

# HEALTHY MINDS ARE LEARNING MINDS: EXAMINING THE CROSSROADS OF MENTAL HEALTH AND EDUCATION

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## Abstract

*The education system in the United States currently provides most of the mental health services utilized by children and adolescents. However, many schools are not prepared to handle such a large role because they lack the resources, training, and personnel to do so. This study explores the tangible steps schools can take to better serve their students and manage the mental health crisis effectively. The hypothesis of this study is that the educational system should implement a holistic or integrated plan in which mental health is seen as essential to the school's mission. Ultimately, this study finds that such an approach helps to spread awareness and to ensure students receive treatment for mental health issues.*

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## Introduction

Michelle was a good student—she was a voracious reader, a good writer, and an especially talented poet. However, not everything in Michelle’s life was perfect. “On her good days, Michelle was a ray of sunshine. On her not-so-good days, she was withdrawn, agitated and erratic” (McEwen, 2017, para 1). This is what Michelle’s tenth grade English teacher, Tamia McEwen, wrote about her in a story for Mental Health First Aid in 2017, an organization that provides training for teachers and other individuals on how to deal with mental health issues. McEwen recounted how she began to notice these behaviors and patterns in Michelle gradually. The brave, independent girl who would often volunteer to share in class became increasingly distracted and unable to concentrate during the journaling session that began each class. Her handwriting became harder and harder to read, and Tamia noticed Michelle would twitch during class and get into quarrels with friends, often over insignificant issues. These changes disturbed Tamia and gave her the feeling that something was not quite right. One day she found Michelle attempting to cut her wrist with a pair of scissors. Tamia was able to stop her and help her seek out the help she needed. Tamia’s concern and intervention saved Michelle’s life. This story illustrates the key role that educators and other school officials can play in students’ struggles with mental health issues and their journeys toward treatment and healing.

Stories like Michelle’s are all too common. Suicide is the second leading cause of death among those 10-24 years of age (Centers for Disease Control and Prevention [CDC], 2017), and almost half of all teenagers deal with some kind of mental health issue (National Institute of Mental Health [NIMH], 2017). However, this is a largely unmet need—nearly 80% of children and adolescents between the ages of 6-17 who needed mental health services between 1996 and 1998 did not receive them (Kataoka, Zhang, & Wells, 2002). Despite strong evidence indicating the benefits of early detection and treatment, there are often gaps of up to a decade between the onset of symptoms and when individuals seek help (Kessler, Chiu, Demler, & Walters, 2005).

While these statistics themselves should raise concerns about mental health among students, this issue is about more than just numbers. Mental health issues, by their very nature, touch every aspect of a child’s life. Often, a decline in educational achievement is the first indicator that a child’s mental health is suffering. Students with depression are at a higher risk for decreased school performance as well as increased academic anxiety (Försterling & Binser, 2002). Studies have linked depression in students to a decrease in attendance, concentration, and the ability and motivation to complete homework and assignments (Humensky et al., 2010). In addition, low grades and perceived academic failure make it more likely for teens

to experience thoughts of suicide (Martin, Richardson, Bergen, Roeger, & Allison, 2005).

Mental health clearly plays a role in school performance, but the inverse is also true: school performance affects mental health. Studies show that school mental health programs have a positive impact on student achievement, decreasing absences and disciplinary actions (Jennings, Pearson, & Harris, 2000). This correlation makes it even more important for the school system to play its part in working to solve the mental health crisis, as doing so advances its institutional mission.

In light of this information, this study seeks to identify practical and tangible steps schools can take to alleviate the mental health crisis facing today's students. This will be discussed in terms of both preventative measures and awareness, as well as accessibility to treatment, resources, and other help. This study will examine: a) the role schools currently play in the mental health crisis and the effectiveness of their current policies, b) the barriers and disconnects between students and existing mental health services, and c) the alternatives psychologists propose and the feasibility of implementing them. The hypothesis of this study is that schools should adopt a more holistic or integrated mental health plan, where mental health is seen as an essential part of the school's mission so as to encourage collaboration with the community and health care providers to increase the accessibility of assistance.

## Literature Review

There is a plethora of academic literature concerning the mental health needs of children and adolescents, the impact on development, and the cyclical relationship between education and emotional and mental well-being. Additionally, there is a mountain of evidence as to the mental health crisis facing students today. In response to the crisis, many studies have explored treatment options and strategies to help students with mental health struggles. In addition, a number of initiatives and policies have already been put in place to address the mental health issues of students within the school system. However, despite these efforts, the problem of mental health issues among students persists and continues to grow, with a majority of suffering students not receiving any care at all or receiving ineffective treatments.

This lack of positive results is increasingly attributed to the disconnect between the mental health research conducted by psychologists and other experts and the policies implemented by schools. Several studies and reports highlight this disconnect. For example, the National Advisory Mental Health Council's Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment ([NAMHC], 2001) noted:

Findings from research in neurobiology, genetics, behavioral science, and social science have led to an increased understanding of the complex interactions among genetic and socioenvironmental factors and their contribution to child and adolescent mental disorders. Further, a promising number of scientifically proven preventive interventions and treatments are now available. Yet, children, adolescents, and their families continue to suffer enormous burdens associated with mental illness—burdens that are often intergenerational. The central problem is that these scientifically proven interventions are not routinely available to the children and their families who need them...The gap between research and practice continues to widen. (para 2)

The NAMHC (2001) went on to explain that psychologists sometimes fail to account for the conditions and concerns that schools have to address, such as large student bodies and limited resources.

In response to this lack of results and apparent lack of collaboration, many today are calling for reforms in school-based mental health services. Several approaches and solutions have been suggested in an attempt to create a more effective system for aiding students in need. These include calls for collaboration with the different sectors involved to identify solutions that are both effective and feasible in the real-world conditions of schools (Atkins, Hoagwood, Kutash, & Seidman, 2010). Others call for greater collaboration and partnerships between schools and community mental health providers, particularly by allowing referrals by school counselors to psychologists and other medical experts outside of the school who can provide more in-depth and long-term care to students. Yet another strategy is the greater integration of mental health services into the school system through more creative and innovative measures, such as having clinics within the school itself to provide students with long-term and in-depth care without putting greater strain on students and families (Catron & Weiss, 1994). Organizations like Mental Health America promote the implementation of interventions that “target different aspects of the classroom experience through varying theories of change, but all share the goal of fostering resilience and positive mental health among teachers and students” (Mental Health America [MHA], 2016, para. 15). These include programs such as Good Behavior Game (GBG), the 4Rs program (Reading, Writing, Respect and Resolution), Promoting Alternative Thinking Strategies (PATHS), and School-Wide Positive Behavioral Interventions and Supports (SWPBIS).

## Data and Methods

The U.S. mental health crisis is a complex issue that involves an intersection of various fields. Of course, psychologists and other mental health experts have a large part to play, but the discussion also involves policy makers, educators, parents, and the children they are trying to serve. In order to properly evaluate the issue and identify viable alternatives to the current system, it is necessary to consider the perspectives of these different sectors and find ways to increase collaboration and partnerships among them.

So as to accurately identify the factors that act as barriers to the effectiveness of current mental health policies in the United States, this paper evaluates research dealing with three main groups: students, teachers, and mental health service providers (i.e. counselors, school psychologists, etc.). No other study found during the research for this paper compared the responses of all these groups at the same time. This study thus evaluates the views of each group and seeks to identify the alternatives presented that can best solve the issues for all parties involved.

## Research

Today, mental health care is a concern raised by politicians, educators, psychologists, and advocates alike. Several recent developments have created a focus on mental health within public policy, especially with regards to the school system. The report of the Surgeon General on Mental Health (United States Department of Health and Human Services [HHS], 1999) brought the issues of mental illness to the national stage and inspired a wave of reforms and changes in policies to aid in mental health issues. This initial report included an entire chapter on the mental health struggles of the youth population. A year later, an offshoot of this initial report, “A Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda” proposed a list of eight goals to aid in tackling the issue of mental illness among children and adolescents (HHS, 2000). More recently, the New Freedom Commission on Mental Health published reports that cited School-Based Mental Health (SBMH) services as key to improving academic performance and emotional well-being of schoolchildren (President’s New Freedom Commission on Mental Health [PNFCMH], 2003). In terms of legislation, the 1976 Individuals with Disabilities Act caused a major shift in the child mental health landscape, dictating the educational system’s financial responsibility to educate children with emotional and physical disabilities. The No Child Left Behind Act in 2002 and the Individuals with Disabilities in Education Act of 2004 both addressed the mental health needs of students within the school system, calling for the use of preventative measures and the provision of adequate treatment.

Across the board, scholars agree that educators and school administrators should play a role in providing mental health services to school-age children and adolescents. As noted by Scott Lafee in an article published by the School Superintendents Association, “Few educators, to be sure, are likely to argue students’ mental health isn’t inextricably linked to their personal well-being and academic achievement” (2013, para 11). This sentiment is supported by the research showing the correlation of mental health issues and poor school performance (Breslau, Lane, Sampson, & Kessler, 2008). Additionally, the school system is an ideal place to supply students with mental health services. The school system has a number of advantages over other settings. The extended time students spend in school gives school officials unique opportunities to observe changes in behavior and other early warning signs of mental health issues. Another advantage comes from the virtual elimination of transportation issues. Due to the familiarity of both the setting and the personnel, students are less fearful to seek help; it has been shown that students are 10 times more likely to seek help when it is offered within the school (Kaplan, Calonge, Guernsey, & Hanrahan, 1998). This explains why 70% of children who reported receiving help for their mental health concerns also reported schools as the main source of that help (HHS, 1999). Moreover, a relationship of trust with a school counselor can be developed in a shorter time, since there is already greater contact and familiarity than in other mental health service settings. The ability to directly observe students in their daily lives also aids counselors in making assessments and monitoring the effectiveness of treatment.

Despite these advantages, there are still some barriers and challenges associated with in-school mental health services. For one, teachers and even school counselors report they are not prepared to properly handle the care of these many students, particularly in the long run. One research group pointed out that teachers often lack knowledge about the tactics and methods used in giving students support (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012). In addition, studies have found that school psychologists spend only about a quarter of their time actually providing mental health care for students due to time constraints and other limitations (Yates, 2003, as cited in Friedrich, 2010, p. 157). Nationally, there are 99,000 counselors, 56,000 nurses, 30,000 school psychologists, 15,000 social workers, and a smattering of dental hygienists, dentists, physicians, and substance abuse counselors that attend to the total health needs of 50 million U.S. schoolchildren (Jacob & Coustasse, 2008). These numbers show the disparity in the ratio of mental health providers to students. This averages out to about 505 students per counselor and 1666 students per school psychologist (assuming equal distribution). It is impossible for mental health providers to effectively provide care to all students when they are spread so thinly.

Despite these limitations, the education system accounts for a majority of mental health services received by qualifying children and adolescents and is often the only source of these services (Burns et al., 1995). This means that many students who need mental health care are not getting any aid at all and that those who get help are not receiving the ideal form of treatment. Given that teachers and counselors often feel ill-prepared to treat many mental health issues, Burns et al. (1995) questioned the wisdom of forcing schools to act as the de facto mental health system for children.

Psychologists have made substantial efforts to understand the problems facing students and better serve them on their path to good mental health. Modern psychologists have discovered and tested innovative treatment options, many of which have been proven effective. However, more and more researchers and advocates are pointing out that this wealth of information and data is not being properly utilized and implemented. The National Advisory Mental Health Council (2001) noted that the research on effective tools and methods has not translated to actual policies, creating a gap between research and practice that has decreased the effectiveness of school mental health services, at the detriment of the nation's students.

However, the issues do not lie solely with policymakers. The aforementioned report also highlighted that psychologists often fail to account for the conditions and concerns that schools have to address, such as the size of student bodies and the lack of available resources, making their alternatives and ideas impossible to implement in schools (NAMHC, 2001).

Because of this lack of collaboration and the resulting issues, Atkins et al. (2010) advocated for interdisciplinary research aimed at finding effective and sustainable solutions. However, such an approach is time-consuming. It takes years of research and study to develop and test new treatment options. During those years, children and adolescents suffering from mental illness will still struggle to get by without adequate care. While interdisciplinary research should be conducted, a more proactive approach is needed.

Another approach focuses on partnering with local health providers and clinics outside of the school. This allows schools to outsource aid that they are unable to provide themselves, such as more long-term treatment or specialized intervention for acute or complex mental health concerns. For example, school counselors could refer students to a mental health professional within the community that could provide them with more specialized treatment. This solution gives students access to mental health care that has been tested and is more effective. However, while it certainly has its advantages, this solution does eliminate a lot of the advantages that made schools the prime setting for mental health treatment in the first place. Students would have to acquire transportation to these health centers and clinics, and they

would potentially have to incur additional fees and payments for treatment. This puts students in low-income families or without insurance at a distinct disadvantage. Indeed, one study found that students in schools that outsourced their mental health services to traditional clinics were less likely to actually receive care: only 17% of those who needed care actually entered treatment (Catron & Weiss, 1994).

In contrast, schools that implemented a School Based Counseling Program (SBC) reported that 98% of students enter treatment when they needed it (Catron & Weiss, 1994). Such programs enable professional mental health providers to come into a host school and provide students with the services they needed, whether that is preventative care (such as divorce readjustment) or actual mental health treatment (such as individual psychotherapy sessions). This approach seeks to bypass the problems faced by traditional school-based mental health care services, such as fragmentation and lack of resources, while maintaining the ease of access and other advantages that these types of services have.

In addition, there are many preventative and awareness-based school curricula and programs that have been developed in order to improve the school environment. These include programs such as the Good Behavior Game (GBG), the 4Rs program (Reading, Writing, Respect and Resolution), Promoting Alternative Thinking Strategies (PATHS), and School-Wide Positive Behavioral Interventions and Supports (SWPBIS), all of which are listed under Mental Health America's Policy Proposal initiatives (MHA, 2016). In addition, these types of programs are also identified by Atkins et al. (2010) as supplying more intensive individualized programs for high-need youth while still promoting the overall wellbeing of all students. Each of these programs and curricula have a different approach, and while these specifics go beyond the scope of this study, it is useful to note that they share the goal of fostering resilience and positive mental health among teachers and students. Of course, further research should be conducted on the effectiveness of these programs; however, they do seem to foster a holistic approach within school systems that furthers the idea that students are actual persons with mental and emotional needs that must be addressed.

## **Conclusion**

Mental health issues have been at the forefront of public policy, advocacy, and research for years. Recently, many attempts have been made to counteract the mental health crisis facing our nation. However, many of these efforts have not been as effective as hoped. Within the current educational system, most students are still not given the support they need to ensure mental well-being. Most teachers do not have the right tools to identify signs of mental health issues in their students, nor do they have the ability to refer students to counselors and psychologists for proper



diagnosis and treatment. In addition, there is a severe shortage of counselors and psychologists in schools.

Education is not and should not be simply about academics; instead, it should approach students from a holistic perspective and seek to better prepare them for life in a variety of ways. In addition, there should be a more concerted effort to create partnerships with resources outside of the school system, particularly for more critical cases in which the school simply does not have the proper resources to help a student. Meanwhile, more research should be done with the collaboration of both experts in education and in psychology to identify better methods for prevention and treatment of mental health issues in school environments.

The different approaches and alternatives proposed by psychologists and other mental health experts are not mutually exclusive. In fact, no one solution in itself will solve the issue; rather, the best way to make a positive impact is to use multiple approaches and to initiate interdisciplinary collaboration. This blend of approaches allows more children and adolescents to receive treatment and helps schools handle the mental health crisis. When schools use a holistic approach and innovative means to integrate emotional and mental well-being with the other functions of the school, students do better. A holistic approach raises awareness and decreases stigma; it further acts as a preventative measure by increasing the chances that students will seek out help when they need it. By giving students the tools they need to live balanced lives and to take care of their mental well-being, schools can prepare students not just for academic success—but for life.

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