

Examining Mental Health in Schools and the Role it Plays in Supporting Students

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SELU Research Review Journal, 1(2), 17–28.

SELU Research Review Journal



volume 1
issue 2
2016

selu.usask.ca

Editorial <i>Vicki Squires</i>	3
Engaging the Middle Years' Male Students <i>Paul Strueby</i>	5
Examining Mental Health in Schools and the Role it Plays in Supporting Students <i>Mark Engelhardt</i>	17
Student Anxiety and Depression in Our Schools <i>Cindilee Hayden</i>	29
Make Space for Indigeneity: Decolonizing Education <i>Tiffany Smith</i>	49
First Nations Instructional Leadership for the Twenty-first Century <i>Rosemary Morin</i>	61
Unpacking the Impact of School Culture: A Principal's Role in Creating and Sustaining the Culture of a School <i>Jamie Prokopchuk</i>	73
How to Create a Resistance-Free Environment for Successful Distributed Leadership in Education <i>Ashraf Salem</i>	83

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Mark Engelhardt

Abstract

The purpose of this meta-analysis is to examine the role that schools have with supporting student's mental health. Both the WHO (2014) and CMHA (2015) have identified that roughly 20 percent of adolescents suffer from a form of mental health problem. Part of the challenge of working with and supporting students who have mental health challenges is understanding the term itself. Examining previous research allowed three key themes to develop: role of the school, traditional practices, and educational training/programs. Schools were found to have an active role in supporting students' mental health through providing trained personnel, as well as educational programming that are directed to do more than break down the stigma associated with mental health. Another beneficial intervention includes providing students with adequate coping strategies to deal with their own challenges that cause them mental distress.

Mental health, the once segregated topic has now been thrust into the open with increasing prevalence as people come forward who are willing to share their own experiences and knowledge on the subject. The World Health Organization (WHO) has recognized mental health and stated that approximately 20 percent of the world's children or adolescents suffer from a form of mental health problem (WHO, 2014). This information is supported by data collected by the Canadian Mental Health Association (CMHA), which estimated 10 to 20 percent of Canadian youth suffer from a mental health problem (Canadian Mental Health Organization, 2015). Although this challenge has been recognized within Canada, health care funding for mental health is not a federal responsibility; rather it is a provincial service, which has resulted in each province developing its own approach to addressing mental health concerns (Whitley, 2010). As a result, other public sector agencies, specifically education, have not only been included with helping identify mental health challenges in students, but have also helped provide supports to allow these students to achieve some level of academic success (Adelman & Taylor, 2002). The field of education has responded by shifting from reacting to mental health concerns to creating structures and programs to help intervene and support individuals with mental health challenges (Adelman & Taylor, 2002; Weare, 2000; Whitley, 2010). Research studies have identified schools as being assets in helping address mental health problems primarily because of their role in identifying mental health problems; this identification occurs through the variety of assessments that teachers conduct (Brener, Weist, Adelman, Taylor, & Vernon-Smiley, 2007; Dikel, 2014; McLennan, Reckord, & Clarke, 2008). This dynamic does create unique opportunities to support mental health in students, but there are also challenges, both of which will be mentioned later in this paper.

The importance of this topic cannot be understated. According to previous research, mental health plays a vital role in the development of the social and emotional capacities of a student as well as being a key influential factor in potential academic success (Askill-Williams & Lawson, 2014; Brener et al., 2007; Flannery, Wester, & Singer, 2004; Whitley, 2010). Based on the evidence from both the WHO

(2014) and the CMHA (Canadian Mental Health Organization, 2015) there is a substantial percentage of students, specifically in the school age range, who suffer from some form of mental disorder. The CMHA (2015) has reported that mental health disorders are the second highest factor for hospital care, and that it is related to Canada's increasing suicide rate in youth. The most troubling finding is that only twenty percent of individuals who suffer from a mental disorder actually receive adequate support (CMHA, 2015). These statistics illustrate the growing demand for mental health support, from the health sector and other public sectors within Canada.

Purpose

This paper will attempt to identify what role the educational system has with addressing mental health needs in both children and adolescents.

Research Questions

1. What is mental health within the context of education?
2. How can educational services help with addressing mental health within society?
3. Specifically what roles do the individual school personnel have with addressing mental health?
4. What role does the school context have on promoting positive mental health?

Method

The method in which data and information were gathered was through a meta-synthesis of previously conducted research. In doing so, I analyzed information both from peer review journals, government organizations, and published books. The primary keywords that I utilized in my research are: mental health, elementary school, junior high school, high school, public education, Catholic education, school administration, stress, and anxiety. Research searches for online journal articles were set to range from 1990 to 2015, using ERIC (Ovid), ProQuest, Education Journals, and Google Scholar to allow for a variety in journal article selection, as well as variety in journal publishers. Once the search had been conducted, sources were sorted into four key themes: (1) mental health importance and misconceptions within education; (2) roles of school personnel, outside agencies and supports; (3) school context within the areas of leadership; and (4) professional development, climate, programming and challenges.

The ethical considerations that were taken into account with this meta-synthesis were the methodologies of the studies being considered, as well as professional integrity. McMillan and Schumacher (2010) identified that meta-analysis studies are often comprised of many different studies that in themselves conduct and analyze data differently. As a result, it is important to consider the methodologies in order to determine the validity of the information. Efforts were made to help avoid plagiarism and not modify information to help suit the anterior needs of the writer (McMillan & Schumacher, 2010). Therefore all information is accurately cited while maintaining the context and relevance of the original authors' work.

Literature Review

Defining Mental Health

There have been a number of different studies already conducted on the topic of mental health. Although the research that has been conducted is on the broad topic of "mental health", there also appears to be some confusion as to what term should be used. Kutcher (2016) described how the terms such as mental health condition, mental health issue, and mental wholeness have contributed to an increase in

stigma and confusion around the term “mental health”, because these terms all are used to refer to one broad topic of mental health. Adelman and Taylor (2002) found that the term mental health is often associated with mental illness, which results in the focus being on problems related to mental health rather than the whole context of mental health. In a report that was written by the Government of Canada (2006) and presented by the Public Health Agency of Canada (PHAC), researchers found that there is some clarity in how the terms mental health and mental illness should be defined. In the 2006 report, the term mental health was defined as “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face” (Government of Canada, 2006, p.1). In contrast mental illness is defined as “alterations in thinking, mood or behaviour— or some combination thereof— associated with significant distress and impaired functioning” (Government of Canada, 2006, p.1).

When you compare the two definitions presented by Adelman and Taylor (2002) and the Public Health Agency of Canada (Government of Canada, 2006), we can see that the term of mental health is more holistic than mental illness. Specifically speaking, mental health incorporates both the positive and negative associations that contribute to the way we interact with life’s challenges. Mental illness, on the other hand, occurs when there is a significant interruption of interpretation of life’s challenges, and individuals begin to struggle interacting and coping with life’s challenges.

The challenge with defining the term mental health continues because it has multiple meanings, each unique depending on the group that is providing the definition. Weare (2000), identified the challenge with defining mental health is due to its complexity, specifically because it is a term that is socially constructed and socially defined based on societies’ assumptions and values. The assumption of what positive mental health is could be different depending on the values that a specific social group deems important. Whitley (2010) and McLuckie, Kutcher, Wei, and Weaver (2014) agreed that the most accurate definition for mental health is the one presented by the World Health Organization who identify mental health as:

a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. (WHO, 2014, para. 1)

Using the definition provided by both the PHAC and WHO not only provides clarity on the term of mental health, but it also exposes how mental health is a critical aspect of a student’s educational experience. Not only can mental health be associated with every student within the school but it also can break the stigma of mental health only being an issue for lower academically achieving students; rather, it has become a concern for every student attending school (Weare, 2000).

Although the concept of mental health is applicable to every member of the school community, there is an apparent stigma that exists in the education system associated with the term, mental health. The perception, reinforced in the literature is that schools are not in the mental health business, specifically with reference to the role in treating and supporting psychological challenges; this stigma may also exist because society often correlates mental health with treating mental illness (Adelman & Taylor, 2006; Whitley, 2010). Rather, the role of the school is to ensure that teaching and learning are taking place. It is only when teaching and learning for a student is impacted by their particular mental health challenges that the school intervene and support that student (Adelman & Taylor, 2006). This reactionary method of addressing mental health in students not only enhances the stigma that mental health always has negative connotations, but it puts the schools in a perpetual state of being reactionary rather than being proactive in intervening with students. There has been an evolution in how mental health is viewed within school as a result of research specifically identifying how mental health impacts student achievement in school (Askell-Williams & Lawson, 2014; Brener et al. 2007; Flannery et al., 2004; Whitley, 2010).

Role of Schools in Addressing Mental Health Issues

General characteristics. Schools play an interactive role in the social health services by not only identifying mental health challenges in students, but also offering a location for treatment and deploy-

ment of resources. Flaherty et al. (1998) described the decisive shift from mental health care being provided in a variety of settings from community centers to schools as the “expanded school mental health services movement” (p. 420). Although schools now have more of a role in addressing mental health needs in students, it does not replace community and private mental health services; in fact, schools facilitate a pathway for the delivery of mental healthcare (Kutcher & Wei, 2012). McLennan et al. (2008) identified four key characteristics that enable schools to be critical members in identifying, preventing, and treating mental health in children and adolescents. These characteristics include: access to students through their attendance, training opportunities for teachers, convenience in terms of location, and a welcoming environment. Brener et al. (2007) supported the findings from McLennan et al. (2008), specifically the characteristics of schools as being welcoming and containing trained personnel. They identified schools as a location that offer a neutral, safe setting in which trained professionals, which include teacher, counselors, and psychologists, can not only assess but also provide support to address mental health challenges in students.

One of the main reasons that schools are a great avenue for supporting mental health in youth is the age requirement in which students attend school. Interestingly, schools provide a location where children and adolescents spend a significant amount of time, second only to the time spent with their parents (Office of the Provincial Advocate for Children and Youth [OPACY], 2006). Specifically in Alberta and Saskatchewan, the compulsory age in which students must attend school ranges from age six to sixteen (Alberta School Act, 2000; Saskatchewan Education Act, 1995). This time frame is significant because it covers the entire period of childhood and a portion of an individual’s adolescent years, a period where the majority of mental disorders can be diagnosed (Kessler, Berglund, Demler, Jin, and Walters, 2005). Through early intervention, support, and education, many mental health challenges can be managed before they have a negative effect on student academic achievement (Wei, Kutcher, & Szumilas, 2011).

The convenience of the school setting also creates another benefit of using schools as a setting to support mental health needs. In many urban settings, the distribution of mental health support can be relatively accessible for everyone to commute to, whether this is by public or private transportation; in the rural setting the distance between mental health support and the family can be vast (McLennan et al., 2008). Using the rural school as a hub for mental health support decreases the need for increased travel in order to receive support because all of the necessary individuals can be located at the school.

Schools also offer a setting that allows for mental health literacy to take place. Wei, Kutcher, and Szumilas (2011) identified that schools offer a unique setting that would allow for mental health education to be intertwined throughout current curricular objectives in a variety of subjects. This idea of using schools to promote mental health education is supported throughout literature, and it will be addressed later in this paper. Nevertheless, schools offer an element of convenience that allows them to not only deliver quality education, but also act as a site in which collaboration can take place between the school, families and community supports to help address mental health (OPACY, 2006; Whitley, 2010).

School personnel. The physical school plant plays a key role in the facilitation of the delivery of mental health services. Not only are they a location where children and adolescents learn, but they also serve a role in having individuals who may be able to identify mental health challenges. Schools’ ability to address mental health challenges is essential in helping promote student development both socially and emotionally. Mental health is also a factor that can influence a student’s potential academic success (Askell-Williams & Lawson, 2014; Brener et al., 2007; Flannery et al., 2004; Whitley, 2010). A number of schools and school boards have taken the initiative to provide different mental health disciplines which include school counselling and educational psychologists, each being provided at the school level for students and staff (Flaherty et al. 1998; Reback, 2010). The common outcome of the Flaherty et al. (1998) and the Reback (2010) studies were that when mental health services are available to students, there not only is an academic improvement but also a general improvement in a student’s mental health.

Although it is common to find professionals such as school counsellors and psychologists working in what is the current approach to mental health support, they are not the individuals who first suspect mental health challenges in students. Rather, it is teachers who are identifying and referring students

to other professionals within the school system to seek adequate support. The challenge with this notion is that many teachers who complete the teaching education program receive little to no training on identifying mental health issues, with the exception of basic understanding in an educational psychology course (Koller & Bertel, 2006). There are some post service training programs for teachers to gain a greater understanding about mental health issues. For instance, Wei, Kutcher, and Szumilas' (2011) study of a school based pathway to address mental health challenges, identified that when teachers received adequate training on mental disorders they are more skilled in recognizing students who are experiencing mental health problems. As a result, teachers are able to intervene earlier and provide appropriate support. In being able to identify mental health problems early, teachers are then able to refer students to counsellors and psychologists, which have been shown to have not only positive impacts on student's behaviour but also academic achievement (Reback, 2010).

Once a student has been identified as having mental disorders they are often referred to the most common member of social services available in a school, the counsellor. The role for the school counsellor can range from providing individualized or group short-term intervention, consultation with teachers and parents to gain a greater understanding of a student's mental health, and even assist teachers in programming for student achievement (Flaherty et al., 1998). Carlson and Kees (2013) identified in their research that school counsellors provide the majority of mental health support within many schools, but they also work as part of a team, which includes teachers, administrators, psychologists, and parents who help coordinate support through community programs (Ruff, 2011). Counsellors advocate for the student between both the school and their parents, which inadvertently puts the school counsellor in a position in which they can have a positive effect on a student's wellbeing with regards to their mental health support (Auger, 2013).

Although many schools do not have an educational psychologist located in the school, many districts have them located out of a central location to be available to schools that need their specific support. Whereas the roles for the school teacher and counsellor are more clearly identified, school psychologists have a diverse role. Specifically, they assess school programs and student academic levels, address student behaviour, recommend and sometimes implement teaching and learning strategies for students in order to enhance their academic achievement (Flaherty et al. 1998; Mazza & Overstreet, 2000; Ruff, 2011). In contrast, the school counsellor focuses primarily on the social side of mental health for students, whereas the school psychologists focus on the mental side that affects academic achievement. Like the school counsellor, school psychologists bridge the communication gap for the student between the teachers and the parents. Much of the research identifies that school psychologists spend the majority of their time in the assessment and testing of students. However, Ruff (2011) discovered that if more of the assessment was completed by teachers or other school administrators, school psychologists could spend their time developing supports for students and teachers by giving them individualized teaching and learning strategies based on a specific case. Regardless of their specific role, school psychologists in combination with counsellors and teachers make up the diverse team that is responsible for supporting student mental health.

Collaboration. With a number of different professionals working within a school all striving toward identifying students with mental health challenges in students, it is vital that there is an environmental structure that permits collaboration. Rowling (2009) identified that there are two key factors that support the collaborative effort between both the school and community healthcare services: morale and communication. The idea of staff morale is important for creating buy-in. Therefore school administration needs to identify the factors that contribute to low morale and engagement regarding mental health initiatives. Scholars have identified that are the key factors that contribute to decreased staff morale including inadequate support and training in mental health issues, increased sense of teacher accountability, and inadequate time to effectively address the issue (Carlson & Kees, 2013; Koller & Bertel, 2006; Rowling, 2009; Waere, 2000). Once teachers have a sense that these issues are being addressed, or that they are receiving adequate supports, they will collaborate more readily with other health services.

Communication among all of the members involved with identifying and treating mental health in students is also an important factor. Many researchers support and identify that in order for mental health services to be administered adequately there needs to be sufficient collaboration between mental health professionals and the school (Brener et al., 2007; Cappella, Jackson, Bilal, Hamre, & Soule, 2011; Flaherty et al, 1998). Brener et al. (2007) went one step further in identifying that families also have an important role with the collaboration effort between health care professionals and the schools. It is important to remember, in many cases where mental health illness has been identified, there are number of different individuals working together in order to support this child. Cappella et al.'s (2011) research found that there are individualized goals that each group brings into a mental health case. Specifically, educators are focused on finding a way to improve academic achievement in the students, whereas, mental health providers are focusing on the specific behaviours. Often when there are many individuals working on the same case, there can be a breakdown in the collaborative effort due to preconceived agendas that each group brings into the matter at hand. Edelman and Taylor (2006) described this conflict and identified that each group's hidden agenda often competes with others, inevitably leading to lack of clarity, and an inability to effectively meet the student's mental health needs. Flaherty et al. (1998) found in order to create unity for everyone involved, each group needs to have a specifically identified responsibility and role with the mental health case. This clarification on the role not only allows the different groups to work more effectively, it also allows them to work toward one goal rather than their own individual goal.

Policy on Mental Health for Schools

Currently, many of the policies that are related to mental health are directed toward the public health sector. In order for there to be a greater impact on the mental health approach in schools, there needs to be a shift in policy that helps coordinate the efforts between education and community resources (Adelman & Taylor, 2002). Specifically, Adelman and Taylor (2002) found that there needs to be a shift in policy that focuses on the enrichment of student learning, identifying impediments to student development and learning, and collaboration between both the education and community mental health services. The idea of increased collaboration is a common theme in research conducted in the area of mental health policy. Most notably is the idea of how currently policy with mental health not only influences how much support is given, but also with how that support is delivered (Adelman & Taylor, 2002; Keats & Latish, 2010; Kiselica, 2004).

As it was noted earlier, school counselors, whose role can vary from support to intervention, deliver one of the key elements of mental health support for students. However, the Keats and Latish (2010) study of Canadian counsellors found that the current policy on blending the roles of counsellor and teacher can create unique complications. Currently, in the educational system, becoming a counsellor requires a master's degree in counselling with a designated focus in school counselling (Flaherty et al., 1998). Within Canada, many counsellors have an education degree and a registered teaching license; they may then decide to go into school counseling in graduate studies. Whether this individual has solely clinical training or has experience teaching, the complication arises when the counsellor creates the therapeutic response in a controlled individualized setting, but does not create the therapeutic support in the group or class setting (Keats, & Latish, 2010). This approach causes a breakdown in the intervention process for the student, which not only can leave a student unsupported, but can lead to a negative impact on a student's academic success (Kiselica, 2004).

As a result, when writing policies for mental health, policy makers need to create a system with several criteria in mind. Current school policies are beginning to create support for school personnel by enabling student access to school counsellors at all grade levels (Cappella et al. 2011; Flaherty, et al. 2010); this access could have a dramatic effect in providing support for students. The earlier support is provided, ideally in the elementary grades, the greater the chance that mental health interventions have for preventing early characteristics from manifesting into mental illnesses (Kiselica, 2004). Progress is being made with the introduction of more flexible policies; these policies create opportunities for the development of support programs not only through mental health personnel, but also through education regarding mental health programs.

Mental Health Literacy

As policy toward mental health changes, so too does the approach to treatment and education on mental health within society. Although mental health was previously thought to be solely a health service problem, the education system has taken up a key supporting role. School personnel play a vital role in helping detect and monitor mental health in students, yet it is only one aspect of mental health support. The question that must be asked, is why are schools so important in mental health support, specifically with providing mental health literacy? Many scholars, including McLennan et al. (2008), and Cappella et al. (2011), argue that schools offer a unique setting that allows for a congregation of services both provided by the school system as well as by community outreach programs. McLennan et al. (2008) identified schools as being a critical member in detection of mental health challenges in students because there are trained professionals (e.g., teachers), who can help detect mental health challenges through academic assessments of students and comparing students to the conventional norm. This detection is part of the intervention process that schools play with mental health support, but the greatest amount of impact that schools have is through educational programs. Educational programs play a key role in not only informing students, parents, and teachers of the challenges of mental health, but they also provide strategies and skills to help reduce mental illnesses and disorders in students who may or may not have mental health challenges (Capella et al., 2011; Kutcher & Wei, 2013; Rowling 2009). With educational programs having a wide variety of support through current literature, what needs to be addressed is how to create an effective educational program in the first place. Specifically, what are the traditional approaches to mental health in schools? What training is available for school personnel? How can student curricula play a role in developing mental health literacy for students and families?

Professional development and leadership. One of the many areas of concern is that school personnel have adequate training in order to identify, intervene and support students with mental health needs in school. Koller and Bertel (2006) found that in many cases school staff, specifically the administration and teachers, have received limited training in mental health issues. In fact, what was found is that the little information that teachers do receive with mental health issues is through undergraduate coursework in educational psychology (Koller & Bertel, 2006). Many scholars agree, given the increase in the rate of mental illnesses in Canada, that there needs to be training for school staff in order to address mental health in students (Koller & Bertel, 2006; Power, Manz, & Leff, 2003; Rowling, 2009; Wei & Kutcher, 2014; Whitley, 2010).

Typically current practices in training for mental health have focused on the negative side of mental health, more commonly referred to as mental illness. This reactionary approach to professional development does not address the need for preventative actions or educating on promoting positive mental health; rather it focuses on specific mental illnesses and strategies to work with students it develop coping skills (Koller & Bertel, 2006). Recently, professional development practices have begun to provide a hybrid model of training. This model not only trains teachers to identify specific mental health challenges in students, but also to work toward being more proactive, promoting positive mental health to all students (Koller & Bertel, 2006; Kutcher & Wei, 2013; Power et al. 2003; Wei & Kutcher, 2014; Whitley, 2010).

Rowling (2009) also found that while there is a need to provide professional development in the area of mental health to build capacity within the school, there is also a need for a change in the school environment and leadership style. Part of this leadership style can be described as being distributive, but it is most commonly recognized as being collaborative (Rowling, 2009; Whitley, 2010; Young & Lambie, 2007). Studies by Rowling (2009) and Young and Lambie (2007) found that creating a school environment that is collaborative helps improve positive self-worth in the staff, increases a school's morale, and improves the overall support for new school initiatives that have been directed toward mental health.

Traditional programs. As it was stated earlier, previous methods for addressing mental health in schools has been a reactionary approach to mental illnesses, specifically providing coping strategies for students and teachers. What is important to understand is that this approach is one of the many vital tools that school staff have for dealing with mental health in schools. Regardless of how good the pre-

ventative measures are with promoting positive mental health, mental illnesses are inevitable and school staff need to have sufficient training in order to provide effective support for these students. Traditionally what is found in schools is training in intervention and support for mental illnesses and issues such as, anxiety, attention deficit hyperactivity disorder (ADHD), depression, and obsessive compulsive disorder (OCD) (Dikel, 2014; Kutcher, 2016; Reilly, 2015). The goal of these programs is to help build resilience in students and provide them with the skills to respond appropriately to the various stressors that are ultimately affecting their mental health (Page & Page, 2007). If the current model within the school is not sufficient to support the student with a mental disorder, then outreach programs are accessed. Current outreach programs help support schools that are not adequately staffed or have insufficient resources to support students who suffer from mental disorders (McLennan et al., 2008).

Current training on mental health helps teachers and school staff identify various stressors that are contributing to a student's particular mental illness. Stress is a concept that gets misinterpreted as something negative in a student's life; however, Page and Page (2007) described stress as a "nonspecific response of the body to any demand made on it" (p. 133). Using Page and Page's interpretation of stress, one can correlate that stress is not only a natural part of life, but it is an essential component to help students build capacity. Many of the stressors that students are exposed to include a variety of items like grades, social interactions and bullying. These stressors may not cause a challenge to a student's mental state because they are equipped to handle the stress. However, when a student is ill equipped to handle the stress, it can trigger their fight-or-flight response because the student perceives a stress to be a danger (Page & Page, 2007). Over an extended period of time, students who consistently recognize specific normative stresses as dangers that stimulate their fight-or-flight response can develop into the mental illness of anxiety (Reilly, 2015). Of all the mental illnesses that students may present, anxiety disorders are ones that teachers are the most aware of, which can be associated with the fact that anxiety disorders are the most common within children and adolescents (Dikel, 2014).

One of the ways that school staff are trained to work with students with anxiety disorders is to focus on building resiliency through wellness programs. Resiliency was described by Reilly (2015) as "the ability to bounce back after adversity" (p. 27). Too often in school today students are being removed from situations that challenge them; in doing so, students are not given the opportunity to learn effective coping strategies and are unable to overcome the adversity (Weare, 2000). Building resiliency needs to be addressed through a holistic approach. Specifically the approach needs to be one where the school staff are able to build a relationship with not only the student but also the parents, each sharing their own unique insights to resiliency (Askill-Williams & Lawson, 2015; Reilly, 2015; Weare, 2000). Consequently, there needs to be a collaborative approach with all the key stakeholders. Along with the collaborative approach to resiliency, there are a number of different accommodations that can be implemented to help a student build resiliency and work through the adversity they face. These accommodations include and are not limited to: physical exercise such as body breaks or daily physical activity, art and music to be used to relax, differentiated instruction, and adequate rest or sleep (Page & Page, 2007; Reilly, 2015). As students build resiliency, they become more competent with dealing with adversity and as a result there is a decrease in the negative effects associated with anxiety.

Current programming. Adequate training for school professionals is one of the major steps in promoting mental health within schools. Wei and Kutcher (2014) found that as teachers became more knowledgeable about mental health they were also able to identify mental disorders and provide these students with support. Ideally, addressing mental health needs for youth should take place in schools because of the flexibility of being able to link mental health with curriculum, as well as having the ability to bring in outside sources to work individually with students (Wei, Kutcher, & Szumilas, 2011).

One of the biggest obstacles that needs to be overcome with addressing mental health in society as a whole, is breaking down the stigma that follows it. As Weare (2000) pointed out, the stigma behind mental health is its association with being an issue for lower academically achieving students, whereas it is actually an issue for every student attending school. The role that schools can play with this is through mental health literacy, specifically, having curriculum that incorporates mental health concepts that are

delivered by the classroom teacher in a method that is familiar and understandable for the students and to which they can relate (McLuckie et al., 2014). Along with educating the students regarding mental health literacy, Wei et al. (2011) found that is also important for families to be educated not only by their children but also through evening meetings with trained personnel in the field of mental health.

Lauria-Horner, Kutcher, and Brooks (2004) conducted a study of a school where grades one to seven were taught mental health literacy through curriculum. They found that mental health literacy programs helped improve the general attitudes in students in lower elementary grades (one to three); they were open to discussing their feelings with teachers, whereas as students got older they became more reserved with discussing their feelings about mental disorders. What they predicted is that if this program was implemented early in a student's education, attitudes toward mental health would improve which could result in decreasing the general stigma around mental health. A condition that is important to consider about this specific program is that it was not a short, whole school presentation on improving mental health literacy, which has been proven to have limited improvements on student attitudes toward mental health (Kutcher & Wei, 2012). Rather, this program was presented over the course of five months, allowing for a greater rate of retention of the material being presented (Lauria-Horner, Kutcher, & Brooks, 2004).

Challenges. There are a number of different challenges that identified by current literature that must be addressed for mental health programs to be successful in schools. Even though many schools offer the ideal culture, support, leadership and professional learning opportunities, there can be insufficient knowledge, training, support, and capacity for those involved in mental health programs (Kutcher & Wei, 2013; McLennan et al., 2008; Rowling 2009; Weare, 2000). There needs to be a high degree of training on the part of the teacher, not only to feel comfortable with the material, but also to demonstrate competence with skills that are necessary in identifying mental disorders in students (Han & Weiss, 2005; Kutcher & Wei, 2013). The program also needs to be sensitive to cultural contexts to provide a method of delivery that is sensitive to groups that have been discriminated against by both the government and educational system (Atkins, Frazier, Abdul Adil, & Talbott, 2003). In fact, the biggest challenge when working with groups that have a history of discrimination is engaging in collaboration and communication and generating initial buy-in to the program (Marbley et al., 2015). There is also a need for a standardized form of assessment, one that is adequate in determining both the pre and post knowledge on mental health literacy for the specific stakeholder groups (Han & Weiss, 2005; Kutcher & Wei, 2013).

Securing initial buy-in to mental health literacy is also a challenge for schools. Hoganbruen, Clauss-Ehlers, Neilson, and Faenza (2003) found that the key member of the school who needs to buy into mental health literacy is the principal, and one of the ways to secure their support is to present mental health literacy as a way to improve student learning as a whole. Principal buy-in is demonstrated through their behavior and attitudes, but also with the amount of support they provide to teachers, which can have an impact on influencing teachers' perceptions of the program (Han & Weiss, 2005). Buy-in is also impacted by lack of communication among all of the parties involved, especially between the school and community health groups (Flaherty et al. 1998). With more students being diagnosed with mental disorders, there has been a significant strain on the resources that are available to support students and teachers, which in turn leads to longer wait times or no support given at all (McLennan et al., 2008).

Conclusion

The purpose of this study was to help provide some clarity as to what role the education system should have with mental health awareness, treatment, and support. It is obvious that schools play a vital role with aiding in diagnosis, intervention, and prevention of mental health. Brener et al. (2007) identified that schools not only offer trained personnel, and a convenient location to coordinate services, but schools also serve the key demographic where intervention has the greatest amount of impact. When delivering mental health services, two key variables need to be considered, adequate training of staff members and access to sufficient resources to support students (Koller & Bertel, 2006; Power et al.,

2003; Rowling, 2009; Wei & Kutcher, 2014; Whitley, 2010). Effort is being made with breaking down the negative stigma associated with mental health through literacy programs in education and evening sessions (Wei et al., 2011). It is anticipated that these programs will not only help decrease the stigma of mental health, but also prove to have a positive effect in enabling students to self-advocate when they are experiencing mental disorders and have access the assistance of trained professionals. More research needs to be conducted on how school based programs on mental health literacy are having a positive effect on decreasing the number of students suffering from mental disorders and on having a positive impact on student learning.

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