



STUDENT ASSISTANCE PROGRAMS:
**School Success in the
Midst of Mental Illness**

STUDENT ASSISTANCE CENTER at
PREVENTION FIRST
Building community capacity to prevent substance abuse

Funding provided in whole or in part by the Illinois Department of Human Services and the Substance Abuse and Mental Health Services Administration (SAMHSA)

In a recent speech by a member of the Ohio State University College of Human Ecology, David Andrews Ph.D., summed up mental illness and school this way:

“There is no question that mental health issues play a significant role in the levels of education achieved by children. Children with mental health issues experience multiple obstacles to learning that makes the difference between whether or not they lead productive adult lives.”¹

Mental health problems can exact a negative toll on children and adolescents, and Student Assistance Programs offer solutions. Children struggling emotionally and who cope poorly with social challenges are not equipped to achieve academically. School can easily become a place where social, emotional, and academic failure is a daily occurrence. Functional impairment in the school environment can occur, and often does, because of mental health issues. It is estimated that 5-9% of children, overall, have emotional disturbances that seriously interrupt school performance causing school failure, delinquent social interaction, and negative community investment. Unchecked mental health conditions in childhood lead to truancy, discipline issues, dropping out of school entirely, and underemployment as adults.

Many mental illnesses take their root in early childhood and the teenage years. According to the National Institute of Mental Health, half of the lifetime cases of mental illness begin by age 14 and if left untreated, can lead to severe illness that is more difficult to treat as well as development of co-occurring mental illnesses. The National Council for Community Behavioral Healthcare, developers of Mental Health First Aid in the U.S., indicate the median age of onset for anxiety is 11 years old, substance first time use is 13 years, and that many mood disorders develop in late adolescence. Sadly, we also know the evidence is strong that 90% of all children and adolescents who complete suicide have a mental disorder. In fact, children,

adolescents, and adults alike are at risk for each of these illnesses. Mental illness statistics tell us that one in four Americans will experience a mental illness episode in their lifetime.

At all ages, positive mental health is vital for learning and navigating life's challenges. In the case of children, helping them maintain good mental health is important as their experiences in life are age-limited. Their understanding of both the good times and difficult times are founded in observing adults. If adults have unhealthy responses, poor coping reactions, and/or the barrier of a mental illness, the teachable moments for children may be negatively skewed. Those children may engender negative coping skills, be predisposed to mental illness, or relate to others in ways detrimental to their success.

Early identification equals early recovery. This is the foundation of Student Assistance Programs in our schools. Student Assistance Programs (SAPs) are uniquely equipped to address mental health issues in students through modeling positive values, setting clear boundaries and expectations, intervening with individual students, and partnering with families, school staff, and community supports. SAPs support a clear mission of learning and success. Schools integrating SAP processes within their school operations help students avoid enormous disability from mental illness through strong prevention, intervention and collaboration for students and families.

“Schools and medical care facilities are the two most common providers of mental health services to children and youth in the U.S. Given this lead role in the provision of mental health services, schools represent the most logical focal point for coordinated service delivery.”² Schools with SAPs are at the forefront of services that collaborate with in-school resources and community agencies providing solid identification of mental illness symptoms, positive messages of help and support, and real strategies geared toward the individual

¹ Fontanella, CA; Early, TJ, Phillips, G. Need or Availability: Modeling aftercare decision-making for psychiatrically hospitalized adolescents, *Children's Youth Services Review*. Vol 30, no.7, Ohio State University News, 2016

² National Association of School Psychologists, position statement on interagency collaboration to support the mental health needs of children and families, www.nasponline.org (November 2016).

student and the student's family. SAPs complement existing services and instructional strategies within the school and are a powerful resource to integrate into a school community.

Student Assistance Programs provide high levels of support for school personnel to intervene with students who are struggling with non-academic barriers to learning. SAP teams along with families, parents, and staff use indicators of concern to identify children and teens who have non-academic barriers (such as mental illness) to school success in the early stages of the onset of problems. SAP workers collaborate and strategize to refer identified students for assessment, treatment and other levels of support, interaction, and help. SAP teams are inherently connected to their communities, and work hard to use community resources as partners for families needing special attention.

SAP professionals are often well versed in:

- Local child-serving systems.
- Child and adolescent mental health.
- Best procedures for accessing community resources.
- School culture and climate, intervention, and treatment needs.
- Crisis and postvention collaboration with school crisis teams.
- Suicide prevention and intervention.
- Working with students and families.
- Core team structure.
- Providing training.
- Reducing stigma.

By looking at a few diagnosable illnesses that can manifest during childhood and adolescence, it is easy to understand how school success and mental illness are strongly linked.

Childhood anxiety:

This common and treatable condition affects one in eight children. Irrational fears and worries overwhelm children and adolescents creating irritability, sleeplessness, and physical symptoms. Making friends, missed social opportunities such as sports, dances, and prom along with fears of failure can lead to truancy, behavior problems, and dropping out of school. Anxiety disorders often co-occur with

depression, eating disorders, self-injury, substance abuse, and attention deficit hyperactivity disorder.

Depression Disorders in Children and Adolescents:

This disorder is also very common. Characterized by sadness and isolation, children with depressive or "mood" disorders may pull away from school and friends, have trouble exploring their feelings and the cause, and act out in angry ways. Teens sometimes seek substances to reduce these feelings. Pervasive feelings of hopelessness, helplessness, and worthlessness can drive some children and teens to consider suicide. There are many kinds of medical treatments and talk therapies that have been proven effective for depressive disorders.

Eating disorders:

These disorders have the highest mortality rates for mental illness. Eating disorders (EDs) can cause a variety of medical concerns and increase absenteeism in school. Because EDs co-occur with anxiety, depression, and compulsive disorders, students may simply be too emotionally exhausted and behaviorally out of control to participate in socializing, school work, or learning. There are many talented specialists and national organizations in this field available to help.

Substance Use and Youth:

Using substances at younger ages has been studied for many years. These studies continually point to obvious connections between substance use and lower cognitive functioning: memory, attention, and concentration. Well known for a long-term concern for addiction, substance use and abuse can lead to a total disregard for school and its benefits. Substance use has many co-occurring connections to anxiety, depression, and eating disorders. Young people can and do recover from this disorder with support and guidance from parents, school staff, and treatment professionals.

Self-injury:

This disorder has been called "The Silent Crisis." Self-injurious behaviors can last a lifetime if not treated, and often begin between the ages of 10 and 24. This behavior is typified by intentional cutting, burning, punching, biting, or embedding, as well as other means of self-harm. It serves to

express oneself nonverbally, feeling in control and grounded. Some researchers say self-injury has addictive qualities. Schools play an important role in identification and seeking support. Treatment professionals use specialized coping, learning and mindfulness skills to combat the compulsion to self-injure to cope with trauma and life stresses.

Attention Deficit Hyperactivity Disorder:

School can be so hard for students who have attention deficit hyperactivity disorder. These students often find it tough to concentrate, socialize and filter thoughts, feelings and behaviors appropriately. Some students unfortunately find their way to substances to cope, and others leave school because of failing grades and discipline problems. When SAP teams and school teams collaborate to accommodate behavioral and social difficulties, these students often thrive.

SAP teams often begin by viewing children through the lens of risk and protective factors. Each mental illness and its manifestations are distinct to the individual as are the risk and protective factors the individual experiences. SAP staff collaborate with school personnel as key partners to develop a strategy through the domains of child well-being, family well-being, school experience, social engagement, and life events. Under the headings of risk and protective factors, the real work begins to reduce the impact of current mental health concerns on long term success and wellness.

The following generalized representation will provide an opportunity to examine the importance of how a Student Assistance Program might assist their colleagues in identifying risk and protective factors and designing a strategy for confronting students’ problems.

(A) Key: Sample: K - 8th grade High School

Domain	Risk Factors	Protective Factors	Strategy
Child Well-being	<ul style="list-style-type: none"> • Early aggressive behavior • Difficulty identifying positives about self • Limited self-esteem • Negative thinking • Substance use identified 	<ul style="list-style-type: none"> • Responds to self-control feedback when rewarded • Student is pleased when receiving positive information about self • Relationship with each coach is positive • Attends school regularly • Open to discussing substance use 	<ul style="list-style-type: none"> • Point system and reward at home and school to respond to self-control • Daily affirmation statements by teacher followed by affirmation development with student about self • Create one to one opportunities with trusted adult • Provide adult with substance abuse information • Meet with parents to identify substance abuse concerns • Provide free assessment information from local hospital
Family Well-being	<ul style="list-style-type: none"> • Family inconsistent in attendance at important school meetings/events • Older sister incarcerated • Disharmony • Inconsistent Discipline • Mother suffers from depression 	<ul style="list-style-type: none"> • Mother available by phone even during work time • Student willing to talk about sister with social worker • Mother is in treatment • Relationship with school social worker is positive • Parents support academic achievement 	<ul style="list-style-type: none"> • Set up regular check-ins with mother by phone • Write letters to sister, create collages about feelings, stay in contact with mother about sister’s status • Use of academic achievement for all discussions • Utilize single point of entry through social worker • Stress mother’s positive regard for support and encourage substance abuse assessment

Domain	Risk Factors	Protective Factors	Strategy
Social experience	<ul style="list-style-type: none"> Limited friendships and connections to peers during unstructured times Only child in single parent home Peer rejection exists Recent altercation Senior year with no college, employment or identified intents 	<ul style="list-style-type: none"> Is invested in joining after-school program Mother excited about mentor program for her child Senior success group available College and job night upcoming Appropriate temperament and handling of recent altercation Mentor program option 	<ul style="list-style-type: none"> Encourage after-school site coordinator to create study pairings for student and to monitor response by student and peer Provide high school mentor and adult mentor Explore available school experiences with parents and teen Congratulate on “stay in school” attitude and discuss Discuss pluses and minuses of substance abuse for school success. Learn patterns of use
Social engagement	<ul style="list-style-type: none"> Impulsive behavior is sometimes off-putting to peers Poor spatial boundaries Some hygiene concerns Isolation Has not accessed supports in school Some economic issues, clothing, money for outings, etc. 	<ul style="list-style-type: none"> Is aware of how behaviors create negative preceptions Able to respond to cues to move seats or increase body space for peer comfort Accepts feedback and is willing to clean up in locker room Local teen center Job/school project Coach can provide mentor/peer supports Student open to ideas 	<ul style="list-style-type: none"> Assign single peer as behavior-buddy Observe for any identifiers related to body boundaries Explore concerns with mother and help/report as needed Daily check in (-discrete) Peer lunches Explore feelings about perceived isolation - look for student comfort levels and his concerns
Life events	<ul style="list-style-type: none"> House fire resulting in loss of family pet Father unemployed after long-standing position at work Death of grandma Recent arguments at home New house 	<ul style="list-style-type: none"> Neighborhood and church response to family very positive Parents striving to limit adult conversations and stressors with student Invested in seeking support Grief group support Brother positive support 	<ul style="list-style-type: none"> Allow weekly check-in and time to talk about loss as needed Provide community resources to family Allow school social work - visit as needed Encourage community support

While it is not the role of Student Assistance Professionals to diagnose specific mental illnesses, it is important for all personnel working with young people to be able to identify the risk factors of mental illness in order to connect these young people with SAP services. With the chart herein, SAPs can begin to develop a plan to support young people experiencing mental health challenges and connect them with appropriate mental health services.

References:

- Adelman, H. and Taylor, L., Center for Mental Health in Schools. (2008). Framework for Systematic Transformation of Student and Learning Supports. Los Angeles; Center for Mental Health and Schools, UCLA
- Auger, R.W. (2010) The School Counselor's Mental Health sourcebook: Strategies to Help Students Succeed. Thousand Oaks, CA: Corwin Press.
- Brener ND, Weist M, Adelman H, Taylor L, & Vernon-Smith M. (2007), School Health, Mental Health & Social Services: from the School Health Policies and Program Study
- Centers for Disease Control and Prevention, <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm> (2013). Mental Health Surveillance Among Children - United States. 2015-2011
- Fontanella, CA; Early, TJ, Phillips, G. . Need or Availability: Modeling aftercare decision-making for psychiatrically hospitalized adolescents, Children's Youth Services Review. Vol 30, no.7, Ohio State University News, 2016
- Mental health and social services: results from school Health Policies and Programs Study. 2006. Journal of school health 77, 486-499.
- National Institute of Mental Health, Treatment of Children with Mental Illness, 2008; <https://www.nimh.nih.gov/index.shtml>
- National Council for Community Behavioral Healthcare, Mental Health First Aid Handbook, Website, www.thenationalcouncil.org
- Taylor, L & Adelman, H.S. (2013) Mental Health in Schools. Opportunities and Challenges. In The Praeger Handbook of Community Mental Health Practice, Prager. Vol. 2, Chapter 5., Thousand Oaks, CA, Corwin Press.