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Evaluation of Mental Health in Educational Institutions: A Theoretical Overview of Systematic Implementation in Schools

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ABSTRACT: Adolescence is a stage in life in which many students undergo social, emotional, academic, and moral changes. Psychiatric problems and markers of mental disorders are highly prevalent among students, ranging from distress and anxiety to depression and sleep disorders. Continuation of minor symptoms during adolescence can possibly lead to major depression, insomnia, and panic disorder in adulthood. The state of mental wellness is not examined as often as physical health even though mental health is volatile and is one of the most delicate parts of human health. In the present-day, mental illnesses are still highly stigmatized at the interpersonal level and the frequency of utilizing mental health care is significantly low compared to its increased accessibility. The purpose of the paper is to introduce a theoretical framework that reveals the importance of managing mental health from adolescence and how increased mental health care in educational institutions can provide students with a positive transition into adulthood.

KEYWORDS: Mental Health, Mental Illness, Educational Institution, Adolescence, Emotional Learning, High-risk, Behavioral Health, Stigma

Introduction

Mental health as a subject matter has surfaced with widespread presence as recent decades have seen a sharp rise in mental health conditions. The World Health Organization (WHO) has reported roughly 20% of children and adolescents worldwide with a mental health problem, many of which have lived with disability (WHO 2017). Although suicide is known to be the second greatest common death cause among 15-28-year-olds and two of the most prevalent mental health conditions (depression and anxiety) have a yearly global economic cost of $1 trillion each year, the government health expenditure towards mental health has a staggering global median of less than 2% (WHO 2017).

The National Institute of Mental Health (NIMH) reveals that roughly one in five people suffer from a mental disorder or condition, with one in ten having a severe mental health challenge, impairing their functioning in the community or at home and school (NIMH 2021). Despite the fact that 50% of mental illnesses manifest early signs at age fourteen, many individuals refrain from seeking help until adulthood, or worse, ever (American Psychiatric Association - APA 2021). As a result, research has shown that of the vastly affected children and adolescents aged six to seventeen, one-half to 80% of them lack the mental health care that the demographics call for (Association for Children's Mental Health - ACMH n.d.).

Mental health in adolescents is influenced by two factors: individual attributes and the everyday life contexts. School is a key developmental setting in which the majority of adolescents spend a considerable amount of time in, making educational facilities an optimal environment for students to receive timely and accessible mental health services (Richter, Sjunnestrand, Strandh, & Hasson 2022). Dunn and his colleagues (2016) discuss schools' indispensable role in attending to adolescents' mental health as they occupy over 95% of the nation's youths for almost six hours every day for at least eleven years of their lives (Sutherland 2018). Accordingly, students experiencing difficulties with mental health at school often display "poor school adjustment, reduced concentration, low achievement, problematic social relationships and a higher rate of health risk behaviors, such as substance

use, school dropout and incurring expulsion" (Cavioni, Grazzani, Ornaghi, Agliati, & Pepe 2021). Adolescence provides critical opportunities to not only assist students in developing the foundation for mental health, but to also prevent and address problems, and education is closely interlinked to making this possible. Across the nation, only 40% of students with mental health disorders graduate from high school, in contrast to the national average of 76%, with more than 50% of students with emotional and behavioral challenges dropping out (ACMH n.d.).

Consequently, state sector agencies, in particular educational institutions, are an ideal mechanism for not only detecting students' mental health challenges, but also administering to their various needs to reach academic success (Adelman & Taylor 2011). The Centers for Disease Control and Prevention (CDC) states, "…Establishing healthy behaviors to prevent chronic disease is easier and more effective during childhood and adolescence than trying to change unhealthy behaviors during adulthood" (CDC 2022). And although mental health services are available beyond the school setting, such community services tend to be underutilized, with only 20% of youths receiving assistance related to mental health (Richter et al. 2022). Evidently, school-based mental health has become an integral facet of student support- the education field itself has shown acknowledgment in progression from addressing mental health concerns to directly intervening and implementing structures centered on supporting individuals facing challenges (Whitley 2010). Many school districts have actively responded, with over one-third of them using school or district staff members to implement mental health services, and over one-fourth using outside agencies (Youth, n.d.). However, while school-based mental health (SBMH) has proved to settle recognized setbacks that preclude access to these services, there is an excessive variation in interventions used and "limited evidence" that guarantees their effectiveness (Richter et al. 2022).

Therefore, the following sections examine the relevant research on the endorsement of mental health in educational settings, proposing a comprehensive SBMH framework that intends to provide a theoretical guide for researchers and policy-makers interested in forming conceivable and affordable SBMH programs for students, family, and staff.

School mental health: drawbacks and terminology

Mental health is defined as the "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 community" (WHO 2022a). While the term mental health is defined in such a way, there has been confusion surrounding its use, despite the numerous different studies and research conducted on the general topic. Likewise, the divergence in approaches by different institutions may be partly owed to the fact that the broad issue raises confusion. For instance, there are countless school mental health interventions in operation around the globe, of which many fall under the names 'mental health', 'social and emotional learning' (SEL), 'emotional intelligence', 'emotional literacy', 'resilience', 'life skill' and 'character education' (Weare & Nind 2011). Such terms can be conducive to an increase in stigma around the topic of mental health as they are all used to refer to the same matter. Likewise, research has shown that the term mental health is often correlated with mental illness, which in turn draws attention to the problematic aspects of mental health in place of the entire context. It is important to note that a mental disorder or illness is defined as "a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior" and is often related to "distress or impairment in important areas of functioning" (WHO 2022b). See figure 1 below.

Evidently, the World Health Organization (WHO) defines the two terms differently, giving mental health a more holistic approach. In particular, mental health implies both the positive and negative attributes of managing a variety of obstacles in life, whereas mental illness describes a deterrence in life significant enough to hinder one's abilities to cope with

those obstacles. Other than the various definitions and heterogenous approaches, the programs are fundamentally complex, which contributes to the difficulty of implementation (Richter et al. 2022). Moreover, depending on the individual defining mental health, the meaning varies, which adds to the challenge of providing a definite interpretation. Therefore, based on the social group and its values, the term can be uniquely and socially defined. The WHO's definition not only clarifies the term mental health, but also reflects the importance of mental health in every student's education.

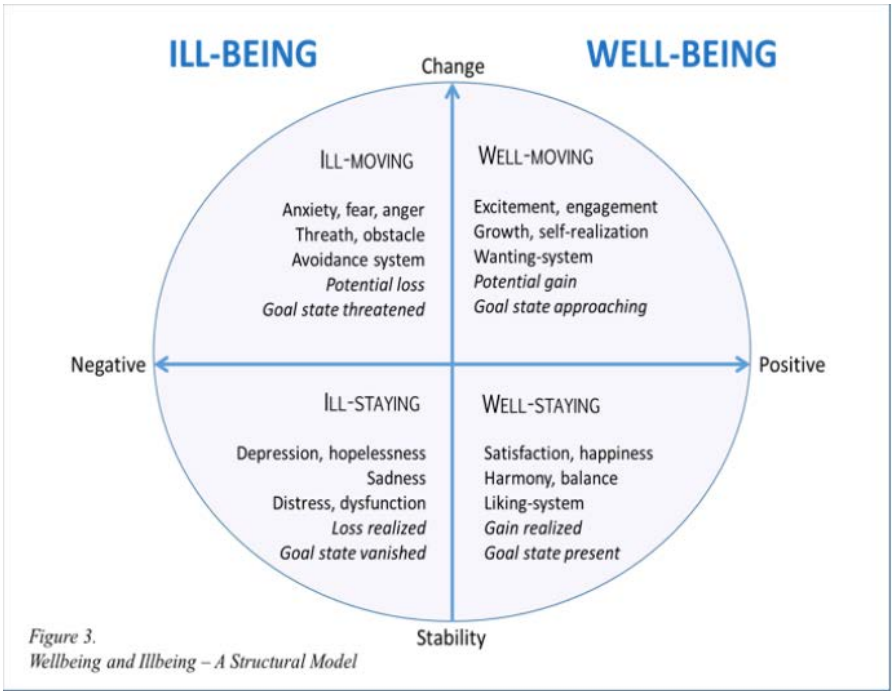

Figure 1. A model of mental health (well-being) vs. mental illness (ill-being)

Source: Pressbooks n.d.

Even though the idea of mental health applies to the entire school community, there is evident stigma in relation to mental health in schools. Such stigma is rooted in the perception that schools are unrelated to the "mental health business", particularly in treatment or support of mental challenges, and rather related to learning and teaching; this idea also traces back to society's tendency to correlate mental health with mental illness. However, when the education of a student is influenced by their mental health condition, the school would then intervene (Adelman & Taylor 2006). This attitude towards mental health not only encourages the stigmatizing perception that mental health carries an unfavorable connotation, but also leads the school in a less proactive and rather unreceptive state in communicating with students. With greater emphasis on mental health in schools, views have evolved through research on the correlation between mental health and student academic achievement in educational facilities (Askell-Williams & Cefai 2014). According to the New York State Education Department (NYSED), "the quality of the school climate may be the single most predictive factor in any school's capacity to promote student achievement. Likewise, when students are sufficiently educated about mental health, it is more likely that they will better identify indications of illness and exercise healthy decision-making. And while there may be greater attention on mental health as of recent, there exists self-barriers to seeking treatment including "lack of perceived need, being unaware of services or insurance coverage, skepticism about effectiveness, or being Asian or Pacific Islander" (University of Michigan, 2007). Most importantly, greater knowledge and awareness gives mental health the respect it needs, while providing students, families, teachers, and communities the ability to seek help, achieve high performance, and save lives (NYSED n.d.).

Theoretical framework: analysis and needs

In addition to all of the research conducted, there is still a need for a clear delineation of school mental health, which calls for a thorough conceptual framework that addresses the following concerns. To begin, there is an increasingly unmet demand for mental, social, and behavioral health services for adolescents (NASP 2021). However, considering that students tend to seek services and counseling in a school environment, it is important to provide a sequence of services to thoroughly address the scope of students' needs. An effective method would occur through a multitiered system of support (MTSS), which allows schools to support mental wellness, recognize and confront problems in time, as well as supply students with efficient services for different students. Moreover, it is important to provide sufficient staff members and mental health professionals such as school counselors and psychologists, for adequate resources and the prevention of shortage (Youth n.d.). In certain cases, like rural regions, schools are the only available source of mental health services within the community (NASP 2021). Figure 2 below is a conceptual model demonstrating the correlation between positive school relationships and sense of belonging with life satisfaction and mental health (See Figure 2). Therefore, a comprehensive and culturally receptive system is helpful in addressing inequities in accessibility and reduction in stigma around seeking help by embedding it in the school's culture and system.

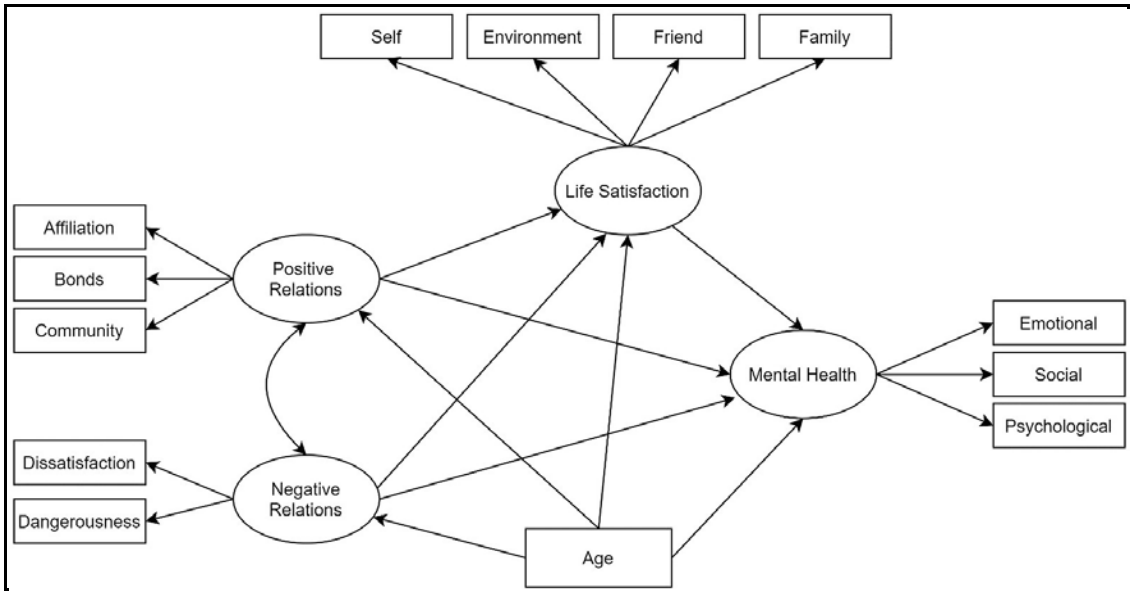

Figure 2. Conceptual model showing the correlation between the different relationships at school, happiness and adolescent mental health. *Source: Frontiers 2021*

Mental health experts from New York have acknowledged the importance of earlier intervention to prevent the escalation of illness and yield better results from students (Barile n.d.). Studies have highlighted the significance of implementing SBMH programs to increase student achievement and build "social skills, leadership, self-awareness, and caring connections to adults in their school and community", while also collaborating with "community partners"; such partnerships yielded an increase in "schoolwide truancy and discipline rates, high school graduation rates, and a positive school environment in which a students can be successful" (Youth n.d.). Hence, an effective system would refer to the 'Whole School, Whole Child, Whole Community' (WSCC) model that values support from the school, child, and community; this includes care for the staff mental health to additionally

sustain teachers' well-being as it is often neglected in the programs that exist (Shelemy, Harvey, & Waite 2019).

As a result, the theoretical framework, built on existing research on promoting and preventing mental health, consists of two major components. The first involves social and emotional learning (SEL) programs, while the second concerns high-risk students and the promotion of behavioral health coverage. Figure 3 demonstrates a graphic representation of the framework, looking at its two components, as well as the overarching function of the WSCC model. In the following parts of the paper, the framework is explained in detail regarding the plausible outcomes and structures of the two components.

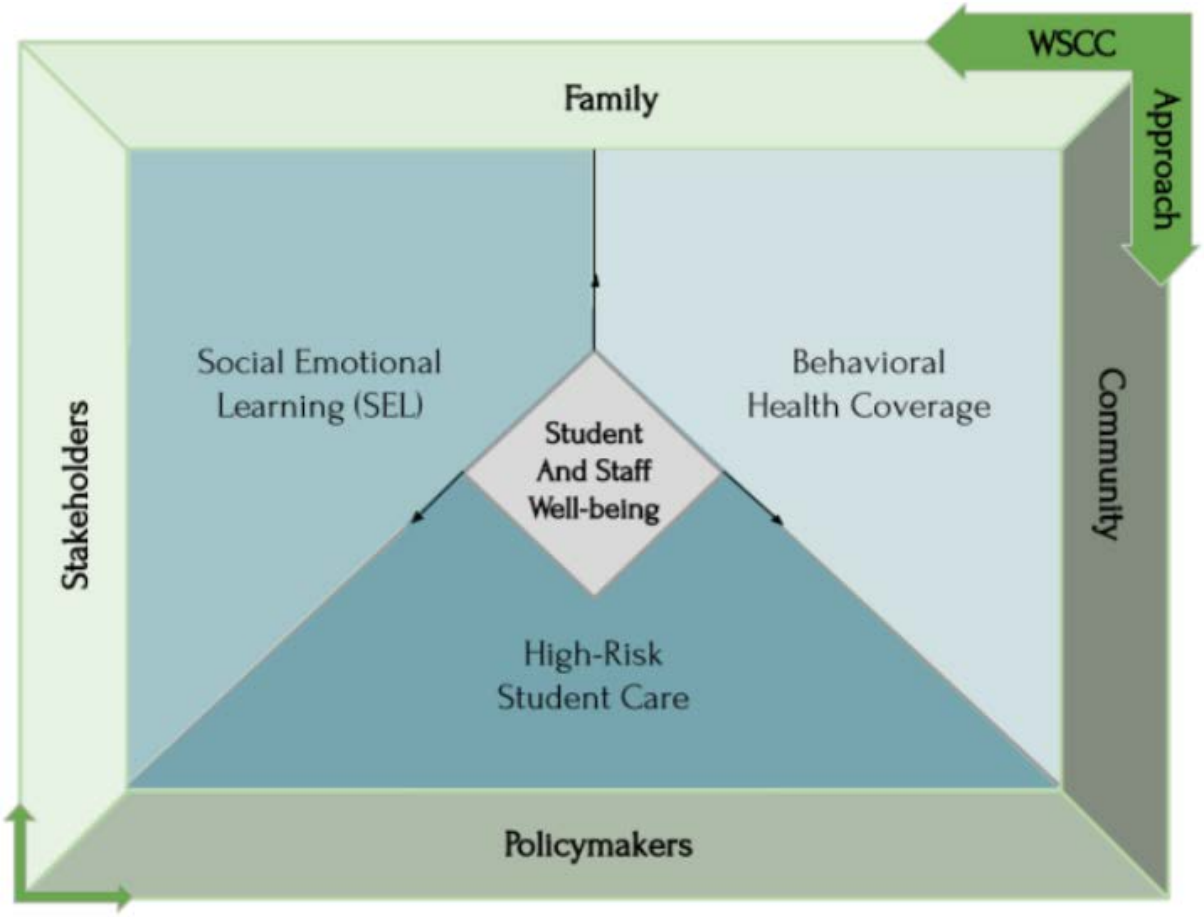

Figure 3. Mental Health in Education: Theoretical Framework *(Han)*

Theoretical framework: social-emotional learning (SEL)

Social-emotional learning (SEL) is a methodology by which students may acquire empathy, positive relationships and decision-making, that according to the SEL Roadmap report by the Collaborative for Academic, Social, and Emotional Learning (CASEL), "promotes responsive relationships, emotionally safe environments, and skills development, cultivating important 'protective factors' to buffer against mental health risks" (CASEL n.d.). In such a way, SEL is a critical aspect of students' mental wellness, allowing them to harbor positive attitudes towards themselves and others while controlling "emotional distress and risky behaviors" (CASEL n.d.). The aforementioned MTSS can also be supported and strengthened by SEL programs in delivering the mental health services. Because it is important that these services are implemented through multiple tiers on a continuum, whether it be the promotion of strengths and prevention of problems, early identification, or comprehensive treatment, SEL practices are critical for building resiliency and various capabilities.

Research supports the positive impact SEL has on various mental health issues, regarding adolescents' academic motivation as well as reduction of risky behaviors (CF Children 2015). Moreover, SEL has shown to improve students' relationships with adults, which is a critical factor in their demonstration of resilience against hardships (Krause 2021). However, another important part of student SEL and mental health is the staff and teachers' well-being themselves (CDE n.d.). Adults that provide help within the school culture must also be valued and supported, by prioritizing SEL for teachers that target "self-awareness, self-management, social awareness, relationship skills and responsible decision-making" (CDE n.d.). A meta-analysis on two-hundred-thirteen SEL programs involving students saw results of immense improvement in their "social and emotional skills, attitudes, behavior, and academic performance", yielding an eleven-percentile-point growth in academic attainment (Pressbooks n.d.).

Furthermore, the promotion of mental health through SEL can be implemented through federal as well as state legislation (CASEL 2008). According to CASEL, the University of Illinois at Chicago reported that Illinois, in 2004, became the first state in the U.S. to apply SEL in student education, with New York following in 2006. This led to the Illinois Children's Mental Health Act, which convinced the Illinois State Board of Education to set SEL standards, by which 893 districts abided by. Lastly, a report by the Network of Experts working on the Social dimension of Education and Training (NESET) also proposed a SEL system under a WSCC approach that covers the well-being of learners, parents, stakeholders, and the local community (European Commission 2022). Many literatures have chosen five major elements of the SEL approach. See Figure 4.

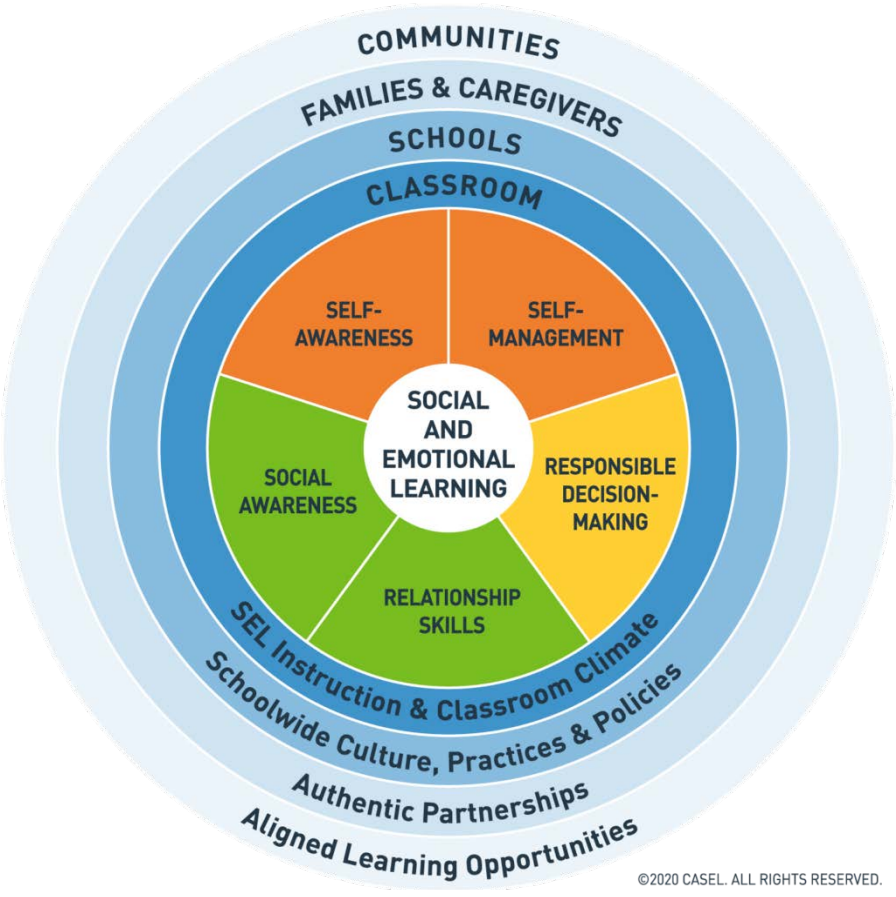

Figure 4: Five main components of social-emotional learning

Source: Fullerton SD n.d.

Theoretical framework: funding and high-risk students

Research has shown that roughly 9.8% of adolescents aged twelve to seventeen don't have health insurance (Pilkey et al. 2013). Moreover, students in need of behavioral health funding/coverage can utilize programs and resources such as Medicaid and Children's Health Insurance Program (CHIP) to access funds (Insure Kids Now n.d.). Moreover, in a survey by the Pew Research Center, the majority of schools reported major limitations to their efforts from insufficient funding (54%) as well as inadequate licensed medical/mental health professionals (40%) (Schaeffer 2022). See Figure 5 below.

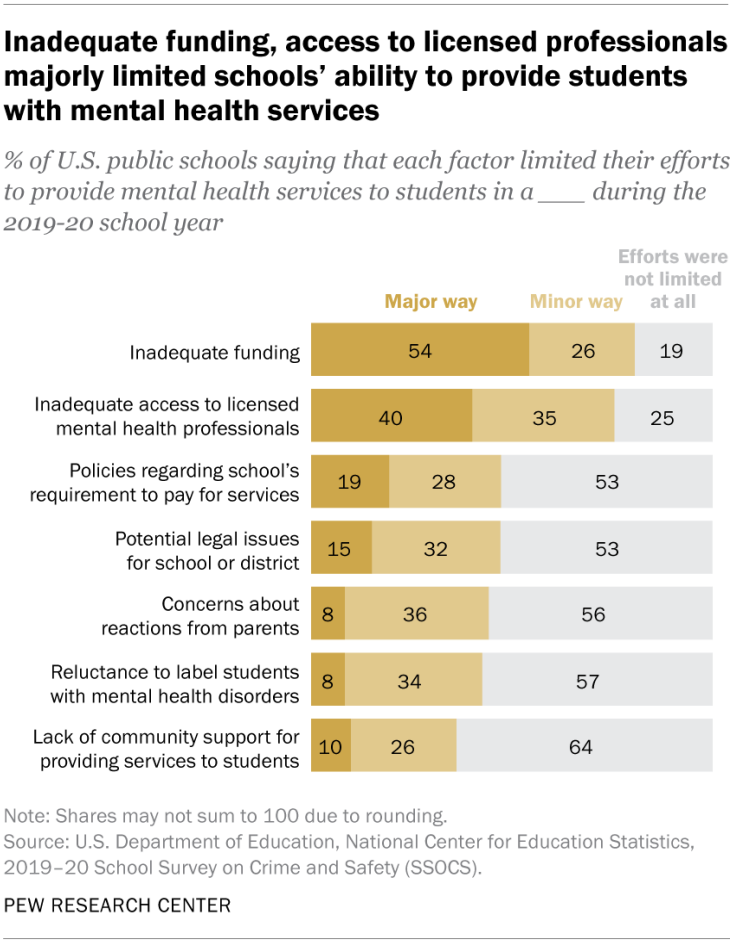

Figure 5. Limiting factors in schools providing students with mental health services

Source: Pew Research Center 2019-2020

Moreover, in the title IV, Part A non-regulatory guidance, SBMH services and counseling are permitted for use of the Every Student Succeeds Act (ESSA) funds, along with many others such as "school climate, family engagement, community partnerships, and the transition of justice-involved youth, as well as reducing the number of dropouts and incidences of bullying and violence" (TP4A Center n.d.). Schools are also able to attain funding for services through "third-party reimbursement", which may also be used as reimbursement for mental health professionals who are affiliated with the school and its students. Moreover, grants, if applied to, give "short-term resources that assist in more affordable funding (TP4A Center n.d.). For instance, the U.S. Department of Education (ED) in February of 2023, announced awards reaching over $188 million over 170 grantees across more than 30 states for better accessibility to SBMH services and greater mental health

specialists in districts that are especially in need. Such investment allows for 5,400 SBMH specialists to be hired, as well as an additional 5,500 for a variety of school health providers (ED 2023).

Secondly, although there is a large population of students that suffer from mental health conditions, not every case is impartial. As a result, it is a priority for high-risk students, including those who experience distressful domestic lives and suffer from disorders or traumatic experiences, to be cared for with great attention. In regions with high poverty rates in which students' families have limited access to insured services, affordability may be an issue regardless of availability (TP4A Center n.d.). Consequently, schools are an essential resource for these students to seek mental health help from. A major concern that SBMH programs can assist with is disparities in the treatment students receive, considering that Hispanic and Black adolescents have a disproportionately high number affected by behavioral health problems, with significantly lower access to substance-use and mental health treatment (SAMHSA n.d.). For instance, from 2010 to 2017, Black adolescent rates of mental health care use fell from 9% to 8% and Latinx adolescent rates rose only 6% to 8%, whereas White youth rates increased from 13% to 15% (Rodgers, Flores, Bassey, Augenblick, & Cook 2022). Additionally, issues regarding stigma around specific cultures are likely to have affected these disparity rates, making schools a helpful resource for resolving this issue, as diversity is on rise (TP4A Center n.d.). The APA recommends practices that are receptive to cultures and thoroughly discuss obstacles such as assimilation, stigma, and discrimination. Students that live in rural regions may have availability and accessibility issues to services, including traveling distance. Yet, such environments may induce powerful social connections, resilience, and a "strong culture of self-sufficiency" within the communities that could contribute to adolescents' mental health necessities (APA 2021).

Conclusion

This paper intends to review existing research regarding mental health in schools with a comprehensive overview that forms a framework that is inclusive of staff and student needs, while involving the community. The theoretical framework presented is evidence-based and consists of two major components, referring to social and emotional learning, staff ratio and wellness, medical coverage and assistance to high-risk students. (e.g., Richter et al. 2022; Sutherland 2018; Dunn et al. 2015; Whitley 2010). It also recognized the critical behaviors and competencies directed towards students and staff in promoting mental health. Mentally healthy students have a far greater likelihood of receiving education with readiness and motivation while maintaining positive relationships with adults and teachers and fostering appropriate competencies that contribute to and benefit from a constructive school culture (Youth n.d.). Policies regarding mental health have great potential to improve their design to not only facilitate implementation but to produce greater academic and mental health culminations.

In conclusion, the authors contend the importance of a whole-school approach while involving wellness programs that consider teachers' mental health as a critical aspect of SBMH approaches. Oftentimes, education facilities have considered and attempted implementation of this broad-ranged system of programs that lack a solidified foundation for the methodologies of incorporation into the school curriculum and overall culture. However, to better this, there is a necessity for further research on the correlation between education and mental health outcomes to bring forth more involved approaches that efficiently and accurately assess emotional and behavioral issues related to learning. Therefore, the framework is proposed to decision-makers and researchers who are open to suggestions for creating SBMH programs that function under a WSCC and SEL approach while targeting students, staff members, families, and specific groups that are in need of coverage and equity.

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