Mentally Healthy Schools

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Headlines proclaiming school tragedies of Columbine High School in Littleton, Colorado in 1999 and more recently at Sandy Hook Elementary in Newtown, Connecticut in 2012, have elevated the concerns for the safety as well as the emotional and mental well-being of students. As a result of those and other similar tragedies, the treatment and prevention of mental illness has taken on added importance in our schools. Communities as far away as New Zealand and elsewhere have documented the high levels of psychosocial distress, depression, suicidal ideation, and suicidal behavior (Adolescent Health Research Group, 2003; Waters et. al., 2001). As a result, educators have been searching for answers and ways to address the mental health needs of students. For Dickinson, Neilson, and Agee (2004), developing mentally healthy schools “requires innovation, partnerships, collaboration, and, above all, passion and commitment to the healthy development of young people” (p. 34).

The purpose of this paper is to describe what one Texas high school has done to address the needs of students from varied backgrounds and needs. An important part of having healthy schools is having mentally healthy schools. In promoting the mental wellness of the nation’s young people, Murphy and colleagues (2014) have said, “The distinction between physical and mental health is both artificial and harmful” (p. 3).

A mentally healthy school starts with a philosophical shift in thinking that results in a real change in actions. Schools must embrace the idea that we influence young people through education, because in reality, we don’t simply teach academic subjects. This issue is much like the phrase quoted by almost every educator today, “All children can learn.” In some version, that phrase is found in the mission statement of almost every school system in the United States. If we truly believe that statement, then why doesn’t it happen? As a society, most fundamentally agree with that idea, but there are two primary and related issues that prevent widespread implementation. First, we hold competing values. For example, on one hand we value an orderly and respectful culture and if a person chooses to break the rules of society they must accept the consequences. If we uphold our value of discipline and order in a strictly punitive manner, however, the result is oftentimes the over use of in and out of school suspension and expulsion as disciplinary tools. On the other hand, we must protect all students from harm and provide for safety and security. A mentally healthy school must work to accomplish both. Schools often have a tendency to expect subordinates, i.e. students, to demonstrate great respect to adults without adults modeling that same behavior and we regularly fail to implement concrete changes in systems to support our philosophy. So when we say that “all children can learn”, our actions frequently reflect the idea that “Most students who sit quietly and passively engage in class activities, can learn.”

So, while most students can do a pretty good job of following the rules of schools and society and learn from “normal” consequences, what should or could we do differently with those who do not or cannot respond to our established systems? When students cannot or do not respond in an expected manner, schools frequently impose a simple response and repeat the imposition of the same consequences. A vicious downward spiral is the result. Albert Einstein is noted for saying, “The definition of insanity is doing the same thing over again, but expecting different results.”

A mentally healthy school embraces and values the uniqueness of each student and willingly accepts the responsibility to help students become successful adults. Simply put, if the systems of teaching and behavior management do not work with a particular student, then educators must search for ways that will effect change with that student. Such thinking represents a major philosophical shift for many schools and it is the foundation of a mentally healthy environment. A mentally healthy school sees young people as people. Adults model the behavior expected and seek to implement concrete actions to support those who cannot respond to generally accepted behavior management techniques.

Mental Health Issues in Schools
When it comes to addressing mental health issues in schools, our actions suggest that we attach a negative stigma to mental illness. It may actually be in a similar
place as ethnic and gender equity issues of fifty years earlier. Today, we correctly equate the use of racial or gender slurs with ignorance and bigotry and our society in general views such statements negatively – yet we commonly disparage the mentally ill without the realization that demeaning statements translate into devastating consequences for real people. Words like “crazy”, “schizo”, and “psycho” are used without thought in our general vocabulary. Even spell check recognizes the word “psycho.” Horror movies feature a “psychotic” killers and the public accepts it as entertainment. Would the public be as willing to accept a movie portraying an ethnic or gender group in the same light? In order to address mental health issues in schools, it is important to understand this reality and ask ourselves, “Are we perpetuating such negative stereotypes relative to the mental health of our students?”

A campus administrator may only see only a fraction of the mental health issues students deal with on a regular basis because they are hidden. Many students and families, for good reason, are hesitant talk with anyone about their struggles for fear of being labeled and ostracized. This fear of labels is important to understand. When children are young, we more readily identify and accommodate for cognitive disabilities, but major mental illnesses are not the same. They often do not manifest symptoms until the teenage years at the earliest. As seemingly healthy students enter that often difficult period of puberty, they begin to act differently. Some of those differences can be attributed to mental illnesses that progress slowly, with symptoms that are often masked as simple behavior issues and therefore go untreated. Experience has shown that, the most common illnesses identified have been: depression, bipolar disorder, obsessive compulsive disorder, eating disorders, oppositional defiant behavior disorder, and the spectrum of schizophrenia. Experience has also shown that when a school creates a mentally health environment, more students and families than first expected will come forward seeking help.

Supports for Students
One high school in Texas has embraced the philosophical position of a mentally healthy school. Frequent conversations with staff members over an extended period of time have helped build an environment where student needs are the first priority. The school has been careful to select new staff members who embrace this idea and then invest significant resources into training that supports student centered education. With that foundation, concrete actions and protocols have been implemented that support students and their individual needs. The campus has adopted a three tier model suggested by the Center for Mental Health in Schools (2014) that emphasizes prevention, early intervention and treatment when needed. In keeping with this model, the campus has arranged a pyramid of services that range from broad based concern and care for students in daily interactions to specific and individualized intervention and support. In general:

- The campus is student centered and recognizes that student needs are of primary concern.
- Positive mental health messages are frequently broadcast and distributed through the school’s Media Department.
- Student leadership organizations strongly promote the value of service to others.
- Student groups and faculty leaders promote the celebration of differences and acclaim diversity as a matter of school pride and strength.
- Academic achievement and behavior management are separate issues. Academic penalties are prohibited as a behavior management tool.
- Extra-curricular clubs and activities are recommended and encouraged for all students. Support for this initiative requires a commitment from all staff members. As a condition for selection, all new faculty members promise to sponsor a student group. Experience has shown that students involved in such activities are significantly less likely to become involved in negative behaviors.
- Faculty members mentor students identified with more serious needs. Community mentors are recruited for some students.
- An academic grade of zero, is not actually an academic measure. It is a behavior and should be treated as such. Consequently, behavioral management techniques are used with students who do not complete assigned work. Those techniques include academic tutoring and support; but refusal to do work is not an option and cannot be ignored.
- Academic support is supported with extended tutorial hours in an effort to keep student learning on track. Students who experience academic success are more likely to be emotionally healthy.
- Long terms of suspension and in school suspension are prohibit-
Parents are enlisted to support interventions and are and used for after school and Saturday detention as a primary consequence for day to day behavior management. Students who continue to exhibit behavior issues after these methods are used are referred to our Student Service Center for more extensive help.

- A Student Service Center has been created to provide a wide variety of student services and includes a number of common functions such as Free/Reduced lunch applications, bus token assistance, and mentoring. Students enter one door and see one person privately to talk about their needs. This process is designed to reduce any stigma associated with the services provided. Care is taken to avoid signage and references to psychological services or drug/alcohol intervention. No one knows if students go into the SSC to get a bus token or to tell someone they are struggling emotionally. Students speak to the SSC Director in confidence and are then connected with specific help. Students may self-refer, or be referred by teachers, other students, and by administration when regular behavior management techniques are not effective.

The uniqueness of the SSC can be seen in the services provided which include:

- A 45 – 90 successful day drug and alcohol intervention program that includes daily group therapy with a Licensed Chemical Dependency Counselor, Positive Peer Group participation, random drug testing, and family counseling.
- A 15 successful day behavioral intervention program for students that have not responded well to previous disciplinary efforts, including daily individual behavioral therapy with a Licensed Professional Counselor and an evaluation to determine if more extensive services are needed.
- A connection point to all community based services in the county in addition to an extensive network of private mental health and drug and alcohol intervention service providers.
- Regularly scheduled support groups that focus on issues of depression, suicide, grief, mental illness management, and drug and alcohol intervention.
- Intensive case management by Licensed Social Workers with a purpose of teaching students how to manage and advocate for their own needs. This includes case management services offered to any student in need for at least two years after graduation to continue the effort to help them become their own advocate.

Improving Mental Health of Schools

If educators are serious about improving the mental health of schools, school leaders must seek out and have a private and confidential conversation with a real family of an individual suffering from a severe mental illness. The local branch of the National Alliance for the Mentally Ill, NAMI, would be good place to start. School leaders need to imagine that their child or loved one has a mental illness. With that understanding, educators should stand in the middle of the school cafeteria during a normal lunch time and, while watching the students they serve, understand that some of them currently suffer from or will suffer from a mental disorder. Finally, with all of those experiences, educators need to examine their school – its culture and practices. If their own child suffered from the mental illness of the family they have visited, would the school they are in charge of be a good place for such a student? It has to be that personal. A mentally healthy school embraces the fact that students are wonderfully unique and accepts the responsibility to help them grow to be healthy, educated, and responsible adults. The school must be willing to differentiate for that individuality and embrace systems that attempt to shape rather than break.

References


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