Integrating Mental Health in Schools

Recent tragic events have prompted states to reexamine their guidelines for helping districts create a safe and welcoming school environment. Unfortunately, most education leaders and stakeholders develop such policies in response to a series of violent or criminal events. As a result, the policies (many of them so-called “zero tolerance” policies) often emphasize punitive measures rather than a proactive strategy to create an environment in which violent and disruptive acts are less likely to occur. Such policies have led to countless examples of administrators being forced to use suspension and expulsion as punishments when common sense would dictate a different approach. Many educators and parents now believe that these policies can have the opposite effect of ensuring student success in a safe and positive school environment.

One large-scale study including over 100,000 secondary students looked to determine those protective factors at the family, school, and individual level that relate to emotional health and contribute to overcoming problems such as violent behaviors and substance abuse. The results revealed that strong parent–family connectedness and school connectedness protects against every risk factor named in the study. The study also found that when parent–family connectedness is weak, school connectedness can overcome all of the other risk factors, making students less likely to drop out, display disruptive behaviors, and engage in violent activity.

Studies also document that addressing the social and emotional health of students can improve standardized achievement scores by as much as 11–17 percentile points, as well as reduce student conduct problems and emotional stress. Other research documents how attending to students’ social and emotional health contributes to declines in special education and disciplinary referrals, as well as to improved school climate, all of which correlate with improved student performance. Developing and implementing a comprehensive mental and emotional health model can be challenging, but the returns in terms of student academic and civic success can easily offset. This Policy Update focuses on three areas to address in meeting the mental and emotional needs of students—screening, educator awareness, and treatment—and concludes with one state’s effort to promote such efforts.

Screening

Mental health covers a broad area, including depression, anxiety, attention deficit disorders, and conduct disorders. Many districts have identification systems in place, but only implement them as a reactionary measure to identify a child with a disorder or disability rather than use a proactive approach to screen for mental health risks early on. For example, a student may need to receive a specified number of disciplinary referrals before they are identified for further assessment and possible identification of emotional and behavioral disorders. Likewise, students with depression may need to exhibit behavior deemed “dangerous” before they are recommended to receive further assessment. This can be costly for students because they are not receiving the proper supports and costly for the school because of the disruption to students’ learning.

Students living in poverty are at a greater risk for developing emotional and mental health challenges. In fact, studies show that children who grow up with traumatic experiences such as poverty, exposure to violence, and substance abuse have different brain development than their peers that hinder students’ ability to develop relationships, learn material, and become productive and empathic citizens. Screening early for these risks can help districts and educators best support their students and understand their process for learning.

In 2004, the Madison, Wisc. school district became one of the first systems to survey 6th-grade students for trauma-related stress disorders. Recently, in collaboration with community health care professionals, the district expanded its program to increase the number of psychologists and counselors to accommodate the city’s growing population of low-income students, two-thirds of whom exhibit mental health challenges. Research shows screening and early identification can ultimately save states money due to lower special education expenditures, decreased dropout rates, and decreased time that students spend in juvenile delinquent centers. State boards of education can encourage districts, in collaboration with the mental health and medical communities, to develop effective screening and identification measures in mental health.
**Educator Awareness**

In 2007, roughly one in five children suffered from a mental disorder and one in ten children had a serious emotional disorder that affected their ability to function daily. Given the number of students with mental and emotional challenge, it is important for educators to understand how these conditions affect student academic and social growth. Many teachers, including those with special education certification, may not possess the skills needed to educate and connect effectively with these students. Most preparation programs do not offer high quality coursework and clinical experiences covering students with emotional and behavioral difficulties. In addition, many districts do not provide professional development opportunities regarding student’s emotional and social health.

Schools however are the primary place students can receive supports, in fact 70-80 percent of young people receiving mental health services do so within the school setting. Guidance counselors or school psychologists provide many of these services, although the quality and impact of these services vary significantly. To best support all students, state boards can examine state and district mental health curriculum, district capacity and awareness to provide guidance to teachers and administrators to support students with mental and emotional difficulties. Additionally, state boards can collaborate with educator preparation institutions to ensure teacher and administrator candidates possess the skills to identify and address the needs of students.

**Treatment Challenges**

Treatment strategies, along with awareness and early identification of emotional and mental health challenges, are critical to the maintenance of a positive school environment. When treatment is warranted, it is generally incorporated into students’ Individualized Education Plan (IEP) or 504 plans. In some states, support services are only available to students through an IEP. This can be harmful because students who do not have a documented disability but exhibit a mental health challenge such as depression, anxiety, or attention deficit disorder may not have access to the support staff.

School or district psychologists are the primary personnel to assess a student for a disability label of emotional and behavioral challenges. However, they most often are not a part of the interdisciplinary team to develop and implement the student’s IEP. This provides many challenges because teachers and school administrators generally have a limited understanding of student mental health and social-emotional issues. As a result, they are often inadequately equipped to handle the behaviors displayed by children suffering from mental and emotional health challenges, or to promote healthy social-emotional skills.

Districts have also cut school counselors and psychologists due to budget cuts, thereby decreasing the personnel available to students and educators to support the child. To combat these challenges, state boards can encourage districts to develop partnerships with schools, medical professionals, and families to deliver services to students on an ongoing or as needed basis.

**State Actions**

Michigan is one of the first states to take to take a comprehensive approach with the adoption of the Integrating Mental Health in Schools Policy in 2009 by the Michigan State Board of Education. The policy encourages districts to take actions to address student mental and emotional health, including: scheduling professional development days around student-teacher mental health awareness; developing a process for identifying, assessing, and referring students for mental health services; and including teachers’ understanding of social and emotional learning in annual evaluations and appraisals. The state board also encourages districts to include staff mental health and wellness initiatives for employees to address burnout and improve job satisfaction.

The state board, with the Michigan Department of Education and the Michigan Department of Community Health, also developed the Integrating Mental Health in Schools Toolkit. This kit provides resources and technical assistance opportunities to teachers, administrators and districts to incorporate social and emotional learning into the classrooms.

For more information regarding Michigan’s policy on mental health and to access the integrating mental health toolbox, go to [www.michigan.gov/mde/0,1607,7-140-43092_53593---,00.html](http://www.michigan.gov/mde/0,1607,7-140-43092_53593---,00.html).

**Conclusion**

Addressing the mental health of students is a complex issue with no simple solution. However, the payoffs in terms of the success of students academically and in life are considerable. State boards that are considering policies to address the mental and emotional needs of students should bear in mind that a comprehensive, community approach in which educators and mental health professionals are proactive, rather than reactive is likely to be more effective.

*A complete list of references and resources for this Policy Update is available by contacting the author, Elizabeth Ross, at elizabethr@nasbe.org.*

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