Frequently Asked Questions from the Media about Mental Health in Schools

Whenever there is a school shooting or some other highly publicized crisis event that envelops schools, we are asked by the media for our perspective on the role of mental health in schools across the country.

Here are five of the most frequently asked questions and our responses:

(1) Shouldn't school staff (e.g., teachers, student support staff) have recognized a student was a threat to him/herself or others and done something about it?

Center Response: Let's be clear from the outset – there are many students who manifest behavior, learning, and emotional difficulties at school. While everyone should be concerned about this state of affairs, care must be taken not to jump to the conclusion that a young person is mentally ill.

Most teachers and student support staff are painfully aware of students who are not doing well and are troubled and troubling. They quickly identify students with behavior problems; they see students who are unsuccessful in class and see the emotional overlay that results. With specific reference to student shootings, a government report stresses: "Most attackers engaged in some behavior, prior to the incident, that caused concern or indicated a need for help. Most attackers were known to have difficulty coping with significant losses or personal failures. Many had considered or attempted suicide. Many attackers felt bullied, persecuted, or injured by others prior to the attack. Most attackers had access to and had used weapons prior to the attack. In many cases, other students were involved in some capacity."

Teachers and other school staff are widely frustrated by the lack of immediate student and learning supports at school for students they readily identify. If such supportive interventions were systematically available and applied, this would be the best way to identify youngsters who are emotionally disturbed and in need of referral for specialized treatment.

This is the hope underlying the current efforts to install the approach called Response to Intervention (RtI) into every classroom. Response to Intervention can be contrasted with traditional assessment efforts, including the introduction of formal screening for mental illness at schools. (Formal mental illness screening procedures almost always over-identifies everyday, commonplace sadness, frustration, and anxiety.) And with respect to identifying students who are a threat to others, ther evidence is that "There is no accurate or useful 'profile' of students who engage in targeted school violence."*

Ultimately, what school's need is a unified and comprehensive system of student and learning supports to promote healthy development, prevent problems, and respond as soon as a problem is identified. Often this involves making changes in the learning environment to engage the student in classroom learning and enable success. In our work, we encourage student support staff to become regular collaborators in classrooms to assist teachers in engaging and supporting identified students and as a step in deciding the best course of action in addressing observed problems.

*See "Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates" -- produced by the U. S. Department of Education and the U. S. Secret Service – http://www.ed.gov/admins/lead/safety/threatassessmentguide.pdf.
Also see the statement from the American Psychological Association
http://www.apa.org/news/press/releases/2013/12/gun-violence.aspx

(2) What causes students to do such terrible things?

Center Response: We all can point to a range of factors that might cause a student to become troubled and troubling. Researchers have generated lists of factors that have been identified as potential risk conditions.

Commonly mentioned are events at school that make youngsters feel like they don't belong (e.g., being neglected, rejected, bullied; being a loner; being behind academically). Also mentioned are family deficits (e.g., lack of awareness or insufficient concern about problems; maltreatment by family members). And in the case of school shootings, ready access to guns is usually cited.

It is easy to list all the factors that have been identified as potential risk conditions for a student ending up being troubled and troubling. It is good to understand risk factors, but it also is the case that many individuals who have experienced such conditions are resilient enough to overcome them.

As noted above, understanding risk conditions is of little value in identifying specific individuals as real threats to others until they actually act out. And, even after an event, pinning down cause is difficult.

The real value in understanding risk factors is to do something to reduce them and, if feasible, prevent them from interfering with a student's well-being.

(3) What should schools do to prevent such events?

Center Response: The focus on prevention needs to be multifaceted. The first concern is to involve everyone at the school and as many community stakeholders as feasible (especially family members) in efforts to make the school an increasingly welcoming and socially supportive place.

Secondly, the school's leadership needs to ensure development of a system of student and learning supports that effectively addresses barriers to learning and teaching and re-engages disconnected students. A key facet of this is using student support staff (e.g., the school counselor, school psychologist, school social worker) as regular collaborators in classrooms to assist teachers in engaging and supporting identified students and as a step in deciding the best course of action in addressing observed problems. They can help in talking with troubled and troubling students to better understand problems and to identify natural opportunities for enhancing learning and positive social interactions.

Finally, the school must ensure there is a well-delineated referral process for use when a student's problems are found to be profound and severe. And all staff and students and their families need to be informed about using the referral system in ways that facilitate access to special and specialized assistance.

(4) Shouldn't schools offer more mental health services?

Center Response: Schools are not in the mental health business; their mission is to educate the young. However, as a Carnegie Task Force on Education stressed some time ago: *While school systems are not responsible for meeting every need of their students, when the need directly affects learning, the school must meet the challenge.*

It is not feasible to meet the challenge if the only idea for doing so is to call for more physical and mental health and social services for individual students. Districts do need to do more to promote positive health (physical and mental). They need to do more to prevent and ameliorate common learning, behavior, and emotional problems and provide the essential range of special education services. And they need to do better in connecting students with serious emotional problems to community services. But they will never have the type of resources to become viable providers of treatment for every student identified as having a mental illness.

(5) What does your Center advocate with respect to mental health in schools?

We stress that mental health in schools should be embedded into a Unified and Comprehensive System of Learning Supports with every school having a Learning Supports Component. This approach places all mental health efforts at a school into the context of addressing barriers to teaching and learning and re-engaging disconnected students. As we stress in a recent policy brief (http://smhp.psych.ucla.edu/pdfdocs/embeddingmh.pdf)

> "The time has come for ending the counterproductive competition that arises from efforts that push separate, narrow agenda for student and learning supports. No single program or service can address the range of factors interfering with equity of opportunity to succeed at school for the large number of students affected. And the competition for resources resulting from separate advocacy for such programs and services, such as those associated with mental health in schools, is contributing to the continuing marginalization and resultant fragmentation of such endeavors and the fact that they reach only a small proportion of the many students who should be beneficiaries.

For more see:
>*Engaging and Re-engaging Students in Learning at School*
       http://www.smhp.psych.ucla.edu/pdfdocs/engagingandre-engagingstudents.pdf

>*Working with Disengaged Students*
       http://smhp.psych.ucla.edu/pdfdocs/practicenotes/disengagedstudents.pdf

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