

12-28-2020

Mental Health in U.S. Schools: Problems, Interventions, and Future Directions

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Recommended Citation

Rumpf-Snavely, Emma (2020) "Mental Health in U.S. Schools: Problems, Interventions, and Future Directions," *Wisdom in Education*: Vol. 10 : No. 1 , Article 1.

Available at: <https://scholarworks.lib.csusb.edu/wie/vol10/iss1/1>

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Abstract

The psychological well-being of American children has been a concern due to the rise in mental health issues. Efforts have been made to tackle some of the issues that are most prevalent among youth such as stress, depression, bullying, substance abuse, suicide and self-harm. Attempted solutions include legislation at the state level, school-wide regulations, and individualized supports. Despite these efforts, there are still discrepancies with implementation and regulation of policies and programs. These inconsistencies have resulted in the continual decline in the mental health of American youth. The United States can gain a more focused direction for their mental health programs by looking at the problems children are facing and analyzing the effectiveness of interventions. Some successful mental health programs include examining international mental health models in schools, implementing Positive Behavior Interventions and Supports (PBIS), and incorporating mental health curriculum into school-wide mandates.

Keywords

Mental Health, Education, Youth, Interventions

Author Statement

Emma Rumpf-Snavely is currently studying at California State University San Bernardino in the Masters in Counseling and Guidance program. She is working towards her PPS credential and LPCC licensure. She hopes to work in a school setting while also doing some non-profit work providing mental health services for youth.

Mental Health in U.S. Schools: Problems, Interventions, and Future Directions

Poor mental health among our youth is a growing epidemic. 1 in 5 children will experience mental illness at least once in their lifetime (Moon, Williford and Mendenhall, 2016). Schools are being put at the forefront of providing mental health services due to their unique ability to reach a multitude of kids, have required attendance policies and due to the fact that students spend a large amount of time at school. Through various approaches such as state legislation, teacher training, counseling services, as well as specialized mental health services, many efforts have been put forth to try and tackle this problem. This review will highlight what the key problems are, what has been done about them, the shortcomings of those efforts, and ways to improve the current state of poor mental health among children.

Background Review

Issues American Youth Face

When talking about mental health issues, it is important to have a grasp of the particular problems that seem to be central in youth populations. Davis et. al., (2018) explored some of these issues and their effects including bully victimization, depression, academic achievement, and substance abuse. The researchers conducted a longitudinal study in which 1,875 students were sampled and followed for over 2 years via multiple surveys. Looking specifically at mental health, the researchers found multiple connections between mental health and bully victimization, depression, academic achievement, and substance abuse. They found that students with higher levels of depression also had higher levels of bully victimization and worse academic achievement. They also found that students with higher rates of depression also reported that they started problematic drinking earlier on. Adolescent drinking is another major health concern, as they cited

that “65% of teens report consuming alcohol before graduating high school” (Davis et. al., 2018, p.605). These findings show that these mental health issues are not something that solely exists in a student’s private life, but something that permeates school grounds.

Researchers additionally saw that the “presence of one disorder was associated with two times higher odds of having a second disorder (Davis et. al., 2018, p.612).” This suggests that the presence of one problem has the potential of creating more mental health issues down the line, making interventions and access to services that much more crucial. After finding these disturbing trends, researchers argued that an effort must be made to bring awareness regarding depression among youth. One of the ways they suggested to do this would be to provide targeted programs to help relieve some of the depressive symptoms students may be experiencing (Davis et. al., 2018).

Although substance abuse, bullying, and stress regarding academic achievement are pervasive in our schools, most schools are willing to address these matters in one way or another. However, there are also some issues that are highly prevalent and more taboo in nature. Self-harm and suicide are major health concerns that carry the heavy weight of stigma. This makes conversations, training, and curriculum that much harder to access and distribute. In fact, suicide is the “second lead cause of death in 15-29 year olds” (Evans & Hurrell, 2016, p. 2). This makes having these conversations and services available a priority.

To see how prevalent these concerns are in our schools, Evans and Hurrell (2016) analyzed research that produced some interesting points that speak to the barriers surrounding self-harm, suicide and stigma. They conducted a meta-ethnography of qualitative research, analyzing population’s geographical locations, student populations,

and school staff (Evans & Hurrell, 2016). Evans and Hurrell (2016) found that participants noted the escalating issue of self-harm, yet they felt the issue was not fully understood or recognized within their schools or treated as a high priority. This conclusion was founded by the lack of signage, no incorporation of the topic into the curriculum, and no events or rallies that discussed this issue (Evans & Hurrell, 2016). Amongst staff, a common consensus regarding self-harm was that “talking about it would put ideas in their head and encourage them to do it” (Evans & Hurrell, 2016, p. 7). Regarding the students, they felt like they were being punished for acting in help-seeking behaviors which in turn made them reluctant to disclose to an already hesitant staff member (Evans & Hurrell, 2016).

The authors noted that some potential links to self-harm are anxiety and stress related to school performance as well as bullying (Evans & Hurrell, 2016). Both of these potential connections are concerns that have been seen in the previous literature as well. They also note the stigmatizing barriers that surround this issue make it harder for it to be addressed (Evans & Hurrell, 2016). To help address this subject, the researchers suggest that more research be done at the institutional level, exploring the positive and negative effects of increased visibility of this concern (Evans & Hurrell, 2016).

Educators’ Perspectives

Moon, Williford and Mendenhall (2016) explored mental health promotion in schools by examining educator’s point of views regarding mental health issues in schools. A survey was distributed to over 700 educators including teachers, administrators, and mental health professionals (Moon, Williford, & Mendenhall, 2016). They were able to examine educator’s perspectives regarding mental health trends, training, and advancement in their respective school (Moon et. al., 2016). 96% of participants stated that they are “very likely to encounter students

with mental health issues in their work” (Moon et. al., 2016, p. 387). Another 97% strongly agreed that it is important for school staff to understand the potential problems that students may be going through (Moon et. al., 2016). However, the educators in question did not think these initiatives were sufficient to address the problem (Moon et. al., 2016). Only 66% of participants stated that they “agreed that they are confident in recognizing signs of student’s mental health issues” (Moon et. al., 2016, p. 387). Furthermore, almost half of the participants felt that they “did not receive adequate mental health training” and 85% wanted additional training on mental health issues” (Moon et. al., 2016 p. 388). After seeing these results, the authors suggest focusing on the structural issues that affect the whole school in which mental health goals are shared (Moon et. al., 2016).

Interventions

Mental health problems are plaguing youth to the point of influencing school spaces as well as personal ones. Victims of bullying have a higher risk of depression, substance, suicide and other negative mental health outcomes (Terry, 2017). To combat this, schools and governments have come together to try and solve it at a legislative level. Between 1999 and 2010, more than 120 state bills were enacted that introduced education or criminal statutes to address bullying and related behaviors (Terry, 2017).

By utilizing data from the 2013 High School Youth Risk Behavior Survey, Terry was able to use data from 40 different states to investigate if state legislations had made an impact on bullying in schools (2017). Upon comparing the states’ legislation, there was a wide variety as to what each legislation was composed of in terms of language (Terry, 2017). Terry was looking to see if components of state legislation could be used as predictors of bullying prevalence in the states (Terry, 2017). Her study found that certain aspects pertaining to the structure of legislation were statistically significant predictors of the state-

level prevalence of bullying in schools (Terry, 2017). These aspects of the legislation were (a.) the explicit definition of bullying and (b.) purposeful language explaining why bullying is prohibited (Terry, 2017). Terry suggested that “all states should ensure that the components in their model policies are inclusive, prescriptive and establish accountability” and that “lower prevalence of bullying in school will improve public health among adolescents across the nation” (Terry, 2017, p. 294).

Although expanding state legislation can be helpful, it is not the only intervention that has been introduced. There are multiple interventions being applied at the individual and personalized level for students with more severe needs. These specific types of intervention are crucial because students who experience mental health issues often face long-term consequences in both personal and academic ways (Ballard, Sander & Klimes-Dougan, 2013). In fact, between 5-9% of U.S. children are not learning to their maximum potential due to emotional or behavioral barriers (Ballard et. al., 2013). This is why having accessible services in schools is critical to better mental health and a more positive educational experience. Ballard et. al. (2013) explored the potential effects of expanding these resources in schools by placing community mental health clinicians on school-sites to help give students the services that they need. Ballard et. al.’s study (2013) had two aims. The first was to compare socio-emotional outcomes between students who received expanded mental health services to students who were receiving the usual treatment options (Ballard et. al., 2013). The second aim of the study was to track changes in student’s social-emotional functioning while working with these clinicians (Ballard et. al., 2013).

In the study, results showed differences between groups over time by measuring suspension rates (Ballard et. al., 2013). Students receiving expanded services had a *reduced* amount of suspensions by the end of the year by 1.5 suspensions (Ballard et. al.,

2013). Whereas students who did not receive this treatment saw an *increase* in suspensions by approximately 1.5 suspensions (Ballard et. al., 2013). Results also showed significant improvement regarding socio-emotional functioning while working with the clinicians (Ballard et. al., 2013). Teachers’ and parents’ ratings regarding socio-emotional difficulties were significantly lower after the study when compared to before the study (Ballard et. al., 2017). Taking the research further, the authors noted that although working with mental health clinicians may certainly help, it is “unlikely to overcome all the challenges that the school faces” (Ballard et. al., 2013, p. 148). This suggests that a more comprehensive alternative to mental health management could be more successful than inserting only one type of intervention.

State legislation and individual services still leave gaps in the way interventions are being implemented across the country. Positive Behavioral Interventions and Supports (PBIS) is a school-wide approach that has been promoted by the US Department of Education (Walter et. al., 2010). This theory is guided by 6 core concepts: that schools should be a space that supports learning and pro-social skills, school-wide screening to identify needs and monitor progress, any decision making is supported by data, the continual development of evidence-based interventions and consistent implementation of these interventions (Walter et. al., 2010). Although the implications of this framework are beneficial, the empirical research supporting this claim taking place in inner-city schools is few and far between (Walter et. al., 2010).

Researchers Walter et. al. (2010) tested the effectiveness of this framework on mental health. To test this idea, they implemented this system in 2 disadvantaged public schools over the course of 1 year. The program consisted of a collaboration between mental health professionals and teachers and was implemented between individual students and on a school-wide scale (Walter et. al., 2010).

Mental health outcomes after the 1-year intervention were compared to a baseline screening survey distributed at the beginning of the year (Walter et. al., 2010).

The study yielded significant results. After the 1-year intervention, students experienced fewer mental health difficulties, less functional impairment and improved behavior (Walter et. al., 2010). Students also reported improved mental health knowledge, attitudes, beliefs, and behavioral interventions (Walter et. al., 2010). Teachers also reported significantly greater proficiency in managing mental health problems in their classrooms (Walter et. al., 2010). After seeing such promising results, the researchers suggested further reinforcement from national policy regarding comprehensive school mental health services (Walter et. al., 2010). Their reasoning was that it would help to support resources and implementation of this type of framework in schools (Walter et. al., 2010).

Even though school-wide approaches are beginning to be introduced in the United States, the research on well-working programs is not plentiful. In order to further guide U.S. practices, it could be beneficial to look at other cultures and countries to gain inspiration for how they handle mental health in schools. Researchers Dix, Slee, Lawson and Keeves (2012) looked to measure the implementation quality of Australian mental health initiatives in schools and how it affects their students.

To accomplish this goal, they reached out to 100 Australian elementary schools and gathered a participant pool consisting of students, teachers, and family members (Dix et.al., 2012). They followed participants for 2 years, tracking academic progress and implementing a mental health intervention known as KidsMatter (Dix et. al., 2012). KidsMatter is an Australian mental health early intervention initiative that is designed to improve the wellbeing of students, reduce mental health problems, promote a positive school community, provide additional support and, teach social and emotional learning (Dix

et. al., 2012). Researchers were able to examine the relationship between academic outcomes and school characteristics (Dix et. al., 2012).

Researchers found a relationship between the implementation quality and success of the program (Dix et. al., 2012). As the quality of implementation of the KidsMatter program went up, so did the academic performance. This positive relationship was so high, researchers suggested that students who are in a school with a high level of implementation of this program can gain up to 6 months of schooling (Dix et. al., 2013). A quote that captured the spirit of this research was from a principal who participated in this study who commented “We found that happy kids and contented kids, and kids who know how to interact better with one another, are much better learners. So we see things going together very much hand in glove.” (Dix et. al., 2013, p. 50). The research pointed out that although a school can have a working school-wide theory, the implementation on the school’s behalf takes a toll on how effective the program is (Dix. et. al., 2013).

Unlike Australia’s national program, Oulu, Finland, took a much more personalized and localized approach to mental health programs in schools. In this case study, researchers Onnela, Vuokila-Oikkonen, Hurtig and Ebeling (2013) looked at the process of developing a mental health initiative. This study inquired about the people behind the design of events and curriculum as well as the reasoning behind their structure (Onnela et. al., 2013). The author mentioned that “health is not about the absence of illness but rather a means to harness the resources...that make life good” (Onnela et. al., 2013, p. 619). This outlook on mental health itself is very different from the United States’ view of mental illness which models more of a symptom management system in schools.

With this perspective in mind, it was important to this community to create interventions that “reduced stigmatization

associated with mental illnesses, promoted mental health for the entire community and promoted feelings of belonging, togetherness, and trust” (Onnela et. al., 2013, p. 620). Members of the northern Finland mental health community were invited to a total of 9 workshops where experts in their fields shared and collaborated on research knowledge and intervention ideas (Onnela et. al., 2013). Families, students, school staff, and interest groups were also invited to the workshops to promote a “learn by doing” approach to research (Onnela et. al., 2013).

The results of this collaboration included creative and inclusive plans for mental health promotion in their schools. They organized their ideas by ranking interventions in 3 levels: universal, involving the school and community; selective, which focuses on a certain group of students; and indicated, which is individually focused (Onnela et. al., 2013). Some universal intervention ideas included mental health kiosk events, mental health rallies, guest lecturers, mental health retreats and specialized staff training (Onnela et. al., 2013). Some selective level interventions included classroom lessons on mental health issues that are customized to each grade level and incorporated into the curriculum (Onnela et. al., 2013). Another example was holding group sessions that focus on specific skills in an active way like increasing social skills by playing games and acting (Onnela et. al., 2013). Indicated interventions are individualized sessions with a mental health professional that focuses on goals and incorporates outside support such as parents/guardians (Onnela et. al., 2013). Regarding moving forward with mental health promotion in schools, the author noted that “a change in culture is called for to move on from problem-oriented thinking to a positive and empowering approach on mental health” (Onnela et. al., 2013, p. 626).

Review of Mental Health Promotion

Observing how different countries handle mental health promotions in schools can

inspire creative ways to approach the same issues in the United States. However, similar trends regarding mental health can be seen in all nations. Mental health is an issue that goes beyond borders as 10-20% of children experience a mental disorder globally (O’Reilly et. al., 2018). The promotion of good mental health has been implemented in schools around the world, but the quality and effectiveness of these programs still need to be reviewed and examined. This is the aim of the research that O’Reilly et. al. (2018) wanted to explore.

O’Reilly et. al. (2018) were able to gather research on the promotion of mental health in schools. The 10 articles included in this study consisted of different research designs and were conducted across several countries that targeted young people in schools (O’Reilly et. al., 2018). They then organized their results in 4 categories: theoretical framework; support, training, and supervision for staff; outcomes for the interventions; and long-term impact (O’Reilly et. al., 2018).

Findings from this study showed a lot of commonality between countries and their mental health promotions. Researchers found that most interventions were backed up by some form of a theoretical framework (O’Reilly et. al., 2018). Regarding staff and implementation, O’Reilly et. al. (2018) found that some programs utilized teachers for mainly implementing interventions while others used specialists like educational psychologists. Some staff felt consistent support and received supervision while others did not (O’Reilly et. al., 2018). 80% of the interventions researched reported a positive impact of their program and regarded it as a good tool for mental health promotion (O’Reilly et. al., 2018). The 20% that did not report success listed barriers such as challenges with implementation, training needs, lack of awareness, poor communication and coordination (O’Reilly et. al., 2018). Programs who reported success also reported to have positive, long-term

results (O'Reilly, 2018). Regarding thoughts on moving forward, the author added that “more work needs to include the child’s voice” (O'Reilly et. al., 2018, p.659). Out of all the literature reviewed in this paper, this was the first explicit mentioning of a strong need for incorporating a child’s perspective into a program. This adds a new level to the “school-wide, inclusive approach” that so much of the literature is pushing towards by adding the perspective of the very population that is being affected.

Texas is trying to get a head start on bringing much-needed change. In 2019, Governor Greg Abbot signed House Bill 18, which would require all Texas school districts to provide mental health and suicide prevention criteria in their health course curriculum (“Texas Bill”, 2019). The training will include “signs of mental health conditions and substance abuse, strategies for maintaining student-to-student positive relations, conflict resolution and information about how grief and trauma affect student learning” (“Texas Bill”, 2019, p. 8). The bill also allows for school districts to work with more mental health professionals and requires online training in “Mental Health First Aid” to be available to the public and encouraged in school settings (“Texas Bill”, 2019). This is a unique attempt to take a “school-wide” approach to the next level by providing promotions that are incorporated into the classroom. This is unique because it will have a consistent method of implementation. It will also be able to reach all students, not just those who are currently battling mental health issues.

Conclusion

Out of all the interventions mentioned, a school-wide approach offers the most opportunities for consistent implementation. Although training staff and supplying services to the most at-risk students are important, all students should be able to benefit from exposure to mental health promotion. The intervention of incorporating mental health

awareness education into the curriculum is a way to move forward. Educating students on mental health literacy offers them a level of agency that training staff members and changing discipline policies cannot offer.

The problem of the mental health crisis is only getting more serious as violence increases throughout the world. Although strides have been made in research regarding problem areas in youth mental health, implementation of programs, the effectiveness of programs, international concepts of mental health, and accessibility of services, there is still a long way to go. Due to the sensitive and stigmatizing nature of mental health, any progress made will be slow-moving. However, advocates, educators, and mental health professionals can pave the way to bring about much-needed change.

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