Mental Health Issues in the Classroom: The Role of Teachers

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Mental health in schools has received considerable attention in the past few years. This movement has been partially fueled by the Surgeon General’s 1999 Mental Health report, which highlights the challenges of mental health concerns of children and recognizes schools as a major setting for identifying and dealing with these challenges. The report reviews epidemiological data and notes that approximately one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year. Relatedly, according to the Carnegie Council on Adolescence (1995), an estimated 25% or more of students currently attending US elementary schools and secondary school are at risk of engaging in lifestyles characterized by academic failure, truancy, drug use, and other potentially dangerous behaviors. Regrettably, suicide continues to be the third leading cause of death among young people 15-24 years of age (National Institute of Mental Health, 2003). Additionally, a recent national study of 4,023 youth (ages 12-17) interviewed by telephone revealed that roughly 16 percent of boys and 19 percent of girls met the criteria for at least one of the following diagnosis: posttraumatic stress disorder (PTSD), major depressive episode and substance abuse/dependence (Kilpatrick, Ruggiero, Acienno, Saunders, Resnick & Best, 2003).

To help clarify and address these alarming concerns, the Policy Leadership Cadre for Mental Health in Schools released a document entitled: Mental Health in Schools: Guidelines, Models, Resources, and Policy Considerations. Within this report, they call for substantial school reform efforts, stressing a comprehensive, multifaceted approach to mental health in schools. Fittingly, they encourage “less emphasis on intervention ownership and more attention to accomplishing desired outcomes through flexible and expanded roles and functions for staff” (p. 37). To this end, I would like to focus on teachers and their roles in attending to their students’ mental health. Mental health issues are usually reserved for specific school personnel (e.g., guidance counselors, school social workers, school psychologists). However, as Knitzer, Steinberg and Fleisch (1991) assert, “the school climate itself is a psychological intervention, and the teacher plays a vital role in how this climate is fostered” (p. 103). Teachers are particularly important because they spend the most time with students; consequently, of all school personnel, they are often readily identified by youth as an important resource for health and counseling (Klein, McNulty & Flatau, 1998). As a clinical-community psychologist and an assistant professor of psychology, I am in a unique position because I have access to both teachers and teacher certification candidates. Most of my consultation efforts have focused primarily on mental health issues in the classroom. Nearly all of the teachers that I have worked with have mentioned that they would like to address mental health issues in the classroom; however, they often feel ill-equipped, claiming that they did not receive adequate training in their teacher preparation programs. Others have felt confused about their role. In reviewing the literature, I have found that their experience is common and widespread.

Roeser and Midgley (1997) examined teachers’ views of issues involving students’ mental health and found that while most teachers believed that addressing the students’ mental health needs was a part of their role, they often felt overwhelmed by this task. This occurrence appeared to have a ripple effect because “in classrooms where teachers felt more overwhelmed, students on the average reported more negative feelings associated with school such as frustration and anger (negative school affect), lower feelings of personal esteem and lower feelings of academic efficacy” (p. 124).

King, Price, Telljohann and Wahl (1999) conducted a national survey of 228 high school health teachers to examine their perceived self-efficacy regarding adolescent suicide. They found that while most (70%) teachers believed it was their role to recognize students-at-risk for suicide, only a few (9%) believed that they could recognize a student-at-risk for suicide.

The above-mentioned findings are cause for concern as school-based interventionists, closer attention should be paid to teachers and the role they can play in addressing mental health issues in the classroom. This challenge can be addressed from at least two directions. First, mental health awareness components can be built into school-based in-service programs, and second, teacher education programs can be encouraged to incorporate mental health training into their curricula. I have also found that school-based in-service programs are an appropriate forum for providing necessary information and developing related skills. Workshops I have conducted have included topics such as pervasive developmental disorders, ADHD, stress management, behavior management, and violence prevention. Also, Montclair State University offers a Summer Institute for teachers where they can receive additional instructional training. Recognizing it as an ideal training opportunity, I developed a summer mini-course entitled “Mental Health Issues in the Classroom.” In this course, teachers were introduced to the various childhood psychiatric disorders and trained in relevant instructional strategies. Teachers have found these workshops particularly meaningful and have reported incorporating the material into their teaching approach. Moreover, participation in these various programs has also provided them with a clearer sense of their role and made them more confident in managing mental health issues in their classrooms.

The role of school personnel in mental health matters is under considerable debate (Burke, 2002; Policy Leadership Cadre for Mental Health in Schools (2001). According to Burke, the question which looms large in this debate is: what is the proper role of a teacher in promoting the social and emotional development of their students? According to the Policy Leadership Cadre for Mental Health in Schools (2001) this debate is fueled by several concerns, including “that such activity will take time away from the educational mission of the institution”, or “that such interventions are another attempt of society to infringe on family rights and values” (p. 3). Despite this controversy, many programs addressing mental health issues in the classroom have been successfully implemented. For example, Kirchner, Yoder, Kramer, Lindsey and Thrush (2000) developed an educational program to increase school personnel’s awareness about child and adolescent depression. Their one day course entitled “Depression in the classroom” consisted of a total of three training sessions, covering pathophysiology, epidemiology, etiology, interventions for depression, suicidality, crisis intervention theory and practical application. The second part of the program included an interactive
session, which showcased videotaped vignettes, depicting situations that school personnel may encounter. Analysis of pre-
test, post-test and follow-up scores revealed statistically significant increases in the participants’ working knowledge of depression and awareness of available resources. Another interesting finding at follow-up was the extent of material dissemination that occurred. Over 90% of the program participants reported sharing the course information with their colleagues.

Page and Scanlan (1994) eloquently and convincingly discuss why educators should concern themselves with childhood loneliness and isolation. They argue that “research has linked childhood loneliness and isolation with several emotional and physical health consequences. As such, there is a need for childhood educators to be aware of these potential consequences and to consider incorporating loneliness reduction and prevention strategies in present and future childhood education programs” (p. 108). The list of loneliness intervention strategies includes: facilitating activities which encourage the expression of feelings, maintaining a journal, providing support groups, teaching relaxation strategies, instructing on the connections between cognitions, behaviors and emotions, and the teaching of particular social skills, such as how to initiate and maintain friendships and supportive relationships.

Furthermore, Burke encourages childhood educators to provide direct instruction in: awareness and respect for others, self-control, interpersonal relationships, planning for achieving goals, and problem solving. Other mental health training initiatives have included innovative programs ranging from suicide prevention (Brody, 2002) to supporting students whose mothers have breast cancer (Bridges, 2001).

As I mentioned earlier, another way of addressing the teacher role and mental health dilemma is to encourage teacher education programs to include a mental health training component. This suggestion is more proactive and preventative in nature. Those of us who are academicians can easily initiate dialogue and collaborate with our teacher education colleagues. For example, when I shared my impressions with the director of our teacher education program, she invited me to be a part of the Professional Sequence Taskforce; this taskforce was charged with the responsibility of making recommendations for a thorough redesign of the sequence of courses and fieldwork experiences required of all teacher certification candidates. My presence on the committee ensured that mental health training topics were adequately identified and incorporated into the curriculum. The current proposal includes the following courses: Educational Psychology, Teaching for Equity and Diversity, and Teaching for Learning, all courses which directly relate to emotional and social development. In the meantime, I participate as a cohort faculty member in a unique program which clusters incoming teacher certification candidates together in English, History and Psychology classes. Whenever appropriate and relevant, I relate the course material to teacher education. For example, while covering development, I provide a lecture on managing depression and suicide in the classroom.

As school-based interventionists, we have specific knowledge, skills and abilities which place us in a unique position to effectively tackle the dilemmas discussed in this refection. By working more closely with teachers, we can create schools that meet all the needs of our children.

References


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