

Children's Mental Health: Information for Educators



Ensuring a healthy start. Promoting a bright future.

By Peter Whelley, EdS, NCSP, Marltonborough (NH) Schools; Ralph E. "Gene" Cash, PhD, NCSP, Nova Southeastern University; & Dixie Bryson, MS, NCSP, Conway (AR) Public Schools

Children come to school each day with more than their lunch and backpack. They bring life factors that shape their learning and development. These influences range from family issues and health and culture to behavior, learning style, and abilities. Virtually all are related to mental health.

Although historically mental health has been viewed through the lens of mental illness (e.g., depression, schizophrenia, bipolar disease), we have come to recognize that good mental health is not simply the absence of illness but also the possession of skills necessary to cope with life's challenges. As educators we need to understand the role mental health plays in the school context because it is so central to our students' social, emotional, and academic success.

The U.S. Surgeon General's 2000 Report on Children's Mental Health estimates that one in five children and adolescents will experience a significant mental health problem during their school years. These issues vary in severity, but approximately 70% of those who need treatment will not receive appropriate mental health services. Failure to address children's mental health needs is linked to poor academic performance, behavior problems, school violence, dropping out, substance abuse, special education referral, suicide, and criminal activity. These issues may seem removed from the world of elementary school, but mental health concerns can develop as early as infancy and, like other aspects of child development, the earlier we address them the better.

Family is the first source of support for a child's mental health. However, the increased stress and fracturing of life today makes it imperative that schools partner with parents to help children thrive. Indeed, schools are excellent places to promote good mental health. Children spend a significant amount of time there, and, as trained caring adults, educators have the opportunity to observe and address their needs. Doing so effectively requires developing the capacity both to reinforce children's natural mental health strengths and to respond to children suffering from the more acute mental health disorders that we see on the rise today.

Building Protective Factors

We can initiate protective factors in elementary school that help establish children's long-term capacity for positive behavior, social competency, academic achievement, and emotional well-being. School-based mental health professionals help develop and implement appropriate strategies for many of these essential supports.

Sense of belonging. A sense of belonging is essential to all of us. It is the basis for children's positive adjustment, self-identification, and sense of trust in both the system and themselves. In fact, studies have shown that school connectedness in elementary school decreases incidents of risky behavior into young adulthood.

Young children's strongest bond is to their parents, and a primary objective in early elementary school is to extend that sense of connection to school. A close bond with the classroom teacher or other significant adult is crucial. This develops through personal interaction, but it is also important for the teacher to establish a positive relationship with parents. Children take cues from their parents when it comes to affiliation, and a sense of trust between teacher and parent will transfer to the child. Principals can make an effort to meet every new student and their parents at the beginning of the year, hold monthly parent chats or coffees, include a personal message in the weekly newsletter, encourage parents to volunteer, and keep their office door open. We also can promote connectedness through the environment. Welcoming children when they arrive, greeting them by name in the hallways, and putting up a *Did You Know?* bulletin board in the hall for students to share important events (e.g., a picture of Amy's new puppy) reinforces that students are valued members of the school community.

Adapting to change. Routine is important to young children. We introduce the concept in kindergarten and first grade with habits, such as coming in quietly, putting belongings in a cubby, checking in, and ordering lunch. Such regular activities lend structure to the child's environment and help establish a sense of competence and belonging.

Equally important, though, is the ability to adapt to change. This is a critical capacity throughout life that begins to develop at a young age. Some children react negatively to change, particularly if they are experiencing emotional stress. They may need help adjusting to even small changes at school (substitute teacher, new seating arrangement) or at home (new sibling, different bed). Principals and teachers should encourage parents to notify them of any unsettling changes at home.

We can minimize anxiety associated with change by giving students advance warning and allowing them to take part in the change, such as discussing the possibilities for rearranging the classroom. It is also important to help children develop coping strategies. Identifying the things that have not changed and focusing on the children's competencies (switching tasks independently during center time) can help children maintain a sense of control and stability.

Recognition. All children need recognition. Positive feedback validates behaviors or accomplishments that are valued by others. We recognize academic achievement through grades, sharing a child's work in class, and awards. We can also use recognition to help children develop mentally healthy behaviors, such as praising a child who exhibits self-control when angry, raises a hand instead of calling out, or shows compassion for a peer. The key is to focus on positive behaviors, even as a way of stopping negative ones. For instance, if a child is misbehaving, try to acknowledge at least three children doing something right before attending to the child who is not. In some cases, it may be necessary to devise situations where a child can do the right thing, such as completing a task (collecting the pencils) and then praising the child for it.

Principals and guidance staff often have students in their office when those students are at their lowest point. Try to start the interaction with something positive about the child before addressing the problem behavior. Acknowledge the validity of the feelings that may be underlying their actions. Help the child identify something they do well and if possible link that skill to an appropriate achievable task that they can do in the office or other supervised setting until they are ready to return to class. Be prepared. Collaborate with colleagues (e.g., school psychologist, social worker, counselor, assistant principal) in advance to identify activities that are effective in various situations.

Making a difference. Children need to know that they can make a difference. We see this in their eagerness to do classroom chores or read the morning announcements. Such prosocial behaviors build self-esteem, foster connectedness, reinforce personal responsibility, and present opportunities for positive recognition. It is important to create a variety of developmentally appropriate opportunities to contribute, such as putting homework in the take-home folders, helping create a bulletin board, and being a "4th Grade Buddy." Children can contribute outside of school through activities like the Gran Club, a group of students who visit residents at a local nursing home once a week. Activities like this reinforce being part of the community and also give children who do not easily step forward in school the chance to make a difference in the larger context of neighborhood.

Resiliency and accomplishment. Resiliency is an essential ingredient to success, and refers to the ability to bounce back from defeat by resetting our compass, redefining goals, and continuing on course. Research shows that children who have similar risk factors may have different outcomes based on their resiliency. This comes not from blind determination but in a *renewed* sense of determination.

Educators can help children develop resiliency by taking on the role of the *encourager*, someone who acknowledges the significance of the defeat but does not allow it to result in a

sense of personal failure. The key is to help the child see the big picture and refocus on an ability to try again or, if necessary, find alternative means to accomplish the goal. This process allows the child to accept the responsibility for the effort but also be reassured of his or her own worth.

Children also need to believe that *accomplishment* comes through their own actions. This is often referred to as *self-efficacy* or *self-determination*. Children who lack this ability may be less resilient, overly dependent, or tend not to accept responsibility for their actions because they do not believe they are in control. The skill is relevant to academics (e.g., learning to read) and social functioning (e.g., conflict resolution). We can help children learn to define a goal, identify useful strategies and personal resources, assess progress toward the goal, determine a realistic time period for success, and judge when they need help. It is appropriate for children to seek help once they have exhausted their own capacity or recognize that the situation is beyond the scope of their competency.

Addressing Mental Health Problems

Building protective factors like those noted above into the learning environment gives most children the foundation they need to attain and maintain good mental health. We also need to recognize and respond to children's more acute mental health needs. Schools can support children's mental health on three levels:

- **Environmental:** Creating a supportive school climate that fosters mentally healthy traits (e.g., connectedness, self-esteem, respect for others)
- **Programmatic:** Implementing programs or curricula targeted at specific issues and skills development (e.g., bullying prevention, conflict resolution, social skills)
- **Individual:** Providing interventions to students with chronic or acute mental health needs (e.g., learning disabilities, depression, ADHD, grief, trauma)

Schools that serve high-risk communities or have experienced a traumatic event may see higher rates of mental health problems, but, in truth, elementary schools across the board are experiencing noticeable increases in mental health disorders. Among the most common problems are bipolar disorder, obsessive-compulsive disorder (OCD), impulse disorders, depression, oppositional-defiance disorder (a precursor to conduct disorder in older children), and Attention Deficit Hyperactivity Disorder (ADHD).

Knowing the signs. Educators need to know the signs of these more severe issues and how to get help. Doing so can be tricky with young children because they often cannot articulate what is bothering them, and many indicators can mirror "normal" developmental behaviors. Symptoms can also be similar across disorders. For instance, repetitive actions (folding and unfolding a paper), signs of anxiety (nail biting or picking at the skin), and extreme reluctance to try something new are seen in both OCD and Asperger Syndrome. Mental health problems can also be interrelated, such as depression that often accompanies other disorders. Identifying depression in young children can be difficult

because the symptoms can be masked and are different in children than adults. These symptoms include anxiety, fear, acting out, aggressiveness and unpredictability, but generally not lethargy or passivity.

Generally, symptoms of mental health problems can include change in habits, withdrawal, decreased social and academic functioning, erratic or changed behavior, and increased physical complaints. A mental health professional should be contacted if symptoms:

- Are new or changed in intensity, frequency, or presentation
- Continue for a significant period
- Do not improve with combined parental and classroom interventions
- Interfere with the student's social and academic function
- Routinely disrupt the classroom
- Are beyond the student's control
- Present a danger to the student or others

Appropriate supports. Because of complexities like the above symptoms and the fact that not all symptoms indicate a debilitating problem, only a trained mental health professional can diagnose a serious disorder. Teachers should contact the school psychologist or counselor if a child does not respond to basic interventions and if the behavior continues for an extended period or interferes with the child's ability to function academically or socially. Administrators should be informed of—and ideally involved in—any situation that reaches this stage. They can help staff take appropriate steps by following a few simple guidelines:

- Educate staff on types and symptoms of mental health problems through facts sheets, training, and access to school mental health professionals.
- Integrate mental health professionals into the general school environment. School psychologists, counselors, and social workers can provide, for example, teacher and parent training, handouts and newsletter articles, brown-bag lunches, and classroom observations and feedback.
- Reiterate that teachers are not mental health professionals and should not try to diagnose a problem. They should understand basic interventions and how to determine when to contact a mental health professional.
- Develop procedures for addressing a potential problem. Suggestions include working first with parents and basic classroom interventions, having regular meetings with teachers about children with difficulties, informing parents when and why the school psychologist is being brought in, inviting parents to participate in meetings and evaluations, and recommending intervention strategies and additional resources.
- Be familiar with community mental health resources. Be able to provide names and numbers to parents. If possible, develop a cooperative relationship with relevant community professionals.
- Establish a crisis response team that includes mental health professionals and provides for mental health prevention, intervention, and postvention services.

Resources

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Websites

- Association for Conflict Resolution—www.acrnet.org
- The Institute on Conflict Analysis and Resolution at George Mason University—www.gmu.edu/departments/ICAR
- National Association of School Psychologists—www.nasponline.org
- National Mental Health Association—www.nmha.org

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Peter Whelley, EdS, NCSP, is a school psychologist in Moultonborough, NH. Ralph E. "Gene" Cash, PhD, NCSP, is on the faculty of Nova Southeastern University in Ft. Lauderdale, FL. Dixie Bryson, MS, NCSP, is a school psychologist in Maumelle, AR. The authors are active leaders of the National Association of School Psychologists' Government and Professional Relations Committee and Healthcare Initiative.

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