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## Importance of Mental Health Awareness in Schools

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**Abstract**

We all have different experiences and beliefs that shape our perspectives and impact our mental health. The concept of mental health exists in Western civilization but is absent in others, so it is important to be sensitive when discussing the terminology of mental health by itself. There is ample evidence of a disproportionate amount of mental health issues among people living in low-income areas due to lack of resources in these communities. In fact, mental health resources are disproportionately accessible to white, affluent individuals in Western civilization. This senior capstone research project is intended to find ways to reach new audiences and for future trends of mental health to provide equity and open up new avenues of understanding this concept.

*Keywords: mental health, mental hygiene, mental illness, emotional intelligence, therapy, psychology, K-12 education*

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### **Introduction and Background**

Perceptions and understandings of mental health have evolved throughout American history. From early accounts, people with mental illnesses were institutionalized and pushed away into dark corners of society. “Once inside these facilities, people simply weren’t given the opportunity to leave, no matter how much they might want to do so. In addition, some of these facilities had terrible procedural rules that allowed people with illnesses to be treated in ways that were unspeakably cruel” (Foundations Recovery Network, 2020). “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood” (Centers for Disease Control and Prevention, 2018). Mental hygiene is a concept under the umbrella of mental health and has turned into a movement during the 20th century. This movement promotes maintaining mental health and preventing the development of psychosis, neurosis, or other mental disorders. “At first its aim was to improve the care and treatment of people in mental asylums. But the movement's instigator, and one time mental patient, Clifford Beers was soon persuaded by influential allies in medicine and psychology that the movement should focus on the prevention and early treatment of mental problems” (Toms, 2010).

“Mental illnesses are conditions that affect a person’s thinking, feeling, mood, or behavior” (Centers for Disease Control and Prevention, 2018). It’s important to note that someone can experience poor mental health without being diagnosed with a mental illness. Although there is not one single cause, mental health issues can arise due to a variety of reasons. Some of these factors include: early adverse life experiences such as trauma or abuse, chronic medical conditions, biological factors such as genetics, and use of alcohol or drugs (Centers for

Disease Control and Prevention, 2018). There are quite a few signs that a child may be experiencing mental distress. Some of these signs include but are not limited to: problems in school, changes in appetite or sleep, social withdrawal, reverting to behaviors from when they were young, self-destructive behavior, and persistent thoughts of death (U.S. National Library of Medicine, 2018). Oftentimes, people with mental health issues experience comorbidity which occurs when two illnesses or disorders are present at once.

With the understanding of mental illness and the strive for mental hygiene it's important for educators to understand ways to contribute to helping the cause. A way to do this is by teaching children something that is referred to as emotional intelligence (EI). EI is one's ability to perceive, integrate, understand, and manage emotions. This ability "comprises a set of four emotional skills including accurately perceiving emotions, integrating emotions with cognition, understanding emotional causes and consequences, and managing emotions for personal adjustment" (Schneider, Lyons & Khason, 2013). These skills build from the ability to perceive emotions and then the ability to manage them. Perceiving emotions helps to differentiate between hospitable and hostile situations. Using emotions to enhance thinking include altering emotion to redirect cognitive processes, obtain new perspectives, and enhance problem-solving or creativity. Emotional management is then the ability to be open about our feelings and use them to facilitate growth. EI is an especially beneficial tool to have during times of duress. "It has been linked to actively coping with stressors, lower subjective work stress, and a beneficial moderator of the link between stress and health" (Schneider, Lyons & Khason, 2013). Studies suggest that EI may foster resilience. EI gives students tools to understand their own minds and allows them to securely express their thoughts and emotions. It also gives them healthy techniques to help cope and self-preserve during stressful times.

I chose to do my research on the topic of mental health because, at this moment in time, it seems like mental health resources are disproportionately accessible to white, affluent individuals in Western civilizations. I hope this paper finds ways to reach new audiences and to bring about the importance of a healthy mind. I wish for the future trends of mental health to provide greater equity and open up new avenues of understanding this concept and to bring peace of mind to struggling students.

The primary research question I chose as the driving force for this project is: How is mental health awareness important in schools? The secondary research questions I propose are: What are the procedures or guidelines for teachers working with students with mental health issues? Are there mental health service programs available at the school level? If so, who allocates the funding for these programs? Who runs the mental health programs? Are there any cultural differences in regards to mental health? If so, how do educators address these differences? Are students aware of the mental health services that are available at schools and how do they access them? What happens to students who are not aware of mental health services? I hope that these questions will guide me in my research in discovering the true importance of mental health awareness among our youth.

## **Literature Review**

### **The Historical Development of Mental Health**

The concept of mental health has come a long way since the last century. The beginning of this century alone marked great advancements in the mental health community. But those who encountered mental health issues haven't always been met with compassion. Historically, people who struggled to attain mental hygiene were stigmatized and treated inhumanely. Many mental

health pioneers such as Philippe Pinel, Benjamin Rush, Dorothea Dix, Nellie Bly, and Clifford Whittingham Beers paved the way for modern day mental health professionals. This has led to reforms and laws put in place to protect those with mental health issues and to help them rather than hinder them.

At a certain point in our history many people labeled those with mental health issues as “insane.” Instead of offering therapeutic services they were institutionalized. In 1247, Bedlam was the first asylum for the mentally ill in England. The word “bedlam” came to be used generically towards all psychiatric hospitals and used synonymously with the word “uproar” (Augustyn, Bauer, Duignan, et al., 2013). During the 15th through the 17th century, many people even believed that those with mental health issues were possessed by demons. The concept of demons is present in many religions and has thus sparked many people of faith to automatically assign a mentally ill person as possessed.

In 1792, a man named Philippe Pinel became the chief physician at the Paris asylum for men, Bicêtre, and he challenged the equation of mental illness to demonic possession. “Pinel regarded mental illness as the result of excessive exposure to social and psychological stresses and, in some measure, of heredity and physiological damage” (Augustyn, Bauer, Duignan, et al., 2013). Pinel favored treatments that included, close and friendly contact with patients, discussion of personal difficulties, and a program of purposeful activities. He demanded dignity for those who struggled with their mental health and was the first to introduce humane methods into the treatment of the mentally ill (Augustyn, Bauer, Duignan, et al., 2013).

During this same time in the United States, attitudes towards mental illness were beginning to transform as well. During the 1790s a man named Benjamin Rush was given the title “father of American psychiatry” and much like Pinel, he also believed that mental illness

was a disease of the mind and not due to demonic possession. Rush believed that these issues of the mind were caused by an arterial disease which caused inflammation in the brain. He designed the “tranquilizing chair,” which “was supposed to control the flow of blood toward the brain and, by lessening muscular action or reducing motor activity, reduced the force and frequency of the pulse.” These chairs did neither harm nor good (Penn Medicine, 2017).

In the 1840s, a social reformer named Dorothea Dix was “dedicated to changing conditions for people who could not help themselves — the mentally ill and the imprisoned. Not only a crusader, she was also a teacher, author, lobbyist, and superintendent of nurses during the Civil War” (Learning to Give, n.d.). Dix played an instrumental role in implementing over 30 hospitals to help treat the mentally ill. It has been speculated that Dix herself struggled with depression which would explain why she was so passionate about advocating for people who had been diagnosed as mentally unstable or insane (Parry, 2006).

In 1887, an American writer and journalist who went by the pen name Nellie Bly posed as a mentally ill woman for a newspaper assignment. Bly did this in order to gain a better understanding of what was happening behind the walls of these institutions. She embedded herself at the Women’s Lunatic Asylum on Blackwell’s Island to bring public attention about the brutality to which these patients were being subjected to. Bly wrote about what she witnessed in her exposé, titled *Ten Days in A Mad House*. “What she witnessed there — cold baths, forced starvation, beatings, the hovering threat of sexual assault, and a general atmosphere more akin to a concentration camp than to a healthcare establishment — is a timelessly tragic parable for what happens when largely arbitrary circumstances render one group of people helpless and another in power” (Popova, n.d.). Once in the institution, Bly made no attempt to keep up the assumed role of insanity but yet everyone still treated her as if she were incomprehensible. There was one



person who did treat her with dignity in which she noted she would not soon forget. “Bly was a true believer in the human spirit and noted, amidst the cesspool of cruelty, the kindness of the few individuals who chose to rise above the poisonous atmosphere that turned others into monsters” (Popova, n.d.). Bly even noted that many women in the asylum were foreigners and were unable to accurately explain their situations to local authorities. Bly’s contributions to mental health awareness gave society a deeper look into the cruel mistreatment that was occurring towards innocent human beings (Popova, n.d.).

In the early 1900s, experts were hard at work trying to figure out what was causing these mental disturbances in people. From the 1930s to the 1950s practitioners began heavily researching cures for these illnesses. Sigmund Freud took part in this research by offering a new approach to therapy known as psychoanalysis. Freud believed that people could be cured by bringing their unconscious thoughts and motivations to the forefront. The aim of this therapy is to release repressed emotions and experiences (McLeod, 2002). Chemists began to get involved in this research and various powders and pills were created to calm imbalances inside the brain. Medications like lithium were introduced to help soothe people with very severe cases of bipolar disorder. Antipsychotic medications were capable of helping people with schizophrenia. This was also during a time when the number of people hospitalized in institutions due to mental illness had reached staggering heights. In these institutions the treatment of people was standardized, impersonal, cold and insensitive. “There were 187,454 persons in institutions for the insane in this country. This number exceeded the number of students in all the colleges and universities in the United States. It exceeded the number of officers and enlisted men in the United States Army, Navy, and Marine Corps, and also the population of Columbus, Ohio, our twenty-ninth city in size” (Salmon, 2006). This sparked a lot of discussion about what needed to

be done to address the situation and to help an entire population of forgotten people. There was a push for deinstitutionalization and in the 1950s experts began moving people out of institutions and into communities. Unfortunately, communities were not prepared for this onslaught of people and many struggling with their mental health were placed in situations not much better than the hospitals themselves. There weren't many programs to support this population of people which caused them to slip through the cracks and forced many of them to make a life on the streets. "In one study of the issue, conducted in 1988, researchers found that 28 percent of the homeless people they studied had a diagnosable mental illness" (Foundations Recovery Network, 2020).

Today's modern day mental health movement got its start by a man named Clifford Whittingham Beers. Beers is credited for the creation of the term "mental hygiene." Beers himself had been institutionalized for three years where he experienced mistreatment. He challenged the stigmas associated with mental illness and promoted mental health. "In 1909, Beers launched the National Committee for Mental Hygiene, which spearheaded legal reforms in several states, provided grants for research into the causes of psychiatric disorders, and funded training for medical students. The organization also published the quarterly magazines *Mental Hygiene* and *Understanding the Child* to raise public awareness of mental health issues" (Parry, 2010). His efforts resulted in the introduction of guidance counselors in US schools and the inclusion of evidence of a defendant's psychological state law courts (Parry, 2010).

After World War II, many soldiers were coming home and experienced post-traumatic stress disorder (PTSD). "PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event" (Brain and Behavior Research Foundation, 2020). Many

people with PTSD often feel stressed or fearful even when no danger is present. This occurrence caused alarm among the general public and stimulated further interest in mental health.

A contemporary issue in the mental health movement is lack of resources and support for people in low-income areas. The 1961 Joint Commission's report revealed that many children living in low-income communities were suffering due to lack of resources for their mental health. At this time, not many people understood what this meant nor were there funds or programs established to help support those living in these communities (Levine, 2015). Nonetheless, this was the first time in our country's history that the link between poverty and mental illness had been addressed. Many of those in these situations were forced to live in crowded housing situations located in neighborhoods with higher rates of crime. It's become apparent that these conditions can create disruptions on a child's development and increase their risk for adverse mental health problems (Black, 1998). A report from the U.S. Department of Health and Human Services indicated that between 5% and 9% of children in the United States are not reaching their full academic potential due to unaddressed emotional and behavioral problems (Ballard, Klimes-Dougan & Sander, 2014). Poor living conditions can consequently cause higher levels of distress amongst individuals living in these areas which ultimately calls for more readily accessible mental health services. Providing inclusive help for all students with mental health issues despite their background or culture is extremely important. This is key because many students who do not receive this help end up falling through the cracks. Ironically, no special efforts had been put into place to train individuals to work within these populations (Levine, 2015).

### **Today's Approach to Mental Health in Schools**

People with mental health issues are treated with far greater levels of respect and dignity as compared to how they were treated in the early 1900s. Nowadays, mental health is seen as a community effort and many people are encouraged to seek therapy. By 1963, the Community Mental Health Act was passed on the basis for deinstitutionalization of our state mental hospitals and to shift the care from hospitals to communities (Levine, 2015). The programs in this act consisted of community-based approaches to therapy that were novel ideas at the time.

Community-based interventions are characterized by “total community involvement” which calls for deliberate, systematic engagement of community members. In this approach, elements such as facts, norms, and logic are no longer thought to be obvious. Instead, they are embedded in layers of interpretation and cultural practices. Within community-based approaches there is this concept referred to as constructionism which understands that people and communities construct their realities and the subsequent health-related norms that go along with these realities (Murphy & Rigg, 2014). A community-based approach to therapy is the focal point for most programs that we see today.

The approach to mental health and the ways that people get treated differ from culture to culture as well. This idea is dominant in Western philosophies but not present in other cultures. Therefore health and human service organizations are recognizing the need to enhance and expand services for culturally and linguistically diverse populations. This requires mental health care professionals to have an understanding of cultural competence which are a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross cultural situations (National Prevention Information Network, 2015). Cultural competency requires mental health care professionals to truly value the

cultural beliefs of their clients. It's a practice put in place to improve quality of care and an effort to ensure that treatment is lasting. There is another group of individuals called "cultural brokers" who bridge the cultural divide between patient and professional. They are used to help practitioners negotiate their encounters with diverse belief systems related to health (Murphy & Rigg, 2014). We are in an age where the community-based approach has been taken further and there is an understanding that different communities have different needs. These approaches have helped to bring about a more humanistic approach to the treatment of mental health disorders and to bring dignity to patients.

Many organizations and agencies exist today to help people struggling to obtain mental harmony. In 1950, the International Committee joined with the National Mental Health Foundation and the Psychiatric Foundation to create what is known today as Mental Health America (MHA). MHA was founded by Beers in 1909 and "is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all Americans" (Mental Health America, 2020). The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders and is a component of the U.S. Department of Health and Human Services. This group is dedicated to research focused on understanding and treating those with mental health disorders (The National Institute of Mental Health, 2020). The National Alliance on Mental Illness (NAMI) is an organization that, "envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares" (The National Alliance on Mental Illness, 2020). NAMI provides education and support to all those who are affected by mental illness. The American Foundation for Suicide Prevention (AFSP) is dedicated to saving lives and bringing hope to those affected by suicide. AFSP is "a nationwide community

empowered by research, education and advocacy to take action against this leading cause of death” (American Foundation for Suicide Prevention, 2020). Organizations that do not directly deal with mental health but offer assistance for those who may be struggling include, the National Institute of Child Health and Human Development, the Veterans Administration, the Department of Education, the Social and Rehabilitation Service, and the World Health Organization.

Although many people now have a better understanding of those who struggle with their mental health there are still skeptics. One prominent figure who held the idea that mental illness is a myth was Thomas Szasz. He believed that mental illnesses should not be classified as diseases. “Arguing in *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* that they are merely ‘indirect forms of communication’” (Benning, 2016). Szasz carried the belief that “only physical illnesses are real and that mental diseases are ‘counterfeit and metaphorical illnesses’” (Benning, 2016).

### **Future Trends for Mental Health Research**

There seems to be a more collective understanding and recognition of the correlation between adverse childhood experiences and adult mental health. With that being said, more research is being done to see the links between these things. “Studies have demonstrated that there is a strong link between cumulative exposure to childhood abuse and household dysfunction and a range of adult health problems and diminished health-related quality of life” (Wu, Schairer, Dellor, et al., 2010). There’s more concern for children’s experiences and many are starting to realize just how much of a determinant it is of healthy or poor mental health.

The drive for helping people with their mental health has become more popular due to the realization that many mental health issues carry underlying physical health issues as well. For

instance, “Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease” (Centers for Disease Control and Prevention, 2018). Similarly, chronic conditions can increase the risk for long-term mental impairment. The link between physical and mental health is becoming clearer and professionals are actively trying to help people who are experiencing one or either of the two.

This historical background provides us with a framework of knowledge that is needed in order to understand where to take future trends of mental health research. The next section provides research that I have conducted in the field and synthesizes two teachers' perceptions and beliefs about mental health awareness in schools.

## **Methods and Procedures**

### **Participants and Materials**

In order to gain an inside perspective in mental health awareness in school I decided to interview two teachers. The first teacher I interviewed will be referred to as Teacher A. Teacher A has been teaching high school English for about fifteen years. Along with teaching English, he is also the yearbook teacher as well as the cheerleading advisor. He takes on many roles and has much firsthand experience witnessing students with mental health issues. The second teacher I interviewed will be known as Teacher B and she is a third grade elementary school teacher. I chose to interview one teacher from both the elementary and high school level so I could compare and contrast between the mental health differences between age groups. The interview questions I created are aimed to answer my primary and secondary research questions. (See Appendix A for teacher interview questions).

Both of the interviews that I conducted were done over the phone. They each lasted about twenty minutes. Each of the teachers were courteous enough to fill me in on the awareness or in some cases, the lack of awareness of student mental health in schools. I took time with each question and practiced active listening skills by letting them fully explain their views and opinions on student mental health in education.

## **Results and Discussion**

### **Results**

Having the historical context as well as firsthand research experience in the field has helped give me a better idea of what still needs to be for the mental health community. My research revealed that students struggling with any sort of behavioral or mental disruption in K-12 education go through a process in which many of them receive Individualized Educational Plans (IEP) that are aimed at providing them with equal tools and resources to a fair education. It seems as though the more concerning students are the ones who are not assigned IEP plans. These students usually encounter mental health issues but since these issues are not glaring enough they usually do not receive the help that they need.

Throughout the course of my interviews with both teachers, I came to find that there are many resources for students struggling with their mental health in schools. If a student is showing signs of mental disturbances their teachers can recommend setting up a Student Study Team (SST) meeting. These meetings involve teachers, principals, school psychologists, parents, and administration that come together to assess the student and decide if that student requires additional academic resources. If they do then they will be assigned an Individualized Educational Plan (IEP) which follows the students from school to school, district to district to



district, until they graduate and sometimes even support the student after they graduate. Teachers are taught to use their best judgement when deciding if a student requires an SST meeting. There are also times when teachers have a hunch that something is wrong with a student but do not have any evidence for these claims. In these cases it is best to air on the side of caution and perhaps ask fellow colleagues about their take on a certain student. Either way, teachers are mandated reporters and are required to relay any indications that a student is being abused or neglected.

An issue that both teachers pointed out that seems to arise often is giving help to students who may be struggling but do not have glaring enough issues to be given an IEP. These students are harder to pinpoint because it can be difficult to tell if a child is withdrawing simply because they're tired or because they're acting out due to a situation at home. In the case of adolescents, it can be hard to tell if an issue is clinical, due to substances, or just something that will get better with time. These students tend to fall under the radar because teachers are not fully aware of their needs. Many schools, especially at the elementary level, push for positive behavior incentives which are the alternative to punishing students for doing something wrong. Instead of punishing students, these methods reward students who are modeling appropriate behaviors.

One major difference that I found in my research was that the approach to mental health in elementary schools and high schools was far different. This is probably in part due to the fact that the schools are located in two completely different communities as well as the students in these communities are of different age groups. It's also important to keep in mind that these are just two teachers out of the vast population and they do not represent the whole in any way. The differences that were observed is that the teacher from the elementary school level reported that she doesn't think that students or parents are explicitly told about the mental health services

available to them at schools. She suggested that many of the parents don't find out about these resources until they ask the teacher or other school staff. Whereas, the teacher from the high school level discussed how mental health is a topic talked about pretty openly at his school. The reason for this is because in recent years his school has conducted anonymous student surveys which indicated many students felt sad. Many efforts since have been made to address this issue by teachers remaining transparent and open in regards to the topic. Teacher A even discussed how parents are sent notices home about mental health programs available at their school. These fliers remain inclusive by providing the information in multiple languages.

### **Discussion**

It is clear that because of pushes in recent years for mental health awareness that schools have welcomed therapeutic approaches to these issues. One major difference between Teacher A and Teacher B is that it seems like high schools are utilizing mental health resources more readily than elementary schools. This could be due to the fact that students in high school may be at the age where they themselves are experiencing mental health problems.

An issue with parents having to ask teachers for mental health resources rather than being given them from the start is that usually by this time, their child has already exhibited signs that they were suffering from some sort of mental disruption. Schools who openly advertise and promote mental health provide prevention techniques for their students. These prevention techniques are something I believe need to be utilized more often in current mental health programs. An issue that arises here is when schools are not able to allocate funds for these services. This is more often an occurrence that is seen in low-income schools but is problematic because it fails at providing resources to vulnerable students.

Overall, teachers and professionals in the field of mental health should continue to push for funding and programs that educate children on their mental health. These can be community-based programs that offer effective techniques towards gaining emotional intelligence.

### **Problems and Limitations**

Initially, I had also planned on conducting interviews with a middle school teacher and a principal but COVID-19 caused cancellation of those interviews. COVID-19 emerged in late 2019 and was characterized as a global pandemic by March 2020 (Horesh & Brown, 2020). This pandemic has led to counties around the country issuing shelter in place orders which seek to accomplish a more rigorous form of social distancing. The goal is to limit the amount of groups congregating together in hopes to slow the spread of the virus while experts try to find a vaccine (County of Monterey Health Department, 2020). Another limitation to my research was that all of the teachers had agreed to pass out anonymous student surveys to 25 of their students. Since the school shutdowns, the possibility for this happening was eliminated. I think that having the data from the two other interviews that got cancelled as well as the student surveys would have been able to give me a broader view on the reality of student mental health in our schools today.

Currently, times are stressful and we will most certainly see negative impacts on certain individuals mental health. Evidence shows that events such as COVID-19 can cause traumatic stress in many people. Parents and teachers can help children cope through this crisis by encouraging them to express their feelings about the events as they happen and to continue to talk about what they went through after. Children who do not have outlets for this expression may start to act out due to sadness or anger, especially children directly impacted by COVID-19 (Centers for Disease Control and Prevention, 2019). Overall, these were unavoidable problems I encountered while conducting my research for Capstone in Spring 2020.

It's important to note that we are collectively experiencing what many experts in psychology and mental health predict will have massive negative impacts on our communities mental health. There are many professionals in the mental health field who specialize in trauma and offer ways to support students going through a traumatic experience. The Coronavirus-19 (COVID-19) crisis is a new kind of traumatic event with highly unique characteristics that call for fresh perspectives on what deems something as trauma (Horesh & Brown, 2020). Aside from this event, it has been reported that 20-50% of American children are victims of trauma within their families, at school, and in the communities. Negative effects from trauma include mental disruptions such as: posttraumatic stress disorder (PTSD), anxiety, and depression. This exposure to trauma has been shown to cause impairment in students' school functioning. It's important as educators to adjust the language from using words like "trauma" and replace them with words like "stress" instead. Mental health terminology can feel very threatening and doing this can help to reduce stigmas around it (Langley, 2013). Most of the students are going to feel some sort of effects from this crisis. It's important as educators to be prepared and have a well thought out plan of action to help students work through these issues.

### **Recommendation**

We are in a time where technology is cutting edge and seems to be at the forefront of everything. With that being said, it might be in the best interest of the mental health community to incorporate methods that effectively utilize technology. The idea of mobile mental health can be expanded and apps should be developed that offer people a deeper and more personalized form of therapy that they access from the comfort of their home. I believe that an issue that currently exists is that many people want to receive help but do not have the means to. Mobile mental health would open up care to individuals who do not have insurance or access to

transportation. Expanding more mental health resources online would offer service to more people at a lower cost.

Another recommendation I offer is for educators and administrators to be required to attend a course that educates them on mental health. This course would be required to take while completing a teaching credential. It would provide educators and administrators with the therapeutic tools to help students with their immediate mental health needs. This doesn't mean that teacher's become therapists for the students but rather it gives the teachers better tools that they can pass down to their students.

There are plentiful resources readily available for teachers to use to be able to provide their students the tools for healthy coping mechanisms. It's important to remember that the youth being taught will one day be adults who work, vote and contribute to society. It is our duty as educators to help them understand their emotions and to mold compassionate and emotionally intelligent human beings.

### **Conclusion**

Many efforts have been made in recent years to address the importance of student mental health in schools. Our current programs utilize community-based approaches that are beneficial because they allow the community to create the environment in which they want to heal. The reality of this is that there are still challenges that remain, including identifying, understanding, and treating the vast array of mental health issues. Another challenge would be to continue to eliminate the negative stigmas associated with mental health issues. It's predicted that many mental health issues will be exacerbated by the pandemic we are currently facing. It will be up to the mental health care professionals working in close coordination with those on the front lines

of this important issue — those such as teachers, parents and civic leaders — to ensure that each child receives the help he or she needs in order to succeed and flourish.

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**Appendix A**

## Teacher Interview Questions:

1. Are there any guidelines or procedures that teachers at your school are supposed to follow when dealing with students with mental health issues?
  - a) Does your school offer mental health support services for students? If so, where does the funding for these services come from?
  - b) Who runs the mental health programs? Are there different qualifications one must have to be able to run these programs?
2. Do you think that students and parents are fully aware of the mental health services available to them at school?
3. Do you notice whether there is any impact on students who are not aware of mental health services in your school? What do you think happens to students with mental health issues who do not seek help?