How Schools Can Support Students with Mental Illness

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How Schools Can Support Students with Mental Illness

by

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Abstract

This project seeks to critically examine how schools can increase support of students with mental illness with the goal of increasing student achievement and success and minimizing rates of suicide. Given that suicide is the third leading cause of death of people under the age of twenty-five and that mental illness is the common precursor to this violent act, schools provide the best arena to prevent and treat students who are battling mental illness. The most significant question that this project seeks to answer is how can administrators, counselors, teachers, and students work together to identify and support students with mental illness in positive, proactive and effective ways.
Chapter 1

Introduction

The fact that young people can be negatively affected by and diagnosed with mental illness is not a new issue in the United States. As the authors, Green, McLaughlin, Alegria, Costello, Gruber, Hoagwood, Leaf, Olin, Sampson and Kessler point out:

Adolescents with psychiatric disorders are consistently underserved by the US child mental health services system. Among those who do receive services, schools are the most frequent providers and are gateways to additional services…the Institute of Medicine have specifically called for schools to enhance their early identification methods, recognizing that whether, and how quickly, youth with psychiatric disorders connect with services has considerable implications for the trajectory of mental health care and subsequent psychiatric and educational outcomes. (2013, p. 501)

Given this statement, the need for effective strategies for teachers, counselors and students to both identify and teach coping skills to students with mental illness is imperative. Valerie Hardy asserts that “as the focus on academic achievement has increased, many schools have seen initiatives and programs focused on mental health prevention and intervention dwindle” and this reflects a sad state
of affairs for youth who are struggling not just with academics but debilitating symptoms of mental illness (2014, p. 11). This paper explores how school systems can implement programs like wellness programs and address individual coping plans to assist and support students struggling with mental illness. This paper seeks to show the value increasing awareness of mental illness within schools while at the same time teaching acceptance and kindness to create a school culture that prevents suicide and unhealthy behaviors and actions. Further this paper’s research underpins the importance of strengthening communication between school counselors, teachers, parents and recovery/wellness centers in the community.

**Problem Statement**

The issue of identifying and treating youth with mental illness cannot be ignored or brushed under the carpet any longer. The obstacles and struggles that adolescents face with mental illness must be addressed and learned to cope with or else the tragic number of youth suicides will not decrease. Dandridge, Stubbs, Roskell, and Soundy point out in their article titled “A Survey of Physiotherapy Students’ Experiences and Attitudes Towards Treating Individuals with Mental Illness” that: “Individuals with MI [Mental Illness] experience high levels of stigma, face stereotypical view of their MI and, as a consequence, can be rejected by others” (2014, p. 1). Schools can face this issue with powerful force if all
players are encouraged to become aware and contribute towards the efforts of identifying youth who are at risk of mental illness and providing them with the supports/treatments they desperately need. Hardy points out that “mental health problems is markedly higher for children in families facing economic hardship and other stressful circumstances” (2014, p. 12). Too many young people with mental illness are not identified and supported and when this happens not only will students suffer academically but they will endure social, emotional and physical hardships and pain that could be mitigated. Teachers, counselors and all school actors can work together to increase awareness and acceptance of youth suffering from mental illness.

*Significance of the Problem*

Peter Jensen explains the significance of the problem of identifying and addressing youth’s with mental illness specific needs when he states eloquently:

> We can see the true state of our union in sharp focus—a nation whose face is deeply scratched by the suffering of many millions of children with urgent, unmet needs for readily available, quality child mental health services. It “is what it is”—glaring, painful, and unconscionable. (2013, p. 460)
In this light, the significance of the need for quality and consistent care for students with mental illness is necessary. Schools provide the perfect environment and arena for all school players, including teachers and students to become involved with promoting awareness and compassionate treatment for adolescents with mental illness. The National Alliance on Mental Illness provides current statistics on youth suicide in the US:

Each year in the U.S., approximately 2 million U.S. adolescents attempt suicide, and almost 700,000 receive medical attention for their attempt (AACAP, 2001). According to the Youth Risk Behavior Surveillance System, in 2001, 2.6% of students reported making a suicide attempt that had to be treated by a doctor or nurse. With respect to suicide, it is estimated that each year in the U.S., approximately 2,000 youth aged 10 – 19 complete suicide. In 2000, suicide was the 3rd leading cause of death among young people aged 15 to 24 years of age, following unintentional injuries and homicide.

(http://www.nami.org/Content/ContentGroups/Illnesses/Suicide_Teens.htm)

Suicide is a cry for help and communities need to build effective medical and emotional treatment centers to take care of and support students struggling and
seeking to cope with mental illness and most importantly deter students from taking their own life.

Mary Fischer points out how destructive mental illness can affect young people when she lists the following statistics from the source the Children’s Mental Health Network that:

Suicide is the third leading cause of death in youth ages 15-24. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined. More than 90 percent of children and adolescents who commit suicide have a mental disorder. States spend nearly $1 billion annually on medical costs associated with competed suicides and suicide attempts by youth up to 20 years of age. Approximately 50 percent of students age 14 and older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group. Youth with unidentified and untreated mental disorders often end up in jails and prisons. 65 percent of boys and 75 percent of girls in juvenile detention have at least one mental illness. (2014, p. 20)
These numbers offer stark proof that unidentified and untreated mental illness of American youth can have deeply damaging affects not only of those with mental illness but also on school systems and communities at large.

**Rationale**

Hornby and Atkinson provides the reasoning for the research in this project when they state:

> Mental health promotion should be the business of all teachers, who need to be conscious of their own emotional needs as well as being supportive of those of others. With a positive, caring ethos in place the school can create a safer and more productive learning environment and one that is more facilitative and therapeutic for pupils, thereby preventing the development of mental health problems. (2010, p. 2)

These writers stress how the fostering of caring relationships can have positive effects on students, prevent mental illness from worsening and that all members of a school must take responsibility to care for all students and ensuring that wellness is sustained; including mental wellness (2010, p. 4). This researcher supports Hornby and Atkinson’s belief that supporting and proving interventions for students with mental illness cannot be completed by teachers alone; students, administrators, parents and communities all need to take a role
in preventing youth suicide and treating mental illness (2010, p. 4). Further, by increasing care for students with mental illness, those same students will be better equipped to succeed and grow academically and socially. They will be able to build self-esteem and independence therefore better able to contribute to school lessons and activities. This paper seeks to provide a basic plan educators can take to familiarize themselves with the effects that youth mental illness can have on students and school communities, help build awareness of mental illness, its symptoms and treatments, and how students can build nurturing attitudes towards each other.

Researchers at the University of Michigan have created several documents that students with or without mental illness can use to promote mental and physical wellness. This researcher finds that the school culture and academic success of students are directly connected to whether or not the needs of students with mental illness are being identified and treated. School teachers and other leaders can take steps to educate students on mental illness and its symptoms so students are encouraged to help other students.

Purpose

The purpose of this research is to show how teachers can take initiative to improve the mental health of all students through identification, treatment and
social awareness. Hornby and Atkinson state how “A key factor in promoting children’s mental health in schools is the rapport which teachers develop with their pupils and the way that they use their skills to facilitate cooperative relationships amongst pupils” (2010, p. 4). This researcher of this paper seeks to provide statistics and information about the numbers and ways that students today are negatively affected by the symptoms of mental illness. Next, this paper sheds light on why educators need to focus on increasing awareness of youth mental illness and suicide. Finally, this researcher provides a toolkit or plan for new teachers who want to take initiative and practice strategies with every student to improve mental wellness and self-esteem in their own school.

Definition of Terms

School Mental Health:
School mental health refers to psychosocial support and interventions that are directly linked to services created to aide student emotional, social and learning challenges (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012). School mental health can describes initiatives that can be used to assess the state of student social and emotional learning and addresses student behavioral outcomes (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012).

Mental Illness:
Mental illness is an umbrella term that describes a range of mental health disorders like bipolar disorder, depression, schizophrenia, addiction, anxiety and eating disorders. Such disorders can directly impact a person’s way of thinking, mood and their behaviors (http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/definition/con-20033813). Symptoms and outcomes vary from individual to individual. Treatment for mental illness can include medical treatment with medications, regular contact with a school psychologists or psychiatrists, group therapy, and social skills training. Mental illness is different from the occasional feelings of sadness or stress and becomes an ongoing obstacle for the person with mental illness with symptoms that directly impact ability to function (http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/definition/con-20033813).

**Bipolar Disorder:**

Bipolar disorder can bring on intense changes in mood from extremely high to extremely low. A person with bipolar disorder will experience periods of “mania” or extremely high moods that include racing thoughts, delusions of grandeur, unsafe/risky decisions (like drug/alcohol use and promiscuity), difficulty concentrating or focusing on one task or topic,
increased energy and much less time spent sleeping
(http://www.webmd.com/bipolar-disorder/mental-health-bipolar-disorder). The other “pole” or extreme mood state associated with bipolar disorder is depression. Bipolar depression can cause lowered emotions, feelings of failure and guilt, lost interest in enjoyable activities, isolation, eating too much or too little, changes in sleep (much more or less than usual), increased stress and worry, and suicidal thoughts and ideations or action (http://www.webmd.com/bipolar-disorder/mental-health-bipolar-disorder). In between periods of high and low mood states the person affected may feel quite normal however it is paramount that people with bipolar disorder continue contact with medical/psychosocial professionals and doctors and stay on the prescribed medication treatment to continue to stay mentally well with positive functioning (http://www.webmd.com/bipolar-disorder/mental-health-bipolar-disorder).

**Schizophrenia:**

Schizophrenia is considered the most chronic and disabling mental illness and can distort “the way a person thinks, acts, expresses emotions, perceives reality, and relates to others” (http://www.webmd.com/schizophrenia/guide/mental-health-
schizophrenia). People suffering from the diagnosis of Schizophrenia have trouble functioning and leave the sufferer feeling scared and isolated/alone (http://www.webmd.com/schizophrenia/guide/mental-health-schizophrenia). Like all mental illness, Schizophrenia can be controlled through proper treatment including medication. The main way to understand Schizophrenia is not as a “split personality,” rather this illness makes it difficult for the sufferer to distinguish between what is real and what is imagined (http://www.webmd.com/schizophrenia/guide/mental-health-schizophrenia). It is significant to note that a person with Schizophrenia may act in ways that seem bizarre or weird to an observer but often the sufferer is not in full control of their actions and behaviors (http://www.webmd.com/schizophrenia/guide/mental-health-schizophrenia).

**Childhood Depression:**

A child who is depressed can feel “alone, hopeless and worthless” and can negatively impact their ability to function at school, at home and with their peers (http://www.webmd.com/depression/childhood-depression). When a child is depressed they show signs and symptoms of persistent sadness and an extremely lowered mood state
Most importantly, childhood depression when “left untreated…is a serious depressive disorder that can lead to suicide”

Anxiety:

Anxiety can be categorized into different types or manifestations such as panic disorder, social anxiety disorder, specific phobias, and generalized anxiety disorder. People with panic disorder experience “panic attacks” that can affect them suddenly and with little warning with symptoms that include sweating, racing thoughts, chest pain, feeling of choking and intense fear. This type of anxiety can lower a person’s self-esteem and ability to function at school, at work or when interacting with others socially. Social anxiety disorder or “social phobia” causes the sufferer to feel extreme feelings of fear, worry and self-consciousness when involved in everyday social situations. Generalized anxiety disorder “involves excessive, unrealistic worry and tension, even if there is little or nothing to provoke the anxiety.”
Stress:

Stress is a normal response to feelings of fear, excitement or when a threat is perceive in some way. Stress is a natural response when a person perceives danger and is the way your body protects itself (http://www.helpguide.org/articles/stress/stress-symptoms-causes-and-effects.htm). However, “beyond a certain point, stress stops being helpful and starts causing major damage to your health, your mood, your productivity, your relationships, and your quality of life” (http://www.helpguide.org/articles/stress/stress-symptoms-causes-and-effects.htm).

Summary

Students with psychiatric disorders like bipolar disorder, schizophrenia, anxiety, and ADHD for example face many considerable challenges socially, behaviorally, academically, and emotionally. These students need to be identified so they receive appropriate care, treatment and diagnosis. Teachers and students need to be taught and be aware of recognizing dangerous symptoms and actions of persons/peers with mental illness. School communities and environments need to foster accepting and caring attitudes within their school culture so students with mental illness are not stigmatized, prejudiced
against or bullied. Parents need to be involved with the treatment process so a student’s recovery plan is streamlined between school and home environments. Students with mental illness need to be connected with counselors, psychiatrists, and school psychologists who are fully educated to diagnose and treat the symptoms with research driven approaches that work for the unique individual. Care for students with mental illness must be consistent and ongoing; just because symptoms are not present does not signal the time for support to be stopped. This paper seeks to find strategies for combatting the sometimes crippling effects of mental illness so young people can lead satisfying and successful lives both socially and academically. This paper also outlines the high importance for all school players to contribute meaningfully to prevent young people from committing suicide through awareness programs and other school and person centered approaches with the goal of sustained recovery in mind. When students feel well mentally their chances at improving academically are increased.
Chapter 2

Background and Literature Review

The researchers Garry Hornby and Mary Atkinson ask a significant question that has driven the research for this project (2010). These authors ask “Why focus on mental health?” (2010) and given the fact that suicide is one of the top leading causes of deaths in youth under the age of twenty-five, schools and communities need to increase their support of students with mental illness. Not only can increased support help students emotionally and socially but this paper will explore how promotion of good mental health can aid students academically. Hawton and Heeringen point out that suicide is a global issue and many countries are creating national strategies for suicide prevention because around a million people die each year due to suicide (2009, p. 1372). These authors discuss how:

Psychiatric disorders are present in about 90% of people who kill themselves and contribute 47-74% of population risk of suicide…Affective disorder is the most common psychiatric disorder, followed by substance (especially alcohol) misuse and schizophrenia. Comorbidity of disorders greatly increases risk of suicide…More than half of all people who die by suicide meet the criteria for current depressive disorder. (2009)
In the article titled “Teacher Involvement in School Mental Health Interventions: A Systemic Review,” the authors show a need for school-based intervention for students with mental illness when they state powerfully:

The 2005-2006 national survey by the Substance Abuse and Mental Health Services Administration revealed that approximately three million youths received school-based services for behavioral or emotional problems during the 2005-2006 academic year. As this national survey indicates, schools often serve as a delivery point for mental health services for children and adolescents …over 50% of students from urban districts may have serious learning, emotional, and behavioral problems that schools must address. (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012)

Given these statistics identification of youth with mental illness should be prioritized in any school community. These students need both medical and emotional support so they can learn to live successfully with their diagnosis and succeed in school.

Another scary statistic that Hawton and Heeringen shed light on is that out of all the people diagnosed with bipolar disorder, 10-15% will die from committing suicide (2009, p. 1374). Students with psychiatric disorders need as
much support and plans for emotional and academic success just like any other student with an IEP or with any other disability. Students transitioning from elementary to middle school and middle school to high school are met with many obstacles and hurdles. This is why students with mental illness need increased attention and focused strategies on how to cope and lead successful lives in school and in the future. Peter Jensen asks the essential question of how can mental health systems “marshal, organize, and deliver essential mental health services to meet children’s mental health needs” (2013, p. 458). These questions need to be answered and explored if students with mental illness are to be accurately identified and provided with coping strategies that work at school and at home.

Stewart and Suldo remark how a youth’s life satisfaction is directly linked to their wellness and positive functioning and also how “social-emotional outcomes linked to high life satisfaction include lower rates of suicide attempts, decreased substance use, and greater attachment to parents and peers” (2011, p. 1017). School systems need to adjust their culture to foster an increase of self-esteem and self-worth in all students whether they are mentally ill or not, so more students can adjust to new school settings and achieve better results academically. Further, these authors point out and support the previous researchers in this project when they state how “Supportive teacher-student
relationships also help maintain students’ interests in academic and social pursuits, which in turn lead to better grades and more positive peer relationships” (2011, p. 1018). School systems are best advised not to overlook or brush past the issue of youth mental illness and must instead try to raise awareness of common disorders and their symptoms.

Students who are struggling from mental illness like bipolar disorder, schizophrenia, anxiety, stress, depression, substance abuse, and personality disorders to name a few need help to navigate the illness’s pitfalls and challenges because as Hawton and Heeringen point out:

Acute psychosocial crises and psychiatric disorders are commonly the proximal stressors leading to suicidal behavior, while pessimism or hopelessness and aggression or impulsivity are components of the diathesis for suicidal behavior. (2009, p. 1374)

These authors also point out potential triggers that would be common in an adolescent’s life such as factors like disruption of personal relationships, feelings of hopelessness, depression and stressful life events (2009, p. 1374). Schools, counselors, teachers and students need to become aware of the signs and symptoms of mental illness so students who are struggling can receive targeted and effective treatment by counselors, school psychologists and psychiatrists can
take place without a stigma being placed on students who receive treatment.

Treatment is not just important in relation to student with mental illness’s mental and emotional state but physically as well as these researchers point out that:

Suicide is associated with poor physical health and disabilities...suicide is also associated with several physical disorders, including cancer (head and neck cancers in particular), HIV/AIDS, Huntington’s disease, multiple sclerosis, epilepsy, peptic ulcer, renal disease, spinal cord injury, stemic lupus erythematosus, and pain. (2009, p. 1375)

If emotional issues and death does not signify how important treating adolescent mental illness is, the potential physical ailments listed above should stress the need for increased awareness and support for students with mental illness.

Schools need to position themselves as a major player in increasing mental health and wellness. Further all school players, including students need to act with acceptance and kindness to those suffering from mental illness so further social stigma and pain can be reduced or minimized. All students can benefit from learning the signs and symptoms of mental illness, substance abuse and suicide to help their peers and create compassionate and caring school cultures. Hornby and Atkinson underline this need and powerfully state that “it is important for their mental well-being that all children are valued and that
children with emotional problems are seen as ‘needy’, rather than ‘difficult’” (2010, p. 2).

Hornby and Atkinson ask pertinent questions that this paper seeks to find solutions to that can be meaningfully adopted by any school community with the goal of increasing mental wellness in all children in mind:

To what extent does the school communicate to all its pupils that they are valuable? Are children encouraged to care for each other? Are children with emotional or behavioral difficulties perceived to be in need of help rather than problems to be got rid?...Are all pupils valued and treated equally? Do teachers communicate positive attitudes about children with mental health problems? (2010, p. 2-3)

These questions need to be addressed by school systems so students can focus on learning and social engagement rather than their mental illness. Mental illness needs to be treated without judgment or stigma so struggling students feel accepted and sustained rather than ignored or socially isolated.

Hornby and Atkinson speak to how the whole-school organization must be onboard and invested in helping students with mental illness find the social, emotional and academic support they need to succeed (2010, p. 3). This approach is important because as these authors point out:
Whole-school organization, involves getting mental health onto the agenda of the school so that it is taken into account when considering policies and the way that the school functions. It focuses on the need to develop clear policies in key areas of school functioning, including, for example, pastoral care, the curriculum, pupils with special educational needs (SEN), home-school liaison, behavior management and bullying. These aspects of school organization are particularly important in promoting mental well-being and dealing effectively with children’s mental health problems. (2010, p. 3)

The article underlines the importance of building positive and nurturing relationships between school players and parents of students with mental illness as “parental attitudes and good parent-child relations are key factors in children’s mental well-being, as well as their education, and are influential in the prevention of mental health problems” (2010, p. 4). School counselors, teachers and administrators need to have open communication with parents so strategies can be discussed and streamlined so the student with mental illness encounters a consistent plan towards achieving mental health and positive outlets to deal with symptoms and stress. My research will touch on how to involve parents with their son or daughter’s mental illness recovery plan so they are consistently...
receiving love and support at school and at home. Hornby and Atkinson reveal how:

Many parents with children who have mental health problems feel that they are left to cope alone, so the school can often play a vital support role. Does the school have a policy that encourages and facilitates parental involvement? Do teachers convey the messages to parents that support the mental health of young people, such as listening to children and setting clear boundaries? (2010, p. 4)

In the article titled “Effective/efficient Mental Health Programs for School-Age Children: A Synthesis of Reviews” by G. Browne et al., the authors reveal how mental illness issues that go unidentified and untreated can become costly (2004, p. 1368). The article states how “untreated problems in children is costly in human and fiscal terms, for themselves, their families and the wider society” (2004, p. 1368). In this light, this statement supports the need for further research and implementation of effective strategies to identify and support young people with mental illness. The burden of mental illness can become taxing on young students, young adults and families which underpins the need for systems to be created in schools to address students who have mental illness unique needs and individual strategies to not only minimize symptoms but achieve success socially and academically. G. Browne et al. highlight the need for promoting
communication and interaction between parents of youth with mental illness and school personnel by facilitating transportation to meetings and appointments, aiding families by accessing food shelters, to “bolster intervention effectiveness” (2004, p. 1382). Simple acts can create caring communities where children’s mental health needs are prioritized so students can achieve their best and build positive and affirming self-esteem.

Mary Fischer shows how mental illness can cause damage on a young person and that “Four million children and adolescents suffer from a serious mental disorder that causes significant functional impairments at home, school and with peers” (2014, p. 20). Given this high number educators need to address that some causes of academic stagnation or regression in our country could be due to the fact that too many young people do not receive the adequate care, treatment and interventions to deal with their mental disorders. A student who needs help should find care and solutions at school via counselors, teachers, peer mediation, social skills classes, and proper identification/diagnosis. Mary Fischer goes on to recommend that teachers use “positive approaches” when interacting with a youth who may be at risk of having a mental disorder and avoid “punishment, sarcasm, disparagement or other negative techniques” (2014, p. 21).
Jacqueline Zeller proposes that schools make connections with community based mental health professionals in her article titled “Making Connections: Bridging Students to the Community” (2014, p. 31). This author points out that schools alone cannot solve all of their student’s needs in relation to mental illness. Teachers and students need access to community outlets for support, guidance and medical attention. These community resources need to be easily accessed by parents and other caregivers so if symptoms of mental illness are observed that they can be diagnosed and treated if need be. Zeller recommends that schools and community care resources address common barriers and concerns that students and parents may face so more youth with mental illness can receive the proper care and support (2014, p. 32).

This paper seeks to show how Hornby and Atkinson are correct when they make the conclusion that:

Schools have a vital role to play in the promotion of children’s mental well-being and the prevention of mental health problems. Teachers need to be aware of the importance of fulfilling their roles in providing a whole-school approach to mental health...It is also important for all teachers to be able to identify the different mental health problems and disorders they may encounter and to be able to implement effective strategies for dealing with them” (2010, p. 6).
In the next chapter, this paper will explore research driven strategies that promote the goal of lowering rates of suicide and increasing mental health awareness and appropriate treatment and support by all players in a school system. G. Browne et al. support this thought when they assert that “Recreational, educational or social programs may aid healthy child development through risk factor reduction or positive youth development. Competence, engagement, support, identity and efficacy are frequently included as mechanisms. Programs may also address specific behaviors (e.g., substance abuse) or treat children’s mental health disorders and symptoms (e.g., attention-deficit hyperactivity)” (2004, p. 1368). These authors show how early intervention and support is necessary to facilitate young people with mental illness growth and ability to cope socially and academically (2004, p. 1368).

Further research will follow on how counselors and school teachers can help students build mechanisms to cope with mental illness symptoms in positive and proactive ways that also increase independence and academic attainment. Lastly, C. Franklin et al. assert that teachers must take the initiative to partner with school mental health professionals to ensure that mental health interventions are delivered to students with mental illness needs (2012, p. 974).
Chapter 3

Application

*Why Student Mental Health Needs to become a Top School Priority*

Schools and teachers can play a major role in promoting student mental wellness and lowering rates of suicide by modelling positive attitudes, creating social skills and wellness programs, foster caring and trusting relationships with students and encouraging students to treat each other with compassion and respect. The following application highlights seven strategies that teachers and school members can take to ensure that all student’s emotional, behavioral and social needs are met so they can function better academically and outside of school. Many of the strategies are easy to implement in any type of classroom and also help raise awareness about mental health and suicide.

The first step teachers and educators can take to build caring and positive school communities and raise levels of student mental wellness is to examine and assess the current protocol and attitudes that exist within the school to deal with and support students with mental illness. For example, Kostenuik and Ratnapalan reveal a need for increased support for students facing feelings of suicide or symptoms of mental illness when they state: “the number one risk factor for youth suicide is the presence of mental illness” (2010, p. 1). Hornby
and Atkinson suggest that schools and teacher curriculums can increase student support by asking the following questions to ensure that students with mental illness are guided not just academically but emotionally and socially as well, so they can perform their best in school:

Does the school management recognize and actively work to reduce stress? Does the school provide opportunities for meaningful participation and contribution? Does the school foster a sense of community and active involvement in school processes? Does the school openly challenge any form of social exclusion and exploitation? (2010)

Such questions are important because when students are excluded and/or exploited and school players do not take action students with mental illness can be at risk academically and emotionally. When students with mental illness are not recognized and supported, their symptoms and behaviors may increase and make it difficult for them to learn and create nurturing relations with peers. G. Browne et al. further suggest that “A strategy of risk factor reduction entails long-term initiatives in education and a rebalance of societal resources to address core risk factors such as socio-economic inequity” (2004, p. 1383). Schools can work to increase awareness of mental illness and students at risk of committing suicide so all students can thrive and receive the support, counseling, education and most of all reduce stigma associated with mental disorders. C. Franklin et al.
reveal how teachers can positively impact students with or without mental illness because “teachers may be better at sustaining longer-term effects because interventions may be reinforced in classrooms” (2012, p. 974). When teachers model acceptance and teach awareness of common myths or misconceptions linked to mental illness students will begin to realize that like any other disorder students with mental illness need to be valued at the same level as any other student. A student with mental illness should not be treated or valued any differently than any other student. Teachers should reinforce the idea in their classes that students with mental illness may need help and support to recognize their symptoms and start learning strategies to deal with their illness. Teachers and school systems can empower their students to actively help students with mental illness instead of bullying or excluding them which can negatively impact the functioning of a school community. C. Franklin et al. point out that because schools provide the most supports for students with mental illness “recent educational policy initiatives at the Federal level have ushered in RTI and school-wide behavior supports that have the potential to involved teachers in school mental health interventions” (2012).

No quick fix: Try Multiple Strategies

Peter Jensen points out that in terms of reducing suicide rates and increasing support and recognition of students with mental illness there is no
“quick fix” (2013, p. 459). The fact that different strategies may need to be tried and tested first before finding a successful program for identifying and supporting at risk students, this should not deter schools from developing successful programs geared towards increasing the mental wellbeing/health of all students. Green et al. makes a valid point that school administrators and teachers need to be aware of: “Adolescents with behavior disorders are more likely to receive services than those with fear, distress, or substance use disorders” (2013, p. 506). These authors support the previous research that schools are the “primary site” where students receive mental health services (2013, p. 506). Given this fact, school systems become a valuable resource for both students suffering from mental illness but also provide education and support for parents, families and link them to resources that exist in their community. Green et al. define the term “early identification resources” as the “extent to which schools provide services designed to identify and/or refer students for abuse or emotional problems” (2013, p. 506). These authors agree that:

These early identification and referral resources likely reflect a school culture that normalizes discussions of emotional/behavioral health, thereby reducing stigma in the school community. The greater availability of early identification resources also might suggest that these
schools prioritize screening for and addressing the emotional and behavioral needs of students...School mental health resources not only influence whether adolescents receive services, but also where they are likely to go.” (2013, p. 507)

This information supports the fact that schools and educators can play a powerful role in accepting students with mental illness and ensuring they receive the proper academic, social and emotional strategies they need to be successful and healthy. Kostenuik and Ratnapalan further support that social skills and prevention/intervention classes must consider both suicide and mental illness because “More than 90% of suicide victims have psychiatric illnesses at the time of their deaths. It is important to consider mental illness in general, and not just depression, as an important risk factor for suicide” (2010, p. 3).

Schools need to invest the time to create a social skills/mental wellness program because Kostenuik and Ratnapalan find that:

Teens who attempt suicide are more likely to be in trouble with the police, be involved in physical fights, demonstrate difficulties in school, have poor school functioning, lack academic motivation, and perceive their academic performances to be poor. (2010, p. 4)
These reasons and more should highlight the need for increased attention and education to occur within school communities on the topic of mental health to ensure that all students’ needs are met with the compassion and caring that they deserve. How can students thrive academically when they are in trouble at home or with the police, have behavioral or violent outbursts at school or who have no motivation to succeed due to a mental illness?

*Attitudes, Misconceptions and Stigma about Suicide and Mental Illness*

In the journal of “Suicide and Life-Threatening Behavior,” Lake, Kandasamy, Kleinman, and Gould present findings on the attitudes that adolescents have about mental illness and suicide. Their findings are significant and important to consider when teaching school players how to address differing student views and misconceptions about people who have a mental illness/disorder. Lake et al. state how “of the 115 prevention programs active in the United States in the 1980’s, the majority presented suicide as an understandable response to extreme stress (the “stress model”), while only a minority of programs presented suicide as a consequence of mental illness (the “medical model”) (2013, p. 693). At present, most research supports the idea that suicide is often linked to the presence of a mental illness and this is why the adoption and creation of mental health programs in schools is integral to increase student success in the classroom and within their community. Lake et al. used
data from six New York State high schools to further examine how adolescent attitudes towards suicide and mental illness contribute to how students handle or respond to suicidal ideation or a suicidal peer (2013, p. 694). These attitudes are important for school players to recognize so their creation of mental health programs are more successful and take into account common misconceptions that students may hold in relation to individuals with mental illness or those who attempt suicide.

Some statistics from Lake et al. reveal much about current conceptions young people have towards mental illness and suicide:

About 60.5% of high school students in the sample believed that “Most kids who kill themselves are normal, but they have had a lot of bad things happen to them,” and 73.1% of students believed that “Any kid is capable of killing themselves if their problems get bad enough.” Only 16.6% of adolescents believed that “Almost all kids who kill themselves are mentally ill.” (2013, p. 696)

Given this information, one can see how increased education about mental health/illness is necessary to educate students about common myths or stigmas and so they can help recognize students who are struggling or may be at risk of having mental illness or suicidal inclinations. Further findings from Lake et al.
show that: “less than one fifth of high school students thought that mental illness was a factor in most teen suicides,” despite the fact that “mental illness has been widely recognized as one key modifiable risk factor for suicidal behavior” (2013, p. 699).

Lake et al. also touch on how stigma and negative depictions of people with mental illness in the media can play a role in youth misconceptions about suicide, depression, schizophrenia, anxiety, and bipolar disorders (2013, p. 699). Further this article states:

A review of depictions of mental illness in newspapers, popular magazines, film and television found that violent behavior, bizarre symptoms, and severe psychotic disorders such as schizophrenia are emphasized out of proportion to their actual occurrence, with 70% to 72% of mentally ill television characters represented as violent. (2013, p. 699)

Media can have an inflated influence on young people and what they see on TV or on the internet can skew their attitudes about what it means to be mentally ill. These skewed attitudes can have a negative impact on students who are actually struggling not only with school or home factors but also with a mental illness. Attitudes can be adjusted when schools and teachers play an active role of initiating mental health education and awareness. Schools also need to reach out
to community resources to ensure that youth receive proper services and attention so they can continue to attend school and function more successfully in all areas of their life. Most importantly in this article Lake et al. state that:

Stigmatizing portrayals of mental illness negatively impact people with mental illnesses, making them reluctant to disclose their illnesses and causing treatment-related problems such as denial of symptoms and failure to seek treatment...The prevalence of negative and unrealistic media portrayals of mental illness may contribute to adolescents’ reluctance to identify themselves, their suicidal peers, or other suicidal adolescents as mentally ill. (2013, p. 700).

Students need to feel comfortable telling an adult if they or another student needs help or is in trouble and this is why social skills instruction needs to be incorporated into lesson planning.

School communities can break down the stigmas and misconceptions that revolve around mental illness and youth suicide. The program needs to reinforce values such as kindness and acceptance so students do not feel trapped or stuck in a vicious cycle with no one to turn to for meaningful and targeted support. Valerie K. Hardy seeks to show how schools can play a crucial role to help students access mental health supports and minimize the occurrences of
youth suicide (2014, p. 11). The second strategy that teachers and schools can implement involves recognition of students with mental illness by using “Bright Futures Checklist.” Once a school has assessed the current state of their mental wellness program, all school players must resolve to help school counselors/psychologists identify students who are struggling or at risk of having mental illness or plans of suicide. Hardy describes the mental wellness program called Bright Futures that can be used in schools and by parents of children with mental illness (2014, p. 12). Hardy states:

Bright Futures, a national health care promotion and disease prevention initiative that uses a developmentally based approach to address children’s health care needs in the context of family and community, has developed a set of pediatric symptom checklists for children designed to facilitate the recognition of cognitive, emotional and behavioral problems so appropriate interventions can be initiated as early as possible. (2014, p. 12)

This program and checklist can help parents, counselors and teachers recognize the early warning symptoms and signs of mental illness so supports can be set up and implemented. Therefore, healing and coping strategies can be initiated before the disorder becomes out of control or unsafe. Hardy also suggests that it is imperative that school counselors and other school actors “build networks of
support including other school-based mental health professionals such as school psychologists and school social workers” and that “collaborating with these professionals allows school counselors to better support students and families and can help provide access to a greater array of clinical resources that can ultimately benefit the student” (2014, p. 12).

Hardy underscores the possibility and previous researchers that teachers and counselors may run into stigmas and misconceptions in relation to student and parent attitudes about mental illness and suicide. It is important that a mental health awareness program take common myths and attitudes into consideration when educating students, community members and families about common mental illnesses, treatments and coping strategies. Hardy states how “For some cultures, mental health is not readily acknowledged, and in others it is seen as a stigma shared by the entire family. As a result, some families may opt their children out of receiving school counseling services or be resistant to preventive approaches or conversations pertaining to mental health” (2014, p. 12).

Youth Anxiety Disorder: What Teachers Can Do

Anxiety is a common emotion that many people have experienced, however when someone has an anxiety disorder, it can lower their ability to
function and affect a student’s success both at school, with others, and at home.

The third strategy that teachers and school systems need to implement is training on common youth mental illnesses so all school actors can take responsibility of identifying in themselves or others a serious problem or source of need and support/treatment. This segment of the paper highlights how anxiety disorder can be debilitating on student success both emotionally and academically and what teachers can do to lower levels of stress so all students can benefit.

Ginsburg and Kinsman go into detail about how anxiety disorder can affect a youth and how teachers and counselors can foster the creation of supportive coping mechanisms and ensure that the student is comfortable sharing their emotions and experiences without fear of judgment or biased attitudes. These authors state directly and honestly that:

> Although it is important students be properly diagnosed and treated by an outside professional, the first step is to whittle away at the stigma many people associate with feelings of anxiety; the next step is to develop a richer understanding of how the anxiety is affecting the adolescent and family. By flipping your understanding of anxiety around from a frailty to a strength (i.e., an important and powerful emotion), you open a door to destigmatize this emotion and gain the student’s trust. Once an adolescent shares your belief that anxiety is not shameful, the teen may be
more willing to disclose information and personal experiences. (2014, p. 16)

It becomes important that schools foster trusting relationships between students and teachers so when a child needs help they know they can turn to an adult to assist them in receiving the attention and counseling that they need. Schools also need to foster a community where students also care about each other not only to lower rates of suicide but so students feel safe while learning and are in turn more successful academically. When students feel they will not be judged, bullied or mocked they will be more likely to seek help when they are having thoughts of suicide, are dealing with tough life struggles, or think they may have a mental illness.

Anxiety is an emotion that all people, young or old, experience at certain times in their lives. People with an anxiety disorder respond abnormally to normal everyday stressors. In an article about teen anxiety, Ginsburg and Kinsman discuss how anxiety disorder can hamper a student’s success academically when they state:

Anxiety can come from perfectionism. Perfectionists see mistakes as proof that they are unworthy. Fear of failure may cause them to avoid a task entirely. Parents and the school together can convey supportive messages
that reduce external pressures. However, sometimes a teen’s perfectionism is internally driven by unhealthy thought patterns that reinforce what they “must” or “should” do lest their actions lead to catastrophic outcomes. (e.g., “If I don’t get an A, I will never get into college”). In these cases, a therapist may consider cognitive behavioral therapy in treatment plans. (2014, p. 17)

Students need the skill to take a risk in class lessons and not be fearful of making a mistake. Teachers can take time to lower teen anxiety by breaking lessons into manageable chunks or sections. Teachers can also ensure that expectations for an assignment are clear and give students time to ask questions about the process. One last thing that teachers can do to ensure that student anxiety is lowered is by having a consistent routine each day; for example each day the teacher can list on the board the order of the day which could be for example: 1) Write homework in planner-2 minutes 2) Put homework in folder and have planner signed by a teacher-2 minutes 3) Hand in homework-1 minute 4) Take out book, read as whole group-25 minutes 5) participate in discussion led by teacher and fill in “character” graphic organizer-10 minutes 6) end of class, student questions-2 minutes. In this way, student anxiety is minimized because they can refer to the list on the board and know what to expect with each lesson, this practice can lead to successful academic outcomes for all students with or without anxiety or
mental illness. Ginsburg and Kinsman also recommend that teachers can guide students to get help when they feel out of control by reinforcing the idea that getting help is an act of courage and power, not something to feel ashamed about (2014, p. 17). These authors also stress that:

People who engage problems do better than those who disengage from problems altogether...For mild anxiety that is minimally affecting function, just creating a space where students can talk openly about worries can be cathartic and healing. Young people also gain a sense of control with self-discovered insights, and control can diminish anxiety. (2014, p. 17)

Dealing with stress becomes an important life skill that will help students reach adulthood with strategies that work so they are successful at a job/profession, in college, or with relationships professional, social and familial. When students have tools to deal with stress and anxiety that work, they can focus better on their academics and make more meaningful relationships with their peers and teachers. Teachers can help problem solve by linking students in need of counseling to professionals that will take their issues seriously, listen, and create plans of action that will work.

*Signs, Symptoms and Solutions: Youth Depression*
Youth depression, like anxiety, is a common mental illness in students and can lead to suicide or inability to function normally. The fourth strategy that schools can implement within their mental wellness program is to raise awareness and acceptance of those suffering from depression. Teachers can take time to learn about depression and make interactive lessons that teach students how to recognize a problem that they are experiencing or observe in a peer who is at risk. Understanding a disorder, its symptoms and treatment options becomes an integral strategy on the path towards increasing mental wellness in all children. Mary Fischer takes a stand to encourage schools to implement social skills training or classes to deal with and raise awareness of teen mental illness in her article titled “Students with Depression-Help Them Find Their Way Out” (2014, p. 18). Fischer includes a quote by Nancy Affflerbach a high school counselor that supports the need for social skills programs to be included in school systems:

“I find that one of the best ways to counteract depression is to teach all students the value of empathy and to recognize and express emotions. The earlier we start teaching social skills to all students, not just those exhibiting signs of depression, the better equipped our students will be to deal with the stresses that contribute to depression.” Depression hits
students in so many different ways, and students often don’t recognize their feelings of loneliness, inadequacy and regret. (2014, p. 18)

Teachers who see these types of lowered emotions in a student need to initiate a dialogue with them, ask them directly if they need help and model a caring and nonjudgmental attitude. Symptoms of depression and other mental disorders can be explored in a social skills lesson with the teacher as a guide so not only adults know the warning signs but students can start to recognize them as well and be more inclined to offer help and support rather than judge or adopt social stigma. A social skills program can show students that they are not alone in their feelings and emotions and that most people have felt mad, frustrated, scared, sad or stressed out at least once or twice in their lives. Students that feel supported by their school community will feel more motivated to find a plan to deal with their mental illness and keep finding strategies that work so they can deal with extreme or overpowering emotions and focus back on academic progress.

Some signs and symptoms that students and teachers can be educated to be aware of when helping a friend or student suspected of having depression are listed by Fischer as:

-Irritability or anger
-Continuous feelings of sadness and hopelessness
-Social Withdrawal
-Increased sensitivity to rejection
-Changes in appetite,
either increased or decreased – Changes in sleep, sleeplessness or excessive sleep – Vocal outbursts or crying – Difficulty concentrating – Fatigue and low energy – Physical complaints (stomachaches, headaches) that don’t respond to treatment – Reduced ability to function during events and activities at home or in school – Feelings of worthlessness or guilt – Impaired thinking or concentration – Thoughts of death or suicide (2014, p. 20)

Given these signs and symptoms it becomes evident that a student dealing with depression would face many obstacles in terms of being successful academically and socially. School communities and social skills programs need to empower students to receive the support they need to combat their mental health issues in a positive and nurturing environment. Many students dealing with depression go undiagnosed and this can lead to drug and alcohol abuse which only exacerbate problems and create addiction for a struggling youth. For these reasons and many others the need for increased awareness and social skills trainings about mental illness and suicide needs to become integral part of a student’s education. When students are functioning at their best they are more likely to perform better at school and become involved socially with other students and teachers.
Fischer also gives valuable and user friendly tips that teachers can incorporate into their daily lessons and classrooms to help students with depression:

- Develop a relationship: Try to develop a working, collaborative relationship with the student with depression…Above all, don’t give up on them. Use positive approaches: Do not use punishment, sarcasm, disparagement or other negative techniques…Remember that these students are not choosing to be depressed…Consider ways to give the extra support and attention they need, while recognizing that the student may be doing the best he or she can do at the time. Consider making adjustments or accommodations in assignments or task…Provide opportunities for success…Seek help from other support personnel. (2014, p. 21-22)

These tips can be easily worked into a lesson and teachers can model positive and proactive approaches to problems and lowered/depressed emotions in their students. Most importantly, teachers who observe a student they think is at risk of suicide or a mental illness should not be afraid to reach out to school counselors, psychiatrists and resources within the community if they feel the student needs immediate attention and counsel. Teachers need to show the value of students working as a team, where every player is valued and receives
the support that they need when/if they need it. This empathetic attitude can be reinforced in a social skills class where students learn to see situations from different points of views and of people with different backgrounds and family situations from their own. This type of caring can have positive effects on general student functioning but also increase levels of students success on assignments, lowering behaviors, and building supportive relationships.

*Positive and Empowering Community Connections: In School and Out*

The fifth strategy that schools can use within their creation of a social skills curriculum is to learn about and foster links between students and families and resources in their community that can help them understand, treat and support a student with a mental illness. Jacqueline Zeller makes similar observations as the previous authors on how a school system can link youth to community resources in her article titled “Make Connections: Bridging Students to the Community” (2014, p. 31). The first action that schools can take to better support students with mental illness is to make a referral list of all the community based mental health professionals and update the list regularly (Zeller, 2014, p. 31). Zeller also suggests that:

*When possible, include community providers in school-based prevention-focused activities. Invite local mental health providers to parent*
workshops, school-based family events and select classroom lessons focusing on mental health related topics. (2014, p. 32)

Zeller also finds that schools can improve the school community by developing deep relationships with parents and guardians, listening to their unique concerns and by addressing common barriers for youth and families to gaining the support and assistance that they need. Zeller concludes that when schools forge connections within and outside of the school; students, teachers and families are better supported and more likely to invest the care and time needed to help students struggling with mental illness or suicide.

Stewart and Suldo make connections between social support and adolescent mental health as well (2011). These authors state how “Social-emotional outcomes linked to high life satisfaction include lower rates of suicide attempts, decreased substance abuse, and greater attachment to parents and peers. Such findings demonstrate the positive implications of high life satisfaction for adolescent adjustment and school success” (2011, p. 1017).

These positive outcomes reflect how a social skills program aimed at achieving better mental health in all students can benefit youth emotional, social and academic outcomes. When students feel supported and cared about by their peers and teachers they are more likely to feel satisfied with their life and less
likely to make tragic or unsafe decisions. When students know the school community is working towards their best interest they will feel more inclined to accept and/or ask for help when the situation seems impossible or they feel stuck/trapped. Further Stewart and Suldo support these ideas when they state: “Supportive peer relations are associated with lower rates of depression and suicidal ideation and anxiety. Greater perceptions of social support from teachers co-occur with higher subjective well-being among middle school students” (2011, p. 1018).

These authors find that by building positive and supportive relationships within a school community both academic problems can be prevented and optimal mental health can be promoted (2011, p. 1028).

Lieberman, Poland and Cowan explore the role of schools with regard to suicide prevention and intervention and give user friendly ideas that school systems can use to support students success academically, socially and emotionally (2006). These authors eloquently state why the issue of youth mental health and suicide should be addressed in school systems/curriculums: “Adolescents today face tremendous life pressures that put them at risk for myriad self-destructive behaviors, and suicide is the most devastating consequence of their inability to cope” (2006, p. 11). These authors reveal a scary statistic that for every young person “who dies by suicide, 100-200 youth attempt
it” (2006, p. 11). This fact alone supports the need for increased social skills classes to be created and offered in middle and high school so students feel they can get help when they need it before suicide becomes the only option. Most importantly this article reveals the fact that if social skills classes are offered at school more students with mental illness can be identified, referred to clinical teams and start learning coping mechanisms and strategies that set the student up for success and acceptance (2006, p. 11).

Lieberman et al., reveal typical factors that would lead a youth to commit suicide as:

Both individual (e.g., depression or substance abuse) and environmental (e.g., the presence of a firearm or poverty) risk factors as well as a lack of protective factors (e.g., family cohesion and connections to caring adults). Often, situational events (e.g., the death of a loved one or a romantic breakup) can trigger a suicide attempt. (2006, p. 12)

These authors support the need for effective and evidence based strategies to provide interventions to students who may be facing difficulty due to a mental illness. Once a school system has done research on their current model of dealing with student mental illness, examined information about common youth mental illnesses and reached out to families and communities for further
support, it is time to try the sixth strategy where educators and school members create a mental wellness program/curriculum that meets the unique needs of their student population. The article recommends that educators and school systems create “suicide prevention programs [that] include awareness education and screening, crisis and mental health team coordination, collaboration with community services…” (2006, p. 12). By creating a social skills and prevention curriculum schools can take a proactive stance towards increasing mental wellness in all students while also creating bridges for students to use to receive guidance and support so they can gain academic success and focus on problem solving.

Within this model students do not feel scared to voice their struggle, rather, being a self-advocate or accepting help is seen as a courageous and a sign of strength, not failure. Within the construct of a social skills/prevention program the school system needs to create a “task force to coordinate prevention and intervention activities. The task force should include school mental health professionals, a school administrator, and representatives from local mental health and suicide prevention crisis centers” (2006, p. 12). This article outlines a plan for intervening and preventing youth suicide that involves assessing a student’s risk for suicide, contacting the family and parents for further support and guidance, providing the youth and family with referrals to community
support resources, and following up with each student regularly and consistently (2006, p. 14).

The seventh strategy that educators can use is by trying free parent, teacher and student resources like magazines, videos, fact sheets, and brochures made by TeenMentalHealth.org. The website TeenMentalHealth.org is a Canadian website that targets awareness of mental illness through education and teen friendly magazines and language. TeenMentalHealth.org provides a wealth of free resources that can easily be turned into a social skills/mental wellness school program. Every resource on the website can be downloaded and used free of charge. Youth will not only learn about common mental illnesses like schizophrenia, bipolar disorder, anxiety, and depression but also how to see the warning signs in a peer, family member, or their self. Students can also learn about suicide, triggers, statistics, and myths/stigmas held about people with mental illness and/or suicide. The overarching message of the magazines is to treat others with empathy and kindness. The magazines empower students to take action and step in when a friend is in need. Students will learn how media can distort what mental illness looks like and that not all mentally ill people are violent. The magazines use language that would appeal to a teenager. Definitions and examples are easily relatable to most youth. The language does
not build up or romanticize mental illness, rather it encourages youth to seek
help and tell a trusted adult or friend.

This site also has information for parents and educators and resources that
focus on how to relate to teenagers and the changes they are going through.
Again, the magazines approach mental illness as a disorder that can be overcome
through life changes, coping strategies, medication and regular time spent with a
counselor, psychiatrist or mental health specialist. This website could be used as
the introduction within a curriculum to raise awareness about mental illness and
suicide. Teachers could use the magazines to incite meaningful discussions with
students while modeling a positive and proactive approach towards helping
people suffering from mental illness. Most importantly, TeenMentalHealth.org
does not blame the youth with mental illness and it propels all school
community members to take responsibility for their own mental health and the
mental health of their friends.

The eighth and final strategy that this researcher recommends educators
and school communities to take is to teach an introductory lesson in a mental
wellness curriculum, using the teen friendly newsletter and action plan
worksheets at the end of this chapter. The following newsletter is meant to be a
teacher resource to give to students to initiate discussions about teen suicide and
teen mental illness. The newsletter includes stopping points with guided
questions that can be discussed in small groups or with a whole group. The language is modelled after the kind read in the TeenMentalHealth.org magazines; the words are straightforward and with easy to understand examples and definitions. Each part is sited with a website where the information is gathered and where students and teachers can visit for more information and coping strategies. Further, as an extension activity in a social skills/mental wellness program could be that students create their own newsletter that addresses key information about topics of their own choosing and then share their products with the whole class or distribute them to other classes or schools.
Let’s Look at the Facts

The following information is pulled from KidsHealth.org (please visit the site for more information).

Have you ever seen a friend who could use some help dealing with tough life issues?

Suicide can be devastating not only on the individual but also affects friends, families, teachers, siblings, coaches and communities. This newsletter will help you be aware of the signs and symptoms of suicide so you know how to potentially save a friend's life. Learning more about suicide can help prevent future tragedies. We are all in this together, so keep reading and share this information with your friends and families.

Fact: Suicide is the third-leading cause of death for 15- to 24-year-olds, according to the Centers for Disease Control and Prevention (CDC), after accidents and homicide. It's also thought that at least 25 attempts are made for every completed teen suicide.

Fact: Students, teachers, families, schools and communities can all help struggling teens receive the support they need. This may seem like a depressing topic...however when awareness of teen suicide is increased all people can take responsibility and take action.

REMEMBER, you won't have to do it alone!

"If you have a friend who is talking about suicide or showing other warning signs, don't wait to see if he or she starts to feel better. Talk about it. Most of the time, people who are considering suicide are willing to discuss it if someone asks them out of concern and care." (KidsHealth.org)

I'm thinking of committing suicide:

"If you have been thinking about suicide, get help right away. When things are so bad that suicide seems like the only choice, it's a sign that depression, discouragement, or despair are strong. These feelings plus a difficult life situation can make it seem like there's no way out and maybe even that suicide is the only choice." (KidsHealth.org).

There are other choices! For immediate help and counsel call:

1-800-273-TALK (8255)

The National Suicide Prevention Lifeline

YOU HAVE THE POWER...keep reading!
Warning Signs

Is your friend in danger?

KidsHealth.org

Here are some warning signs that someone may be thinking of suicide include:

- Talking about suicide or death in general
- Talking about "going away"
- Talking about feeling hopeless or feeling guilty
- Pulling away from friends or family and losing the desire to go out
- Having no desire to take part in favorite activities
- Having trouble concentrating or thinking clearly
- Experiencing changes in eating or sleeping habits

"As a friend, you may also know if the person is going through some tough times. Sometimes, a specific event, stress, or crisis—like a relationship breaking up or a death in the family—can trigger suicidal behavior in someone who is already feeling depressed and showing the warning signs" (KidsHealth.org)

What can I do?

Information found on The National Alliance on Mental Illness website (NAMI.org)

"Since people who are contemplating suicide feel alone and helpless, the most important thing to do if you think a friend or loved one is suicidal is to communicate with them or her openly and frequently. Make it clear that you care, stress your willingness to listen. Also, be sure to take all talk of suicide seriously. Don’t assume that people who talk about killing themselves won’t really do it. An estimated 80 percent of all those who commit suicide give some warning of their intentions or mention their feelings to a friend or family member. And don’t ignore what may seem like casual threats or remarks. Statements like, ‘You'll be sorry when I'm dead!’ and ‘I can’t see any way out,’ no matter how off-the-cuff jokingly said, may indicate serious suicidal feelings.

One of the most common misconceptions about talking with someone who might be contemplating suicide is that bringing up the subject may make things worse. This is not true. There is no danger of "giving someone the idea." Rather, the opposite is correct. Bringing up the question of suicide and discussing it without showing shock or disapproval is one of the most helpful things you can do. This openness shows that you are taking the individual seriously and responding to the severity of his or her distress" (NAMI.org).

Talk to a trusted adult, teacher, or parent, offer to go with your friend to see a counselor, tell your friend you care, and finally follow up and check on your friend. Let your friend know that other options exist and that they do not need to receive support alone.

What is the most important point you’ve learned so far? What would your first step be to help a friend at risk of committing suicide?
Who supports you?
Think about who you would feel comfortable talking to if you or someone you know is facing a crisis.

What am I thankful for?
Take a moment to think about the people and things in your life that make you smile or feel thankful. These thoughts can help you in times of stress or when you need extra love and support.

FAST FACT

4,000,000
Four million children and adolescents in this country suffer from a serious mental disorder that causes significant functional impairments at home, at school and with peers. (NAMI.org)

1-800-273-TALK (8255)
Call this number for immediate HELP

FOR MORE INFORMATION GO TO:

HTTP://WWW.HELPGUIDE.ORG/ARTICLES/SUICIDE-PREVENTION/SUICIDE-PREVENTION-HELPING-SOMEONE-WHO-IS-SUICIDAL.HTM

BE KIND for EVERYONE YOU MEET is FIGHTING a HARD BATTLE

Follow the following steps to help a friend:

1) **ASK:** Be honest with your friend and ask them if there is anything you can do to help them. You can tell them that you have noticed some warning signs and that you care about them. Most likely your friend will appreciate your honesty and compassion.

2) **Listen:** Your friend will appreciate that you care by listening to their problems, stressors or difficult life events. Listening will show your friend that you value their mental health and well-being.

3) **Tell:** If you are concerned about a friend, even if you are sworn to secrecy, tell a trusted adult or go see a school counselor or with them. Your friend will appreciate that you are taking their problem seriously and want to see them happy and successful again.

4) **Follow-up:** Follow up with your friend regularly and ask them if things are improving. Ask them how you can help them the most to overcome their feelings and emotions.

5) **Encourage:** Give yourself a pat on the back for taking the time to help guide a friend who desperately needs you.

GREAT JOB. Next let's create a plan of action that can be used as a resource when you or a friend needs help...
My Support Plan

Working together is success. [Quote by Henry Ford]

My Name: ________________________________________________________________

My Email/Phone Number: __________________________________________________

My Parent(s)/Guardian(s) Name: ____________________________________________

Trusted Sibling(s)/Relative(s): ____________________________________________

My Best Friend(s): _________________________________________________________

“I get stressed out when:” _________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

“I relieve stress by:” ______________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
My Coping Strategies are:

Adults at School I can trust:

Things that Make Me Happy are:

**Action Plans:**

**SELF**

<table>
<thead>
<tr>
<th>Event/Emotion(s)</th>
<th>What Action Will I Take?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel overwhelmed by stress and anxiety.</td>
<td></td>
</tr>
<tr>
<td>2. A loved one or person I care about dies.</td>
<td></td>
</tr>
<tr>
<td>3. I feel down/unhappy/alone for a long period of time (weeks/months).</td>
<td></td>
</tr>
<tr>
<td>4. I am having thoughts of suicide or ending my life.</td>
<td></td>
</tr>
</tbody>
</table>

Keep this information and plans in a safe spot so you can use it when you are in trouble or to help a friend in trouble.
Chapter 4
Conclusions and Recommendations

The issue of student mental health and its links to academic, social and behavioral outcomes for adolescents is clear. Students who are mentally healthy or well can focus on academic expectations and deal with everyday stressors more easily. Schools need to initiate discussions and make plans to better support students with mental illness. Teen suicide awareness and prevention must become a top priority of schools so rates of suicide decrease and better care and support is provided to students with mental illness before a youth decides to end their life. The myth that by talking about suicide, young people are more likely to commit suicide must be debunked. Young people need to know the warning signs, symptoms, and who they can ask for support when they are in trouble or if a peer is. Support systems within a school system must be discussed by all school players; including students. When open dialogues about suicide and mental illness are initiated, students will feel more comfortable to seek help when they face a crisis. These types of dialogues also help to lessen the stigma surrounding what it means to have a mental illness.

There are many risks associated with not prioritizing student mental health. The first risk directly impacts youth and students and includes:
mortality, risky behaviors (drugs, alcohol, crime, sex), low academic performance, absenteeism, unwanted behaviors, social stigma, higher stress, negative habits, feelings of isolation, fear, anxiety and the list continues. When programs are not put into place in schools to support students with mental illness, schools are putting kids at risk of not graduating, not making social connections and not performing to their true potential. Students need to feel supported at school and know who they can trust if they or someone they know are experiences signs and symptoms of mental illness. Students who are not connected to a psychologist or therapist are at risk of dealing with their illness alone and making choices that are unhealthy both physically and psychologically. Schools are in the right position to step in and offer students increased support and connections to help within the community.

Schools are also in the right position to create school-wide programs and encourage strategies to increase student mental wellness and also increase the sense of community within the school. Teachers can contribute by starting dialogues with students about mental illness, common signs and symptoms and where to get help. The research of Hornby and Atkinson shows how child mental health has been paid insufficient attention in schools and that increasing numbers of youth are experiencing mental wellness problems (2010, p. 1). This positions schools in the right place to recognize and link students with mental
illness to the right care and support to help them live with their illness in health and sustaining ways. Schools see students on a regular basis and can observe warning signs and symptoms that can help parents, school psychologists and other medical personnel. Schools need to provide teachers with the correct information and strategies to help students who have mental illness and the payoff of lowering teen suicide should be viewed as a primary goal. Students who are facing an undiagnosed mental illness will continue to struggle with academics, make poor social and behavioral decisions and may engage in unhealthy and risky behaviors. Given such repercussions, youth with mental illness will find it difficult to concentrate in school and meet expectations like homework and studying.

Hornby and Atkinson reveal that schools that promote a sense of caring also promote student mental well-being and that each child is valued whether they have a mental illness or not (2010, p. 2). Schools need to approach student mental well-being across all areas and make connections to community resources available to teachers, students, and parents/families. Some parents may not recognize that their child is suffering from a mental illness so schools need to provide access to information for parents and students to better educate about mental illness and common myths that may create stigma.
health screening can facilitate early detection and provide the necessary youth support or links to proper community resources.

Perfect and Morris state that “four-fifths of youth who are in need of mental health services do not actually receive them” (2011, p. 1050). This alarming statistic must urge school systems, including all players, to take action to help students suffering from a mental illness or facing a personal crisis. Students who are mentally unwell or unhealthy cannot achieve their fullest in school both academically and socially. Teachers and schools must recognize when a youth is crying out for help due to depression, bipolar disorder, anxiety, schizophrenia, PTSD, or stress. Youth may find it difficult to ask for help so teachers must connect to students and start dialogues about who to go to for help and counsel. Most importantly, schools, families and communities at large must all commit to the goal of lowering teen suicide rates by providing increased access to support for youth with mental illness in and out of school.
Works Cited


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