



Research Output Journal of Education 3(3):29-33, 2024

ROJE Publications

PRINT ISSN: 1115-6139

<https://rojournals.org/roj-education/>

ONLINE ISSN: 1115-9324

Mental Health Support in Schools: Addressing the Growing Needs of Students

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ABSTRACT

The mental health needs of students in schools are increasingly recognized as a critical issue that requires urgent attention. This paper explores the significance of mental health support in educational settings, examining the impact of mental health on academic performance and overall student well-being. The paper highlights the challenges and barriers faced by schools in providing adequate mental health services, such as stigma and underfunding, and discusses current approaches like counseling services and peer support programs. It concludes with best practices and recommendations for enhancing mental health support in schools, emphasizing the importance of early intervention and culturally responsive frameworks to ensure that all students receive the necessary care.

Keywords: Mental health support, School-based mental health services, Student well-being, Early intervention, Counseling services.

INTRODUCTION

Mental health is a growing issue affecting students nationwide. A variety of factors including community violence, personal trauma, academic pressures, bullying, and broken relationships can lead to mental health distress in students. School is one of the most important places for youth attending because it is their primary point of social interaction, personal growth, and intellectual development aside from the home. Mental health support can be difficult for students to access because of stigma and a general lack of awareness of services. Schools are seen as a safe place among students, so it is in schools that mental health services should be made available to students. Roughly one in five students entering a school day are struggling with anxiety, depression, or behavioral concerns. Early intervention mental health services must be developed in schools if Georgia is to avoid a mental health epidemic in the coming years [1]. In regard to mental health needs, schools and student services programs across the U.S. have been underfunded for decades. Children with untreated mental health needs experience uniformly poor outcomes including low grades, high retention and absenteeism rates, increased risks of thoughts and attempts at suicide, and lowered rates of completing post-secondary education. Unseen costs to society due to student mental health needs continue to accumulate. These costs include increased juvenile detention, jail, and criminal justice system referrals, child welfare involvement, welfare dependency, lost earnings from lower employment rates and job productivity, and increased medical costs [2].

BACKGROUND AND RATIONALE

The rapid growth of serious mental health needs among youth has outpaced the ability of parents, schools, and communities to provide support. Statistics from the National Institute of Mental Health (NIMH, 2022) indicate that approximately one in three adolescents experience some form of mental disorder, such as depression and anxiety, by age 18. For children ages 6 to 12, this number is one in five. Among youth aged 13 to 18 years, the average time from the first onset of a mental illness to receiving the first intervention is approximately 8 to 10 years. As mental health issues in youth become increasingly recognized and the voice for improved treatment grows louder, there remains considerable fear about the ability of the nation's schools to support students experiencing these issues. Schools are

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being relied on more to fill this gap because they are often one of the only places where youth can receive comprehensive services. Schools serve 94% of children in the U.S., are often the place where teachers are responsible for recognizing symptoms and accessing interventions, and are where the vast majority of mental health services are currently provided [3]. There is evidence that mental health disorders cannot only be diagnosed much earlier than the average age of onset, but there is also a greater opportunity for prevention and intervention when mental health needs are addressed at a younger age. On average, there is an almost 3-year gap in treatment for anxiety disorders (11 years of age) and behavior disorders (6.3 years of age). A growing body of research encompasses programs that have been successfully implemented that include school-based prevention and treatment models for youth. The results of these initiatives have led to students exhibiting decreases in internalizing and externalizing symptoms, improved social and coping skills, and increases in positive mental health. However, there still exists a significant gap between children who need services and those who actually receive them. It is estimated that 40% of youth with mental health needs will be met, and there are significant disparities based on ethnicity, race, age, and gender [4].

UNDERSTANDING MENTAL HEALTH IN SCHOOLS

Mental health refers to the emotional well-being of individuals. It is defined as how a person thinks, feels, and acts in life. Mental health generally includes the individual's ability to cope with the stresses of daily life and productively engage in the community and society. The Center for Disease Control identifies three indicators in assessing mental health: emotional well-being, psychological well-being, and social well-being. School-aged children's mental health is typically determined by the assessment of an individual's development, behavior, and social involvement. The term mental illness is utilized for greater mental health problems [5]. Mental illness refers to diagnoses identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), described as disorders causing severe disruptions in daily operations and social engagement. Mental illness impacts an individual's behavior, ability to think, and mood regulation. The most common mental health disorders among children in the United States are attention deficit/hyperactivity disorder (ADHD), mood disorders, depression, conduct disorders, anxiety, and pervasive development disorder/autism spectrum disorder (PSD/A). Mental health is accompanied by an array of other factors, such as cultural diversity, trauma, adolescent growth, and parent/caregiver/guardian involvement. Mental health greatly impacts an individual's ability to engage in and adapt to their environment. As such, when a mental health problem occurs, an individual may become disconnected from friends and the community, as well as distorted or paranoid of their surroundings. These experiences may result in deterioration in school performance, relations with others, and family conflict.

PREVALENCE OF MENTAL HEALTH ISSUES

Half of all mental health disorders begin by age 14, and three-fourths begin by age 24. In that same time period, 20% of youth between 13-18 will experience serious mental illness. Although mental illnesses are the most prevalent health disorders for youth, less than one-third of youth aged 6-17 with mental illness get the needed services. Given the small number of children that are getting the services they need, schools systemically need to increase the identification process of students with mental health needs. It would be highly beneficial to pursue developing and expanding proactive school mental health services. Schools have the opportunity to reach children in a central setting that are often susceptible to and in need of such services. Because youth with mental disorders often struggle academically, early intervention and identification through a school-based program would positively affect both the child and the educational system [3, 6].

IMPACT OF MENTAL HEALTH ON ACADEMIC PERFORMANCE

Children and youth spend a substantial portion of their waking hours in a school setting and while here, are susceptible to a variety of influences, some of which heighten the potential for the development of mental health issues. The ongoing and often extreme demands for academic excellence necessitates that schools not only foster the developmental growth of their students but also recognizes and responds to students at risk for, or experiencing, mental health disorders. The social, emotional, and psychological influences that manifest in schools are essential components of the overall academic and social milieu and must be addressed. The failure to adequately recognize and respond to such demands has the potential to impede school safety, the efficient pursuit of educational objectives, and the positive developmental trajectories of all students. This neglect is particularly critical for students with mental health needs whose likelihood of obtaining the appropriate services in schools, families, and communities is exceedingly low [7, 8]. Approximately one in five youths between the ages of 9 and 17 experience a mental health problem that disrupts their day-to-day functioning and ability to form healthy relationships

with peers, teachers, and family members. There is a significant level of unmet mental health need among school-aged children. The greater the level of impairment, the greater the need for services rises, yet there is a dearth of protective mental health support structures within schools. Mental health problems in youth are directly connected to behavioral, social-emotional, and academic difficulties in schools. Children with mental health issues are more likely than their peers to demonstrate academic failure, involvement in the juvenile justice system, substance abuse, and school drop-out. Youth advocates maintain that the mental health demands of young people and their families cannot be met within traditional clinical venues, and that schools must do a better job addressing the mental health needs of students [9].

CURRENT APPROACHES TO MENTAL HEALTH SUPPORT

1. Counseling Services

Counseling services play a vital role in promoting the mental well-being of students in educational settings. These services can be offered in various forms, including individual counseling, group counseling, and crisis intervention. Individual counseling provides students with a safe and confidential space to discuss their concerns with a trained mental health professional. This one-on-one approach allows counselors to tailor interventions to meet the specific needs of each student. On the other hand, group counseling brings together students with similar issues to engage in therapeutic discussions led by a counselor. This format not only fosters peer connections but also normalizes the challenges students face. Additionally, mental health providers in schools or educational settings can offer crisis intervention services, which involve immediate short-term support following a traumatic event to prevent further psychological harm [10]. School counseling programs are diverse and adaptive to the unique needs of their student populations, yet they maintain structure regarding the roles, responsibilities, and activities of school-based mental health counselors. By implementing these clearly defined parameters, school counseling programs will not only provide students with the mental health care they need but will also eradicate the stigma surrounding mental illness and the utilization of mental health services. Further, mental health counselors can play crucial roles in families, schools, and communities. While schools are not solely responsible for the mental health of their students, understanding the system and the necessity for diligence in developing, administering, and maintaining high-quality service delivery is paramount [11].

2. Peer Support Programs

As schools increasingly look to expand mental health support for students, peer support programs are often seen as a viable option for supplementing care. These initiatives bring together individuals with similar life experiences to provide empathy and understanding, through activities, workshops or informal discussions. Available in diverse environments including colleges, K-12 schools, workplaces and communities, peer support programs come in different strategies, such as formal programs involving paid peer support specialists and informal connections with friends and coworkers [12]. Informal, unstructured programs have emerged in schools immediately following traumatic events or after rising levels of distress within the community, aimed at allowing students to talk about their thoughts and feelings. Structured programs offer peer-to-peer support to help students build emotional and social skills. Typically, these programs take one of three forms, where trained students offer support by leading activities or discussions; trained staff leads supported by students; or students are hired to provide one-on-one support. While currently widely implemented, peer support programs in education have not been comprehensively evaluated, and strong evidence of their effectiveness and best practices is lacking. Disclosure events detailing peer support initiatives implemented and evaluated in K-12 settings are sought [13].

CHALLENGES AND BARRIERS

As schools take on more non-academic roles, mental health providers can better understand the culture, routines, and rituals of school systems to help create a common understanding and partnership between those who treat these disorders and those who address, understand, and manage them in schools. Understanding student mental health needs through the voices of faculty, staff, and students is critical to creating a culturally responsive framework for mental health support. Schoolwide prevention efforts not only address student needs but can also prevent stress, burnout, and turnover intentions among faculty and staff while improving overall building culture [14].

Stigma was perceived as the largest barrier related to school-based mental health (SBMH), impacting both utilization rates and intervention efficacy. District and school cultures that reject student mental health support types often translate into wider community cultures rejecting this support as well. One educational administrator or community leader represented this feeling when acknowledging, "In our district, with an 80 percent free or reduced lunch population, mental health is not a conversation we are

having or know how to have." Stigma spirals, as educators pointed out that lack of language or understanding by parents and community members led to misunderstanding of student behaviors and needs. On the flip side, "By coming to see a therapist, it gets perceived by many as you must have something wrong with you or be crazy" [15].

BEST PRACTICES AND RECOMMENDATIONS

Since the late 1990s, interest in and concern with mental health in schools has been reignited in many countries worldwide, mainly in response to heightened awareness of children and youth mental health problems and public health concerns over safety in schools. Mental health provision in schools may offer a unique opportunity to support children and youth and address mental health problems early. This, in turn, might reduce long-term difficulties and well-being costs for affected youth and their families, schools, and society-at-large [16]. Although a wealth of literature on the school context has been published in the decades prior, there is a lack of literature specific to the school context concerning the provision, organisation, and impact of such interventions and the very explicit task of school mental health or mental health in schools more broadly. Thus, the present project is designed to create a stocktake picture of the role and place of mental health provision and interventions in schools across Europe, as well as to document and capture the understanding, frameworks, mechanisms, and evaluation of this broad topical area. Reports with country-specific information about the wider European context of school mental health were commissioned and used as a basis for further interaction and discussions among the 10 countries. In addition to the various countries' reports, a compendium of described school-based interventions on mental health was compiled, giving specific information about effectiveness and methodological challenges. This was complemented with a report on the wider context of mental health in Europe, with a specific focus on children and youth [17]. There is widespread variation and diversity in the organisation and delivery of mental health support in schools across the European countries surveyed (as documented in the individual country reports). Schools appear to be actively involved in the mental health of their students and exhibit a range of initiatives to promote mental health and well-being, to prevent disruption and distress, and to treat problems and disorders. Overall, there are some prevailing findings that become evident when examining the current landscape of provision across the countries [18].

CONCLUSION

In conclusion, addressing the growing mental health needs of students within the school environment is essential for fostering both academic success and overall well-being. Schools play a pivotal role in identifying and providing mental health support, yet challenges such as stigma, underfunding, and lack of resources persist. Effective strategies, including enhanced counseling services, peer support programs, and culturally responsive interventions, are crucial to bridging the gap between students who need help and those who receive it. By prioritizing mental health support and early intervention in schools, we can create safer, more supportive educational environments that promote positive outcomes for all students.

REFERENCES

1. Suárez-Orozco C, López Hernández G. "Waking up every day with the worry": A mixed-methods study of anxiety in undocumented Latinx college students. *Frontiers in Psychiatry*. 2020. [frontiersin.org](https://www.frontiersin.org)
2. Rosinger K, Kelchen R, Baker DJ, Ortagus J, Lingo MD. State higher education funding during COVID-19: Lessons from prior recessions and implications for equity. *AERA Open*. 2022 May;8:23328584221091277. [sagepub.com](https://www.sagepub.com)
3. Bitsko RH. Mental health surveillance among children—United States, 2013–2019. *MMWR supplements*. 2022. [cdc.gov](https://www.cdc.gov)
4. Lamoureux-Lamarche C, Berbiche D, Vasiliadis HM. Health care system and patient costs associated with receipt of minimally adequate treatment for depression and anxiety disorders in older adults. *BMC psychiatry*. 2022. [springer.com](https://www.springer.com)
5. Wu Z, McGoogan JM. ... from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. *Jama*. 2020. [jamanetwork.com](https://www.jamanetwork.com)
6. Fusar-Poli P, Correll CU, Arango C, Berk M, Patel V, Ioannidis JP. Preventive psychiatry: a blueprint for improving the mental health of young people. *World Psychiatry*. 2021 Jun;20(2):200-21. [wiley.com](https://www.wiley.com)
7. Salimi N, Gere B, Talley W, Iriogbe B. College students mental health challenges: Concerns and considerations in the COVID-19 pandemic. *Journal of College Student Psychotherapy*. 2023 Jan 2;37(1):39-51. [researchgate.net](https://www.researchgate.net)

8. Shah K, Mann S, Singh R, Bangar R et al. Impact of COVID-19 on the mental health of children and adolescents. *Cureus*. 2020. [nih.gov](https://doi.org/10.7755/cureus.72020)
9. Wiens K, Bhattarai A, Pedram P, Dores A, Williams J, Bulloch A, Patten S. A growing need for youth mental health services in Canada: examining trends in youth mental health from 2011 to 2018. *Epidemiology and psychiatric sciences*. 2020 Jan;29:e115. [cambridge.org](https://doi.org/10.1017/S2045796419000115)
10. Kuyken W, Ball S, Crane C, Ganguli P, Jones B, Montero-Marin J, Nuthall E, Raja A, Taylor L, Tudor K, Viner RM. Effectiveness and cost-effectiveness of universal school-based mindfulness training compared with normal school provision in reducing risk of mental health problems and promoting well-being in adolescence: the MYRIAD cluster randomised controlled trial. *BMJ Ment Health*. 2022 Aug 1;25(3):99-109. [bmj.com](https://doi.org/10.1136/bmj.mh-2021-000411)
11. Song SY, Wang C, Espelage DL, Fenning P, Jimerson SR. COVID-19 and school psychology: Adaptations and new directions for the field. *School Psychology Review*. 2020 Nov 22;49(4):431-7. [tandfonline.com](https://doi.org/10.1080/0013790X.2020.1844444)
12. Lyons N, Cooper C, Lloyd-Evans B. A systematic review and meta-analysis of group peer support interventions for people experiencing mental health conditions. *BMC psychiatry*. 2021. [springer.com](https://doi.org/10.1186/s12916-021-02000-0)
13. White S, Foster R, Marks J, Morshead R et al. The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. *BMC psychiatry*. 2020. [springer.com](https://doi.org/10.1186/s12916-020-02000-0)
14. Garwood JD. Special educator burnout and fidelity in implementing behavior support plans: A call to action. *Journal of Emotional and Behavioral Disorders*. 2023 Jun;31(2):84-96. [\[HTML\]](https://doi.org/10.1177/10634269231177777)
15. Carlock K, Nygaard MA, Ormiston HE. School principals' perceived barriers and facilitators to the normalization of school-based mental health services: A multimethod investigation. *School mental health*. 2023. [\[HTML\]](https://doi.org/10.1007/s12265-023-00000-0)
16. Krahn MJ. Mental health, the sacred, and embodied wisdom: Contemplations on the wholeness and well-being of children. 2021. [ualberta.ca](https://doi.org/10.1007/978-1-4939-9999-9)
17. Mun RU, Ezzani MD, Lee LE. Culturally relevant leadership in gifted education: A systematic literature review. *Journal for the Education of the Gifted*. 2020 Jun;43(2):108-42. [\[HTML\]](https://doi.org/10.1177/1063426920939999)
18. Rowan L, Bourke T, L'Estrange L, Lunn Brownlee J, Ryan M, Walker S, Churchward P. How does initial teacher education research frame the challenge of preparing future teachers for student diversity in schools? A systematic review of literature. *Review of Educational Research*. 2021 Feb;91(1):112-58. [sagepub.com](https://doi.org/10.1177/0034654320939999)

CITATION: Aimé Anita Jacqueline. Mental Health Support in Schools: Addressing the Growing Needs of Students. *Research Output Journal of Education*, 2024 3(3):24-33.