School Mental Health Programs: A review of evaluation efforts

By: Elizabeth W. Lindsey, MSW

Lindsey, E. (1979). School mental health programs: A review of evaluation efforts. *School Social Work Quarterly, 1*(2), 101-115.

Made available courtesy of Taylor and Francis: http://www.tandf.co.uk/journals/

*****Reprinted with permission. No further reproduction is authorized without written permission from Taylor and Francis. This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document.*****

Abstract:
In order to assess the effectiveness of preventive mental health programs in school settings, a review of the literature on evaluation of school mental health programs was done. Numerous prevention activities have been implemented through schools, utilizing a variety of methods, directed towards students, teachers and parents. Little systematic evaluation of program components or total program impact has been done. Results from several programs which were evaluated are inconclusive. Problems associated with pro-gram evaluation are discussed. Systematic evaluation may be crucial to the future of school mental health programs if they are to withstand fiscal and ideological pressures.

Article:
Recognition of the magnitude of the national mental health problem and the scarcity of trained professionals capable of delivering traditional services to large numbers of people has led to increased interest in the development of innovative approaches to the problem of mental illness. One approach which has gained support in recent years is a shift of focus from a treatment orientation to a preventive orientation. Although the history and literature of the public health movement offer some support for this idea, some mental health Professionals insist that the lack of knowledge concerning the etiology of mental illness and successful intervention strategies prohibits conceptualization and initiation of truly preventive efforts (Cummings, 1972). Others claim enough is known to plan preventive programs directed toward specific problems (Klein and Goldston, 1976). Despite the ongoing controversy, quite a few preventive programs are being Initiated and the literature is growing, particularly in regard to programs aimed at children, who are considered to be the population most likely to benefit from prevention efforts (Caplan, 1961; Griffin, 1968; Stickney, 1968).

Although there is no definite evidence that mental problems in childhood are likely to result in adult disturbance (Lewis, 1965), most mental health professionals interested in preventive work accept the logic of the idea. Thus, it is assumed that early intervention and treatment or promotion of positive mental health among nonpathological populations of children will reduce the duration and incidence of cases of mental illness. The public schools have been identified by mental health professionals as the obvious practical setting within which children may be reached by preventive activities (Griffin, 1968; Stickney, 1968). Although a similar consensus is not found among educators, some of whom question whether such activities constitute a proper task of the school (Kotinsky and Coleman, 1955), many educators have recognized the link between successful school performance and the student's mental health, and the number of mental health programs in schools has increased in recent years.

This paper will present a review of the literature of prevention efforts aimed at children and implemented through school systems. Representative examples of different types of programs will be described, and similar programs will be noted as references. Special attention will be given to programs which have been subjected to some form of evaluation. Problems of evaluation will also be discussed.

SCHOOL MENTAL HEALTH PROGRAMS

The public health model defines primary prevention as activities designed to promote mental health or reduce the incidence of new cases of illness. Secondary prevention involves identification and early intervention to reduce the duration of illness. It is almost impossible to categorize a specific school mental health program as either primary or secondary prevention because most programs contain components of both levels of prevention. A more useful framework for examining these programs is to distinguish the group(s) (i.e., teachers, parents, students) to be directly impacted by the program and the method used, keeping in mind that the ultimate target group of most prevention programs in school is, of course the student body. Most of the programs cited in this review utilize varied methods and frequently have more than one target group, as they attempt to impact the problem from all sides. It will be obvious that serious problems in evaluation arise in such comprehensive programs.

Mental Health Education

Preventive efforts may be directed toward a student population by utilizing a curriculum designed to teach knowledge and skills which enable students to successfully cope with their environment such that the potential for incidence of mental disturbance is reduced. Such programs of mental health education are the most nearly pure form of primary prevention in that no attempt is made to distinguish between normal and disturbed individuals in the target group. In 1951, the Committee on Preventive Psychiatry of the Group for the Advancement of Psychiatry evaluated three mental health education programs which took the form of special classes in human relations, social functioning, and/or family life. Although there was no formal study to evaluate the effects of any of these programs, there was the impression that students involved became more "socially active" in some of the classes and that "personal growth" occurred. Students and teachers alike expressed positive feelings toward the programs. The report expressed concern that such discussion of mental health topics might unleash feelings that the child would be unable to handle, and the Committee recommended that research be done to determine the effect of such programs on children. However, this review of literature has not revealed any later publications relating to these projects. Although unsupported by hard data, the idea of human relations or guidance classes has been adopted by other school systems, and students and teachers alike report satisfaction and enthusiasm for the courses (Helfant, 1956; Nash, 1964).

A fourth program evaluated by the Committee, the Ojemann Project, differed somewhat from the other three projects in that it attempted to integrate mental health material throughout the relevant school curriculum rather than limiting it to special classes. The Committee notes that this program was impressive in that it demonstrated an attempt to humanize all content dealing with behavior that is taught in school curricula. Although it was noted that follow-up evaluation studies were planned only program descriptions were found in the literature (Ojemann, 1958). Despite the lack of hard research demonstrating the effectiveness of mental health education in reducing susceptibility' to mental disturbance, there has been a recent trend toward including mental health material in the school curriculum. Special guides have been developed for use in classrooms (Alexander, 1975; Van Hooft, 1970). It is unfortunate that none of these materials have been validated as to their effectiveness. For the time being at least, the possible contribution of mental health education to prevention remains to be proven.

Screening

Rather than attempting to inculcate principles of good mental health into the entire student population, a program may be directed toward a subpopulation of children identified as "disturbed" or "at-risk." However, before any kind of intervention can be provided, there must be some way to distinguish children in need from their healthier peers. Although there have been no procedures or instruments developed to distinguish crisis cases from more serious mental disturbance, many studies have been directed toward developing techniques that would detect children who are generally not adapting well to school or who are demonstrating symptoms of emotional disturbance. Individual assessments of identified children can then be performed to determine the extent of the disturbance and the type of intervention required.

Kellam, Branch, Agrawal, and Grabill (1972) report development of a six-scale measure of adaptation based on the tasks required of first graders in the "social system of the classroom" (pp. 716), as identified by the first

grade teacher. Teacher ratings on social contact, authority acceptance, maturation, cognitive achievement, concentration, and global adaptation scales over a four year period indicated that approximately two-thirds of the children surveyed were having some difficulty in mastering one or more of these tasks. When adaptational status was measured again in the third grade, the research found that "early mastery in school was significantly associated with the children's future adaptation" (pp. 717). These findings were used to develop a program of intervention that would facilitate adaptation to the crisis of entering school.

Stringer and Glidewell (1967) report significant findings in validation studies of the Academic Progress Chart (APC) as a screening tool for emotional disturbance in elementary school children. Originally' developed for use in identifying achievement conditions that produced maximal or minimal benefits to grade repeaters, the APC is based on data from the achievement tests normally administered by the schools and predicts "incipient academic failure well in advance" (pp. 1). Research aimed at validation of the APC as a screening device for mental health problems revealed a "total 73 percent valid decision rate, a 12 percent improvement over chance expectancy" (pp. 77), when compared with a Resources Inventory and Symptom Inventory based on individual interviews with mothers and assessments by caseworkers. Although the Resources and Symptom Inventories have a higher valid-decision rate, they do require individual interviews and are, therefore, not as practical as the APC for use with a total elementary school population.

Bower (1960) describes the results of a study to develop procedures that could be used by teachers to differentiate incipient pathology from normal behavioral deviation in the classroom. A screening process was developed which included results on intelligence, reading, and math achievement tests, a personality inventory, a sociometric measure of peer perception, number of absences, age-grade relationship, socio-economic status of family, and teacher ratings of physical and adjustment status of the children. Teacher ratings using the process were highly predictive, as 87% of the clinically identified children were rated by teachers as poorly adjusted.

Other assessment tools which have been developed for use with children in school (Cowen, Izzo, Miles, Telschow, Trost, and Zax, 1963; Gildea, 1958; Liem, Yellot, Cowen, Trost, and Izzo, 1969; Lytton, Knobel and MacNeven, 1960; Rubin, 1969) usually include components already described above, i.e., achievement test scores, personality and symptom inventories, sociometric measures, parent interviews, teacher ratings. The emphasis on teacher judgment of a child's adjustment to school is supported by studies of the predictive value of teacher referrals (Fitzsimmons, 1958; Kasanin, 1932), although teachers are not necessarily able to diagnose the exact problem. The implication of these studies is that teacher judgments are valuable in early identification of emotional illness in children, and that with some specialized training teachers could become more adept at pinpointing specific problems.

Direct Intervention

Once a child has been identified he may be referred to a mental health clinic or the school staff may attempt to deal with the Problem directly within the school, by instituting special classes run by teachers or by allowing a mental health professional access to the child during school hours and in the natural environment of the classroom. Waldfogel, Hahn, and Landy (1955) and Waldfogel, Tessman, and Hahn (1959) describe a program designed to identify and treat school phobia in the early stages. The authors noted that when treatment was begun during the same semester as onset of symptoms 15 out of 21 children returned to school within three weeks. Of those who were seen one or more semesters following onset of symptoms, all students were unable to return to school on a regular basis for more than three months after treatment began. A year later, the children who received brief therapy in school or more intensive therapy in a mental health clinic were more likely to be symptom-free and adjusting academically and socially than were those who received no therapy. Although the numbers involved in this study were too small for the results to be generalizable, the findings tend to support the notion that early intervention is more likely to be successful than delayed intervention and that brief treatment in the school setting can be as beneficial as more intensive therapy in a clinic.

A study by Lorion, Caldwell, and Cowen (1976) describes successful use of nonprofessional "child-aides" supervised by school mental health professionals in working on a one-to-one basis with primary grade children

identified by their teachers as having difficulty meeting demands of school life. One of the few programs to be seriously evaluated, this project was successful in reducing frequency and severity of adjustment problems. The program was found to be most successful when the child was seen once a week over a single year (Lorion, Cowen, and Kraus, 1974). Multiple contacts per week and continued participation in the program through more than one school year were not as effective (Cowen and Schochet, 1973). Studies measuring improved adjustment over time revealed that at five and twelve month intervals after termination from the program, children were significantly more adjusted than controls or nonterminators.

Use of group interventions with disturbed children in school settings has not proved as effective. Cowen et al. (1963) describe an "After School Activities Group" for children with special difficulties in the classroom, aimed at giving the child an "opportunity to form meaningful interpersonal relationships" (pp. 315). Although comparison with control groups showed less anxiety in experimental subjects as measured by the Children's Manifest Anxiety Scale, this group intervention was difficult to evaluate because of the comprehensive nature of the entire program which included teacher seminars and parent meetings. No attempt was made to differentiate effects of each type of intervention.

A similar problem arises in attempting to evaluate the effectiveness of the prevention program of the Woodlawn Mental Health Center which includes direct and indirect interventions by means of classroom meetings, staff meetings, and parent meetings (Kellam and Schiff, 1967; Kellam et al., 1972; Schiff and Kellam, 1967). Developed as a comprehensive screening and intervention program for first graders, the essential component of treatment was weekly classroom meetings with a psychiatrist, first grade teachers, and seven to 14 children identified by the teachers as most severely maladapted. These meetings focused on bolstering the child's confidence in his ability to master tasks appropriate to the first grade. Although teacher assessment at the end of the first year "revealed that children in intervention schools were less adapted and had become significantly worse than control school children" (Kellam, et al., 1972, pp. 722), it was found that this was due to increased expectations and sensitivity to mental health problems on the part of the teachers. After the initial year, teachers judged the adjustment of experimental children as improving over the course of the first grade when compared to control children. Three year follow-up showed improvement of academic performance, especially in the area of language arts, however, no measures of short-term or long-term impact on psychiatric symptoms were evident. The authors conclude that "while measurable impact appears to have been achieved, it has been modest" (Kellam et al., 1972, pp. 723), and underscore the need to consider other kinds of interventions to support children during school entry.

Stewart, Dawson, and Byles (1976) report an attempt to work with adolescent girls having difficulties in academic performance and school attendance by means of a peer-group led by a mental health consultant. Although data from school records showed no significant differences between experimental and control groups a year later, ratings on a four point scale of improvement by guidance counselors judged the girls in the experimental group to have made important gains in the year after the discussion group ended. The authors realize that due to the small sample size generalization to other possible settings and groups is not possible, but encourage replication studies.

Richman (1968) and Stickney (1968) report on a school mental health program using special adjustment classes at the elementary level and a Resource Room for secondary students. The adjustment classes were highly structured for each individual and mainly focused on academics. The Resource Room Program offered secondary students support in regular school work and attempted to assist them in social adjustment to the school setting. This program was somewhat unique among other direct group interventions noted, as the opportunity to discuss personal problems in a group was not built into either component of the program, although the teachers often served as "counselors" for students. Special training and access to consultation with mental health professionals was available to teachers of these classes. There was no formal evaluation although "almost uniformly the programs are accepted and seen as essential" (Stickney, 1968, pp. 1413).

In a screening program where treatment within the school is not a possibility, there must be some way of

insuring proper referral to a mental health professional. The only study noted that attempted to evaluate such a referral system was reported by Brummit and Schieren (1970, 1974) who describe a "perfect set-up" wherein the psychiatric consultant to the school was the director of a local mental health clinic associated with a hospital. It was hoped that with such direct liason between the two institutions, "instant social pathology could be met with instant treatment" (1970, pp. 3). The effectiveness of this liaison was evaluated using a control group whose members were referred to community resources other than the psychiatrist's clinic to determine whether parents were more likely to use the clinic services. Findings revealed that 40 percent of the experimental group did not avail themselves of clinic services, whereas only 26 percent of the control group failed to make contact with another community agency, despite the fact that more effort had to be expended by the parents in the control group. Thus it was concluded that such a direct liaison between a clinic and the school was not the "perfect set-up" originally thought, at least in terms of follow-up treatment of identified children. The findings also point up the need to design and evaluate referral methods that will encourage parents to take advantage of offered services when their children are in need.

Indirect Intervention

Consultation and inservice training with teachers. The most common preventive method utilized in school mental health programs involves collaboration between a mental health clinic and the school. In fact, almost all the programs noted used consultation or in-service training by a mental health professional to a greater or lesser degree. It is generally agreed that teachers do not receive enough training in college to enable them to identify emotional disturbance or subsequently intervene effectively to minimize severity and/or duration of the disturbance. Mental health consultation may be viewed as a type of in-service training as its purpose is to increase teacher knowledge, skills, and self-confidence.

Other forms of in-service training such as workshops or teacher discussion groups may be used either along with or instead of consultation. Ruckhaber (1970) describes a program which is based on the assumption that teachers already have a good background in understanding emotional disturbance and mental health principles, but need help from mental health professionals in translating theory into practice. The methods used were in-service training and case consultation which stressed the teacher's ability to deal with problems that arose. Unfortunately, there was no formal evaluation of the program, although a reduction in the number of psychological referrals by teachers was noted, and the teachers who participated "report a greater feeling of responsibility for the social and emotional growth of their pupils" (pp. 200). Reports of similar programs (Barman, 1971; Kellam, et al., 1972; Lawrence, et al., 1962; Perkins, 1953) emphasize the need to focus consultation efforts on building the teacher's awareness of her own abilities and supporting existing psychological services in the school rather than encouraging dependence on the mental health professional.

There is evidence to support the position that group consultation (Mariner, Brandt, Stone, and Mirmow, 1961), teacher workshops (Balser, Brown, Brown, Lask, and Phillips, 1957), and a combination of in-service training and individual consultation (Barman, 1971; Cutler, 1961) can be effective in changing teacher attitudes toward mental health. There is, however, reason to believe that a teacher's openness to and ability to benefit from such programs is more a function of her own motivation and interest than it is related to the impact of the program itself (Balser et al., 1957; Cutler, 1961). Unfortunately none of these studies has attempted to assess the impact of consultation and in-service education programs on the actual behavior of teachers in the classroom.

Parent groups. Another preventive approach impacts the child indirectly through efforts aimed at parents. Gildea (1959) reports use of group therapy with the mothers of children referred by teachers for behavior problems. Consultation was also provided for teachers to increase their understanding of the causes of the problems. A two-year follow-up study based on interviews with teachers showed that "about 80 percent of the children whose mothers joined the groups improved markedly in behavior and 50 percent returned to 'normal' behavior … during each academic year" (pp. 5). Of those children whose parents were referred, but did not participate, only 20 percent showed any noticeable improvement. No mention is made of a validated instrument for assessing return to normal behavior and no control group existed other than the self-selected one of referred parents who did not join the groups.

Out of the experience of group therapy with mothers came the idea for an educational group aimed at parents of "normal" children. This mental health education program focused on the parent-child relationship was initiated through the PTA, and later was offered to any interested community groups. An attempt was made to evaluate the education program by designating certain schools as experimental and planning for these meetings with great care. For the most part, programs in these schools are not successful, apparently because neither parent nor school had requested the program. Motivation or recognition of need for service was cited as a crucial factor in the success of the program. There was no attempt to evaluate whether or not parent behaviors or attitudes actually changed, and success seems to have been measured by the degree of participation in the discussion groups and the reports of satisfaction of group members.

Balser et al, (1957) describes a series of mental health workshops for parents conducted simultaneously with teacher workshops. It was found that parents in experimental groups showed greater overall positive changes in attitudes toward mental health than did teachers or control groups. Again, there was no attempt to measure actual changes in behavior. Other school mental health programs have included parent discussion groups as one component, supplementing other methods (Brummit and Shieren, 1974; Cowen et al., 1963; Nash, 1964; Perkins, 1953; Schiff and Kellam, 1967). Unfortunately no attempt has been made to evaluate effects of the parent-oriented component of the pro-gram as distinguished from the program as a whole.

Evaluation

In a 1962 review of school and community mental health programs, Cutler emphasized the scarcity of systematic evaluation of such programs. Seventeen years later, this review reveals that, although numerous programs have been initiated in schools, for the most part the emphasis has been entirely on service delivery. Although there were some attempts to conduct evaluative research that would allow findings to be generalized beyond the specific program (Cowen et al., 1963; Kellam et al., 1972; Lorion et al., 1976; Stewart et al., Waldfogel et al., 1959), more frequently evaluation was either ignored or performed by means of informal questionnaires or general consensus of those concerned rather than through use of outcome measures related to program objectives or through hypothesis generation and testing. Unfortunately, even in the few programs that were seriously evaluated it was not always possible to determine which interventive strategies were effective.

Glidwell (1968) offers some insight into the problems likely to hinder serious attempts to evaluate such programs, the primary one being a perceived conflict between the requirements of science and the values and objectives of school systems. Certain scientific requirements such as random assignment to control and experimental groups, the need to delay intervention in control groups, standardization of the program throughout experimental groups, and program constancy over time, may be viewed by school staff as directly contrary to educational goals and perhaps even harmful to the students. Unless the school is "pre-disposed to be cooperative" (pp. 290) the evaluation component is unlikely to be valued or successful. Program design itself is a significant factor as the degree of complexity of a program can heavily influence the decision to systematically evaluate or not. Serious evaluation of "comprehensive programs requires more controls, complicated research designs and will almost certainly be more costly than evaluation of a program using one method with one target group. The financial aspect is certainly a crucial one, as so little money is available for preventive programs, the priority is usually assigned to service delivery, and the efficacy of the effort is taken almost on faith (Richman, 1968).

SUMMARY & CONCLUSION

As the literature survey demonstrates, little is actually known about the effectiveness of mental health programs in school meetings. Mental health education programs for normal students are gaining popularity, but lack studies to demonstrate effectiveness in prevention Of mental illness. Although validated screening instruments and techniques have been developed for early identification of school maladjustment and emotional disturbance, less is known about the effectiveness of specific types of interventive strategies with identified children. There is some evidence that one-to-one direct intervention with children in school settings can be effective, especially in very early stages of disturbance. Group techniques with children have not proven as effective. Research indicates that teachers can be trained to identify specific types of emotional problems and that increasing the

teacher's self confidence in dealing with such problems may lead to less need for direct interventions by a mental health professional. Indirect intervention with teachers and parents can promote positive attitudes toward mental health; however changes in attitude are more highly correlated with interest and motivation than with exposure to a mental health program. Multifaceted programs may be more effective than programs using a single strategy aimed at a single group, but problems of evaluation are compounded. No programs were found to be actually harmful, and most were viewed positively by participants.

The overall lack of evidence supporting the effectiveness of preventive school mental health programs may be largely a function of the lack of systematic evaluation and research. In the absence of solid information and knowledge, it will be the responsibility of each school mental health program to justify its own existence, both in terms of cost to the public and benefit to the student population. In a time of increasing fiscal accountability and public questioning of government expenditures, both school and mental health personnel may be called upon to justify implementation of such programs from both ideological and financial standpoints. In the minds of many, mental health activities will be considered a "frill," not related to the primary task of the school, to be pared out of the budget at the first sign of financial difficulties within the school system.

The absence of any pertinant references in social work journals does indicate that evaluation of school mental health programs has been, for the most part, ignored by the social work profession. As social workers become more active in school-related work, whether as school social workers or as mental health liaisons or consultants, they should consider taking on the role of advocate for program evaluation. Despite the seemingly conflicting values of evaluators and school systems, each has a valuable role to play in the development and maintenance of school mental health programs. Certainly it is not within the scope of the school system to conduct indepth research into strategies for the prevention of mental illness. This type of research will have to be left to universities, medical centers, or other organizations which have the resources necessary to design and implement such studies. However, involvement of an evaluation consultant in initial program planning stages-can not only allow for needed research into the effectiveness of specific strategies within the school setting, but can also provide documentation of need and program accomplishment. Such hard data can lie extremely important in justifying the need for such a program to the school board, parents, and the general public which will ultimately provide the funding.

On the basis of what is currently known, it is difficult to make a case either for or against the preventive potential of school mental health programs. Until evaluation is given a higher priority, school mental health programs cannot be held accountable for what they purport to deliver. It remains to be seen if future research and evaluation efforts will prove the efficacy, harmfulness, or neutrality of preventive pro-grams in school settings.

REFERENCES

Alexander, R. C. Psychological education: elementary, junior high and high school model pro-grams. Brookline, Ma.: Brookline High School, 1975. (ERIC Document Reproduction Service No. ED 109-584)
Balser, B. H., Brown, F., Brown, M. L., Laski, L., &Phillips, D. K. Further report on experimental evaluation of mental hygiene techniques in school and community. American Journal of Psychiatry. 1957, 113, 733-739.
Bower, E. M. Early identification of emotionally handicapped children in school. Springfield, Ill: Charles C. Thomas , 1960.
Brummit, H and Schieren, A. G. The "perfect set-up": a study of intensive service. Psychology in the Schools, 1970, 7, 3-13.
Brummit, H. & Schieren, A. G. After the perfect set up. Psychology in the Schools, 1974, 11, 229-238
Caplan,G. Prevention of mental disorders in children. New York: Basic Books, 1961.
Cowen, E.L., Izzo, L. D., Miles, H., Telschow, E. F., Trost, M. A., and Zax, M. A preventive mental health program in the school setting: description and evaluation. Journal of Psychology. 1963,53, 307-356.
Cowen, E.L. & Schochet, B. V. Referral and outcome differences between terminating and non-terminating children seen by nonprofessionals in a school mental health project. American Journal of Community Psychology, 1973, 1, 103-112.

Cutler, R. L. Research evaluation of a school mental health program. American Journal of Orthopsychiatry, 1961, 31, 339-346.
Cutler, R.L., Spieth, P. E., & Wilkinson, M. R. School and community mental health programs. Review of Education Research, 1962, 32, 476-483.
Cumming, E.. Primary prevention -more cost than benefit. In H. Gottesfeld (Ed.), The critical issues of community mental health. New York: Behavioral Publications, 1972.
Fitzsimmons, M. J. The predictive value of teachers' referrals. In M. Krugman (Ed.), Orthopsychiatry and the school. New York: American Orthopsychiatric Association, 1958.
Gildea, M. C. -L. School mental health: orientation, methods, and screening. In M. Krugman (Ed.), Orthopsychiatrv and the schools. New York: American Orthopsychiatric Association, 1958. (b)
Gildea, M. C. -L. Community mental health. Springfield, III.: Charles C. Thomas, 1959.
Glidewell, J. C. Some methodological problems in the evaluation of school mental health programs. In L. Roberts, N. Greenfield, & M. Miller (Eds.), Comprehensive mental health, Madison, Wis.: University of Wisconsin Press, 1968.
Griffin, J. D. Public education and school procedures. In F. Chalke & J. Day (Eds.), Primary prevention of psychiatric disorders. Toronto: University of Toronto Press, 1968.
Group for the Advancement of Psychiatry, Committee on Preventive Psychiatry. Promotion of mental health in the primary and secondary schools: an evaluation of four projects. GAP Report No. 18. New York: Group for the Advancement of Psychiatry, 1951.
Helfant, K. A school project in preventive mental hygiene. Educational Leadership, 1956, 14, 102-110.
Kasinin, J. & Yeo, L. A study of the school adjustment of children who later in life become psychotic. American Journal of Orthopsychiatry, 1932, 2, 212-227.
Kellam, S. G., Branch, J. D., Agrawal, K. C. & Grabill, M. E. Woodlawn Mental Health Center: an evolving strategy for planning in community mental health. In S. Golan &C. Eisdorfer (Eds.), Handbook of community mental health. New York: Appleton-Century-Crofts, 19;
Kellam, S. G., & Schiff, S. K. Adaptation and mental illness in the first-grade classrooms of an urban community. In Psychiatry Research Report No. 21. Washington, D.C.: American Psychiatric Association, 1967.
Klein, D. C. & Goldston, S. E. Primary prevention: an idea whose time has come. (DHEW Publication No. 77-447). Washington, D.C.: U.S. Government Printing Office, 1976.
Kotinsky, R. &Coleman, J. V. Mental health as an educational goal. Teachers College Record, 1955, 56, 267-276.
Lawrence, M. M., Spanier, I. J., & Dubowy, M. W. An analysis of the work of the school mental health unit of a community health board. American Journal of Orthopsychiatry, 1962, 32, 99-108.
Lewis, W. W. Continuity and intervention in emotional disturbance: a review. Exceptional Children, 1965, 31, 465-475.
Liem, G. R., Yellot, A. W., Cowen, E. L., Trost, M. A., and Izzo, L. D. Some correlates of early-detected emotional dysfunction in the schools. American Journal of Orthopsychiatry 1969, 39, 619-626.
Lorion, R. P., Caldwell, R. A., &Cowen, E. L. Effects of a school mental health project: a one- year follow-up. Journal of School Psychology, 1976, 14, 56-63.
Lorion, R. P., Cowen, E. L., &Kraus, R. M. Some hidden "regularities" in a school mental health program and their relation to intended outcomes. Journal of Consulting and Clinical Psychology, 1974, 42, 346-352.
Lytton, G. J., Knobel, M. & MacNeven, R. W. The functioning of a psychiatric diagnostic unit in the school system. American Journal of Orthopsychiatry, 1960, 30, 581-587.
Mariner, A. S., Brant, E., Stone, E. C., & Mirmow, E. L. Group psychiatric consultation with public school personnel: a two-year study. Personal and Guidance Journal, 1961, 40, 254-2
Nash, K. B. Mental health services at Madison Area Project Schools. Syracuse, N.Y.: Syracuse City School District, 1964. (ERIC Document Reproduction Service No. Ed 001-683)
Ojemann, R. H. Basic approaches to mental health: The human relations program at the State University of Iowa, Personnel &Guidance Journal, 1958, 37, 199-206.
Perkins, K. J. Consultation service to public schools by a mental health team. Mental Hygiene 1953, 37, 585-595.
Richman, V. Pittsburgh Public Schools mental health services, evaluation report. Pittsburgh, Pa.: Pittsburgh

Public Schools, 1968, (ERIC Document Reproduction Service No. Ed. 017- 099)
Rubin, E. Z. A psychoeducation model for prevention. American Journal of Orthopsychiatry, 1969, 39, 291. (Abstract)
Ruckhaber, C. J. An elementary school mental health program: the Stark School Model. Journal of School Psychology, 1970, 8, 197-201.
Schiff, S. K. & Kellam, S. G. A community-wide mental health program of prevention and early treatment in first grade. In Psychiatry Research Report No. 21. Washington, D.C.: American Psychiatric Association, 1967.
Stewart, L., Dawson, D., & Byles, J. A. Using peer-group intervention with problem students in a secondary school. Hospital and Community Psychiatry, 1976, 27, 572-574.
Stickney, S. B. Schools are our community mental health centers. American Journal of Ortho-psychiatry, 1968, 124, 1407-1414.
Stringer, L. A. & Glidewell, J. C. Early detection of emotional illness in school children. Clay-ton, Mo.: St. Louis County Health Department, 1967.
Van Hooft, G. E. Health curriculum materials, Grade 7, 8, & 9. Strand III, Mental Health : special editions for evaluation and discussion. Albany, N.Y.: New York State Education Department, 1969. (ERIC Document Reproduction Service No. ED 037-737)
Waldfogel, S., Hahn, B. P., & Landy, E. School phobia: causes and management. School Counselor, 1955, 3, 19-25.
Waldfogel, S., Tessman, E., & Hahn, B. P. A program for early intervention in school phobia. American Journal of Orthopsychiatry, 1959, 29, 324-333.