Don't Turn Away: Empowering Teachers to Support Students' Mental Health

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Abstract: Adolescence is a challenging time for most young people, but for those with or at-risk of developing emotional or mental health conditions, it can be particularly harrowing. Studies indicate that 1 in 5 adolescents have some sort of serious emotional, behavioral, or mental health problem. Early identification and treatment can make a substantial difference in the lives of these troubled young people. Aware and knowledgeable teachers can play a critical role in this helping process. This article focuses on ways that classroom teachers can recognize warning signs for these problems and provide developmentally appropriate support to students who are struggling.

Keywords: adolescent development, education, mental illness, classroom climate, emotional and behavior problems, depression, general education teachers

Linea's Story

I was numb, a smile plastered on my face like the one I wore every day. I couldn't feel anything. The pills prescribed to me after witnessing my best friend slash open her arms kept me from the pain of sadness. They also robbed me of the euphoria of joy. I was at an even keel all the time. My life was bland while all my outside interactions and activities suggested excitement, adventure, and pride. (excerpt from Linea's high school journal)

Linea had two major depressive episodes in high school. Both came unexpectedly and at times when she was pushing her hardest—excelling academically while playing leadership roles in two varsity sports, four music ensembles, and three school clubs. The first breakdown occurred in her sophomore year when it seemed that all her friends were dealing with similar issues. She explains, "We were the kids that couldn't complain, because we had such a great life. How could we have anything to complain about? We were also the kids who became extremely depressed and found secret ways to cope, whether through self-mutilation (cutting like my best friend did), eating disorders, or suicidal thoughts."

The second breakdown took place during her senior year. Many of her peers found the idea of graduation frightening, moving from the safety of high school to what they perceived as the "real world." Linea was no exception, yet she was one of the students others assumed would have it the easiest. Her fears increased with the overconfidence her teachers expressed in her every move. The "good kid" would be fine. The "good kid," however, had no idea how to remain the star in a much larger and unfamiliar world.

Linea was officially diagnosed with bipolar disorder and depression after inpatient hospitalizations at the age of 19. She is not certain whether some of the emotional struggles she experienced in high school had anything to do with her diagnoses, but she makes this claim, "Had I learned the skills to cope with my depression earlier, ways to confront my teachers about my fears, and how to ask for a little extra help or time on class

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assignments, I may have had an easier time with the traumatic later years of my illness. Perhaps these could have been some of the most important skills I learned while in school."

Because school plays such a significant role in adolescents' identity development, teachers are in the unique position to recognize and provide essential supports for students, like Linea, who struggle with their mental health. This task can feel overwhelming because middle school and high school teachers often experience students as temperamental and reluctant to express their emotional needs in the first place. In addition, students with mental disorders such as depression (commonly categorized as an *internalizing* disorder) tend to be much less conspicuous in the classroom in contrast to their peers with disruptive or *externalizing* disorders such as ADHD or conduct problems (American Psychiatric Association 1994). Therefore, the purpose of this article is to draw attention to the internalizing disorders that sometimes go unnoticed by (1) underscoring the current outcomes for students diagnosed with these disorders, (2) differentiating typically developing adolescents from those with mental health conditions, and (3) presenting appropriate classroom supports for this population of struggling students.

Mental Health Conditions in Adolescence: Increased Diagnoses and Poor Outcomes

The onset of mental health illnesses, including depression and bipolar disorder, primarily occur in early adulthood, but a substantial number of teenagers experience the first symptoms while still in high school and during the crucial stages of social, emotional, and cognitive development (National Institute of Mental Health 2008). This onset can have an adverse effect on typical transitions and learning experiences in areas critical to adolescent development. Furthermore, mental health issues affect students of all academic levels, social positions, and economic statuses. Studies indicate that 1 in 5 young people have some sort of mental, behavioral, or emotional problem; 1 in 8 have a serious depression; and 1 in 10 may have a severe emotional problem, including bipolar disorder or significant mood disorders. For those with a major depression, approximately 20 percent develop bipolar disorder within five years of the initial onset (National Institute of Mental Health 2008). Strikingly, young adults' symptoms for depression, bipolar disorder, and other mental health conditions may be markedly different from older adults with the same disorders. For adolescents, there is also an increased risk for substance abuse and suicidal behavior (Quello, Brady, and Sonne 2005), and suicide is the third leading cause of death among young people ages 15–24 (National Institute of Mental Health 2008).

Despite these daunting statistics, a mere 30 percent of students suffering from mental health conditions receive any sort of intervention or treatment. The other 70 percent simply struggle through the pain of mental illness or emotional turmoil, doing their best to make it to adulthood (Davis 2003). Early intervention and support is crucial to prepare students for life after high school because the outcomes for youth with mental health conditions after leaving high school are, currently and historically, less than positive. Fewer than half of youth with mental health conditions complete high school, and employment is consistently less robust than for their healthy same-aged peers. Furthermore, fewer of these youth attend postsecondary education or training programs while their income levels hover at the poverty level. Finally, fewer young adults with mental health conditions live with their families than their same-aged peers (and not by choice) while homelessness and arrests are high (Davis and Sondheimer 2005; Johnson 2007; Vander Stoep et al. 2000; Wagner and Davis 2006).

Educators have a unique opportunity to recognize and support students who are struggling with mental health conditions while they are still in school. Unfortunately, Linea experienced symptoms of depression in high school that were never noticed by school personnel. Teachers cannot simply assume "teenage angst" and ignore changes in behavior or demeanor. Too many adolescents slip and fall through the ever-widening cracks while still in high school and into the abyss of failure after high school. Alternatively, teachers can pay attention and be markedly cognizant of possible symptoms of mental health issues in light of their ongoing interactions with individual students and their basic knowledge and sensitivity to adolescent development.

A Lens for Exploring Typical Development in Adolescence

> As I developed new and increasingly dangerous coping methods such as self-mutilation, and drug and alcohol use, I began to question myself as a perfectionist. I began seeing myself in a dualistic view, the stable productive side seen as the "good" me and the unstable often incontrollable side seen as the "bad" me. I find that had I not spent years seeing myself as someone with "endless opportunities," I wouldn't have veered so far in either direction. What I truly needed was a comforting voice, outside of my loving family, to tell me that it was okay if I failed, or even broke a few rules. (excerpt from Linea's journal)

Linea, like other adolescents her age, asked herself questions about who she was in light of her skills, talents, relationships, and vocational goals. The black-and-white thinking and polarized behaviors she describes seemed to result, in part, from her fears about the rather daunting "endless opportunities" in front of her. This internal struggle might be informed by David

Elkind's (1976) social cognitive theory, which features the concepts of *imaginary audience* (heightened self-consciousness with the sense of being onstage) and *personal fable* (where adolescents tend to mistakenly view themselves as invincible and engage in risk-taking behaviors). Evidenced in Linea's comments is a characteristic pattern of thinking typical to the normally developing adolescent. However, her depressions in high school, and later diagnosis of bipolar disorder, served to intensify her struggle and throw it into sharp relief. While in high school, Linea internally questioned her hard-fought goals and struggled to make the decisions and expected moves into new and unfamiliar social and academic contexts. Linea herself admits that she needed someone, outside of her family, to normalize her thoughts and fears. Without appropriate outlets for her thinking, perhaps in the form of mental health or career counseling, her condition grew worse after high school.

Because mental health diagnoses often occur during adolescence (National Institute of Mental Health 2008), this phenomenon presents a significant challenge to the central task of identity development. Erikson's (1950, 1968) eight-stage, life-span theory features a "crisis" (or potential turning point) at the heart of each stage. In the case of adolescents, the crisis called *identity versus identity confusion* can often be enacted through personality and role experimentation. Erikson also defines this exploratory process as a "psychosocial moratorium," which occurs in the necessary movement between childhood security and adult autonomy and, ideally, results in a new and enhanced sense of self. Key developmental tasks during this period include adjusting to the physical changes of puberty, separating from parents and/or guardians, developing a social network, coming to terms with sexual orientation, and focusing more on educational and career goals (Koplewicz 2002). After becoming ill in college, Linea not only struggled with the characteristic issues discussed previously, but also was forced to incorporate the diagnoses into her identity struggle, asking herself "What is my future with this?" and "How much of who I was can stay with me now? What goals can I still achieve?"

For Linea, a high-achieving adolescent in pursuit of a career as a musician, the personal stakes were very high at the point of her diagnosis. Her devotion to practicing hours a day on the piano and her innate perfectionism were derailed by a developmental crisis more dramatic than Erikson's originally benign term suggested. Her diagnosis forced her into an identity moratorium (or exploration) that occurred out of necessity and fear rather than through a natural unfolding of possibilities. As a highly driven high school student, Linea's struggle for identity achievement was intense and more debilitating than the experience of many of her peers.

One of the challenges educational professionals face is recognizing students who are truly in crisis, above and beyond the struggles and explorations of typically developing youth. In Linea's case, she presented as a highly successful student without any behavior problems, so teachers and counselors failed to see evidence of the vivid internal struggle that eventually played itself out much more dramatically.

Recognizing and Providing Developmentally Appropriate Support: How Teachers Can Support Students

> My training as a perfectionist in high school taught me to hide my feelings. I found ways to act like nothing had changed and found ways to make myself appear happy to the average population. And though I did a good job feigning composure to the general population, the people I saw daily, friends, boyfriend, and teachers, should have been aware of my changing interaction with the world. (excerpt from Linea's journal)

Middle school and high school teachers often interact with more than 100 students per day, making it difficult to recognize students who are truly at risk. Linea acknowledges this in admitting how masterfully she hid her feelings. Therefore, it is critical that teachers and other school personnel are trained to recognize the red flags for potential mental health conditions.

Recognize the Red Flags

Depression may be the first indication of the possibility of other mental health conditions. Studies of children and adolescence link a diagnosis of depression with many other disorders, including several forms of anxiety (social phobia, separation anxiety, and generalized anxiety disorders), conduct disorders (i.e., juvenile delinquency), and posttraumatic stress disorder (Angold and Costello 1993). In adolescents, there is also an increased risk for substance abuse and suicidal behavior in connection with a depressive disorder (National Alliance for the Mentally Ill 2009).

According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 1994, 327), a "depressive episode" may be identified when "five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure." Symptoms might include:

- depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
  NOTE: In children and adolescents, irritability may be observed.
- markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day

(as indicated by either subjective account or observation made by others)

- significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
  NOTE: In children, consider failure to make expected weight gains.
- insomnia or hypersomnia nearly every day
- psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- fatigue or loss of energy nearly every day
- feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
- diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
- recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide (American Psychiatric Association 1994).

Teachers should understand that students with depression do not necessarily demonstrate *all* of these symptoms at the same time or at the same level of intensity. With the number of upheavals that occur in adolescence, it is challenging to differentiate between a student who is simply dispirited and one who is demoralized. Koplewicz (2002, 20) uses a helpful analogy for understanding mood swings versus depression by distinguishing "weather" from "climate": "Being dispirited is like the weather: it's raining today, and it may rain tomorrow, but the sun will be out the next day. Being demoralized is like climate. It's broader, more defining, more all-encompassing." A child's ability to bounce back after a setback indicates emotional health, yet "if feeling bad becomes the new climate—then we're talking about depression."

These symptoms may also signal the emergence of other mental health conditions such as bipolar disorder. Bipolar disorder tends to begin with an episode of depression, as described previously. However, manic symptoms can also serve as signs of bipolar disorder. These include: "abrupt or gradual changes in mood, which can include unrealistic highs in self-esteem or delusions of grandeur; a great increase in energy and ability to go with little or no sleep for days without feeling tired; increased talking and rapid speech, and uncharacteristic engagement in activities or projects to the detriment of usual relationships" (Koplewicz 2002, 183).

Teachers are in a position to observe and identify student behaviors that may indicate serious mental health problems. When a teacher alerts school counselors to specific behavioral red flags, students and their families can then be referred to professionals in the school and community who can conduct more in-depth assessments and develop an appropriate plan for support and treatment.

Create a Positive Learning Climate

Recognizing that a student is in trouble and alerting the school's student support system is a critical first step for reaching out to a troubled student. Yet, teachers and other school staff can provide a level of developmentally appropriate support to troubled students within the day-to-day interactions and learning experiences in their classrooms, using what they know about adolescent identity development. Certainly, numerous influences *outside* the classroom (e.g., family and peer interactions) play a primary role in affecting depression, yet teachers can help students cope with depression while in the classroom.

Numerous studies have found that when teachers do make an effort to hold students academically and behaviorally accountable to high standards, provide them with quality educational experiences, and build a positive interpersonal connection with their students, it can make a tremendous difference in the lives of all students. But it can be particularly important to those suffering from depression and other mental health conditions (Bernard 1992; Catalano et al. 2004; Klem and Connell 2004; Guetzloe 2003; UCLA Center for Mental Health in Schools 2009).

Communicate clearly and remain flexible. Teachers can help students by creating a positive classroom climate that features clear expectations for student behaviors, including a consistent schedule and routine that is communicated regularly, and flexibility in timelines and due dates when symptoms flare up. Other academic supports, such as visual organizers, daily planners, access to technology, and scribes for written assignments, can be particularly helpful to students struggling with mental health conditions (Killu and Crundwell 2008).

Provide relevant instruction and initiate positive peer interactions. Regardless of the subject area, there are many instructional strategies that can support student success and help to build positive relationships. Effective instruction can create a foundation for students who may be struggling academically and/or emotionally (Adelman and Taylor 2005; Cash 2004; Sugai, Horner, and Gresham 2002). Personalizing instruction in connection to student interests and strengths, teaching effective prosocial and coping skills in the context of the content area, and assigning activities such as journaling, art projects, and creative writing assignments are ways that teachers can provide strategies for students to express themselves and connect with their teachers. Independently written closure exercises that tap

metacognitive or reflective skills may also help teachers better understand students' thoughts and feelings relative to classroom tasks. Furthermore, well-planned class projects that involve carefully partnering students in pairs or small groups can help a troubled student feel connected and part of a classroom community (Emmer and Evertson 2009; Killu and Crundwell 2008; UCLA Center for Mental Health in Schools 2009).

Demonstrate respect. Students claim that a teacher can create a positive classroom climate by simply displaying respect during interactions with students. A recent study (LaRusso, Romer, and Selman 2008, 396) points to specific teacher behaviors that promote a respectful school climate. Effective teachers are "responsive to students' problems and. . . emphasize reciprocity and the value of their students' perspectives and feelings." They value adolescents' perspectives and decision-making capabilities and honor students' contributions to solving problems in school. On a practical level, classroom meetings that honor individual student voices and the democratic process itself can be beneficial. Additionally, individual conferences and regular, everyday conversations with students send a message of interest and caring (Emmer and Evertson 2009).

Facilitate conditions for increased self-efficacy. Even within a caring classroom environment, many students struggle with the belief that they do not have anything valuable to contribute. Several studies negatively link depression with self-efficacy (Ehrenberg, Cox, and Koopman 1991; Maciejewski 2000). In other words, if a student feels highly capable or successful (e.g., with a particular skill or subject area), he or she is likely to experience less depression. Margolis and McCabe (2004, 241) identify a number of research-based strategies that may be used to enhance a student's self-efficacy, including "linking new work to recent successes, teaching needed learning strategies, reinforcing effort and persistence, stressing peer modeling, teaching struggling learners to make facilitative attributions [e.g., 'I succeeded because I worked really hard'], and helping them identify and create personally important goals."

Conclusion

Based on the research outlined in this article, teachers can develop proactive systems of support within their classrooms while remaining attentive to the signs and symptoms of students who may be struggling with mental health conditions. Because school is the center of many adolescents' lives, it can serve as a point of hope and support for those who may be demoralized by an ongoing battle with depression.

Currently a thriving college student, Linea found the support she needed *after* high school, yet she still wishes that someone would have recognized and ac-

knowledged her initial struggle with depression. She concludes:

> I believe that had I had even one teacher who knew me well enough to see the stress and pain that came from my endless search for perfection, I would have felt more comfortable confronting my feelings earlier. It is so important for teachers and educational professionals to be aware of all their students' patterns and personalities in order to help the students trust themselves and others when it comes to emotional crises. By fearing that my emotions would ruin my reputation as a good student and mature young adult, I let myself get to increasingly dangerous levels of depression. Through the simple acknowledgement and awareness of each student, teachers can build the trust that is crucial when it comes to times of crisis. This trust will not only help students receive the help they need in specific crises, but increase their ability to trust others in future events and become more capable of finding their own services when the school is no longer available. (Linea)

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