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# Preface

In November 2002, 740 school psychologists worked together to describe school psychology's hoped-for future, with the ultimate goal of crafting ways to use the profession's limited resources to maximize benefits to children, families, and schools (2002 Multisite Conference on the Future of School Psychology; see Harrison, Cummings, Dawson, Short, Gorin, & Palomares, 2004). This book is a direct outgrowth of the energy generated within the fifth panel of the Future's conference participants. This panel had the particular charge of identifying ways to increase school services that promote the health and mental health of all children and their families. Over the course of a day-and-a-half of deliberation, the fifth panel became convinced that a strikingly different framework for services was needed in order to promote psychological wellness and diminish mental disturbances in the nation's school children. The panel strongly endorsed population-based services as a promising strategy that could extend the scope of psychological services to all enrolled children in a school. It invoked the policies and practices of the nation's public health system as an example of the ways in which school mental health services could be reorganized to enhance all students' mental health and discourage dysfunction. Importantly, the remaining four Futures Conference panels also emphasized serving all students in a school.

The work of the fifth panel has continued in the interim since the Futures Conference adjourned. In the spring of 2004, four major journals in School Psychology coordinated special issues that described the conference, examined its recommendations, and prompted the profession to take actions in response (Cummings, Harrison, Dawson, Short, Gorin, & Palomares, 2004; D'Amato, Sheridan, Phelps, & Lopez, 2004). Task forces have been appointed to follow up with each of the five conference goals. Innumerable journal articles and conference presentations have been provided that address its implementation. This

book represents a small part of this continuing effort, describing and refining of the vision of population-based school mental health services that was articulated by the fifth panel.

Within the fifth panel's discussion, key terms were used very thoughtfully so that they accurately represented the inter-relationships underlying schooling and mental health. For example, the term "mental health" referred specifically to psychological wellness and adjustment. This is consistent with psychology's recent attention to positive psychology, which addresses individual characteristics and traits that make it possible for people to flourish (Peterson & Seligman, 2004). The discussion avoided use of the non sequitor, "mental health disorder." Instead, mental health was contrasted with "psychological disturbance" or "psychological disorder"—terms that refer to pathological conditions that threaten the ultimate developmental competence of students. Some, but not all, of these disturbances are recognized within the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition* (Text Revision; American Psychiatric Association, 2000). In other cases, developmental research has identified disturbances such as social withdrawal or social victimization that have not been acknowledged as *DSM-IV-TR* diagnoses but are still legitimate objects of attention from school mental health providers. The ultimate goal of school mental health services, and of schools themselves, was recognized to be the promotion of students' competence—their ability to successfully meet the major developmental demands of society. Similarly, the term "interventions" was used broadly to represent traditional therapies as well as effective caretaking practices and institutional policies and practices that promote developmental competence. School mental health providers included a number of distinct professions: school psychologists, school counselors, school social workers, teachers of children with behavior disorders, and in many cases, school nurses. Still, responsibility for supporting the developmental competence of a school's students did not rest solely with school mental health providers, but also engaged the participation of families, community members and the students themselves. Throughout this book, we have worked to respect the work of the fifth panel and its very careful use of terminology.

While work on the book unfolded, our opportunity to read and carefully reflect on the work of our colleagues who are pushing the forefront of population-based services was invigorating. As each chapter arrived, we were excited to learn new insights about mental health services that could be fostered to meet the collective mental health needs of *all* children in a community, not just those children

whose problems were obvious to adults or striking enough to warrant referrals. We sent the initial draft of each chapter to two members of our advisory board to solicit their comments. At least one of the reviewers for each chapter was an experienced practitioner with years of experience providing services in the schools, and all of the reviewers were thoughtful and innovative school mental health professionals. Their reviews prompted an engaging dialogue between the chapter authors and their audience and, once again, we learned from the interchange. As our work nears completion, we extend our heartfelt thanks to all of the authors, reviewers, editors and publishers whose contributions strengthened this collective examination of children, their mental health and developmental success, and how school mental health services can maximize their achievements.

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