

## **School Practitioner Community of Practice**

(A network for sharing & exchange)

May 8, 2019

### Topics for discussion

**>Teaching about mental health; being sensitive to feelings that arise**

### Links to a few other relevant resources & other topics of concern

**Note:** Go to <http://smhp.psych.ucla> for links to other Center resources including

- >Upcoming initiatives, conferences & workshops
- >Calls for grant proposals, presentations, and papers
- >Training and job opportunities
- >Upcoming webcasts & other professional development opportunities

This resource is from the  
Center for MH in Schools & Student/Learning Supports, UCLA

Given shrinking education budgets, we have been asked to increase our outreach to make our free resources more available (e.g., for planning, professional development, etc.).

*So please feel free to share with anyone you think might benefit (e.g., forward our resources to individuals and share on listservs and websites).*

\*\*\*\*\*

For those who have been forwarded this and want to receive resources directly, send an email to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

For previous postings of community of practice discussions, see <http://smhp.psych.ucla.edu/practitioner.htm>

### Topic for Discussion –

**>Teaching about mental health; being sensitive to feelings that arise**

**Request from a Colleague:** “My school district is writing curriculum to include mental health in the regular health curriculum, according to new New York state mandates. Do you have any articles or links that could be helpful? I basically know what we need to cover. My concern is how to guide the health teachers in talking about sensitive issues such as suicide and self-mutilation.”

**Center’s Perspective:** Having teachers present mental health content has benefits and significant challenges. Certainly, the concern about sensitive issues is crucial if this is to be an authentic exploration of mental health as contrasted to meeting another curriculum mandate. Exposure to the content can raise anxiety and other emotional reactions. These can be exacerbated by the daily experiences and life circumstances of students and teachers.

Our hope is that, as teachers become more familiar with mental health concerns, they may apply this understanding in ways that enhance positive interactions with students.

From our perspective, a critical challenge in dealing with concerns that arise in teaching sensitive mental health material is helping teachers and students enhance their ability to deal with emotional reactions in a personalized way. Large classroom instructional settings make this difficult.

Another challenge arises from the schools role as a socializing agent and how this can conflict with a helping agenda. See <http://smhp.psych.ucla.edu/pdfdocs/helping.pdf>

In preparing teachers for adding the mental health curriculum, the opportunity arises for enhancing the promotion of mental health in daily teacher/student interactions. Here is an excerpt on this from

>*Supporting pupils' mental health through everyday practices: A qualitative study of teachers*  
<https://www.tandfonline.com/doi/pdf/10.1080/02643944.2017.1422005?needAccess=true>

The study developed two main themes related to the teaching and learning processes:

*(1) Working with individual pupils through everyday practice, (2) Working with the school context. Taken together, these themes illustrated the different ways teachers (proactively and reactively) supported young people's mental health development as a core aspect of their educational role, as well as some of the challenges therein.*

*.... teachers talked concretely about the kinds of strategies they used to try to reduce the pressures associated with teaching and learning, and to help pupils attend school and stay engaged in learning despite experiencing mental health problems. For example, teachers avoided asking some pupils to perform in front of other pupils in the classroom, and, in consultation with pupils, they adjusted learning activities and assessment on an individual basis. ...*

*Alongside their work with individual pupils, teachers also talked about the ways in which they were working with the school context to support pupils' mental health. Two dimensions were related to this theme. The first dimension was developing a safe and inclusive school climate, and the second was providing experiences of mastery and different learning opportunities....*

Also relevant is the Center's emphasis on *Natural Opportunities to Promote Social-Emotional Learning and MH* <http://smhp.psych.ucla.edu/pdfdocs/practicenotes/naturalopportunities.pdf>

**Comments from Colleagues:** We asked several colleagues to comment on this; here is what they said:

(1) *It seems mental health in schools is really taking off with little policy guidance. I agree with the concerns of this staff person as well as the opportunity to engage teachers around positive interactions with students.*

*With regard to the concern, whenever "new" topics like this are added to a curriculum there can be an upsurge in reports of instances related to the topic. For example, when anti-bullying curricula were introduced, reports of bullying increased substantially and many schools were not prepared to deal with the increase. With regard to mental health curricula, schools need to be prepared to deal with reports of students who experience problems or are concerned about friends with mental health issues. Staff not only need to present/teach the information, but must be prepared to offer support to students as well as know who can help them. The curriculum could contain some of this information, but staff need to be prepared to deal with students who report problems. Hopefully, professional development will be paired with the introduction of this information.*

*When considering the "glass half full" opportunity you mention, this is a PERFECT time to help staff reconnect with and re-engage students. (Didn't someone once say, "An ounce of prevention is worth a pound of cure"?) There's a great little brief from the American Psychological Association at:*

*<https://www.apa.org/monitor/julaug02/teens> that talks about teach/student interactions and another from ASCD at:*

*<http://www.ascd.org/publications/educational-leadership/apr05/vol62/num07/A-Case-for-School-Connectedness.aspx>*

*In my opinion, it would be a huge mistake to simply include the new curriculum information without some level of professional development for the staff, including guidance on teacher/student relationships. If not, it could leave students without support as well as place teachers in a "no-win" situation when they don't know how to help them."*

- (2) *I agree with the misgivings you raise, and weigh them against the great value in bringing more attention to mental health in schools, and identifying more students in need or services. I would also want to bring attention to the shortage of mh staff that was described in the recent ACLU report (although I would blame the shortage less on cops and more on political aversion to seeing mental health services in schools).*

*Last fall, I consulted for the National Council of Beh Health on the development of Teen Mental Health First Aid, which I understand is being tested this year. It is a curriculum for teens and might be used in this case. I have not seen the final version, but there was a substantial section on suicide that has good potential. I would discourage schools from reinventing the wheel. In addition to the duplicative work, the complexity and sensitivity of the topic makes it easy to go awry.*

*I would hope that school districts would engage their mental health staff in these programs, in formulation, delivery, and follow-up. It might bring more communication between teachers and mh staff.*

- (3) *Wow! Mandated mental health instruction could be really wonderful or really awful depending on how it is handled. My first thought are this is another example of how disconnected are our elected representatives from the worlds their constituents live in. I share your concerns about just teaching a list of mental health facts and how that could create anxiety, despair, and worries about how teachers might be evaluating students.*

*My first reaction is this could be a wonderful opportunity. In the first phase of my career, public schools appeared to be organized to provide a basic, minimal set of facts to the “middle third” of the children in school. Blaming a lack of funding, advanced students were left to their own devices because it was thought they could find their own opportunities. Students who struggled to keep up with the others were thought to be incapable of moving more quickly, so nothing could be done for them. Attending to the middle third was all that limited funding could accomplish.*

*Over the years, various school “reform” programs appeared. Students with disabilities gained the civil right to a “free, appropriate, public education”, however change came slowly. Schools adjusted, but some used significant amounts of time and money to become invincible in the courts....*

*This experience has led me to believe that lasting change needs plenty of preparation that involves all stakeholders. We are all impatient, and this preparation phase can be hurried or sabotaged in a variety of ways. But I fear that insufficient discussion in the planning process will surely doom the project to a slow death. The problem is further complicated by stigmatizing mental health....*

*Properly conducted, I suspect that open planning discussions could reduce this stigma. ...Talking about what kinds of schools we want to develop, what kinds of programs we want, and how we can show progress to others can normalize mental health prevention, maintenance, and treatment with minimized stigma. It will be important to have these discussions hosted by people who have skills in organizing and maintaining peace within the planning groups*

*It helps to have a good map for the road ahead. The Substance Abuse and Mental Health Services Administration has some resource-mapping ideas on it's website. Here is a sample chart that shows various actions that could make sense for dealing with a wide range of ages and needs. It is similar in some ways to the ways schools plan the scope and sequence of instruction. Something like this might be part of the first steps. The details at each level I expect would vary depending on the needs and goals of the community. By “details at each level” I mean age-appropriate ways to deal with difficult mental health topics in a way that respects the heritage and traditions of the neighborhood groups represented at the local school. We are going to have to have conversations to fill in those details. I'm not so certain we all basically already know what we need to cover and how to respond to those difficult questions that surely will pop up. I'm also not so certain that limiting this sort of thing to just the “health teachers” is a good way to go. Students will confide in a wide variety of teachers, so everybody who has contact with students will need to have at least a basic understanding of the building's approach to mental health and how to connect with services.*

<https://www.samhsa.gov/capt/sites/default/files/resources/mapping-interventions-different-level-risks.pdf>

*For additional information about topics and approaches that may be helpful in curriculum-writing, I found two faculty members at Dalhousie University that have written somewhat extensively on the topic:*

<https://medicine.dal.ca/departments/department-sites/psychiatry/our-people/faculty/stan-kutcher.html>

<https://medicine.dal.ca/departments/department-sites/psychiatry/our-people/faculty/alex-bagnell.html>

*Also, most schools nowadays have School Psychologists. Some of these employees will have their roles mostly limited to testing for special education eligibility/placement, but I think you will find a number*

of them have additional training and experience that would be helpful. At the very least, School Psychologists can speak and understand the “Mental Health dialect” with the Mental Health folks as well as speak the “Education” dialect, and can translate between the two groups.

This kind of project seems to require wide-spread true dedication to the goals. Experienced educators have seen “new” ideas come and go many times, and know how to wait out the latest fad. For example, one strategy I’ve seen is to claim there isn’t enough time or money to commit fully to the new program, and then cherry-pick just a few easily implemented pieces. (Sometimes, the new programs will have data that says partial implementation will not work, but that’s what is done, anyway.)

One way to reduce resistance to a new program is to provide educators with paid time to meet with other educators who already have experience with the new curriculum and have some great hints and tips for making it fun and effective. Those same mentors could receive extra pay for demonstrating and coaching in the classrooms of their mentees. Paid planning time with fellow educators in the building who are also working on the new mental health plan is essential. You can’t simply put yet another additional task on the already full plates educators manage and expect a smooth transition. You need to give them time and tools, both of which require some extra funding....

>For more free and readily accessible resources related to mental health in schools, see our website:

<http://smhp.psych.ucla.edu/>

One especially useful feature is the online clearinghouse Quick Finds (over 130 topics with links to Center resources and resources from a range of others). See the drop down menu at <http://smhp.psych.ucla.edu/quicksearch.htm>

With specific respect to mental health curriculum and specific mental health concerns such as suicide prevention, see the Quick Finds on:

>>*Mental Health curriculum* – [http://smhp.psych.ucla.edu/qf/p2311\\_01.htm](http://smhp.psych.ucla.edu/qf/p2311_01.htm)

>>*Suicide Prevention* – [http://smhp.psych.ucla.edu/qf/p3002\\_02.htm](http://smhp.psych.ucla.edu/qf/p3002_02.htm)

>Here are resources provided by NY state department of education related to their new mandate:

>>*Mental Health Education Literacy in Schools: Linking to a Continuum of Well- Being Comprehensive Guide July 2018*

<http://www.nysed.gov/common/nysed/files/programs/curriculum-instruction/continuumofwellbeingguide.pdf>

>>*Brief overview*

<http://www.nysed.gov/common/nysed/files/programs/curriculum-instruction/mental-health-education-one-page-rupdated9.24.2018-002.pdf>

<http://www.nysed.gov/common/nysed/files/programs/curriculum-instruction/mentalhealtheducationliteracy.pdf>

>>*NY School Mental Health Resource and Training Center* -- <https://www.mentalhealthdny.org/>

This center is a project of the Mental Health Association in New York State, Inc. with funding from the New York State Legislature and Executive

#####

*Share with us your comments  
about the above or other related matters!!*

**Send your responses to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**

#####

## **Links to a few other relevant resources & other topics of concern**

*What social emotional learning needs to succeed and survive*

<https://www.educationnext.org/what-social-emotional-learning-needs-succeed-survive/>

*Indicators of school crime and safety: 2018*

<https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2019047>

Substance abuse in school aged children <https://combataddiction.ny.gov/schools>

Siblings under stress

[https://childmind.org/article/siblings-under-stress/?utm\\_source=newsletter&utm\\_medium=email&utm\\_content=READ%20MORE&utm\\_campaign=Weekly-04-30-19](https://childmind.org/article/siblings-under-stress/?utm_source=newsletter&utm_medium=email&utm_content=READ%20MORE&utm_campaign=Weekly-04-30-19)

Release of “13 Reasons Why” associated with increase in youth suicide rates

[https://www.nih.gov/news-events/news-releases/release-13-reasons-why-associated-increase-youth-suicide-rates?utm\\_source=News\\_Power\\_eNL\\_043019\\_F&utm\\_medium=email&utm\\_campaign=1110&pu=15a8d042dbb21644772906cb811b40c8&oc\\_slh=1ca2ad7856b804b18eb1b579bb1bd2a5c92c16770c9522ed8e394e0266524da2](https://www.nih.gov/news-events/news-releases/release-13-reasons-why-associated-increase-youth-suicide-rates?utm_source=News_Power_eNL_043019_F&utm_medium=email&utm_campaign=1110&pu=15a8d042dbb21644772906cb811b40c8&oc_slh=1ca2ad7856b804b18eb1b579bb1bd2a5c92c16770c9522ed8e394e0266524da2)

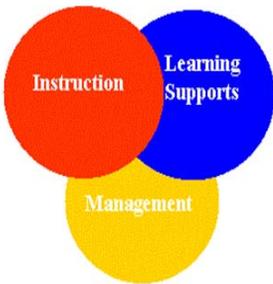
A Look at Gaming Culture and Gaming Related Problems: From a Gamer’s Perspective

<http://smhp.psych.ucla.edu/pdfdocs/gaming.pdf>

Wayne Jennings wrote us about his 2018 book: *School Transformation*. He said:

*You might mention it as a practical way forward for schools. All of its assertions are documented (600 footnotes). Like your organization, material in the book is free for anyone to use.*

About a unified, comprehensive, and equitable system of learning supports, see:  
***Addressing Barriers to Learning: In the Classroom and Schoolwide*** —  
[http://smhp.psych.ucla.edu/improving\\_school\\_improvement.html](http://smhp.psych.ucla.edu/improving_school_improvement.html)  
On embedding student/learning supports into school improvement, see  
***Improving School Improvement***  
[http://smhp.psych.ucla.edu/improving\\_school\\_improvement.html](http://smhp.psych.ucla.edu/improving_school_improvement.html)



\*\*\*\*\*  
For information about the

**National Initiative for Transforming Student and Learning Supports**

go to <http://smhp.psych.ucla.edu/newinitiative.html>

*Equity of opportunity is fundamental to enabling civil rights;  
transforming student and learning supports is fundamental to  
enabling equity of opportunity, promoting whole child development,  
and enhancing school climate.*

\*\*\*\*\*

**THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!**  
**For new sign-ups – email [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**  
**Also send resources ideas, requests, comments, and experiences for sharing.**  
**We post a broad range of issues and responses to the *Net Exchange***  
**on our website at <http://smhp.psych.ucla.edu/newnetexchange.htm>**  
**and on *Facebook* (access from the Center’s home page <http://smhp.psych.ucla.edu/> )**