5.74 (1.09)	5.11 (1.49)	5.80 (1.43)	5.30 (1.35)
Loss & grief	5.14 (1.24)	6.03 (0.89)	5.46 (1.07)	6.14 (1.00)	5.69 (1.05)
Prevent/respond to suicide	5.43 (1.31)	6.23 (0.88)	5.80 (0.93)	6.29 (1.25)	5.94 (1.09)
Staff totals	5.13 (1.20)	5.99 (0.96)	5.55 (1.08)	6.22 (1.00)	

Note. Scores ranged from 0 to 7 with 0—Strongly Disagree; 4—Ambivalent; and 7—Strongly Agree.

active in supporting the implementation of *MindMatters*. Next to themselves (participants in focus groups), counselors, school psychologists, and school social workers were rated as the staff most likely to support the program. Counselors, school psychologists, and school social workers were rated significantly higher than administrators who were rated significantly higher than teachers.

In addition, the component by staff interaction also was significant $F(12, 408) = 2.50$; $p < 0.01$, $\eta^2 = 0.07$. While teachers were rated as least likely to support the implementation of the program, there were significant differences in the ratings of their support for the various components. Teachers were rated as least likely to support and implement the components focusing on enhancing resilience and teaching about mental illness and they were rated as most likely to support and implement the suicide prevention and anti-bullying components.

DISCUSSION

The purpose of this study was to address three primary questions pertaining to the feasibility and perceived effectiveness of implementing the *MindMatters* program in secondary schools in the United States. The first question dealt with the perceived effectiveness of the program in addressing the major problem areas afflicting participants' schools. The acceptance of diversity, students and staff feeling valued, and safety were the three most frequently endorsed problem areas by the participants. The majority of the participants reported that the *MindMatters* program would help schools improve in these three areas. In particular, over 85% of participants reported that *MindMatters* could help students feel safe and valued.

The second question addressed in this study assessed the relative importance of each of the *MindMatters* components. An important finding was that participants indicated all of the components should be implemented by the teachers and other school professionals in their schools. In

particular, the component providing staff an overview of the policies and practices involved in suicide prevention was a priority as it was the most highly endorsed of the *MindMatters* components. *A Whole-School Approach to Dealing with Bullying and Harassment* was also prioritized, but not to the extent of suicide prevention.

Finally, the third question pertained to who would support and implement *MindMatters* in a school. The participants rated themselves (in whatever role they were in) as the group most likely to support and implement *MindMatters* as their ratings were significantly higher than any specific group of professionals. This is an important finding since the individuals who participated in this study were recruited from secondary schools in the district and after a day-long workshop, expressed their enthusiasm and willingness to support the program. A similar method could be employed by someone interested in implementing *MindMatters* in a secondary school. A good starting point may be to begin with volunteers and provide them with instruction and exposure to the program. The sample used in this study is likely to be similar to that group.

In addition, participants rated school employed mental health professionals as the next most likely to support and implement the *MindMatters* components. Their expertise and roles in the school make them an important stakeholder in this process and in our sample they were expected to be actively involved. While administrators were rated as likely to support the *MindMatters* components, their ratings were more equivocal and many responses were in the ambivalent range (4 indicated ambivalent on the response scale). The leadership of an administrator is key to facilitating change and if an administrator were not to volunteer to help get *MindMatters* started in a school, it would be important to try to recruit one who could champion the cause from an administrative position.

The participants had reservations about teachers' willingness to support some of the *MindMatters* components with mean scores for the Enhancing Resilience and Understanding Mental Illness components falling in

the ambivalent range. In fact, if one considers the range of scores within one standard deviation of the mean, some scores on the Enhancing Resilience, Understanding Mental Illness, and Coping with Loss and Grief components were on the negative side of ambivalent. In other words, there was a portion of the participants who believed that teachers would not support the implementation of these components. One of the reasons discussed in the meetings that may have contributed to the perceived reluctance of teachers is lack of expertise. Participants reported that teachers are not trained to teach students about mental illness, handle a discussion about loss and grief, and respond to student reports of suicidal thought or plans. The lack of training was described as a critical obstacle to teachers being able to implement this program.

The other obstacle to teacher support reported in the group meetings was time. Teachers struggle to meet the demands of academic instruction and these pressures have been increased in the past few years due to mandated standardized testing. Expecting them to take on this program on top of those demands is going to alienate many teachers. Between the lack of sufficient training and time demands, there were reservations expressed about teachers' willingness to support *MindMatters*. While many teachers believe that it would be very helpful and benefit students and staff, some teachers will be very hesitant to embrace the program.

Many school staff and mental health providers struggle with how to effectively integrate promising school mental health and prevention programs into their daily procedures. This is likely to become an increasingly complex and frequent problem as the trend towards improving and expanding school mental health is increasing and was recently supported in the report from the President's New Freedom Commission (New Freedom Commission on Mental Health, 2003). The support for expanding school mental health has typically been in the form of enthusiasm and not in the form of funding. Educators and mental health professionals face many challenges in this process. Educators and community members need assistance identifying those school mental health services that are most likely to address their specific needs in a way that is both practical and palatable for the community. In addition, the training and support required to implement programs with fidelity and purpose are costly and require unique expertise. Even when implemented, the services need to avoid becoming marginalized to the point that they no longer guide practice. A school mental health colleague recently made a comment that exemplified the risk of marginalization with these programs. She asked for assistance on how to respond to a recent suicide in a school and was asked if the school had a crisis response plan (e.g., Kerr, 2003).

She replied that she had plenty of plans, but she just needs to know what to do.

As noted earlier, there are cultural differences between Australian and American society that need to be addressed in the curriculum. Before the program could be implemented in the United States, the section on cultural diversity would have to be adapted to reflect the range of ethnic and racial differences in the United States. In addition, the *MindMatters* program includes a section focusing on the acceptance of differences and one of the differences described in this section is homosexuality (Community Matters, p. 55). While many of the participants in the focus groups reported that this is an important topic for students, some people in all four focus groups reported that the inclusion of this topic in the curriculum could lead to a rejection of the entire curriculum by a school board. Before attempting to implement *MindMatters*, it is important to consider the potential ramifications of this section of the curriculum.

These and other obstacles are a challenge to those wishing to implement school mental health services. Conducting formal and informal focus group meetings such as those done in this study can help guide the implementation process. Conducting a focus group with those likely to be most interested in supporting a program is a useful step in the implementation process as it allows schools to address issues of feasibility and practical obstacles to implementation (Evans *et al.*, 2005). The results of such focus groups provide valuable information that may ensure that a program's goals and methods adequately address the needs of the school.

While these procedures can provide valuable information, there clearly are some limitations. The findings reported in this study may not represent the opinions of educators in other school districts or even the districts that participated in this project since there was no effort to recruit a random representative sample. The participants demonstrated this limitation since they reported that they would be more likely to support the implementation of *MindMatters* than their colleagues. This limits the generalizability of the results, but the findings are likely to be representative of those individuals with whom one might work to initiate a program like *MindMatters*. In addition, the findings may also be limited by the fact that those individuals who participated in the project knew that they were not going to be required to implement the program. There may have been less support for the program if participants knew that it was their time and effort that was being discussed. Future research that includes a process like this in a district that is going to implement the program is necessary to begin to understand the impact of this limitation.

Overall, the data supported the potential for the *MindMatters* program to be implemented in secondary schools in the United States as long as identified obstacles are addressed. The program has received international recognition and in addition to Australia is currently being provided in Germany (www.mindmatters-schule.de). Continued investigation into the potential benefits of *MindMatters* along with revisions to address cultural and practical obstacles is an important line of research.

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