

The Importance of Mental Health Education in Public Schools K-12

Mental health disorders have been around as long as humans have lived. However, there has recently been a paradigm shift of the stigma regarding mental-health disorders. What was once considered a reason to put away a family member in an asylum has become a normal occurrence in American life. Over 50 million people suffer from a mental disturbance each year.¹ In fact, the United States ranks first in the world for mental illness.² No different than any other medical condition, mental illness can also be properly diagnosed, accurately treated and possibly cured.³ However, if left untreated, illnesses of mind are among the most disabling ailments due to the nature of the symptoms.⁴ The leading cause of disability, around 14 million people have a diagnosable mental disorder.⁵ As stated by the US Surgeon General, this “public mental health crisis” is being led by the untreated mental disturbances that occur during childhood.⁶ According to the Center for Disease Control and Prevention, about 1 out of 4 or 5 children under the age of 18 will experience a mental disorder every year.⁷ The 17 million young people that meet the criteria for mental illness face considerable difficulties that affect their learning, behavior, and expression of emotion.⁸ Causing severe impairment in about 5 million American children today, mental illness makes up one-third of the disease seen in the adolescent population.⁹ While it is an accepted practice to regularly visit a physician for the slim chance that a person may have a unknown serious illness and physical education became mandated over 100 years ago in schools due to the health threats of “lifestyle-related” diseases.¹⁰ Knowing the widespread impact of mental illness, it is irresponsible and unfair to the adolescent population to not provide a sustainable future through mental health checkups and education. Although the paradigm shift

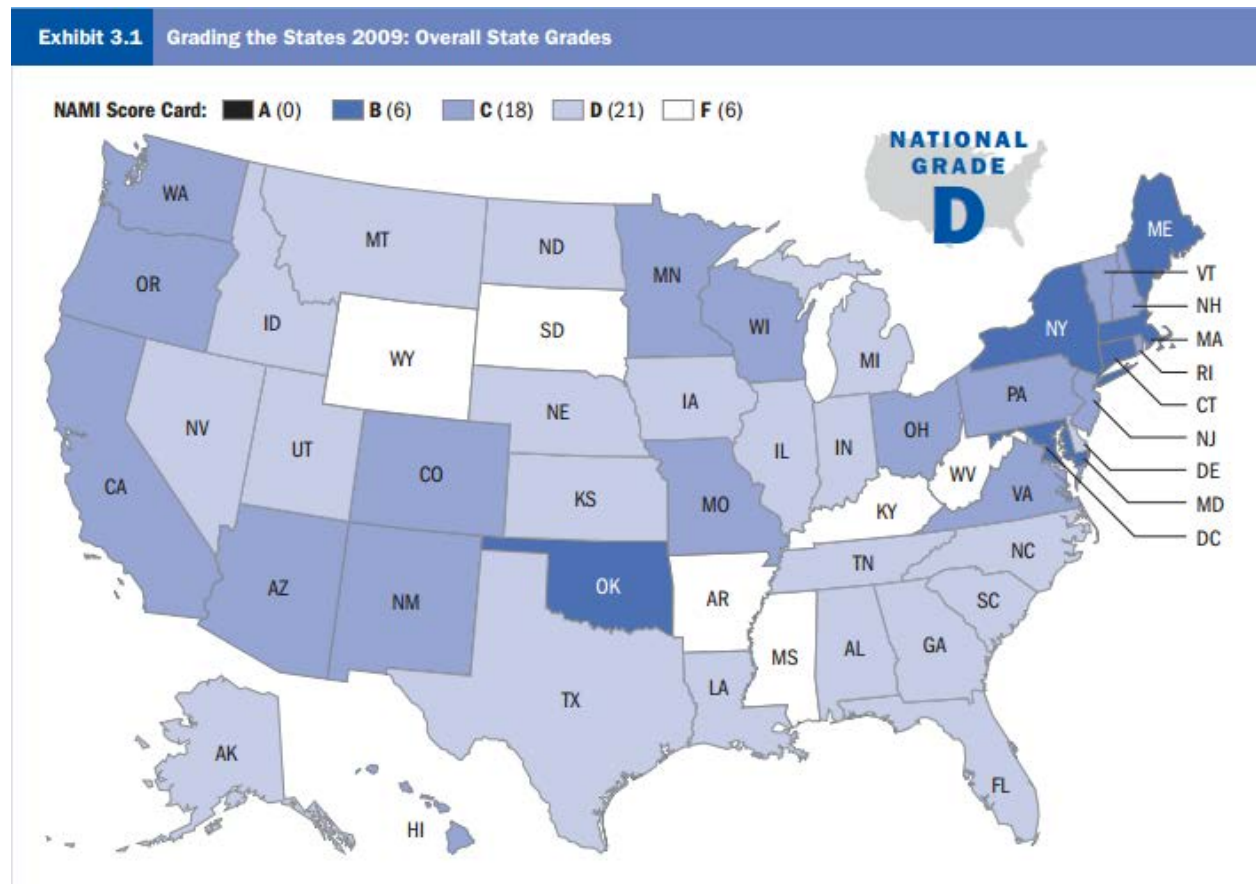
changed the way mental illness is depicted in American culture, the mental health education system has yet to follow suit. Therefore, American policy makers should be working towards building programs of prevention and intervention in schools to properly educate children on proper mental health.

While it is important to raise awareness for and treat mental illness at every age, it proves to be especially important during the formative period of adolescence. For example, it is estimated that half of all Americans will meet the criteria for at least one mental disorder at some point in their life.¹¹ The importance of childhood prevention and intervention resides in the fact that according to the National Comorbidity Survey and *Archives of general Psychiatry*, 50% of those mental illnesses begin by the time the subject is 14 years of age.¹² (See infographic to the right). A large majority of these mental disturbances go unrecognized at this time leaving children vulnerable to emotional, social, and intellectual problems during a period of critical brain development and growth.¹³ Since there is such a vast display of mental health issues during childhood, and children are spending a large majority of their time in school, it is only logical to focus mental health resources in the education system.¹⁴

However, there are great struggles not only with our mental health education, but the issues with the United States' mental health system only make prevention and intervention programs more important for the nation's schools. Every year, the National Alliance on Mental Illness (NAMI) awards the states with grades based on their mental health policies and



programs.¹⁵ In 2009, the latest released report card, no state was given an A and the national average was only a D.¹⁶ (See infographic below) This is partially due to the fact that there is no one system or agency responsible to take care of the children with “emotional disturbances”.¹⁷ Meaning, mental health, special education, welfare of children, juvenile correction and justice, substance abuse, and health all play a role.¹⁸ In NAMI’s grading of Pennsylvania, they reported insufficient funds and arguments about the appropriate mix or care and services.¹⁹ Unfortunately, this leaves children without the support and help they need.²⁰ For example, Substance abuse and mental health services administration projects 12,624 psychologists demanded by 2020, but only 8,312 are expected.²¹ Similarly, there are 7,500 child psychologists while it is estimated that



20,000 are needed.²²

The difference between the demand and the need for child psychologists often leave children and their families without options and searching for help. In the United States, the correctional system bridges this gap and is the largest provider of mental health care.²³ When parents need immediate help, the system leaves them few places to turn.²⁴ One patient from Pennsylvania reported to NAMI that there is generally a one-to-two-month wait between the intake interview and the initial meeting with the psychiatrist.²⁵ For those in serious need, a month can be a long time to wait. In one case, a worried parent of a suicidal teen felt the only option he had was to call the local law enforcement and accept the possibility that his son would wind up in jail instead of the hospital.²⁶ For over 12,000 parents, the only solution was to give up custody to the state.²⁷ This is why the Pennsylvania Office of Mental Health and Substance Abuse Services is collaborating with the Pennsylvania Commission on Crime and Delinquency to develop and improve mental health jail diversion courts.²⁸ While jail diversion programs are necessary to decrease the amount of inmates with mental illnesses, this is only one piece of the puzzle.²⁹

Currently filled by juvenile correctional facilities, the gaps in the current health system would be better suffused by better education in K-12 schooling. However, NAMI reported that Pennsylvania fell far below the national average for mental illness public education efforts.³⁰ According to the National Mental Health Association, legislation has been introduced that outlaws mental health screening of children, restricts the capability of schools to have conversations with parents of children about behavioral health diagnoses, and forbids the recommendation of psychotropic drugs for children in Pennsylvania.³¹ With tunnel vision on standardized test scores, most public schools focus only on measurable standards of education without acknowledging that mental health is essential to academic, social and emotional

development.³² Public school systems are limiting their definitions of mental health and mental illness to abandon a large number of children who need their help.³³ The problem with the narrow definitions public schooling puts on mental illness is that schools are waiting until students meet the requirements of the definition and then have to incorporate substantial, high-effort programs into students' lives.³⁴ Instead, schools should focus their resources on proactive and preventative programs.³⁵ The education system is failing children by not taking responsibility of providing a curriculum that matches students' needs.³⁶

Schools need to provide mental health education and services as early as possible as many mental health disorders show symptoms during childhood and can affect children as young as preschool.³⁷ Left to themselves, mental disturbances can contribute to educational consequences making it desirable to identify them as early as possible.³⁸ Early identification and treatment is capable of disrupting the negative course of mental illness by making it shorter and less debilitating.³⁹ The accumulation of abnormal thinking over long periods of time can limit recovery, furthering the case for early detection, testing, and treatment allowing children to thrive.⁴⁰ Being able to identify kids early and providing them services to find help will decrease the longevity of the illness and decrease the seriousness of various risk factors associated with mental illness such as violence, substance abuse, and suicide.⁴¹ While it is easier to see immediate effects of childhood disorders, such as behavioral issues in school, the immediate effects are also likely to lead to other issues such as failure in school, poor employment opportunities, and poverty when grown adults.⁴² With the obvious correlation between academic success and mental wellbeing, schools must understand their responsibility and role in adolescent mental health.⁴³

The National Alliance on Mental Illness recommended that “states should promote early identification and intervention for children’s mental health conditions through primary care and schools”.⁴⁴ Early childhood mental health education does not only refer to major disorders, but also to the critical development of academic, emotional, and social skills in addition to the prevention of disorders before they become more serious.⁴⁵ Important in the battle against stigma, mental health education can also serve as a reminder to what can happen if prevention, intervention, and treatment does not occur.⁴⁶ Schools should not only provide special assistance to those identified, but to also use curriculum and the classroom to help all students.⁴⁷ The Center for Disease Control and Prevention developed an assessment for various school programs and curriculums to see how they match up to the standard of mental health education.⁴⁸ Other than using the curriculum to teach mental health, educators can help students find resources if given the proper training.⁴⁹ However, only 34% of teachers believe they are capable of meeting the mental health needs of their students.⁵⁰ Teachers should be educated and given mental health information because they have real relationships with their students and are often one of the most influential people in children’s lives.⁵¹

Other than using educators as weapons in the war against mental illness, there are also various programs for schools to help in the education, detection, prevention, intervention, and treatment of children. One such program is TeenScreen. A large, school-based screening program developed at Columbia University, its goal is to make mental health checkups a reality for young people.⁵² With this program, students fill out a questionnaire that is followed by a meeting with a social worker or psychologist.⁵³ After this, students who are viewed as at-risk, about 17% of those screened, are recommended for further evaluation.⁵⁴ Even though the screening is entirely voluntary and requires parental consent, one of the arguments against the

program is that it is an invasion of privacy.⁵⁵ Other arguments include that the asking about mood or suicidal feelings may further induce those feelings and that the process may produce false positives.⁵⁶ However, it was found that high-risk teens who had a history of such moods and feelings felt better after being asked suggestive questions as opposed to those who were not given the same questions.⁵⁷ As far as false positives are concerned, there is very little harm in a student receiving additional psychological help as opposed to the alternative of a student needing help and their needs not being met.⁵⁸ This simple, yet effective, method of detection and prevention is critical for the current safety of students and important for their long term health.⁵⁹

While we truly need a national approach for the mental health of children that includes education, detection, intervention, treatment, and financing, Pennsylvania state policy makers should be working towards building these types of programs in schools to properly educate children on mental-health.⁶⁰ To do this, lawmakers should follow the example of states such as California and New York which have passed laws regarding the improvement of mental health education. In 2013, California passed a law that mandated all public schools, K-12, to revise their health education to include mental health.⁶¹ The revisions were to include information on warning signs, symptoms, definitions of disorders, obtaining help, and overcoming stigma.⁶² Along the same line, in October of 2016 New York passed a law that added mental health as an education requirement.⁶³ Effective July of 2018, this law is predicted to increase recognition of mental illness in students, themselves, as well as other students.⁶⁴ While Pennsylvania is on the right path to mentally healthy children with HB 1559 which encourages the faculty of public schools to receive at least 4 hours of suicide awareness training and also mandates the Department of Education to provide public schools with all necessary resources to educate on suicide awareness, changes still need to be made.⁶⁵ Behind California and New York,

Connecticut's SB 1053 requires a school-based mental health program that screens children for potential disorders and behavioral problems.⁶⁶ Equally important, West Virginia's HB 2535, also known as Jaime's Law, requires all public middle and high schools to implement opportunities for discussion of suicide prevention as well as make resources available to all students and faculty.⁶⁷ Looking at the laws, there is a hint of effort nationwide to bring mental health into the education system. However, there needs to be more.

Without state-mandated mental health programs in place, the consequences America's youth are facing now will only increase over the span of their lifetime and from generation to generation. One consequence of a lack of mental health education and prevention is the national teenage suicide epidemic. Over 40,000 Americans commit suicide every day, with a young person, age 15 to 24, committing suicide every one hundred minutes.⁶⁸ With no other factor greater in teen suicide, it is believed that 90% of suicide victims have underlying mental disorders.⁶⁹ In Pennsylvania specifically, there are more suicides than the national average of 13 deaths per 100,000 population.⁷⁰ The second leading cause of death in youth, there are at least 25 attempted suicides for every successful one ending in death.⁷¹ Knowing that with education and prevention the suicide rate may decrease, it is irresponsible to not have policies in place to protect children from themselves. Not only are the programs protecting children from themselves, but they are also offering protection from potentially tragic situations such as school shootings. Undiagnosed and untreated mental disorders are the number one speculated cause for all mass school shootings.⁷² There has been evidence in the past of those involved in school shootings dealing with mental illness, however, once the national attention and emotion wore off, nothing further was done.⁷³ While there is nothing that will ever completely put an end to school shootings, mental health awareness and prevention through the education system may prove to

be the change needed to decrease the occurrences of school shootings.⁷⁴ Mental health programs in schools have the ability to affect not only the life of one child but many as they can help prevent disastrous events from occurring.

No other illness has the ability to cause the extent of damage on a child's life similar to mental illness.⁷⁵ While policy makers are passing laws and regulations requiring physical education, mental illness is on track to become one of five most common causes of childhood morbidity, mortality, and disability.⁷⁶ Pennsylvania needs to take a look at other states such as NY and California and pass a law mandating an updated curriculum focusing on mental health in all public schools. On a different level, independent schools need to take the initiative to protect their students by using funds to provide preventative programs, such as TeenScreen, to their students. The lack of focus on mental health within the Pennsylvania education system, is failing the students by not providing them with the best knowledge and tools for lifetime success.

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