

Advocacy Briefs with Reference Citations¹

Ohio Mental Health Network for School Success

April 2006

¹ Copies of individual briefs and an expanded report of all OMHNSS advocacy briefs with reference citations are available at <http://www.units.muohio.edu/csbmhp/network/index.html>.

Why We Need School Mental Health Programs and Services¹
Ohio Mental Health Network for School Success Advocacy Brief
April 2006

Student mental health is a major concern, affecting both the health system and the education system.

- Mental illness is a serious, yet under-recognized public health problem that poses serious consequences to students' overall well-being and academic success (President's New Freedom Commission, 2003).
- Mental illness ranks first among illnesses that cause disability in North America and in Western Europe (World Health Organization, 2001).
- Between 20 and 38% of youth in the United States require mental health services, yet over 75% of them do not receive treatment (Goodman, Lahey, Fielding, Duncan, Narrow, & Rigor, 1997; Grunbaum, Kann, Kinchen, Ross, Hawkins, Lowry, et al., 2004; Marsh, 2004; Ohio Department of Mental Health, 2003).
- Emotional and behavioral health problems represent significant barriers to academic success (Adelman & Taylor, 2000; Atkins, Frazier, Adil, & Talbot, 2003; Paternite & Johnston, 2005; Rones & Hoagwood, 2000; Waxman, Weist, & Benson, 1999; Weist, 1997; Wilson, 2004; Zins, Weissberg, Wang, & Walberg, 2004).
- Children and adolescents with emotional disturbance (5-9% of school-age youth) have the highest failure rates, with 50% of these students dropping out of high school (Ohio Department of Mental Health, 2003; President's New Freedom Commission).

In order to address mental health problems early, we must reach children where they spend the majority of their time—in schools.

- Schools offer unparalleled access to students in order to address both academic and mental health needs, which are intricately related (President's New Freedom Commission, 2003).
- In the U.S. over 52 million youth attend 114,000 schools (Simpson, Cohen, Pastor, & Rueben, 2005).
- School mental health is becoming part of the national agenda. For example, President Bush's New Freedom Commission (2003) recommended that school mental health programs be improved and expanded.

Expanded school mental health represents a solution that will satisfy both the Health System's and the Educational System's needs regarding student mental health.

- Expanded school mental health (Weist, 1997; Weist, Paternite, & Adelsheim, 2005) encompasses:
 - o School-family-community partnerships.
 - o Mental health education, promotion, and assessment.
 - o Prevention, early intervention, and treatment services.
 - o Mental health services for all students, including students in both general and special education.
- Expanded school mental health has the capacity to:

- Improve access to mental health services (Weist, Meyers, Hastings, Ghuman, & Ham, 1999).
- Reduce the stigma of receiving mental health care (Nabors & Reynolds, 2000).
- Maintain treatment gains (Evans, 1999).
- Enhance prevention efforts (Elias, Gager, & Leon, 1997; Weare, 2000).
- Prevent school drop-out (Schargel & Smink, 2001).
- Improve emotional and behavioral functioning of students (e.g., Armbruster & Lichtman, 1999).
- Address the mandates of the 2002 Elementary and Secondary Education Act (No Child Left Behind) and the Individuals with Disabilities Education and Intervention Act (IDEIA) (School Mental Health Alliance, 2005; Weist et al., 2005).

Successful school mental health programs must attend to principles of quality and best practice.

- Potential for sustainability, commitment of necessary resources, and well-trained staff are essential for the success of school mental health programs (Elliot & Mihalic, 2004; Nation, Crusto, Wandersman, Kumpfer, Seybolt, Morrissey-Kane, et al., 2003).
- School mental health programs' characteristics must match the target population and be socioculturally relevant (Nation et al., 2003; Chorpita, Daleiden, & Weisz, 2005; Miller & Shinn, 2005; Mihalic & Irwin, 2003).
- Systematic assessment and evaluation of outcomes (Nation et al, 2003; Brownson, Kreuter, Arrington, & True, 2006; Weingardt, 2004) help to ensure the effectiveness of school mental health programs.

Call-out Box:

Students' unmet mental health needs have serious financial implications.

- In the United States alone, the annual economic, indirect cost of mental illness is approximately \$79 billion, the majority of which reflects loss of productivity (Rice & Miller, 1996).
- These costs could be drastically reduced if mental health problems are identified and treated early.

¹ This advocacy brief was developed for the Ohio Mental Health Network for School Success (OMHNSS), by Center for School-Based Mental Health Programs (CSBMHP) graduate research assistants Angela Volz, Holli Sink, Karin Vanderzee, Raven Cuellar, and Jen Elfstrom. A copy of the brief and an expanded report of all OMHNSS advocacy briefs (with reference citations) are available at <http://www.units.muohio.edu/csbmhp/network/index.html>.

The Case for Programs that Address School Climate²
Ohio Mental Health Network for School Success Advocacy Brief
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Poor school climate contributes to a host of negative outcomes.

- Broadly speaking, school climate can be defined as the feelings that students and staff have about the school environment, including how safe, supported, and comfortable they feel in that environment (Peterson & Skiba, 2001).
- Unsupportive school climates have been associated with:
 - Behavioral and emotional problems (Wingspread Conference, 2004)
 - Alcohol and tobacco use in adolescence (Kasen, Johnson & Cohen, 1990; Wingspread Conference, 2004)
 - Increased aggression (Kasen, Berenson, Cohen & Johnson, 2004; Wilson, 2004)
 - Childhood psychopathology (Kasen, et al., 1990)
- School climates can promote or discourage positive and negative behavior among students. Furthermore, social norms that exist within schools may worsen behavior problems such as bullying and victimization (Wilson, 2004).

Positive school climate is achieved through programs that address multiple factors of the school environment simultaneously.

- Key factors of school climate include:
 - Feelings of safety among staff and students (Scales & Leffert, 1999; Wingspread Conference, 2004)
 - Supportive relationships within the school building (Haynes, Emmons & Ben-Avie, 1997; Scales & Leffert, 1999; Wingspread Conference, 2004; Wilson, 2004)
 - Engagement and empowerment of students as valued members and resources in the community (Scales & Leffert, 1999)
 - Clear rules and consequences that are understood by all staff and students (Scales & Leffert, 1999; Wingspread Conference, 2004)
 - High expectations for academic achievement and appropriate behavior (Comer, 1981; Haynes et al., 1997; Scales & Leffert, 1999; Wingspread Conference, 2004)
- The Olweus Bullying Prevention Program (OBPP), an evidence-based program, addresses multiple aspects of school climate (Olweus & Limber, 2002). It aims to create a school climate that discourages bullying behavior by creating school-wide rules and consequences for bullying, increasing supervision where bullying frequently occurs, and holding classroom meetings to promote open communication, a supportive environment, and cohesion among students. To learn more about this program visit <http://www.clemson.edu/olweus/>.

Interventions that effectively address school climate have been shown to support academic success, and increase positive behavioral and social-emotional outcomes.

- Positive elements of school climate have been shown to affect:
 - Academic achievement (Haynes, Emmons & Ben-Avie, 1997; Rutter, 1979; Wingspread Conference, 2004)
 - Classroom engagement and educational motivation (Wingspread Conference, 2004)
 - Attitudes toward school and schoolwork (Olweus, 1994; Olweus & Limber, 2002)
 - Attendance and suspension rates (Comer, 1981; Haynes, et al., 1997; Olweus, 1994; Rutter, 1979; Wingspread Conference, 2004)
 - Order and discipline in the school building (Olweus, 1994; Olweus & Limber, 2002)
 - Amount of vandalism to the school building (Olweus, 1994; Wingspread Conference, 2004)
 - Students' self-concept (Haynes, et al., 1997, 1997)
 - Students' pro-social behavior (Haynes, et al., 1997)
 - Students' social relationships (Olweus, 1994; Olweus & Limber, 2002)
 - Bullying and other antisocial behaviors (Comer, 1981; Olweus, 1994; Olweus & Limber, 2002; Rutter, 1979; Wingspread Conference, 2004)
 - Students' overall sense of wellbeing and satisfaction (Anderson, 1982; Haynes, et al., 1997; Olweus, 1994)

Quality universal intervention programs should address multiple aspects of school climate and continuously monitor and evaluate the program's progress.

- The curriculum must be one that students and staff understand and support. It must set expectations for a high level of student mastery of concepts (Rutter, 1979).
- Those practices that assume that some children will not succeed (i.e. ability grouping) should be eliminated (McVoy & Welker, 2000).
- School achievement should be affirmed in order to enhance dedication to pro-social and academic progress and goals (McVoy & Welker, 2000).
- It is essential to choose programs whose characteristics match the target population and that are socioculturally relevant (Nation et al., 2003, Crusto, Wandersman, Kumpfer, Seybolt, Morrissey-Kane, & Davino, 2003; Chorpita, Daleiden, & Weisz, 2005; Miller & Shinn, 2005; Mihalic & Irwin, 2003).
- Schools should implement ongoing monitoring and evaluation of progress toward goals and of program effectiveness (Brownson, Kreuter, Arrington, & True, 2006; McVoy & Welker, 2000; Nation et al, 2003; Weingardt, 2004).
- Programs should be implemented as they were intended to be implemented (fidelity) (Elliott & Mihalic, 2004).

- Well-trained staff is essential to program effectiveness (Nation et al., 2003; Elliott & Mihalic, 2004). Before implementing a program, all staff should be committed to being trained, and implementation should start immediately following training to facilitate continuity (Elliott & Mihalic, 2004).

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The Case for Screening and Early Identification¹
Ohio Mental Health Network for School Success Advocacy Brief
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Unidentified youth mental health problems and suicide are at a point of crisis for our nation.

- The Surgeon General's Report (1999) estimated that up to 20% of youth experience mental health problems within any given year, and approximately 75 to 80% of youth in need of treatment and support services do not receive adequate care. Most do not receive services at all.
- A wide range of negative consequences often accompany youth mental health problems that are untreated, including suicide, substance abuse, inability to live independently, involvement with the correctional system, failure to complete high school, lack of vocational success, and health problems (Heathfield & Clark, 2004).
- More than 3,000 children, adolescents and young adults, ages 10-24, take their own lives each year in the U.S. That's the human loss equivalent of September 11th repeating itself every year (CDC, 2003).
- Suicide is the third leading cause of death for young people and is considered a public health crisis by the Centers for Disease Control and Prevention and by the World Health Organization (CDC, 2003).
- Approximately 90% of youth who die by suicide suffer from diagnosable mental illness. About 63% of those youth experience symptoms of mental illness for more than a year before their deaths, indicating a real opportunity to identify and help at-risk youth before it is too late (Columbia University TeenScreen Program, 2005).

Schools have an important role to play in screening students for mental health and suicide risk.

- School mental health programs have been shown to be effective in identifying at-risk students early, thereby reducing externalizing and internalizing behaviors, school absenteeism, and school drop-out, as well as improving academic performance (Dryfoos, 1995; Pumariega & Glover, 1998).
- For the small percentage of youth who currently receive mental health services, most are served within the school setting. School-based services are uniquely positioned to reach youth who otherwise may go without needed care (Fonagy & Target, 1996; Jespson, Juszczak & Fisher, 1998).
- Between 40 and 60% of families that seek community mental health services for their youth terminate treatment prematurely. Families have reported that accessing community mental

health services is too difficult, too stigmatizing, too expensive, and too frustrating due to fragmented services (U.S. Surgeon General, 1999).

- Providing mental health services within schools allows contact with youth during times of crisis, reduces stigma, minimizes disruption to academic studies, and reduces financial costs (Klinefelter, 1994; Pumariega & Glover, 1998).

Screening is a safe and effective way to identify at-risk youth and direct them to appropriate services.

- Screening has been recognized nationally as an effective way to promote early identification of youth mental health problems, helping to identify problems before they develop into more serious conditions (American Psychological Association, 2004; New Freedom Commission on Mental Health, 2003; U.S. Department of Health and Human Services, 1995). One study showed that screening identified 65% of those who went on to experience recurrent depression or become suicidal in young adulthood (McGuire & Flynn, 2003).
- TeenScreen has been nationally recognized as a model screening program. For more information on the TeenScreen program, visit www.teenscreen.org
- Screening finds high school students that are silently suffering from life-threatening mental health problems. A study of approximately 2,000 high school students that participated in a TeenScreen assessment found that:
 - Approximately 75% of students who were contemplating suicide and 50% of students who had made prior suicide attempts were not previously known to be having problems by school personnel.
 - Nearly 70% of students found to be suffering from depression were also unidentified previously (McGuire & Flynn, 2003).
- Emerging research indicates that intervening early can help prevent mental health problems from worsening and can lessen long-term disability brought on by mental disorders (APA, 2004).
- One sure way to reduce the financial and social costs of mental health services is to prevent or minimize the risk of mental health problems, or intervene early in the course of mental illness to avoid chronic problems that are difficult and expensive to treat (Heathfield & Clark, 2004).
- Screening is both time and cost effective. The majority of students will spend only 10-15 minutes in screening, with a maximum of one hour for those who go on to the clinical interview segment of the screening process, which keeps screening costs very low (Columbia University TeenScreen Program, 2005).

Principles of quality screening programs.

- Screening must be voluntary.
- Confidentiality must be protected.
- Screening staff and volunteers must be qualified and trained.
- Youth identified through screening as needing further evaluation should be offered a referral to an appropriate mental health service provider.
- Parents of identified youth must be informed of screening results and referral recommendations, and offered assistance in securing an appointment for further evaluation (Columbia University TeenScreen Program, 2006).

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References

- Adelman, H. S., & Taylor, L. (2000). Promoting mental health in schools in the midst of school reform. *Journal of School Health, 70*, 171-178.
- American Psychological Association. (2004). *Public interest policy: Universal mental health screening*. Washington, DC: Author.
- Anderson, C. S. (1982). The search for school climate: A review of the research. *Review of Educational Research, 52*, 368-420.
- Armbruster, P., & Lichtman, J. (1999). Are school-based mental health services effective? *Community Mental Health Journal, 35*, 493-504.
- Atkins, M. S., Frazier, S. L., Adil, J. A., & Talbott, E. (2003). School-based mental health services in urban communities. In M. Weist, S. Evans, & N. Tashman (Eds.), *Handbook of school mental health: Advancing practice and research* (pp. 165-178). New York: Kluwer Academic/Plenum Publishers.
- Brownson, R. C., Kreuter, M. W., Arrington, B. A., & True, W. R. (2006). Translating scientific discoveries into public health action: How can schools of public health move us forward? *Public Health Reports, 121*, 97-103.
- Centers for Disease Control. (2003). *Youth risk behavior survey-2003*. U. S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Chorpita, B. F., Daleiden, E. L., & Weisz, J. R. (2005). Identifying and selecting the common elements of evidence based interventions: A distillation and matching model. *Mental Health Services Research, 7*, 5-20.
- Columbia University TeenScreen Program. (2005). *Information supporting the case for screening*. Retrieved on 1/05/06 from <http://www.teenscreen.org>
- Columbia University TeenScreen Program. (2006). *Principles of quality screening programs*. Retrieved on 1/05/06 from <http://www.teenscreen.org/cms/content/view/110/143/>
- Comer, J. P. (1981). *Societal change: Implications for school management*. Washington, DC: National Institute of Education.
- Dryfoos, J. G. (1995). Full service schools: Revolution or fad? *Journal of Research on Adolescence, 5*, 147-172.
- Elias, M. J., Gager, P., & Leon, S. (1997). Spreading a warm blanket of prevention over all children: Guidelines for selecting substance abuse and related prevention curricula for use in the schools. *Journal of Primary Prevention, 18*, 41-69.

- Elliott, D. S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science, 5*, 47-53.
- Evans, S. W. (1999). Mental health services in schools: Utilization, effectiveness, and consent. *Clinical Psychology Review, 19*, 165-178.
- Fonagy, P. & Target, M. (1996). *The psychological treatment of child psychiatric disorders: What works for whom? A critical review of psychotherapy*. New York: Guilford.
- Goodman, S. H., Lahey, B. B., Fielding, B., Duncan, M., Narrow, W., & Rigor, D. (1997). Representatives of clinical samples of youths with mental disorders: A preliminary population-based study. *Journal of Abnormal Psychology, 106*, 3-14.
- Grunbaum, J. A., Kann, L., Kinchen, S., Ross, J., Hawkins, J., Lowry, R., et al. (2004). Youth risk behavior surveillance – United States, 2003. *Morbidity and Mortality Weekly Report, 53*, 1-95.
- Haynes, N. M., Emmons, C., & Ben-Avie, M. (1997). School climate as a factor in student adjustment and achievement. *Journal of Educational and Psychological Consultation, 8*, 321-329.
- Heathfield, L. T. & Clark, E. (2004). Shifting from categories to services: Comprehensive school-based mental health for children with emotional disturbance and social maladjustment. *Psychology in the Schools, 41*, 911-920.
- Jespson, L., Juszczak, L. & Fisher, M. (1998). Mental health care in a high school based health service. *Adolescence, 33*, 1-15.
- Kasen, S., Berenson, K., Cohen, P., & Johnson, J.G. (2004). The effects of school climate on changes in aggressive and other behaviors related to bullying. In D.L. Espelage & S.M. Swearer (Eds.), *Bullying in American Schools* (pp. 187-210). Mahwah, NJ: Lawrence Erlbaum Associates.
- Kasen, S., Johnson, J., & Cohen, P. (1990). The impact of school emotional climate on student psychopathology. *Journal of Abnormal Child Psychology, 18*, 165-177.
- Klinefelter, P. (1994). A school counseling service. *Counseling, August*, 215-217.
- Marsh, D. (2004). Serious emotional disturbance in children and adolescents: Opportunities and challenges for psychologists. *Professional Psychology: Research and Practice, 35*, 443-448.
- McGuire, L. C. & Flynn, L. (2003). The Columbia TeenScreen program: Screening youth for mental illness and suicide. *Trends in Evidenced-Based Neuropsychiatry, 5*, 56-62.

- McVoy, A., & Welker, R. (2000). Antisocial behavior, academic failure and school climate: A critical review. *Journal of Emotional and Behavioral Disorders*, 8, 1063-4266.
- Mihalic, S., & Irwin, K. (2003). From research to real world settings: Factors influencing the successful replication of model programs. *Youth Violence and Juvenile Justice*, 1, 307-329.
- Miller, R. L., & Shinn, M. (2005). Learning from communities: Overcoming difficulties in dissemination of prevention and promotion efforts. *American Journal of Community Psychology*, 35, 169-183.
- Nabors, L. A., & Reynolds, M. W. (2000). Program evaluation activities: Outcomes related to treatment for adolescents receiving school-based mental health services. *Children's Services: Social Policy, Research, and Practice*, 3, 175-189.
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58, 449-456.
- Ohio Department of Mental Health. (2003). Fact sheet. *Legislative forum on mental health and school success: Creating a shared agenda*.
- Olweus, D. (1994). Bullying at school: Long-term outcomes for the victims and an effective school-based intervention program. In L. R. Huesmann (Ed.), *Aggressive behavior: Current perspectives* (pp. 97-130). New York: Plenum.
- Olweus, D., & Limber, S. (2002). *Blueprints for violence prevention: Bullying prevention program*. Boulder, CO: University of Colorado, Institute of Behavioral Science.
- Paternite, C. E., & Johnston, T. C. (2005). Rationale and strategies for central involvement of educators in effective school-based mental health programs. *Journal of Youth and Adolescence*, 34, 41-49.
- President's New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report for the President's New Freedom Commission on Mental Health (SMA Publication No. 03-3832)*. Rockville, MD: Author.
- Peterson, R. L., & Skiba, R. (2001). Creating school climates that prevent school violence. *Social Studies*, 92, 167-175.
- Pumeriega, A. & Glover, S. (1998). New developments in services delivery research for children, adolescents, and their families. *Advances in Clinical Child Psychology*, 20, 303-343.

- Rice, D. P., & Miller, L. S. (1996). The economic burden of schizophrenia: Conceptual and methodological issues and cost estimates. In M. Moscarelli, A. Rupp, & N. Sartorius (Eds.), *Schizophrenia* (pp. 321-334). Chichester, UK: Wiley.
- Rones, M., & Hoagwood, K. (2001). Effectiveness, transportability, and dissemination of interventions: What matters when? *Psychiatric Services, 52*, 1190-1197.
- Rutter, M., Maughan, N., Mortimore, P., Ouston, J. & Smith, A. (1979). *Fifteen thousand hours: Secondary schools and their effects on children*. Cambridge, MA: Harvard University Press.
- Scales, P. C., & Leffert, N. (1999). *Developmental assets*. Minneapolis, MN: Search Institute.
- Schargel, F. P., & Smink, J. (2001). *Strategies to help solve our school dropout problem*. Larchmont, NY: Eye on Education.
- School Mental Health Alliance. (2005). *Working together to promote learning, social-emotional competence and mental health for all children*. New York: Author (Columbia University Center for the Advancement of Children's Mental Health, www.kidsmentalhealth.org).
- Shaffer, D., Gould, M., Fisher, P., Trautman, P., Moreau, D., Kleinman, M. & Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry, 53*, 339-348.
- Shaffer, D., Scott, M., Wilcox, H., Maslow, C., Lucas, C., Garfinkel, R. & Greenwald, S. (2004). The Columbia TeenScreen Program: Validity and reliability of a screen for youth suicide and depression. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*, 71-79.
- Simpson, G. A., Bloom, B., Cohen, R. A., Blumberg, S., & Bourdon, K. H. (2005). U.S. children with emotional and behavioral difficulties: Data from the 2001, 2002, and 2003 National Health Interview Surveys. Advance data from vital and health statistics; no 360. Hyattsville, MD: National Center for Health Statistics.
- U. S. Surgeon General. (1999). *Mental health: A report of the surgeon general*. Rockville, MD: U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
- Waxman, R. P., Weist, M. D., & Benson, D. M. (1999). Toward collaboration in the growing education-mental health interface. *Clinical Psychology Review, 19*, 239-253.
- Weare, K. (2000). *Promoting mental, emotional and social health: A whole school approach*. London: Routledge.
- Weingardt, K. R. (2004). The role of instructional design and technology in the

- dissemination of empirically supported, manual-based therapies. *Clinical Psychology: Science and Practice*, 11, 313-331.
- Weist, M. D. (1997). Expanded school mental health services: A national movement in progress. In T. Ollendick & R. J. Prinz (Eds.), *Advanced in Clinical Child Psychology* (Vol. 19, pp. 319-352). New York: Plenum Press.
- Weist, M. D., Myers, C. P., Hastings, E., Ghuman, H., & Han, Y. (1999). Psychosocial functioning of youth receiving mental health services in the schools vs. community mental health centers. *Community Mental Health Journal*, 35, 69-81.
- Weist, M. D., Paternite, C. E., & Adelsheim, S. (2005). School-based mental health services. Commissioned report for the *Institute of Medicine, Board of Health Care Services, Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders Committee*. Washington, D.C.
- Wilson, D. (2004). The interface of school climate and school connectedness and relationships with aggression and victimization. *Journal of School Health*, 74, 293-299.
- Wingspread Conference (2004). Wingspread declaration on school connections. *Journal of School Health*. 74, 233- 234.
- World Health Organization. (2001). *The World Health Report 2001 - Mental Health: New Understanding, New Hope*. Geneva: World Health Organization.
- World Health Organization. (2002). *World Report on Violence and Health*. Geneva: World Health Organization.
- Zins, J. E., Weissberg, R. P., Wang, M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press.