



## Mental Health and Education: Essential Information and Strategies for You and Your Students

As society shifts and changes, there are increased levels of awareness for self-care and health maintenance, including mental wellness. This global concern demands the exploration of mental wellness and mental illness. The National Alliance on Mental Illness (NAMI) explains that “mental illness is a condition affecting a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others.” While a formal diagnosis is best, a common assessment of symptoms can help with preliminary considerations. Although not a diagnostic tool, [this symptom checker](#) from the Child Mind Institute can be helpful in the identification of mental illness characteristics and behaviors. Mental health disorders do not discriminate. But factors like genetics, environment, and adverse childhood experiences (ACEs) can increase the chances of having a mental health disorder. Most mental health disorders are treatable through various methods, depending on the type and severity of the disorder.

This perspective paper describes current statistics and factual information and provides strategies and techniques to support people with mental health disorders.

### Mental Health

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM5) notes there are over 300 disorders under the umbrella of “mental health,” including (but not limited to) the following groups of disorders:

- **Mood disorders:** [Depression](#), Bipolar Disorder, [Seasonal Affective Disorder \(SAD\)](#)
- **Anxiety Disorders:** Generalized Anxiety Disorder (GAD), Obsessive-Compulsive Disorder (OCD)
- **Personality Disorders:** [Borderline Personality Disorder](#), [Narcissist Personality Disorders](#)
- **Psychotic Disorders:** [Schizophrenia](#), other disorders presenting delusions or hallucinations
- **Eating Disorders:** Anorexia, bulimia
- **Trauma-Related Disorders:** [Post-traumatic Stress Disorder](#)
- **Substance Abuse Disorders:** [Drug and Alcohol Addiction](#)

**1 in 5** U.S. adults experience chronic mental illness each year

**1 in 20** U.S. adults experience mental illness with severe functional impairment each year

**1 in 6** U.S. youth aged 6-17 experience a mental health illness each year

**50%** of all lifetime mental illness

begins by age 14, and **75%** by age 24 Suicide is the **2nd leading** cause of death among people aged 10-34

Studies by NAMI and the Pew Research Center, as illustrated in the graphics below, have indicated the pervasiveness of mental illness across age and background:

### Income, age and gender are associated with higher levels of psychological distress

% of U.S. adults who fall into each category of psychological distress

	High distress	Medium distress	Low distress
February 2021	21	24	54
April 2020	23	25	50
March 2020	24	26	49
Men	16	22	61
Women	24	25	48
White	21	24	54
Black	19	25	54
Hispanic	24	24	51
Asian*	15	19	65
Ages 18-29	32	31	36
30-49	21	24	54
50-64	19	23	57
65+	13	19	66
Upper income	13	22	65
Middle income	18	24	56
Lower income	31	25	42
Has a disability	36	23	40
No disability	17	24	57

\*Asian adults were interviewed in English only.

Note: Additive psychological distress scale based on responses to five standard measures of psychological distress adapted from GAD-7, CES-D, Impact to Event Scale-Revised. Share of respondents who didn't offer an answer not shown. White, Black and Asian adults include those who report being only one race and are non-Hispanic. Hispanics are of any race. Family income tiers are based on adjusted 2019 earnings.

Source: Survey of U.S. adults conducted Feb. 16-21, 2021.

PEW RESEARCH CENTER



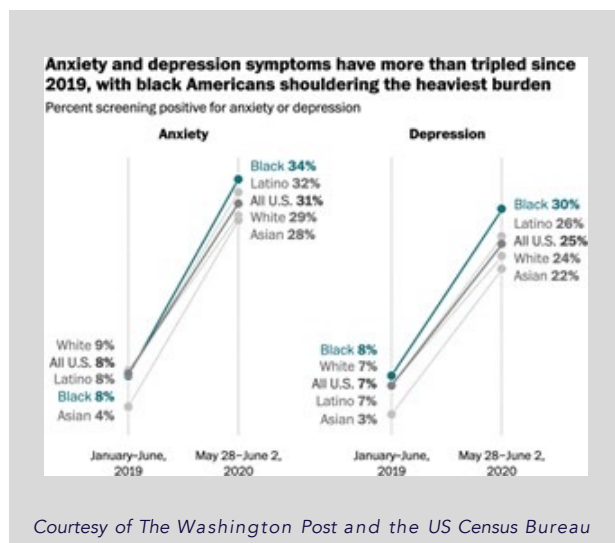
## An Equity Issue

According to the 2021 research by NAMI, people who identify as multi-racial and people who identify as LGBTQ+ make up the highest groups of people who live with mental illness (32% and 44% respectively). This does not include the high levels of unreported diagnoses or indications of symptoms aligning with the identification of the disorder. American Progress Center's report, "[Mental Health Care Was Severely Inequitable, Then Came the Coronavirus Crisis](#)," and resources from [The American Psychiatric Association](#) indicate multiple factors resulting in inequities of mental health care for marginalized populations. Examples include lack of access to quality mental health care services, language barriers, high levels of cultural stigma, and lack of education surrounding mental health disorders.

[One seminal study](#) led by Elizabeth Carpenter-Song indicates populations of African Americans, Indigenous People/American Indians, and Alaska Natives may distrust the medical community due to both historical neglect and abuse and cultural beliefs reinforcing stigma around mental health. African American families may perceive struggles with mental illness to be private, and those from the Latinx community may find psychiatric labels to be "socially damaging." According to NAMI, perceptions of mental health care are also unique in specific populations. Instead of a medical perspective, the Alliance suggests that members of marginalized communities may tie "mental illness to spiritual, moral, and social explanations."

Recent research indicates a spike in positive screenings of depression and anxiety in reaction to incidents of violence targeted at marginalized populations. The graphic to the right from The Washington Post and the U.S. Census Bureau shows the sharp increases in anxiety and depressions in the African American community:

The same study showed a decrease in culturally charged and violent incidents resulting in chronic stress will reduce mental health challenges. Increased access to culturally appropriate and affordable care, including care that incorporates identity and cultural norms, is key to improving mental health outcomes for marginalized populations.



## Children

Understanding the current status of children’s mental health in the United States is imperative to teaching and supporting mental health wellness. 1 in 6 children aged 2-8 has a diagnosed [mental, behavioral, or developmental disorder](#). [In a 2021 study from the Centers for Disease Control \(CDC\), the most frequently diagnosed mental disorders are:](#)

- **ADHD:** 9.4% of children, ages 2-7
- **Behavior Problems:** 7.4% of children ages 3-17
- **Anxiety Disorders:** 7.1% of children ages 3-17
- **Depression:** 3.2% of children ages 3-17 year

Some mental health disorders can appear together. 3 in 4 children ages 3-17 with depression also have anxiety, and 1 in 2 children also have behavior problems that can result in interventions, and sometimes, expulsion. Dr. Roseanne Clark, professor of psychiatry for the University of Wisconsin School of Medicine & Public Health, notes the consequences of increased behavior issues in preschools: "...[there have] been mental health consultations to early care and education centers that there is a significant decrease in daycare expulsion. But daycare expulsion has become an epidemic. There's more daycare expulsion in kindergarten and below than in all the rest of school."

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## ACEs (Adverse Childhood Experiences)

Groundbreaking research from Kaiser Permanente, along with the [Centers for Disease Control \(CDC\)](#) explored how negative experiences in childhood affected people in the long term. The study had 17,000 participants and covered topics including physical, emotional, and sexual abuse; neglect; and the witnessing of negative behaviors (substance abuse, violence, mental illness) at home.

"61% of adults have at least one ACE, and 1 of 6 adults have experienced 4 or more ACEs."

This seminal study found strong connections between mental and physical health and the number of adverse childhood experiences (ACEs). For instance, 61% of adults have at least one ACE, and 1 of 6 adults have experienced 4 or more ACEs. ACEs also can include incidents of [racism or community violence- anything that increases the stress hormone](#). [Harvard's Center on the Developing Child explains the relationship between toxic stress and wellness: the more](#) ACEs, the higher the likelihood of permanently changing the [brain's stress response](#) from what is considered healthy, to elevated levels of the "fight or flight" response transmitted from the amygdala to the hypothalamus.

According to a [Vital Signs study from the CDC](#), at this constant threat level, the brain will increasingly default to chronic levels of stress, creating implications for long-term health and development. A reduction in the number of ACEs any one person withstands could not only reduce the risks associated with mental health diagnoses but physical ailments as well. ACEs are a major factor in 21 million cases of depression, 1.9 million cases of heart disease, and 2.5 million cases of obesity. Fewer or no ACEs can be a path toward a higher quality of life and education potential, along with the decreased risk of smoking, addiction, asthma, cancer, and adult diabetes. Prevention of ACEs requires equal access to health care for both mental health and physical health, and increased education and family support from schools, communities, non-profit agencies, and government entities.

## Strategies for You and Your Students

Despite the challenges mental health disorders present, there are numerous proven strategies to help students with mental health disorders to manage, cope, and thrive.

### Educate

Students need adults who understand what students may be going through. Because each mental health disorder has its own set of symptoms, it's critical to use the wide variety of resources provided at the end of this paper to demystify characteristics of common mental health conditions. Students who have support from a trusted adult are more likely to maintain a safe and thriving environment for themselves. Most disorders are treatable.

### Empathize

Students experiencing mental health disorders need people who will listen with empathy and who can be present in the moment with them. Instead of trying to "fix" the problem, concentrate on giving students space to express themselves as they wish. Present a calm and steady demeanor to help the other person ground themselves. Narrated by Dr. Brené Brown, this video distinguishes the differences [between empathy and sympathy](#).

### Encourage

The challenges of mental illness are real and need to be honored as such. Although students may express specific boundaries they believe makes them safe, avoidance of difficult issues only serves to worsen the issue. Students need the support, including when they determine to move forward in navigating the difficult issue.

**"Students experiencing mental health disorders need people who will listen with empathy and who can be present in the moment with them."**

## Work to End Stigma

NAMI's article, "[How You Can Stop Mental Illness Stigma](#)," offers applicable suggestions for working to dismantle inaccuracies surrounding mental illness. In the Elizabeth Carpenter-Song [study](#), the stigma around mental health is noted as one of many reasons people belonging to diverse populations avoid treatment in mental health. As barriers are broken down to allow for more discussion and awareness around mental health, the stigma surrounding this issue lessens.

### Intentional and Accurate Language

**Person-First:** "a person with bipolar" instead of "a bipolar person." The person does not become a disorder, they experience a disorder.

**Respect the weight of suicide:** the person and their loved ones are treated with respect. He died by suicide, rather than committing suicide.

**Honor legitimate diagnoses:** Avoid using mental health conditions as adjectives. Tendency to organize or extreme cleanliness does not merit being called "OCD," unless the diagnosis has been completed.

**Avoid labeling or derogatory language:** Avoid using words like insane, psycho, and crazy, and labeling someone as abnormal.

### Celebrate Strengths

Students who live with mental health disorders often feel invisible, lonely, and as if they do not fit in. Noting the work of neurodiversity expert Dr. Thomas Armstrong and the American Center for Learning and Development, people who those who live with emotional and behavioral disorders also offer significant strengths to the world: artistic capabilities in various forms of expression, a high level of emotional sensitivity, and strong reflective capacities. Educators may consider conversations with the student to find their strengths and invite them to contribute their gifts to the learning environment. The positive feedback that comes from sharing strengths can increase distraction from the stress and chemical imbalance, empower students to embrace an added sense of purpose.

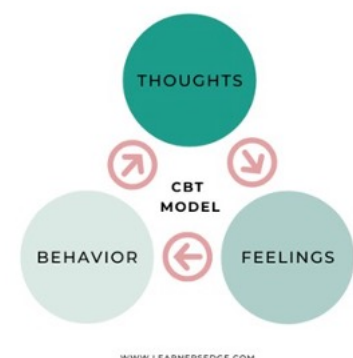
## Wellness Strategies for Improving Mental Health

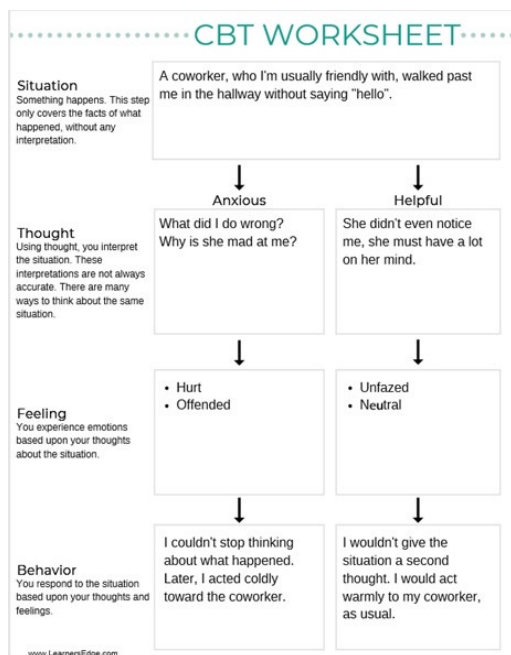
While it is imperative for education professionals to be ready to assist students who have mental health challenges, it is equally important to maintain one's own mental health when working with students. For instance, teachers are one of the groups associated with [compassion fatigue](#), which is not a mental health disorder, but an indication of the energy spent giving care to students. Following are tips and strategies that can help maintain wellness, and serve as partial treatment of a mental health disorder. All of these strategies can be part of a varied approach to support people with mental health disorders.

### Cognitive Behavior Therapy (CBT)

CBT is used to reveal the emotions or events that may be triggering a mental health crisis.

By looking at a situation from a removed perspective, it becomes less powerful, and the outcome can be more positive. In the following image, note the process of CBT through both anxious and helpful lenses.





Practicing CBT can provide a structure serving as a "go to" for determining solutions for a mental health situation, along with reducing anxiety and empowering one towards regulation and control over resolution.

**"Teachers are one of the groups associated with compassion fatigue, which is not a mental health disorder, but an indication of the energy spent giving care to students."**

## Mindfulness Exercises

Mindfulness can be helpful to people who live with mental health disorders. In this article from Mindful.org, techniques like mindfulness –slowing down, reflecting on one thought at a time, deep breathing exercises –[lend themselves to be successful with other treatments](#) for the mental health disorder, such as therapy, medication, and other interventions.

## Avoid Extended Isolation

When moving through a mental health crisis, there can be a tendency to withdraw and isolate. While this is understandable for shorter lengths of time, prolonged isolation can foster avoidance and reinforcement of negative thoughts. Honesty within a trusted support system can encourage facing situations head-on as a movement towards solutions. Talk therapy is one of the most effective treatments involved in mental health care. Resources like NAMI, the Centers for Disease Control, and others like [Mental Health Resources for Students and Educators](#) understand the necessity of maintaining mental health wellness. Grants provided to the Graduate Psychology [Education Program are working to close gaps in access and provide quality mental health care to those who are working with underserved populations for mental and behavioral health.](#)

## Conclusion

Recognizing chronic stress and related physical health concerns is an important step in understanding the wide spectrum of people who suffer from mental health disorders. While mental health wellness remains a high priority, our society must continue to advocate for those who do not have access to high-quality care and a trusted support network. People who live with mental health disorders can find treatment and support and can be allies for others with mental health disorders. With so many initiatives working to reduce stigma and the effects of ACEs for future generations and to increase awareness of mental health challenges and conditions, our society is becoming better equipped to support people with mental health disorders.

# Work to End Stigma

## Continuing Education Courses (3 Graduate Credits)

- [5032: Empathy and Understanding: Understanding the New Tools for Students with Challenging Behaviors](#)
- [5116: Connection and Calming for Today's Teachers](#)
- [5792: Refocus and Recharge: Strategies for Finding Balance in Teaching](#)

## Courses Written with the [IndieFlix Mental Health Trilogy](#) (3 Graduate Credits)

- [5102: Anxiety Awareness: Empowering Students with Help and Hope](#)
- [5115: Exploring the Impact of Social Media on Students, Wellness, and Society](#)
- [5131: SEL and Empathy-Based Bullying Prevention](#)

## Professional Development Courses (10 Hours)

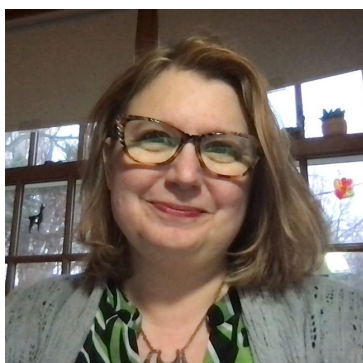
- [PD 126: Educator Self-Care and Resilience to Avoid Teacher Burnout](#)
- [PD 141: Mental Health Basics for School Staff](#)

## Additional Resources for Students, Families, and PreK-12 Teachers

- [Mental Health America: Youth Mental Health](#)
- [Mental Health Resources for Students and Educators Understood.org](#)
- [The Child Mind Institute](#)
- ["We Thrive Inside": Resources for Mental Wellness Through COVID and Beyond](#)
- [Free Three-Part Webinar with Teaching Channel and Jaime Pratt, LICSW](#)
- [Mental Health Education via NAMI](#)

## Teaching Channel Chalk Blog

- ["4 Ways to Manage Anxiety Through the School Day"](#) by Dawn Butler, Teaching Channel
- ["10 Simple and Healthy Ways to Manage Stress and Anxiety"](#) by Susanne Leslie, Teaching Channel



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Betsy Harrison Butler is a former high school English teacher turned course creator, and believes education is in her DNA. She has greatly contributed to content creation in her 11 years at Teaching Channel, specializing in topics like mental health, digital citizenship, and social media wellness. Betsy also oversees course creation and is always looking for the next big topic to support teachers. She lives with her husband, 2 children, and 3 pets in St. Paul, MN where she gardens, creates art, and binges on Netflix and books.

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