frustration, anxiety, and loneliness define too many high school experiences. For students with mental illness or other disabilities, this characterization is almost universal. We live in communities that too often approach people with disabilities with distanced sympathy and awkward discomfort. These sentiments carry over into the high school arena as well, causing students with disabilities to begin their school careers in the worst possible positions. They are immediately labeled as “special” and soon are ostracized from the larger student community. In high school terms, they are deemed weird and different. We need greater understanding among both students and teachers and we need to recognize that the only way to approach any disability is with determined compassion.

My brother’s struggles with his disability have shown me the pain and confusion that result from a mind confined by mental illness. Despite having an Individualized Education Plan that placed him into numerous programs and special schools, he struggled in each new environment and succumbed to drug dependence as a result. His suffering significantly influenced the way I approached my role as a student member on the Connecticut State Board of Education. I have seen the tremendous impact that empathy can have as well as the devastating effects of loneliness and seclusion. My brother’s experience has broadened my understanding of the educational and emotional needs of students with varying abilities, handicaps, and personal issues.

At my high school, Westhill, in Stamford, CT, I saw my brother’s experience repeated over and over again. Students with similar disabilities suffer the same frustrations and crippling social burdens that can destroy self-worth and induce loneliness.

There are close to 250 students who have Individualized Education Plans at Westhill, with issues ranging from mild learning disabilities to intellectual disabilities. The majority of these students, whose issues are less acute, spend parts of their day in both resource classes and co-taught classes. For others with more severe illnesses, Westhill also has small academic classes with adjusted curriculums as well as self-contained classes for those with intellectual disabilities. However, students with less debilitating social and emotional illness are usually included in mainstream class schedules. In addition to the detriment to student learning due to many regular education teachers’ lack of training in handling the intellectual, emotional, and behavioral needs of special need students, this degree of academic inclusion may only worsen some students’ emotional isolation. Sitting alongside classmates who ignore and talk around you intensifies feelings of seclusion and social alienation.

However, sheltering students from real-world experiences is not an answer either. Indeed, integration into mainstream classes may be the only option to broaden a student’s social interactions. In these circumstances, teacher training and preparation are crucial to help accommodate the needs of these students, as well as the implementation of standards to measure both academic and social growth. Based on my brother’s experience and from what I saw with others at Westhill, understanding how to gauge expectations is central to establishing benchmarks for measurable development.

The role of teachers must go far beyond expectations for growth. Teachers are the role models in classrooms, and how they react and interact with students with mental illness sets a significant example for other students in the
class. Teachers must continuously work with their classes to promote understanding and inclusion because many students simply do not appreciate the impact that every conversation with students suffering from mental illness or some other disabilities can have on their everyday lives. Teachers cannot control everything. Nor can they cure illness with kindness. However, they can help change the social dynamic of their classes, and their efforts have the potential to create accepting and understanding environments.

As schools continue mainstreaming students with all types of disabilities into general education classes, this focus on acceptance becomes increasingly important. Students with any form of emotional illness often cope with significant insecurity and anxiety, which makes them vulnerable to abuse. Bullying—physical and verbal—is common. Its effects can be devastating for those already suffering with mental health issues. Although my high school's very diverse student population allows for a more accepting environment in certain ways, students with mental health and emotional issues are not spared this harassment. Although I rarely witnessed it in progress, I have seen its damaging effects. It is crucial that teachers champion this cause and promote student understanding in the classroom and throughout school communities.

This is a lot to ask of teachers, and even the most caring and thoughtful teachers need support. Training in itself cannot ensure that teachers will always act with care and sensitivity. At my high-school, co-taught classes has been one means of achieving this type of support. In these classes, regular education teachers are paired with special education coordinators, which enables more individualized attention and collaborative classroom leadership. This increasingly popular model could be expanded to help meet the needs of special education students and particularly students with mental illness.

For schools like Westhill that promote social inclusion, principals and administrators must also have active roles. They should take responsibility for reaching out to the parents of all special needs students, including those with mental health issues, and for providing the supports teachers need to create inclusive environments. Furthermore, school administrations should host informational events for all students and parents to spread awareness of the emotional fragility of this segment of the school’s population.

In addition to sensitively supporting classroom inclusion, we should find other ways to encourage understanding and acceptance of students with mental health issues both in schools and in the broader community. For example, Special Olympics has proven to be a model for promoting understanding for the intellectually disabled. These events allow athletes with intellectual disabilities to compete alongside other high school students in energetic and competitive sports matches. Students from all grades come to either participate or encourage the athletes on the side lines. This type of school-wide enthusiasm gives the athletes an opportunity to be the focus of the community in a way that celebrates their strengths and talents without emphasizing their differences and handicaps.

At Westhill, students participate in Special Olympics biannually. While they are very nice events, school participation is never overly enthusiastic and, in the past, only students who had gym at the time were involved. While having too many competitions could detract from the event’s significance, there is still the potential for greater student involvement with preparation and training activities, as well as with follow-up exercises. Students who have participated in the audience or alongside the athletes, however, have acted with unusual consideration and sensitivity. The result is both enjoyable and meaningful.

Student representatives on the Connecticut State Board of Education must speak for a diverse student body from a vast array of cultural backgrounds and with a wide range of abilities and experiences. My association with mental illness has shown me that protecting and supporting students who are unable to help themselves is a crucial responsibility of all educators and policymakers. I am unsure whether total social inclusion in school is the best answer for all students, but if we continue to push this paradigm, we must also improve our social acceptance and understanding through advocacy and leadership.

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