

School-Based Mental Health Supports: The Answer to Existing Student Needs

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Over time, education has evolved beyond merely providing an environment where students learn to read, write, and master basic arithmetic. Societal issues have smothered the education system which has forced educators to play multiple roles in the lives of children in order to help them become proficient in acquiring and demonstrating knowledge of the curricula. As a result, educators should be interested in the need for social emotional supports for students, so that barriers to teaching and learning can be reduced or eliminated. There is so much pressure on teachers, principals, and educators to help students perform based on standardized assessments that may or may not be relevant or realistic for certain student populations. In addition, student behaviors have increased significantly over the past five to ten years. There needs to be more attention on teacher preparedness and support of teachers while simultaneously providing students with the social emotional supports that they require in order to succeed behaviorally and academically.

Students today face stress from multiple sources that have a significant impact on their social emotional well-being, which directly impacts their academic performance. As noted by the American Psychological Association (2008), “a significant number of children in American society are exposed to traumatic life events. A traumatic event is one that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs. Traumatic events include sexual abuse, physical abuse, domestic violence, community and school violence, medical trauma, motor vehicle accidents, acts of terrorism, war experiences, natural and human-made disasters, suicides, and other traumatic losses.” The American Psychological Association also noted that in community samples, more than two thirds of children reported experiencing a traumatic event in their lives by age 16, but it is also important to point out that trauma exposure rates and subsequent psychological issues among young people have

varied depending on the type of data provided and other factors. Multiple strategies are being employed to address the issues; however, school-based social emotional support services are being overlooked, although they are vital to mitigating barriers to learning, closing gaps (academic and discipline) and improving student achievement.

Research and student achievement data suggest that minority students and students living in poverty are experiencing traumatic events and mental health issues which may contribute to them underachieving at alarming rates, hence the reason academic and discipline gaps exist between these students and their majority and economically advantaged peers. For example, given African American women’s increased risk for sexual assault and increased risk for persistent poverty, a study conducted by Bryant-Davis, Ullman, Tsong, Tillman, and Smith (2013) explored the relationship between income and mental health effects within a sample of 413 African American sexual assault survivors. In that study, hierarchical regression analyses revealed that after controlling for childhood sexual abuse there were positive relationships between poverty and mental health outcomes of depression, post-traumatic stress disorder, and illicit drug use, which all have an impact on student achievement. African American women in urban areas are often left to cope with exposure to community violence, witnessing or being aware of physical and sexual assaults in the neighborhood where they reside, as well as the traumatic grief and loss that may result for having a loved one murdered or incarcerated (Jenkins, 2002).

Extant research has shown that schools are suspending and expelling students at a rate more than double that of thirty years ago and although discipline rates appear to be declining overall, there are significant disparities in suspensions and expulsions of black students and students with disabilities as compared to their white and non-disabled peers. A study conducted by Smith and

Harper of Pennsylvania State's Graduate School of Education (2015) on the Disproportionate Impact of K-12 school suspension and expulsion on black students in southern states shows that African American students were nearly half of all students suspended and expelled from public schools in the South. There were approximately 427,768 African American boys suspended while 14,643 were expelled, which happens to be the highest numbers among both sexes and all racial/ethnic groups. Of all of the suspensions of female students in southern states, African American girls made up 56% of those suspended and 45% of girls expelled; the highest percentages among both sexes and all racial/ethnic groups. There are multiple external factors that contribute to the disparities, such as ill-equipped educators who have difficulty relating to or appropriately addressing the varied cultural norms of certain racial and ethnic groups; however, it is the responsibility of the local, state, and national government and school systems to equip both teachers and students with the tools that they need to reduce or eliminate the barriers to effective teaching and student learning (Lane and Wehby, 2002).

School systems should have a vested interest in this topic because students with emotional and behavioral problems also experience difficulty with academic performance as a symptom of their social-emotional issues. Schools are optimal service delivery sites for social emotional support services, also known as, school-based mental health, because of the number of students and families that schools have the potential to reach. The most notable school-based mental health strategy found through the research is the establishment of school-based mental health teams (Vanderbleek, 2004). It may be time to take this concept a step further, by hiring qualified school psychologists, social workers, and school counselors who can work together as a collaborative team to provide a tiered system of both direct and indirect support to students and staff, to include consultation and teacher training, as well as small group and individual counseling for students. This model has the potential to strengthen school-wide positive behavior support systems, improve school climate and culture, retain teachers

and staff in hard to staff schools, and improve the academic performance of students by helping to remove some of the barriers to learning. Messina, Kolbert, Hyatt-Burkhart, and Crothers (2013), proposed a model of family and school collaboration, which is an integrated theoretical model from which mental health counselors, such as psychologists and social workers may intervene within the tiered intervention levels of the School-Wide Positive Behavioral Intervention and Support framework. In the article they describe the use of a structural family therapy (SFT) framework to assess the relationship between family and school personnel, as well as identify objectives for family collaboration. They also describe how techniques and processes from SFT and solution-focused therapy can be used to enhance the relationship and collaboration between families and school personnel. Due to compulsory attendance laws, school-age children are mandated to attend school between the ages of five and 18; as a result, school is the only common setting for all children in which these services can be offered and accessed (Haynes, 2002).

Social Emotional Stress on Students

Family structures are not what they once were, as the demographics of the United States population have shifted with an increase in the sheer number of school-age children, as well as an increase in the number of children who come from racially and/or ethnically diverse backgrounds; some of whom are immigrant children, children living in poverty, and children who are living in stressful and traumatic home environments. Poverty, economic instability, traumatic experiences, and images/messages being pushed through media outlets are just a few examples of the challenges that children face today. Each of the aforementioned challenges individually and collectively tend to weaken familial structures, limit their ability to access services, and ultimately impact the academic performance of children in school.

Family income appears to be more strongly related to children's ability and achievement than to

their emotional outcomes. Children who live in extreme poverty or who live below the poverty line for multiple years appear, all other things being equal, to suffer the worst outcomes and ability to learn, which in turn has a negative impact on appropriate social, emotional, and behavioral skills needed in order to flourish in a learning environment (Brooks-Gunn and Duncan, 1997). Defining poverty is not a simple task; although, it is an important one. The way in which we define poverty determines how we view it, react to it, and plan for its existence in our communities and in our schools (Wong, 2012); however, poverty is most often associated with people who, over time, lack the basic necessities in life, such as: food, clothing, and shelter. A lack of basic necessities affects students through their family, social, psychological, and health and also has the effect of withdrawing children from the social aspect that schools have to offer (Valdez, 2015).

Recognizing that poverty, is not the sole source of lack of student achievement, there are a number of contextual issues that are potential contributors to achievement disparities, as well. Howard and Solberg (2006) suggested that these social and developmental influences may also include racism, poverty, family involvement, access to quality education and just educational practices, personal and cultural identity development, etc. It is also important to note that there are barriers to access of mental health services, both in the school setting and with community based agencies. Family involvement or lack thereof is one of many determining factors in a child's success in school. Family engagement has been a hallmark of Head Start programs across the nation since its inception. A unique component of the preschool program requires activities that promote family engagement, because research supports the importance of family engagement by suggesting that positive relationships with trust built between educators and parents tend to help to improve student performance. A multidisciplinary literature review of over 120 studies found improvements made in children's health and wellbeing, academic skills, social skills, and behavior when they were involved in programs that reinforced family-provider

relational practices (Office of Planning, Research, and Evaluation, 2011). Additional researchers have found that involving families in treatment, regardless of the approach, has been effective in improving academic performance in students, to include those who exhibit violent behaviors, have attention deficit hyperactivity disorder, school refusal/truancy related issues, substance abuse, and other issues that prevent students from accessing their education adequately.

In addition to poverty and a lack of family engagement, traumatic experiences and mental health issues exacerbate the need for students to have easy access to therapeutic counseling and social emotional supports. It has been noted that parents with mental health impairments and those who are under distress for various reasons, including but not limited to economic hardship, have a negative impact on their student's self-efficacy, perceptions of school, and ultimately their academic outcomes (Vanderbleek, 2004). Bronfenbrenner's (1979) Theory of Human Development describes familial and school interactions as microsystems that students are engulfed in due to the fact that they are the immediate environments of the student in which he or she lives, plays, learns, and participates in. The struggle for these young people, is that their two microsystems do not always mesh; therefore, there is both an internal and external conflict with how to navigate them simultaneously.

Students with parents who have mental health illnesses and those who live in poverty are more likely to experience trauma than those who do not live in similar conditions. According to the National Institute of Mental Health (2015), there are many different responses to crisis, but most survivors of manmade and natural traumatic experiences have significantly intense feelings after the event, but quickly recover; others have more difficulty, especially those who have had previous and/or ongoing traumatic experiences, those who are faced with ongoing stress, or who lack support from friends and family.

Social crises, like homelessness, exposure to violence and drugs, and inadequate adult supervision, contribute to the onset of diagnosable mental health conditions and behavior difficulties (Wagner, 1994). The impact of these pressures on children's development is evident in the increasing number of school-aged children in need of psychological/psychiatric intervention for stress-induced symptoms such as: depression, hyperactivity and attention deficit disorders, and substance abuse delinquency (Comer & Haynes, 1995). Post-traumatic stress disorder (PTSD) is one of many mental health issues that students face. Symptoms of such a disorder that tend to impact performance in school include, but are not limited to: a regression in developmental behaviors (i.e. behaving like they are younger than they are), being unable to talk, frequently complaining of stomach problems or headaches, and refusing to go places or play with friends (National Institute of Mental Health, 2015). Expecting students to learn at the rate of their peers and perform on assessments that are rigorous and require critical thinking skills, when they are uncomfortable, hungry, and concerned about the well-being of themselves or their family is unrealistic without meeting their basic needs and providing them with an outlet through counseling support. "Although the problems most visibly and directly affect families with school-aged children, the problem is not limited to them. Society as a whole is paying the price for not intervening in this cycle of social problems that lead to behavioral or emotional difficulties, which in turn lead to school failure, and begin the cycle again (Haynes, 2002)."

Barriers to Accessing Mental Health Support

There are many barriers to students and their families being able to access mental health supports. Research conducted by Owens et al. (2002) shows that many parents do not or cannot access mental health services due to structural and/or perceptual barriers. Structural barriers that families face include: a lack of available services, delays between referrals and initiation of services, lack of insurance or inability to pay for the service, lack of transportation, and schedule conflicts. These

structural barriers are a direct result of a lack of financial resources for the family and a lack of financial, human, and material community resources. Perceptual barriers tend to arise as families do not want there to be a stigma about someone in their family having a mental illness, so they deny the issues which makes it difficult for schools or community agencies to identify students who are eligible for services. Often times families believe that their problems can be addressed without treatment or they have perceptions about mental health services and the providers which creates a lack of trust, student refusals, and a belief that treatment is ineffective; sometimes, due to negative experiences (Vanderbleek, 2004).

A barrier to mental health services being offered and accepted within the school environment is a lack of genuine and positive adult to student relationships. Studies confirmed that low student achievement can result from stressful student-adult relationships, whereas positive relationships can lead to higher levels of student participation and engagement (Ladd, Furrer, & Skinner, as cited in Stronge, 2010, p. 68). It is important for teachers, psychologists, social worker, counselors, and administrators to be transformational leaders in the sense that they need to employ what Northouse (2013) describes as inspirational motivation in working with school-based mental health programs, because they must look at individual and collective student needs in order to motivate the students, their families, and other school staff to be committed to the shared vision. In this case, the vision may differ from the traditional school leader's vision, but may have the ability to dispel some of the misperceptions and myths associated with mental health support. When evaluating teachers based on the type of learning environment that they establish for students, Stronge (2010) posits that, to achieve an engaging and enriching learning environment, "effective teachers establish and communicate guidelines for expected behavior, monitor student behavior, keep students on tasks, and infuse humor, care, and respect into classroom interactions so as to develop a climate that is conducive to student learning" (p. 65). The humor, care, and respect are the components that introduce the humanity back

into teaching and learning. Treating all students with dignity and respect is so vital to their social emotional development and well-being. In order for teachers to effectively work with students who exhibit challenging behaviors, school systems need to empower and equip them with the necessary tools to do so. Analyzation of statistical findings about student achievement and what helps students learn, revealed that classroom instruction and the climate of the classroom were the second most influential to student learning behind the aptitude of the students themselves (Wang, Haertel, and Walberg as cited in Stronge, 2010, p. 67).

Leadership

In order to combat the barrier of poor adult to student relationships and student and family perceptions of mental health services, school and district leaders have to be able to do what Fullan (2001) calls reculturing the school or organization. According to Fullan, “reculturing is the process of activating and deepening moral purpose through collaborative work cultures that respect differences and constantly build and test knowledge against measurable results’ (p. 44). This is necessary in educational constructs as the majority of students who are living in poverty are being taught by teachers who do not look like them and/or teachers who did not grow up in an environment that is congruent to the environment in which the students live. This is why Fullan explains that leading in a culture of change is much more than restructuring or reorganizing processes or staff, it is about creating a culture of change that requires a high energy, relational, leader with moral purpose to model the way.

Kouzes and Posner (2007) describe characteristics of a leader who models the way as one who is able to find their own voice by knowing who they are and allowing their values to guide them. Like Fullan, Kouzes and Posner also posits the importance of shared values, vision, and leadership. Providing social emotional supports in schools with limited financial and human resources and high stakes test requires a leader who will advocate for values that are representative of the

collective in order to mobilize the school community to act as one. In addition to having a shared vision and modeling the way, Kouzes and Posner (2007) challenge readers to encourage the heart of those they are leading. In order to do so, administrators, teachers, and social emotional support providers must expect the best from the students, their families, and one another. Being more than a physical presence, by having a positive presence in the lives of students is possible, when you find out what is encouraging to each group or individual. The most important thread throughout the leadership principals necessary to implement social emotional supports within a school environment, is the leaders ability to carefully monitor that the adults are carrying out the shared vision and that reculturing is an ongoing and reflective act; not merely a stated goal. School districts must provide consistent support to the building leaders and teachers, so that they are inspired to provide consistent support to students and their families.

Proponents of Mental Health in Schools

Although involving families in school-based mental health services has not been a heavily researched topic, a review of the literature does indicate that mental health professionals who are merely aware of the barriers can increase effective service provision and family involvement in the process. (Vanderbleek, 2004). Schools have the advantage of providing social emotional services and connecting students with mental health services, because of their level of access to students who spend a large part of their lives in school. This should allow schools to be the focal point of service delivery in order to foster improved academic outcomes for students. Brener, et al. (2001) indicated that “The first step is to increase education reformers’ understanding of the impossibility of raising student achievement scores without addressing social and emotional barriers to learning. The current view of many schools administrators is that schools are not the appropriate place for mental health interventions and the services take away from education and infringe on family rights and values” (as cited by Venderbleek, 2004, p. 215).

Making school-based mental health or social emotional support services an integral part of school reform requires that district policies are developed and practices are aligned to the policies based on the needs of the population being served, so that educators can begin to understand that education has changed and although the needs of students and families are different and more intense than they were ten years ago, even with an increase in services, we have not been able to keep pace with the increase in social stress factors. Unless or until the available resources exceed the need for services, educational reformists will continue to be forced to pay close attention to this issue and offer realistic and sustainable solutions.

Research also indicates a need for coordinated services and a system of care approach, so that schools, mental health, social services, faith based organizations, and other community based agencies can work together to serve the same families and students (Douglass, 2005). It is imperative that school personnel have the capacity to work within the community to identify mental health needs of students and then work within the confines of their school community to determine how resources should be allocated for their particular population. Dryfoos found that “it is frequently recommended that, in order to satisfy students’ diverse needs sufficiently, a comprehensive services network, i.e. including mental health, medical, and social services, needs to be standard for all schools” (as cited by Haynes, 2002, p. 119). According to Haynes and Comer (1996), the entire community, which the school community is embedded within, benefits from a system of care approach (i.e. integrated services approach). “Students receive expanded learning opportunities, the attention caring adults, and increased motivation to stay in school. Families get increased access to social services and an increased ability to network with child development experts and other parents. The school gets a network of services from which to draw support for learning processes” (Haynes, 2002).

Opponents of Mental Health in Schools

There are not necessarily opponents of mental health in schools, as there are nay-sayers who note the barriers and obstacles to effective programming. The reluctance of school staff to involve families in their child’s service provision was noted due to a public servant’s difficulty with asking parents to focus on the family and take ownership in their wrongdoing or missteps that may be contributing to the student’s issues. Other points made contrary to the potential success of such a program, include: (a) schools tend to rely on other agencies to “fix” a student, (b) school social workers, counselors, and psychologists do not have adequate family counseling training and do not understand the efficacy of the approach, (c) lack of adequate training on identifying social and emotional issues of students within the school setting, (d) schools that do offer such programs, often find them underused, (e) perceptions of students and their families about the stigma associated with receiving counseling and (f) role confusion between school personnel and community based agencies. Despite the aforementioned obstacles to not just school-based mental health, but mental health service provision in general, there is a common thread between the noted stances taken by most educational researchers and educational reformists who agree that services should engage families and they should also meet their needs. There also seems to be some agreement on the responsibility of providers and educators to be sensitive to potential barriers for families and students to include cultural misunderstanding, communication issues, distrust, and the stigma of mental health (National Association of School Psychologists, 2008).

Conclusion

Due to the evolution of the educational system and the impact that our changing society has on it, educators are having to invest more time, energy, and professional development on providing social emotional supports to students, so that barriers to teaching and learning can be reduced or eliminated. There are other factors that contribute to the need for social emotional supports and school-based mental health services, such as increased

student behavior and disparities in suspension and expulsion rates of minority students. As more attention is paid to teacher preparedness, incorporating tiered systems of supports that include teacher support and counseling services provided to students by school-based mental health teams is also important to the academic and behavioral success of our students. Eliminating typical barriers to students' ability to access such services, begins with providing the service in the setting where they spend the most time and ends with sound leadership in schools and public school divisions. As policymakers work to improve the systems of care approach to maximize coordinated services, higher education systems need to better prepare teachers and social workers, psychologists, and school counselors for the challenges that they will face through the lens of the students that they will serve. Further research is necessary to begin to dig deeper into the needs of today's students and the strategic responses to the social challenges that impact student achievement.

References

- American Psychological Association. (2008). Retrieved from <http://www.apa.org/pi/families/resources/children-trauma-update.aspx>
- Bruce, A. Getch, Y., and Ziomek-Daigle, J. (2009). Closing the Gap: A Group Counseling Approach to Improve Test Performance of African-American Students. *Professional School Counseling*, 450-457.
- Brooks-Gunn, J. and Duncan, G. (1997). The Effects of Poverty on Children. *The Future of Children*. 55-71
- Bryant-Davis, T., Ullman, S. E., Tsong, Y., Tillman, S., & Smith, K. (2010). Struggling to Survive: Sexual Assault, Poverty, and Mental Health Outcomes of African American Women. *The American Journal of Orthopsychiatry*, 80(1), 10.1111/j.1939-0025.2010.01007.x.
<http://doi.org/10.1111/j.1939-0025.2010.01007.x>
- Cerio, J. (1997). School Phobia: A Family Systems Approach. *Elementary School Guidance and Counseling*, 180-190.
- Clark, M. and Breman, J. (2009). School Counselor Inclusion: A Collaborative Model to Provide Academic and Social-Emotional Support in the Classroom Setting. *Journal of Counseling and Development*, 6-11.
- Comer, J. & Haynes, N. (1995). School Consultation: A Psychosocial Perspective. *Psychiatry*, 1-3.
- Douglass, N. (2005). Services for Children with Mental Illness: The System of Care approach. *North Carolina Family Impact Seminar*. 29-41
- Haynes, N. (2002). Addressing Students' Social and Emotional Needs: The Role of Mental Health Teams in Schools. *Disability and the Black Community*, 109-123.
- Howard, K., and Solberg, V. (2006). School-Based Social Justice: The Achieving Success Identity Pathways Program. *Professional School Counseling*, 278-287.
- Jenkins, E. J. (2002). Black women and community violence: Trauma, grief, and coping. *Women & Therapy*. 29-44.
- Keys, A. (2014). Family Engagement in Rural and Urban Head Start Families: An Exploratory Study. *Early Childhood Education Journal*, 69-76.
- Kouzes, J. and Posner, B. (2007). *The Leadership Challenge*. San Francisco: Jossey-Bass.
- Lane, K., Wehby, J. (2002). Addressing Antisocial Behavior in the Schools: A Call for Action. *Academic Exchange*. 4-9.

- Messina, K., Kolbert, J., Hyatt-Burkhart, D., Crothers, L. (2015). The Role of Mental Health Counselors in Promoting School-Family Collaboration within the Tiered School-Wide Positive Behavioral Intervention and Support (SWPBIS) Model. *The Family Journal*. 277-285.
- National Institute of Mental Health (2015). Retrieved from <http://www.nimh.nih.gov/health/publications/ost-traumatic-stress-disorder-easy-to-read/index.shtml>
- Northouse, P. (2013). *Leadership Theory and Practice*. Thousand Oaks: Sage Publications, Inc.
- Office of Planning Research and Evaluation. (2011). Family-Provider Relationships: A Multidisciplinary Review of High Quality Practices and Associations with Family, Child, and Provider Outcomes. Washington, DC: US Government Printing Office.
- Owens, P., Hoagwood, K., Horwitz, S., Leaf, P., Poduska, J., Kellam, S., & Ialongo, N. (2002). Barriers to Children's Mental Health Services. *Journal of the American Academy of Child and Adolescent Psychiatry*. 731-738.
- Smith, E. and Harper, S. (2015). Disproportionate Impact of K-12 School Suspension and Expulsion on Black Students in Southern States.
- Stronge, J.H. (2010). *Evaluating What Good Teachers Do: Eight Research-Based Standards for Assessing Teacher Excellence*. Larchmont, NY: Eye in Education.
- Valdez, J. (2015). Effects of Poverty on Children's Education. Nebraska College Preparatory Academy Senior Capstone Projects. Digital Commons at University of Nebraska - Lincoln. Paper 23.
- Vanderbleek, L. (2004). Engaging Families in School-Based Mental Health Treatment. *Journal of Mental Health Counseling*, 211-224.
- Wagner, W. (1994). Counseling with Children: An Opportunity for Tomorrow. *Counseling Psychologist*, 381-401.
- Wong, Ovid. (2012). High-Poverty, High-Performing Schools. New York, NY: Rowman & Littlefield Publishers.