

Supporting Children with Mental Health Concerns in Classrooms

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### Abstract

There are a growing number of children who begin to develop mental health concerns during the school-age years. As such, it is important that schools recognize and understand mental health issues and are actively engaged in supporting these students. This article provides a Canadian perspective on the review of mental health in schools, highlighting the importance of school-health partnerships and supportive school environments. Additionally, the role of teacher training programs, prevention and intervention programs, professional development for teachers, and school leadership in the context of mental health support are discussed.

### **Supporting Children with Mental Health Concerns in Classrooms**

Children spend a great deal of their time in the classroom, making the school the child's main environment away from home (Herman, Reinke, Parkin, Traylor, & Agarwal, 2009). It is widely accepted that the overarching goal of schools is to educate children and to provide them with adequate foundational knowledge to move into the adult world (Adelman & Taylor, 2006). However, over the years, it has become increasingly clear that a variety of factors impede these goals from being realized (Alexander & Murphy, 1998). Currently, there is a greater emphasis on a broader educational agenda incorporating competencies in not only the academic domain, but also the social-emotional realm (Greenberg et al., 2003). There is a general understanding of academic-related factors that may affect school success but a more recent focus also incorporates the understanding of non-academic related factors that may impact learning (Adelman & Taylor, 1997).

#### **Barriers to Learning**

Academic barriers to learning include any aspect of learning that may be impeded by academic or cognitive ability. One clear example of this type of barrier would be the presence of a learning disability, whereby a child demonstrates significantly lower academic performance in one or more subject areas (e.g., mathematics or reading) than would otherwise be predicted by his or her cognitive abilities. These factors may be more readily identified in the school environment as the primary difficulties focus on school-related learning issues.

However, factors in students' out-of-school environments may also serve to nurture or impede their academic development (Pintrich, Marx, & Boyle, 1993). Adverse environmental and/or internal factors experienced by school-age children are often referred to as non-academic barriers to learning (Adelman & Taylor, 2006). More specifically, non-academic barriers to

learning are factors that hinder the academic success of students (i.e., impede students from reaching their academic potential) that are not purely related to academic or cognitive abilities (Adelman & Taylor, 2006; Csikszentmihalyi, 1991). Examples of non-academic barriers to learning may include mental health issues, environmental stressors, low self-esteem, low self-efficacy, or limited social supports in the school or at home (Adelman & Taylor, 1998, 2006; Csikszentmihalyi, 1991). Such factors impede learning because they affect students' motivation and engagement in the school curriculum, which are essential for academic success (Alexander & Murphy, 1998; Health and Human Development Program, 2011). For example, according to the National Association of School Psychologists (NASP; 2008), students who face environmental stressors such as poverty may not benefit fully from the school curriculum. Furthermore, even with efforts to improve academic achievement among disadvantaged students, a large achievement gap continues to exist between disadvantaged students' test scores and those who do not face such adversity (Jencks & Phillips, 1998; National Center for Education Statistics, 2000a, 2000b; Valencia & Suzuki, 2000). Moreover, and perhaps most significantly, disadvantaged students are at an increased risk for developing mental health problems (Roeser, Eccles, & Freedman-Doan, 1999; Sameroff, Seifer, & Bartko, 1997), which may then act as a further barrier to academic achievement (Adelman & Taylor, 2006).

### **School Context**

One key factor that has been found to have a significant impact on children's success, and help to reduce barriers to learning, is the school environment. The importance of a collaborative, safe, and welcoming school culture has been found to play a particularly important role in supporting student success from not only an academic perspective, but also a social-emotional standpoint. Of particular importance, it has been noted that school environments deemed

"unsupportive" may contribute to the onset of emotional disturbances in students (Roeser & Eccles, 2000), whereas supportive school environments that foster positive student experiences are more likely to serve as protective factors against mental health problems (Cicchetti & Toth, 1998). Thus, not surprisingly, children who perceive their school as having a positive climate attain higher scores on measures of academic achievement and have higher grades overall (Brand, Felner, Shim, Seitsinger, & Dumas, 2003).

Additionally, a strong school culture that provides opportunities for support, independence, and a sense of connectedness helps to foster students' emerging self-perceptions (Connell & Wellborn, 1991). Alternatively, students who experience criticism, neglect, and rejection in this context may develop negative self-perceptions regarding ability, relatedness, and independence (Connell & Wellborn, 1991), which may contribute to the onset of mental health problems (Herman et al., 2009). Therefore, this link between school culture and environment, student success, and mental health is of critical importance.

The school context not only has the potential to improve children's academic, social, and emotional development, it also has the capacity to heighten difficulties in these areas of development (Herman et al., 2009). Given that non-academic barriers to learning have been shown to be directly implicated in students' success at school, they should not be ignored by policy-makers. The aim of the current paper is to specifically address one key non-academic barrier to learning, mental health, within the school setting, providing a review of the current literature as well as suggestions for increasing mental health awareness and supports at the classroom and system levels.

### **Mental Health in Children**

The World Health Organization (2012) defines mental health as “a state of complete physical, mental and social well-being, and not merely the absence of disease.” In addition, Dogra, Parkin, and Gale (2009) emphasize that many definitions of mental health incorporate developmentally-appropriate milestones that mentally healthy children and adolescents should be able to achieve (e.g., have life goals, have positive social interactions with others) while providing clarity about warning signs of mental illness (i.e., a lack of ability in these areas). Although there are a number of specific definitions of mental health, together the overall themes encompass the social, emotional, and behavioural well-being of children and adolescents.

In school-aged children, initial signs of distress may include, for example, emotional dysregulation (e.g., overly sensitive, crying, seemingly unprovoked emotional outbursts), social difficulties (e.g., loneliness, withdrawal), or behavioural difficulties (e.g., aggression, frustration, defiance). Although many children may demonstrate some of these symptoms on occasion, it is the severity and consistency of these symptoms that may be challenging and concerning. Continual demonstration of these problematic symptoms may lead to more serious mental health conditions, potentially resulting in clinical diagnoses such as depression or anxiety.

Recent reports note that approximately 70% of mental health problems begin during childhood or adolescence (Government of Canada, 2006; Kessler et al., 2007), and that in any given year, only 20% of children with mental health concerns are identified and may receive treatment (U.S. Public Health Service, 2000). Additionally, by 2020, it is estimated that childhood psychiatric disorders will increase by more than 50% worldwide to become one of the top five causes of mortality and disability in children and adolescents (Children's Mental Health Ontario Pre-Budget Submission, 2010). Alarming, suicide is the third leading cause of death

world-wide among female adolescents and the fourth leading cause of death for adolescent males (World Health Organization, 2001; Wasserman, Cheng, & Jiang, 2005). Worldwide, suicide accounted for 9.1% of all adolescent deaths across 90 countries (Wasserman et al., 2005). It is recognized that over 90% of children and adolescents who complete suicide have a mental health disorder (Shaffer & Craft, 1999). These numbers clearly point to the increase in the prevalence of mental health conditions in children and adolescents and the continuing need to address these concerns.

### **Mental Health in Schools**

Mental health disorders have an undeniable negative impact on students' academic functioning (Adelman & Taylor, 2006; Kessler, Foster, Saunders, & Stang, 1995), as well as their overall well-being (World Health Organization, 2003). Students who do not receive treatment for their mental health needs have been shown to have lower grades, increased truancy, decreased chances of obtaining employment, and increased odds of being involved in the criminal justice, mental health, welfare, and/or public health systems (Benson, Scales, Leffert, & Roehlkepartain, 1999; Greenberg et al., 2003; Lewinsohn, Rohde, Seeley, Klein, & Gotlib, 2003; Pfeiffer & Reddy, 1998). Furthermore, students with mental health issues are at a higher risk for dropping out of school (Children's Mental Health Ontario, Pre-Budget Submission, 2010). Approximately 50% of students (14 years of age and older) with mental health concerns drop out of high school; this dropout rate is the highest of any disability group (U.S. Department of Education, 2001). Furthermore, academic and mental health problems are often interrelated, and thus it is difficult to tease them apart and intervene solely in one domain without considering the other (Stephan, Mulloy, & Brey, 2011).

Despite effective treatments for mental health disorders, there are often long delays between the initial onset of symptoms (i.e., childhood or adolescence) and when people seek out or receive the treatment that they need (i.e., adulthood). Regrettably, untreated mental health conditions often become more severe and difficult to treat over time, and this increase in severity may be largely attributed to the development of additional co-occurring mental health conditions (National Institute of Mental Health, 2005). Such findings emphasize the need to promote positive mental health from an earlier age, intervening when the difficulties may first arise, such as during the school-age years.

Additionally, delays between an individual's initial onset of symptoms and receiving treatment may be attributed to the stigma that is associated with mental illness (Crocker & Major, 1989; Kranke & Floersch, 2009; Milich & McAninch, 1992; Moses, 2010). However, a recent study by Wahl, Susin, Lax, Kaplan, and Zatina (2012), examining middle school students' attitudes and perceptions towards mental illness shows some promise with respect to stigmatization. Specifically, 193 seventh- and eighth-grade students from four middle schools in the United States were surveyed on their awareness and views toward mental illness. The results indicated that 72% of students agreed that individuals with mental health disorders are often treated unfairly, and 66% of students believed that mental illness was often negatively portrayed in the media. Furthermore, 90% of the students agreed that individuals with mental health disorders deserve respect, and that more should be done to help them cope with the difficulties associated with mental illness (Wahl, et al., 2012).

However, many students respondents also lacked knowledge regarding specific mental health disorders, and almost half (47%) of the students were uncertain about whether mental illness and mental retardation constituted the same thing. The authors also noted that less than



half of the students (41%) would be willing to work on a class project with someone with a mental illness, and only 14% would be willing to go on a date with someone with a mental illness (Wahl, et al., 2012). Therefore, these findings indicate that students with a mental health disorder still face a substantial risk of rejection by their peers.

Overall, the results from this recent study show some promise regarding the next generation's views on mental illness; however, negative perceptions of mental illness may still be prevalent. Wahl and colleagues (2012) note that it is crucial for youth to receive a better education regarding specific mental health conditions, as well as be provided with positive role models to help offset some of the stigma associated with mental illness.

### **School-Health Partnerships**

The mental well-being of youth is as critical as their physical health. Recently, the Government of Canada (2006) reported that those who suffer from an emotional disturbance are also more likely to have physical health problems. Given the strong link between mental health and school achievement, the necessary relationship between the educational and healthcare systems should be apparent.

Schools are an ideal context for promoting mental health in children and adolescents due to the extensive amount of time that they spend in this setting (NASP, 2008). Herman and colleagues (2009) note that "schools are agents of social change" (p. 433), and by continuing to overlook the role of mental health services in the school system, despite the high need, necessary and immediate interventions are not being implemented. Ultimately, this lack of acknowledgement of mental health hinders the ability to help improve the quality of life of students and their families, as well as benefit society as a whole (Herman et al., 2009). The NASP (2008) organization strongly advocates for extensive, well-organized, and culturally

proficient mental health services within the school system and purports that these services are essential to students' success.

Promisingly, school-based mental health services have been associated with a decrease in course failures, truancy, and punitive actions, as well as improved grades (Jennings, Pearson, & Harris, 2000). Such findings highlight the importance of developing strong school-health partnerships to promote good mental health, as well as support children with mental health concerns. The main objective of school-health partnerships is to offer collaborative care to students that address both their physical and mental health needs within the school setting, as opposed to offering care in isolation through an otherwise potentially fragmented system (Stephan et al., 2011). Collaborative care is an innovative health care model that aims to provide holistic care to individuals and their families by targeting both physical and mental health needs. It typically involves a multidisciplinary team of service providers (e.g., physicians, nurses, psychologists, social workers, etc.), and involves the sharing of information between these service providers to improve lines of communication between different disciplines and increase productivity (Stephan et al., 2011).

**Bridging the gap between needs and access.** Adelman and Taylor (2006) advocate that any public health interventions implemented to improve children's mental health should include schools, and that these interventions are best carried out when public health professionals are involved. However, linking schools to community services (i.e., a school-linked service model), and/or creating resource centers for families may not be enough to provide comprehensive services to students and their families as fragmentation between services still exists (Adelman & Taylor, 2000). School-health partnerships eliminate the issue of fragmentation by providing direct services to students, in one location, using a multidisciplinary team of professionals.

Additionally, it may enable a more efficient communication pathway between school staff and direct health care providers (Stephan et al., 2011).

School-based health centers formed through school-health partnerships have gained popularity in recent years; however, despite the advantages of providing physical and mental health services to students in the school setting, there are still gaps within this service provision. For example, studies of school-based health centers have highlighted issues with interdisciplinary collaboration (i.e., between primary and mental health care providers; Hogg Foundation for Mental Health, 2008; Koyanagi, 2004). Additionally, many of these centers (approximately one-third) did not have mental health service providers on staff, despite continuing to provide mental health services to students. Furthermore, many of the mental health providers that were surveyed expressed discomfort with screening, assessing, and providing interventions for mental health-related concerns (National Assembly on School-Based Health Care, 2003; 2006).

Additionally, despite the implementation of a training program to improve knowledge regarding effective mental health service delivery models, gaps in this collaborative-care model still continue to surface. Even with additional support and effort, effective collaboration between professionals within school-based health centers continues to act as a barrier to success (Stephan et al., 2011). Therefore, Stephan and colleagues (2011) recommend that schools looking to shift towards a more collaborative-care model may benefit from incorporating practices from the Canadian Collaborative Mental Health Initiative (CCMHI)'s collaborative planning toolkit (Kates, Ackerman, Crustolo, & Mach, 2006) to help offset some of the problems that may arise from collaboration.

In spite of these ongoing challenges, school-health partnerships continue to represent best-practices by providing comprehensive services to students and their families. Such partnerships help to reduce, if not nearly eliminate, fragmented service delivery, allow for early screening, eliminate transportation issues between service care providers, provide health care services in a familiar setting (Adelman & Taylor, 2000; Kaplan et al., 1998), reduce the stigma associated with seeking services (Mufson, Dorta, Olfson, Weissman, & Hoagwood, 2004), and provide wrap-around care to children and families. Lastly, they create direct access between professionals and school staff to provide follow-up and consultation regarding interventions that have been implemented (Weist, 2005).

So the questions remain: How can individual schools and school systems provide a more comprehensive wrap-around approach to identifying and managing mental health concerns in their students? What recommendations can be made to school leaders to help implement successful supports to engage students who may be at-risk for developing mental health issues that could potentially impact their learning?

### **Moving Forward: Recommendations to Support Children in Classrooms**

There is clear support for understanding the impact of mental health concerns in school-aged children. However, what is not clear is how these issues may be appropriately addressed within the classroom and/or at the school district level. The following section will delineate four key areas in which an increase in mental health awareness may benefit children who may be at-risk for developing these issues. These areas include: 1. the important role of teacher training programs in training pre-service teachers to understand and identify students with mental health concerns; 2. educational supports that may be offered at the school and/or system levels, addressing identification, prevention- and intervention-based mental health programming; 3. the

importance of ongoing professional development for school staff, educational assistants, teachers, and administrators; and 4. the leadership role of school-based administrators in mental health support.

### **Role of Teacher Training Programs**

One essential aspect of integrating mental health understanding into the classroom is ensuring the classroom teachers have an appropriate knowledge base from which to generally identify and support children with mental health concerns. Without a solid understanding of both typical and atypical child development, new or inexperienced teachers may lack the ability to identify children who may be at-risk for mental health issues or to provide necessary classroom-based intervention at even a basic level. As such, the importance of incorporating mental health awareness into teacher preparation programs is paramount.

Koller and Bertel (2006) discuss the limited amount of training in mental health received by pre-service teachers, including a lack of competency-based training in identifying mental health issues. Indeed, in a traditional pre-service teacher education program, students may take requisite psychology courses, generally incorporating only one or two courses at the basic introductory level, many of which do not address child-specific needs. During their teacher preparation program, students may then take a general educational psychology class focused primarily on instructional theory rather than the practical understanding of mental health in the classroom (Koller & Bertel, 2006).

As such, new teachers enter the classroom with a limited theoretical or practical exposure to issues surrounding children's mental health, despite the high likelihood that they will encounter one or more children with these difficulties in their first year of teaching. Therefore, a strong argument can be made for the incorporation of mental health awareness and education

into teacher training programs. Indeed, in response to demand from the field, administrators at the university level are beginning to institute curricular changes to ensure that pre-service teachers are more adequately prepared to identify, refer, and support children who may demonstrate mental health concerns in their classrooms.

### **System-based Support**

What is clear from previous literature is the importance of understanding, identifying, and supporting mental health concerns in schools. There are strong arguments for incorporating school-health partnerships to help address some of the mental health concerns identified in classrooms, yet current practices do not universally include this approach.

The challenge remains as to how to implement appropriate, cost-effective, and efficient programs or protocols as a means to achieve this goal. As such, two significant areas of focus are provided to assist individual classrooms, schools, and system-level supports in meeting this need. These areas include school-wide mental health prevention, including targeted screening and identification programs, as well as the implementation of school-based mental health programs.

**School-wide prevention.** It has been argued that one of the best ways to reduce the incidence of mental health conditions is to focus not only on early intervention, but also prevention prior to the onset of significant symptoms (Greenberg, Domitrovich, & Bumbarger, 1999; Greenberg, Domitrovich, & Bumbarger, 2001). Accordingly, there is significant opportunity for schools to provide support for mental health concerns, both in the prevention and intervention domains.

At the most basic level, the cultivation of a school culture that incorporates acceptance, openness, and understanding may allow students to feel comfortable in the environment, helping

to reduce incidences of mental health disorders within the school population. Students who feel as though they are in a supportive school environment may be better able to deal with day-to-day life demands and have stronger coping skills during difficult times.

Furthermore, prevention programs, such as those described and reviewed by Greenberg and colleagues (1999), may be useful tools in helping to reduce incidences of mental health problems through a proactive approach. For example, the PATHS (Promoting Alternative THinking Strategies) program (Greenberg, Kusche, Cook, & Quamma, 1995; Kam, Greenberg, & Kusche, 2004) has been demonstrated to be an effective program for elementary-aged students and focuses on teaching students to identify, understand, and regulate their emotions from an early age, incorporating social-emotional competence skills at home and at school.

As part of a school-wide prevention initiative, it may also be beneficial to provide targeted mental health screening and/or identification for students who may be at-risk. These screenings may involve all children in a certain grade (e.g., annual screening of students entering grade seven) or targeted screening of children who demonstrate concerning behaviours (i.e., teacher-initiated referrals). There are, of course, benefits and drawbacks to each approach.

School- or grade-wide screening has the benefit of assessing every child, even those who may not outwardly indicate mental health concerns. This opportunity ensures that no child is missed and that any potential mental health concerns may be addressed in an expedient manner. A significant drawback, however, may be the time and financial resources that would be required to appropriately carry out this activity (e.g., purchasing of psychological test measures, use of staff time, etc.). However, it may be argued that the cost associated with an early detection program may result in significant savings over the long-term.

Targeted assessment of mental health capacity for children who give indication of possible mental health difficulties may also have both strengths and limitations. For example, these types of assessments ensure that resources are focused on the children or adolescents who may benefit the most from additional screening and support, thus allowing for a more cost-effective use of time and money. However, for those children who do not display overt signs of mental distress, the opportunity for early intervention and/or prevention may have passed by the time a child is identified.

Together, the inclusion of both prevention-focused programs as well as targeted and/or general mental health screening may provide a solid foundation from which to support students who experience mental health difficulties. Once these students are appropriately identified, the opportunity to provide school-based support is fundamental.

**Implementation of school-based mental health programs.** The opportunity to provide school-based mental health support is one that cannot be missed. Indeed, a number of researchers have found that school-based mental health programs that are appropriately developed and skillfully executed within the classroom can have a significant benefit on children's social-emotional and behavioural functioning (Durlak & Wells, 1997; Greenberg et al., 2001; Han & Weiss, 2005; Wilson, Lipsey, & Derzon, 2003). It is here that the opportunity to move research into practice exists.

Recently, Gleddie (2012) highlighted one Canadian example of a successful venture between a school district and health region. This partnership focused on making positive changes in individual schools, incorporating healthy eating, physical activity, and mental well-being, and was reported to influence noticeable changes in district policies (Gleddie, 2012; Gleddie, & Hobin, 2011). Specifically, Gleddie and Hobin (2011) reported that stakeholder



participation was instrumental in achieving success with the program, and that knowledge transfer between schools, professionals, and stakeholders assisted in effecting change. As well, they noted that policy and practice changes within the school district help to change the culture at both the school and district levels, providing lasting changes within the schools.

In addition to fostering a cultural change in schools and districts, collaborative student-health partnerships may provide much-needed supports for schools in the form of student counseling support, family-school liaisons, and consultative services for teachers. Indeed, the opportunity to consult with mental health professionals is invaluable and may provide ongoing occasions for learning and collaboration.

### **Professional Development**

The importance of ongoing professional development for school personnel is undeniable; however, professional development opportunities for teachers regarding specific mental health issues in children and classrooms have been traditionally limited (Greenberg et al., 2001). Professional development in mental health has focused primarily on remediation of concerns rather than proactive intervention before difficulties become more serious. In particular, teachers, administrators, and other school staff may benefit from workshops, seminars, or retreats that focus solely on understanding mental health issues prevalent both within their schools as well as within the larger school district, as well as focusing on remedial strategies to support these children.

For example, professional development opportunities that focus not only on identification and support of children with mental health concerns may help to inform new teachers who have limited experience with these children. As well, more experienced teachers who encounter unfamiliar or low-incidence mental health concerns (e.g., bipolar disorder, obsessive-compulsive

disorder) in their classroom may benefit from the opportunity to specifically explore techniques for working with these children. Professional development sessions that focus on the prevention of mental health issues may provide classroom teachers with a new “tool” in their classroom toolkits. Indeed, promoting resilience in the classroom environment may be a protective factor against the development of mental health concerns in students (Masten, 2001), thereby increasing a teacher’s capacity to deliver the academic curriculum.

### **Leadership Role of Administrators**

Finally, the crucial role of school and district administrators must not be overlooked. These individuals are often the driving force behind any school-based initiative (Margolis & Nagel, 2006). They provide the financial support, resource allocation, and motivation for new initiatives. Often the educational components they find to be most important or worthwhile are the ones that receive the most focused time, effort, and resources. Consequently, they play an instrumental role in the attitude towards mental health within their jurisdictions.

Therefore, the argument can be made that a focus on children’s mental health should begin at the top, with district superintendents, senior management, and school principals. The leadership demonstrated by these individuals may set the stage for a district-wide focus on supporting children in their learning, incorporating both academic and non-academic (e.g., social-emotional) competencies. Consequently, this mental health focus may have a “trickle down” effect, where school cultures begin to focus more clearly on the inclusion and understanding of mental health and the support of its students. As with the Wahl and colleagues (2012) study, a greater openness of discussion regarding mental health may follow, resulting in the opportunity to support more students and reduce stigmatization of those with diagnosed conditions.

Additionally, support for teachers who are currently working within a mental health framework may be equally important. Support from school administrators may provide benefits for not only the mental health of the students but also the teachers who are working with these children on a daily basis. Indeed, Keiper and Busselle (1996) reported that in a small study of teachers, one of their most prevalent stress factors was lack of support from administrators. This result speaks to the importance of administrative support for ongoing teacher-led school-based initiatives.

Finally, Greenberg and colleagues (2003) note that one of the keys to staff and program development is the commitment from school administrators and the leadership demonstrated throughout the school and/or district. This commitment may be particularly important within the mental health domain, as programs that do not have adequate coordination, support, and resources will likely have a limited impact on student outcomes and are less likely to be maintained (Greenberg et al., 2003).

### **Conclusion**

Together, the reviewed literature highlights the importance of a school-based understanding of children's mental health and the benefits of incorporating this understanding into the school culture, both with students and teachers as well as with administrators. It is becoming increasingly crucial that mental health awareness efforts are brought into the school system, and that teachers and administrators incorporate this awareness and acceptance into the general school culture. Beginning with the incorporation of mental health understanding in teacher training programs and moving into prevention and intervention programs in schools, teachers may become more aware and responsive to the social-emotional needs of their students. As well, strong connections between school and health departments may allow for greater

collaboration in the identification and treatment of these children. Together, these changes may create a more supportive and open school culture, resulting in well-adjusted, strong, and resilient students.

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