



MENTAL HEALTH CLASSROOM RESOURCES TOOLKIT

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OVERVIEW

This toolkit was developed in partnership between the Ohio School Board Association (OSBA) and Hanover Research to serve as a resource for educators in Ohio working to implement classroom-based mental health and social-emotional learning (SEL) supports for students. School and district leaders can also use this toolkit to plan for the distribution of funds from the State's Student Wellness and Success Fund to support student academic achievement through SEL.

This toolkit:

- ✓ Describes mental health conditions and symptoms experienced by school-age children;
- ✓ Provides guidance on how teachers can support identification of students with mental health challenges in order to refer them to needed supports;
- ✓ Explores universal classroom-level strategies that teachers can employ to promote overall mental wellness; and
- ✓ Examines how teachers can use positive behavioral supports to support individual students with mental illness.

AUDIENCE

This toolkit is designed to support K-12 general education teachers in better understanding how to promote students' overall mental wellness. The toolkit also provides teachers with technical guidance and tools to develop mental wellness in the classroom.

INTRODUCTION

Every year, millions of Americans experience a form of mental illness, many of whom are school-aged children from across the entire PK-12 spectrum.¹ Guidance from the U.S. Department of Health and Human Services notes that "half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24."² Approximately 20% of children, ages 13-18, currently have or will develop a mental health condition in the future.³

Depression is a common mental health disorder among adolescents.⁵ The rate of teenagers reporting symptoms of a major depressive episode is trending upward, rising 6.5 percentage points from 2005 to 2017.⁶ In addition, national data from the Substance Abuse and Mental Health Services Administration shows that, even within the teenage population, the incidence of major depression varies between genders, ages, and racial/ethnic



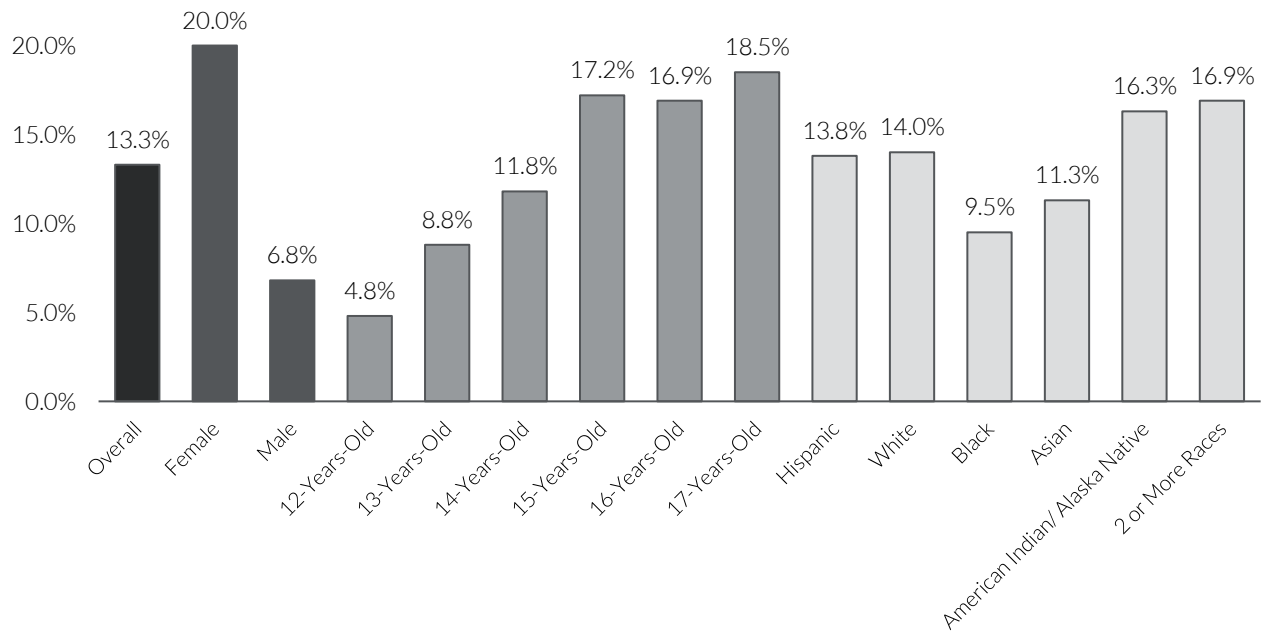
Impacts of Mental Illness

Mental illnesses are disorders of brain function, which have many causes and result from complex interactions between a person's genes and their environment. Having a mental illness is not a choice or moral failing and should be treated, just as a physical illness would. Mental illnesses occur at similar rates around the world, in every culture, and in all socioeconomic groups.

Source: TeenMentalHealth.org⁴

groups.⁷ While depression is more common at older ages, the Centers for Disease Control and Prevention records data on depression rates for children as young as three-years-old.⁸

Past Year Prevalence of a Major Depressive Episode Among U.S. Teenagers by Gender, Age and Race/Ethnicity (2017)

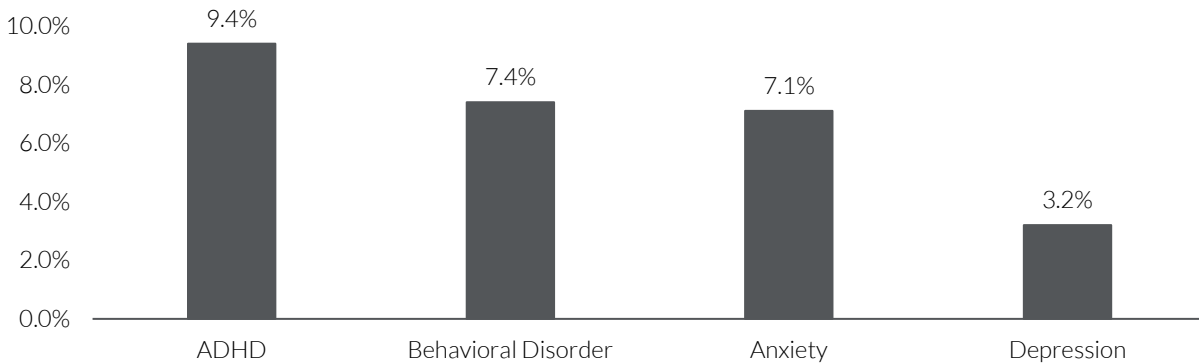


Source: National Institute of Mental Health, U.S. Department of Health and Human Services⁹

Other common mental health disorders among student-aged youth include attention-deficit/hyperactivity disorder (ADHD), various forms of anxiety, and behavior disorders. Many of these disorders occur concurrently with one another.¹⁰ These illnesses range in severity, from those that severely impair a student's major life activities (e.g., school, social relationships) to those with more moderate or mild impacts.¹¹ Mental health disorders can impact students' academic achievement, ability to form and maintain healthy relationships with others, and overall mental, behavioral, and emotional development.

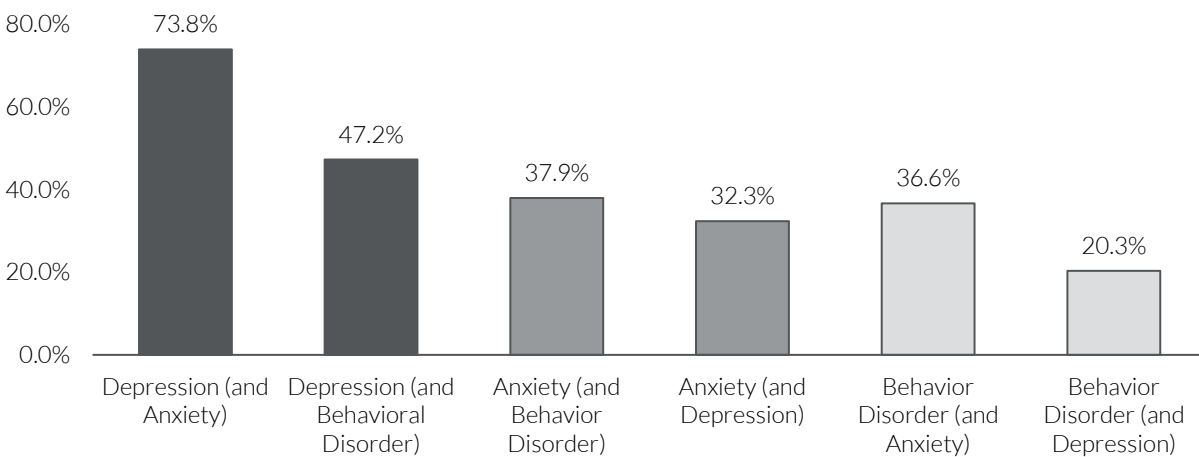
At the same time, delayed or insufficient treatment of mental illness may cause enough disruption "to a [child]'s normal development that it can affect them for the rest of their lives."¹² Statistics from the National Alliance on Mental Illness show that 37% "of students with a mental health condition age 14 and older who are served by special education drop out—the highest dropout rate of any disability group."¹³

Prevalence of Specific Mental Health Disorders Among Children, Ages 3-17



Note: The displayed percentage for ADHD measures diagnoses among children ages 2-17.
 Source: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services¹⁴

Concurrence of Mental Health Disorders Among Children, Ages 3-17

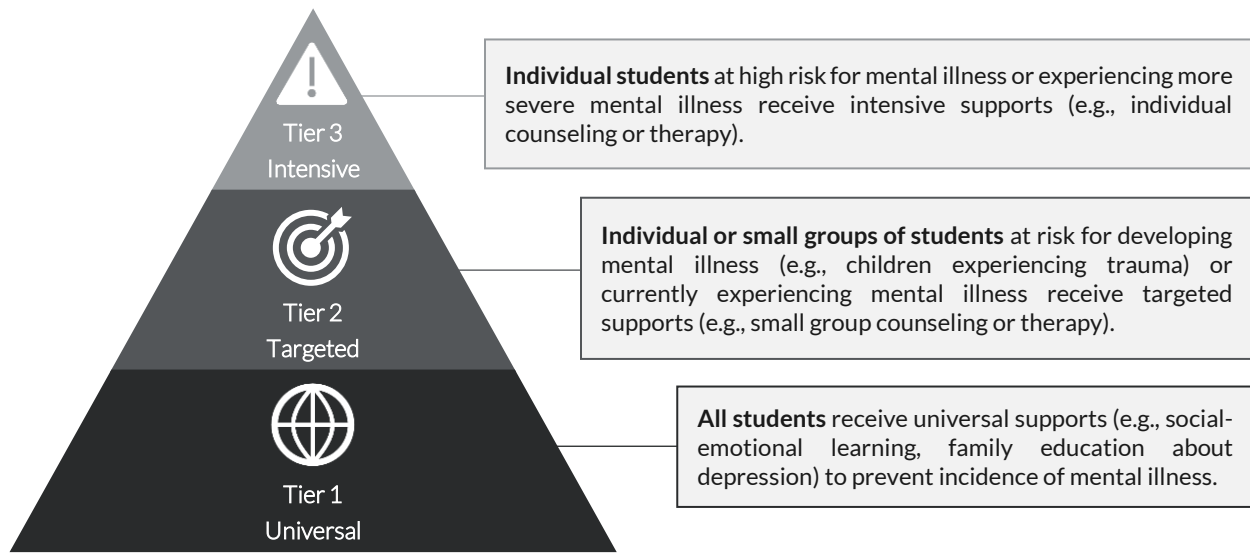


Note: The first listed condition is the primary diagnosis, and the condition in parentheses is the secondary diagnosis.
 Source: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services¹⁵

Noting the benefits resulting from the treatment of mental illness and supporting mental wellness, and recognizing the current deficit in services, many seek to offer more robust mental health supports.¹⁶ Some provide students with a continuum of mental health care that exists alongside other resources, services, and supports in a multi-tiered system of supports (MTSS).

Within the MTSS framework, teachers may support universal prevention efforts around mental health disorders (i.e., Tier 1) via strategies such as positive behavioral interventions and supports and the establishment of safe and supportive learning environments.¹⁷ Likewise, teachers can support student referral to formal evaluations for mental health disorders and more targeted and intensive mental health supports (i.e., Tiers 2 and 3) by gathering emotional and behavioral data to guide mental health professionals in diagnosing any potential mental illnesses and determining the most appropriate treatments and services.¹⁸

MTSS Framework for Mental Health Interventions



Source: Multiple¹⁹

PBIS is a nationally recognized multi-tiered framework that promotes social-emotional competencies for all children. In particular, PBIS uses evidence-based practices that focuses on meeting the needs of all students through a continuum of supports. PBIS teaching encompasses a broad range of behavior, including social skills, emotional regulation, and coping strategies.²⁰

Behaviors that impact a student's ability to participate and excel in learning or interfere with their relationships with peers and school staff represent a significant challenge for K-12 educators.²¹ It is important that teachers take appropriate steps given their training, experience, and qualifications to support students with mental health conditions that will counteract adverse impacts on students' education, social-life, and health.²²

"Efforts to interconnect school-wide behavior support practices and systems with mental health interventions and supports have the potential to contribute to these teaching and learning environments for all students, especially students who display significant risk for behavioral mental health difficulties."

Source: Cambridge University Press²⁷

This **Mental Health Classroom Resource Toolkit** provides teachers with actionable strategies and tools that are in alignment with the PBIS framework to help support students currently experiencing mental illness in the classroom. Importantly, much of the current literature and support models apply across all grade levels. Therefore, the tools and resources included in this toolkit are designed to address the broad needs of students in Grades K-12.

UNDERSTAND MENTAL HEALTH CONDITIONS

Identify Common Mental Health Conditions

Being aware of students' mental and emotional health "is an important issue for all educators, who are often the first line of defense for their students."²⁴ While individual teachers should not feel they need to behave as experts in the field of mental health (unless they are also licensed psychiatrists or psychologists), they should learn the basics of mental illnesses commonly experienced by students, the accompanying behaviors, and symptoms.²⁵

As a foundational step, teachers should acknowledge the breadth of conditions and mental health problems that students may be experiencing.²⁶ While each condition has its own symptoms, causes, and impacts, a rudimentary understanding of those conditions will help direct teachers' attention to key warning signs, mentalities, and behaviors.²⁷ The table below lists common mental health diagnoses among school-aged children but is by no means exhaustive. However, the table provides a basic summary of conditions which all teachers need to be aware of and understand if they are to support students.

Common Mental Health Diagnoses Among School-Aged Children

Condition	Description
Attention-Deficit/Hyperactivity Disorder (ADHD)	<p>ADHD is one of the most common brain disorders in children and can continue into adulthood. Children and youth suffering from ADHD have problems paying attention, staying focused on certain tasks, and controlling their energy level and behavior. Some are also hyperactive and may have trouble being patient and sitting still. Additional symptoms or behaviors may include being easily distracted, problems with organization, failure to complete household tasks or turn in school work, trouble listening, making careless mistakes, forgetfulness, getting easily bored and frustrated, talking a lot, and interrupting.</p> <p>For these problems to be diagnosed as ADHD, <i>they must be out of the normal range for a person's age and development.</i> For example, it is typical for children to be hyperactive, over-stimulated, or fidgety on occasion. But, for children with ADHD, these behaviors are more severe and happen all the time.</p>
Anxiety Disorders	<p>Anxiety disorders refer to a variety of mental health problems that may cause children to be fearful, distressed, excessively worried, and uneasy. All children experience some anxiety, and fears (e.g., fear of the dark, monsters, or public speaking) are typical as long as they are not long-lasting and extreme. They should not cause youth to feel very upset or have trouble functioning on a regular basis.</p> <p>Children with anxiety disorders may also feel irritable, restless, or nervous and may suffer from panic attacks — during which they may experience shortness of breath, rapid heart rate, or sweaty hands. Physical complaints are also common in anxiety disorders. A child may complain of headaches, stomach pain, or other physical issues. Youth with anxiety disorders often feel helpless or powerless and sometimes have overwhelming concerns that everything is going wrong or that everyday things will turn out badly. They may have trouble sleeping and try to avoid going to school because they are worried something bad will happen there or that something bad may happen to family members in their absence. There are several specific types of anxiety disorders, including:</p> <ul style="list-style-type: none"> ▪ Generalized Anxiety Disorder; ▪ Obsessive Compulsive Disorder (OCD); ▪ Panic Disorder; ▪ Phobic Disorders/Specific Phobias; ▪ Posttraumatic Stress Disorder (PTSD); ▪ Separation Anxiety Disorder; ▪ Social Anxiety Disorder; and ▪ Selective Mutism.
Bipolar Disorder	<p>Bipolar disorder, or manic-depressive illness, is a serious brain disorder causing unusual shifts in mood, energy, and activity. Young people with bipolar disorder experience mood swings that can be extreme and may suffer from periods of extreme lows—or depression—and extreme highs—called mania—during which they may feel very happy and be more active and talkative than usual. Young people experiencing mania may require little sleep, talk non-stop, and show unusually impaired judgment.</p>

MENTAL HEALTH CLASSROOM RESOURCE TOOLKIT: UNDERSTAND MENTAL HEALTH CONDITIONS

Condition	Description
Bipolar Disorder (continued)	A child with bipolar disorder may also experience irritability, racing thoughts, explosive rages, delusions, hallucinations, escalated risk-taking, inappropriate sexual behavior, daredevil or dangerous behavior, grandiose beliefs, defiance, or suspicion. Children do not experience all these symptoms and may have periods where their symptoms are worse than others. Some young people with bipolar disorder try to hurt themselves or attempt suicide. In school, students with bipolar disorder may need extra supports, as fluctuating mood and energy may make it difficult to learn and interact with others.
Conduct Disorder	<p>Conduct disorder is a disruptive behavior disorder. Young people with conduct disorder may bully or threaten others, lie, steal, fight, destroy property, have low self-esteem masked by bravado, and show little empathy or remorse for others.</p> <p>Children with conduct disorder seem to enjoy power struggles and often react badly to demands from those in authority. They may challenge household or classroom rules, refuse to do tasks or assignments, and argue with others. These behaviors can significantly impair academic success and social functioning.</p>
Depression	<p>Youth with depression experience unusually long-lasting sadness and may lose interest and enjoyment in activities that they used to enjoy. Children with depression may feel hopeless, worthless, and tired, and they may have difficulty concentrating, completing tasks, and making decisions. They may also isolate themselves, be reluctant to engage in activities, and be exceptionally quiet and disengaged.</p> <p>Symptoms of depression also include irritability, anger, increased sensitivity, changes in sleep or appetite, and even outbursts or crying. Students may also complain of physical ailments such as stomachaches and headaches. Children and youth that suffer from depression may also have thoughts of death or suicide.</p>
Eating Disorders	<p>Eating disorders are illnesses that result in serious disruption to a young person’s diet where they might eat extremely small or large amounts of food. Children with eating disorders are often very demanding of themselves and suffer from low self-esteem, depressed mood swings, all-or-nothing thinking, fatigue, impaired concentration, and irritability. Eating disorders include:</p> <ul style="list-style-type: none"> ▪ Anorexia Nervosa; ▪ Bulimia Nervosa; and ▪ Eating Disorder NOS (i.e., not otherwise specified).
Oppositional Defiant Disorder (ODD)	ODD is a disruptive behavior disorder, and young people with ODD may experience sudden, unprovoked anger for seemingly no reason. They may also blame others for their behavior, argue with adults, deliberately annoy and bother others, display defiance, or refuse to comply with requests. Constant arguing and challenging of household or classroom rules may isolate them and make it difficult to learn or develop positive relationships.
Psychosis	Psychosis is a serious brain illness. If a child experiences psychosis, they may have lost contact with reality and have difficulty distinguishing what is real and what is not. They may suffer from delusions (i.e., false beliefs about what is taking place around them or who they are) or hallucinations (i.e., seeing or hearing things that aren’t there). Psychosis can occur with a variety of mental health disorders including bipolar disorder, or schizophrenia, or when a young person is under the influence of drugs.
Reactive Attachment Disorder	Reactive attachment disorder is a rare but serious condition in which an infant or child does not establish healthy attachments with parents or caregivers. Children with reactive detachment disorder may be destructive to themselves or others, lack guilt or remorse, refuse to take responsibility for actions, blame others, and have extreme defiance and control issues. They may lack cause and effect thinking, steal or make false accusations, be inappropriately demanding or clingy, have poor relationships, possess little impulse control, be dishonest, manipulative, or bossy, or be superficially charming and engaging.
Schizophrenia	Schizophrenia is a serious psychiatric illness that causes strange thinking and feelings and unusual behavior and mannerisms. Symptoms that children with schizophrenia may experience include extreme moodiness, odd and eccentric behavior and speech, seeing and hearing things that do not exist, and severe levels of anxiety. Children with schizophrenia might also be inappropriately demanding, dishonest, manipulative, or bossy, have poor relationships, possess very little impulse control, and may often be superficially charming and engaging, fearful, confused, or suspicious.
Substance Abuse	A young person is considered to suffer from a substance abuse disorder when they repeatedly use a substance that causes them to have difficulty fulfilling daily responsibilities at home or school. They may put themselves into dangerous situations that cause ongoing legal, social, or interpersonal problems. Some young people use substances to self-medicate for untreated mental health disorders.

MENTAL HEALTH CLASSROOM RESOURCE TOOLKIT: UNDERSTAND MENTAL HEALTH CONDITIONS

Condition	Description
Tourette's Syndrome	Tourette's syndrome is a neurological condition that causes children and teens to make sounds or movements they cannot control or do not want to make (i.e., tics). Common motor tics include blinking, shoulder shrugging, head bobbing or jerking, or neck stretching. Some common vocal tics include throat clearing, sniffing, shouting, and grunting. In rare cases, children with Tourette's uncontrollably bark or grunt inappropriate words, including profanity.

Source: Association for Children's Mental Health²⁸

Evaluate the Impact of Mental Illness

Mental illness can hinder student success.²⁹ The learning processes for students with mental illness can be interrupted and affected in some of the following ways:³⁰

- Frequent or unexpected absences;
- Rigid thinking patterns;
- Isolation from peers;
- Difficulties performing consistently;
- Difficulties following sequences or multistep directions;
- Misinterpretation of verbal or non-verbal communication; and
- Impulsive behavior.

As a result, there is a correlated impact on academic success and social interactions. Secondary students with mental illness are more likely to earn failing grades across all subject areas. Students with depression have also been associated with low academic achievement.³¹ At the same time, emotional and behavioral problems can lead to an increase in discipline referrals, school avoidance, and suspension.³²

Despite the prevalence of mental illness among youth, serious gaps exist in the receipt of treatment, with about half of children between the ages of eight and 15 receiving no mental health services.³³ Further, the average time from the onset of symptoms resulting from a mental health disorder to receipt of treatment is approximately eight to 10 years.³⁴ Even among different disorders, treatment rates vary.³⁵ This disparity can also widen for students from historically disadvantaged populations, with students of color receiving needed mental health services at lower rates than their white peers.³⁶ Often, students with mental illness are not linked with supports and services until school disruption has already occurred.³⁷

Recognize Symptoms for Early Intervention

Early identification and intervention can result in more positive outcomes for students.³⁸ Studies show early detection of mental health and referrals to mental health services can lead to improvements in mental illness symptoms and school achievement.³⁹ As such, teachers should strive to understand typical and atypical psychological development for the age-band of students that they work with and recognize common signals of mental illness and behavioral challenges among students.⁴⁰

MENTAL HEALTH CLASSROOM RESOURCE TOOLKIT: UNDERSTAND MENTAL HEALTH CONDITIONS

Signs of Mental Illness by School Level



Early Childhood/Early Elementary	Late Elementary	Middle/High
<ul style="list-style-type: none"> ▪ Behavior problems ▪ Hyperactivity beyond what other kids are doing ▪ Trouble sleeping ▪ Persistent nightmares ▪ Excessive fear, worry, or crying ▪ Extreme disobedience ▪ Excessive intrusion in other children's space ▪ Deliberate violence or destructiveness ▪ Frequent temper tantrums ▪ Persistent difficulty separating from parents 	<ul style="list-style-type: none"> ▪ Excessive fears and worries ▪ Extreme hyperactivity ▪ Sudden decrease in school performance ▪ Loss of interest in friends or favorite activities ▪ Loss of appetite ▪ Sudden changes in weight ▪ Excessive worry about weight ▪ Sudden changes in sleep habits ▪ Visible prolonged sadness ▪ Substance use or abuse ▪ Seeing or hearing things that are not there 	<ul style="list-style-type: none"> ▪ Symptoms from earlier school levels, though displayed in more pronounced ways ▪ Destructive behavior, such as damaging property or setting fires ▪ Constantly threatening to run away or running away ▪ Withdrawal from family and friends ▪ Comments or writings that suggest a desire to harm self or others

Source: Youth Dynamics | Mental Health Care for Montana Kids⁴¹

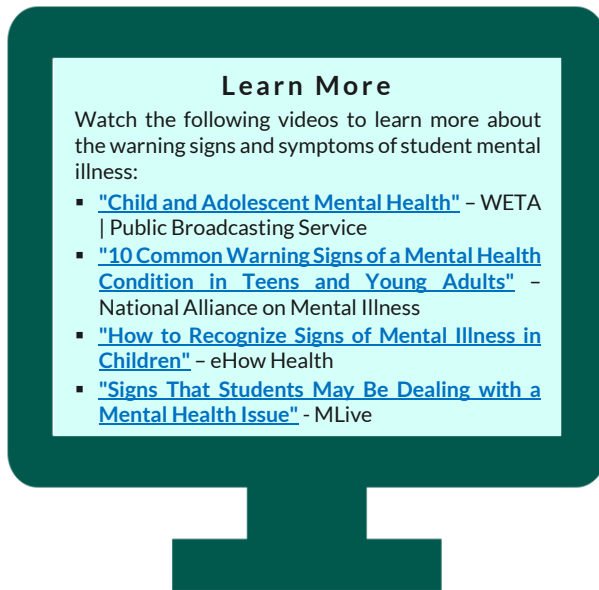
Teachers should look for specific behaviors, moods, and thinking patterns indicative of these behavioral or mental health conditions.⁴² In their observation of students in the classroom and in non-academic settings, teachers can look for one or more the following student behaviors:⁴³

- Feeling very sad or withdrawn for more than two weeks;
- Serious efforts to harm themselves or making plans to do so;
- Feeling sudden, unexplained panic;
- Becoming involved in many fights or desiring to badly hurt others;
- Displaying severe out-of-control behaviors that can hurt themselves or others;
- Not eating, throwing up, or using laxatives to make themselves lose weight;
- Communicating or experiencing intense worries or fears;
- Experiencing severe mood swings, causing problems in relationships;
- Repeated use of drugs or alcohol;
- Extreme difficulty concentrating or staying still that puts themselves in physical danger or causes problems in the classroom; and
- Drastic changes in behavior or personality.

Teachers should apply their knowledge of mental health conditions and associated symptoms to actively and consciously look for potential symptoms of mental illness displayed by students to flag them for further evaluation by a school psychologist or other mental health provider.⁴⁴ Specifically, teachers should keep a record of their concerns about a student, as well as data about their symptoms, to provide more comprehensive context to mental health professionals who will diagnose the student and direct them to targeted and intensive interventions.⁴⁵

The "**Student Symptom Monitoring Checklist**" on p. 12 provides a tool that teachers can use to track and record students' expression of symptoms potentially indicative of mental illness. The information a teacher records on the checklist can serve as a foundation for referring students to mental health professionals for further

MENTAL HEALTH CLASSROOM RESOURCE TOOLKIT: UNDERSTAND MENTAL HEALTH CONDITIONS



evaluation and, if necessary, treatment. While this form may support teachers' initial conversations with mental health professionals around individual students, they may need to complete other universal mental health screeners or condition-specific checklists as directed by the collaborating mental health professionals or school and district administrators.⁴⁶ Mental health professionals and administrators should provide scripts, logistical parameters (e.g., materials, timing), and technical assistance to support successful execution of universal mental health screeners or usage of instruments tailored to the symptoms of specific conditions.⁴⁷

Refer Students to Needed Supports

While most teachers are not trained clinicians qualified to diagnose true causes of displayed symptoms or able to guide treatment of diagnosed mental illnesses, their tracking and reporting of student behaviors and symptoms provide valuable insight to school-based (and community-based) mental health professionals in understanding how students react to and function within their daily life activities.⁴⁸ Teachers should monitor and record observations about student behaviors if they have concerns about students' mental and emotional well-being in order to best inform conversations with more qualified school personnel (e.g., school psychologists, social workers, nurses, counselors) about those concerns, as well as any potential evaluation of a given student for a mental health disorder.⁴⁹ Only qualified mental health professionals are in a position to decide if additional testing and evaluations are needed to determine the existence of a diagnosable mental health or behavioral disorder.⁵⁰

Child Mind Institute Symptom Checker

The Child Mind Institute—a nonprofit institution focused on supporting children, families, and educators in understanding and addressing children's mental health needs—hosts a digital tool to provide guidance on potential conditions that may be afflicting a given child. This "**Symptom Checker**" (linked via the icon below) presents a series of questions about a child's behaviors and symptoms, analyzes users' answers to generate a list of mental health and learning disorders associated with displayed behaviors and symptoms, and provides a starting point for further investigation.

Importantly, the Child Mind Institute notes that the "Symptom Tracker" "is not a substitute for a diagnostic evaluation by a medical or mental health professional." Instead, this tool is presented as a launch point for users' inquiry, and consultation with a mental health professional is encouraged should a user have serious concerns about a given child's mental wellness.



Source: Child Mind Institute⁵¹



Student Symptom Monitoring Checklist

Directions: Using the checklist below, teachers can record observational data of students' exhibition of symptoms or behaviors over a given two-week time period that may be indicative of potential mental illness. Gathered data will provide teachers with evidence for referring a student for a formal evaluation for mental illness by a mental health professional. Please note that this list is not all-inclusive, and the expression of any concerning thoughts or emotions (e.g., suicide) or the performance of dangerous behaviors (e.g., self-harm) warrants immediate referral to mental health professionals.

Student Name: _____

Observing Teacher: _____

Observation Period: _____ to _____
Start Date End Date

Symptom/Behavior	Not Applicable	Never	1-3 Days	4-6 Days	7-9 Days	Every Day
The student has had unexpected difficulties with tasks which diverge from their normal level of challenge.						
The student has hit or bullied other students.						
The student has injured themselves or others.						
The student has threatened to run away from home.						
The student has experienced a dramatic mood swing.						
The student has experienced intense emotions (i.e., fear, anger, sadness).						
The student has lacked energy or motivation to complete tasks.						
The student has expressed disinterest in hobbies or areas of prior interest.						
The student has had difficulty concentrating.						
The student has communicated difficulty sleeping.						
The student has communicated having nightmares.						
The student has made complaints of physical ailments.						
The student has neglected their appearance (i.e., out of character given prior experience).						
The student has expressed concern with their weight, body shape, or appearance.						
The student has eaten significantly more or less than usual.						
The student has used drugs or alcohol.						








Source: Guilford Press⁵²

CREATE A CLASSROOM FOCUSED ON WELLNESS

Destigmatize Mental Health

As a foundation for supporting all students' mental wellness, teachers should establish a classroom climate that allows students to feel safe and secure, encourages strong peer connections and student-teacher relationships, and proactively values mental health while destigmatizing mental health disorders.⁵³ Essentially, teachers should use a climate-based approach that recognizes the classroom as contributing to students' mental health, seeks to limit the impacts of risk factors (e.g., bullying, academic struggles), and enhances the presence of protective factors (e.g., positive relationships with peers and teachers, engaging instruction) to support students' mental wellbeing.⁵⁴

Tips for a Safe and Supportive Classroom

-  Demonstrate unconditional acceptance of students (though not necessarily behaviors)
-  Be a good listener
-  Do not single out students with mental health issues from the rest of the class
-  Maintain a positive tone in all interactions with students
-  Give constructive, specific, and brief feedback regarding student improvement
-  Develop routines and rituals that are conducive to learning
-  Do not generalize how students should feel in response to specific situations

Source: British Columbia Ministry of Education⁶⁵

Teachers can educate students, parents, and themselves about the symptoms, causes, and impacts of depression and other mental health disorders to promote acceptance and diminish stigma and biases.⁵⁶ Quite regularly, people assume that individuals with mental health conditions are "dangerous," "unpredictable," or responsible for their conditions.⁵⁷ For example, students with depression or anxiety may have their feelings dismissed or be told that they "are just part of growing up" or that they "will get over" depressive symptoms.⁵⁸ Consequently, combating the negative perceptions of individuals with mental health disorders and diminishing the stigma associated with various mental illnesses are vital actions in creating a safe and supportive climate where students with or without mental illness feel comfortable participating in their education.⁵⁹ These actions can be implemented via awareness campaigns or curriculum-based learning programs.⁶⁰

Promote Mental Health Awareness

ReachOut Australia provides tools and resources that teachers, including those based in the United States, can use to boost students' awareness of issues and wellness strategies related to their own mental health and wellbeing. These resources are available using the link below.⁷²



Stigmas associated with mental illness cause sixty percent of people with a mental illness to not seek help. Teachers can work towards reducing stigmas around mental illness by teaching students to not fear, judge, discriminate, or avoid people with mental illness. For example, teachers can use the acronym, "WALLS," to take positive steps to reduce mental illness stigmas.⁶²

MENTAL HEALTH CLASSROOM RESOURCE TOOLKIT: CREATE A CLASSROOM FOCUSED ON WELLNESS

Reducing Stigma using “WALLS”



Watch Your Language

Use positive language and avoid comments that stigmatize people with mental illness



Ask Questions

Learn about mental illness by asking questions of a mental health professional, such as a counselor or doctor, or a person who has lived experience with mental illness



Learn More

Access online resources to learn more about different mental illnesses, as increased knowledge reduces misunderstandings and stigmas



Listen to Experiences

Listen to others who are comfortable sharing about their lived experiences with mental illness



Speak Out

Help reduce stigmas by speaking out when others stigmatize or spread misunderstandings

Source: Alberta Division of the Canadian Mental Health Association⁶³

Teachers can also talk openly about mental health, including sharing some of their own experiences (e.g., family members' illness, their own diagnosis), to the extent that they feel comfortable. However, these communications must maintain appropriate boundaries between the students and teacher.⁶⁴ In discussing mental health disorders, teachers should emphasize the medical nature of such conditions (i.e., that these are real illnesses that individuals cannot simply will away without treatment).⁶⁵ Teachers should also show compassion to students experiencing mental illness, encourage students to treat one another with kindness and respect, and push themselves and students to use language that does not assign negative value to mental health disorders or individuals who experience them.⁶⁶

On the next page, the “**Tips for Talking About Mental Illness**” tool provides suggested strategies for engaging students and others with mental illness in a constructive and appropriate conversation that validates their feelings and provide them with tangible support. Teachers may use these tips to guide their work, and they may also share these tips with students and colleagues to improve overall mental health awareness and dialogue around mental illness.



Tips for Talking About Mental Illness

Directions: Teachers can use the tips and suggested "things to say" listed below in their interactions with students, colleagues, acquaintances, and family members experiencing mental illness. Teachers can distribute these tips and suggested "things to say" to students to help them interact more appropriately with others who may be experiencing mental illness.



Tips for Talking About Depression and Mental Illness

1. Stop the Silence

If someone discloses that they have a mental illness, they are opening up to you in a big way. Ask questions, show concern, and try to keep the awkward silence at bay.

2. Be Nice

Try to say the right things with openness, warmth, and caring.

3. Listen

In conversations with individuals who have mental illness, be a listener.

4. Keep in Contact

Given what is appropriate for your specific relationship (e.g., friendship, family, professional) and what you are comfortable committing to, offer availability by phone, text, email, or time to the individual with mental illness.

5. Don't Ignore

Don't be afraid to ask about the wellbeing of another if you think they might be hurting.

6. Offer Help

Everyone is different. They may want very specific help or no help at all. Either way, you can always ask and be open to the answer. Also, be ready to direct individuals to additional help if you are unable to help or if the individual requires professional assistance.

7. Keep the Conversation Moving

Do not feel obligated to fixate on mental health more broadly or the individual's condition. You may discuss other things but be sure to let the individual know you are completely open to revisiting the topic of mental illness later.

Appropriate Things to Say:

- "Thanks for opening up to me."
- "Is there anything I can do to help?"
- "How can I help?"
- "Thanks for sharing."
- "I am sorry to hear that. It must be tough."
- "I am here for you when you need me."
- "I can't imagine what you're going through."
- "People do get better."

Inappropriate Things to Say:

- "It could be worse."
- "Just deal with it."
- "Snap out of it."
- "Everyone feels that way sometimes."
- "You may have brought this on yourself."
- "We have all been there."
- "You have got to pull yourself together."
- "Maybe try thinking happier thoughts."

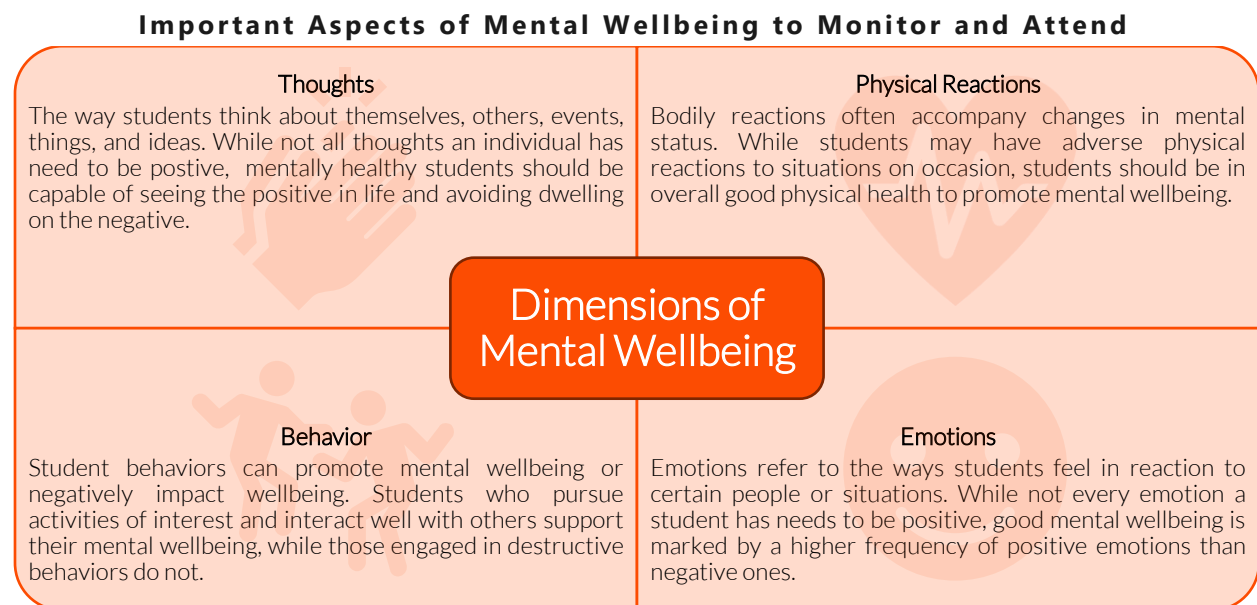
Source: Make It Ok | HealthPartners, Inc.⁶⁷

MENTAL HEALTH CLASSROOM RESOURCE TOOLKIT: CREATE A CLASSROOM FOCUSED ON WELLNESS

Support Students' Overall Mental Wellness

In addition to destigmatizing mental illness, teachers should highlight the importance of mental wellness to students and take concerted action to promote wellness.⁶⁸ Teachers should communicate to students that mental wellbeing not only acts as a protective measure against mental illness, it also helps people enjoy life, "be creative, learn, try new things, and take risks."⁶⁹

Likewise, teachers must act to reduce risk factors and increase protective factors around student mental wellbeing—to the extent possible—to build their resilience and promote positive thoughts, emotions, and behaviors.⁷⁰ This means taking such actions as encouraging students to talk about their feelings, exercise, eat nutritious food, pursue interests, maintain relationships, and ask for help when needed.⁷¹ Supporting students' mental wellness is a collaborative effort between school and home. Both parents and educators have the access, expertise, and occasion to promote mentally healthy children, and consequently, teachers should work with families to support students' mental wellness.⁷²



Source: Canadian Mental Health Association and Anxiety Canada⁷³

Students can develop their own concept of self-care and responsibility for own mental health and wellbeing, which is an important part of mental health.⁷⁴ Teachers can provide strategies for students to recognize symptoms of mental illness and monitor emotional states to bring attention to unhealthy behaviors.⁷⁵ At the same time, teachers can help students develop strategies for boosting their mood, handling emotions, and confronting challenging situations in their lives.⁷⁶

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Tips to Promote and Support Students' Mental Wellbeing

Support Activity	Description
Create a Sense of Belonging	Feeling connected and welcomed is essential to children's positive adjustment, self-identification, and sense of trust in others and themselves. Building strong, positive relationships among students, school staff, and parents is important to promoting mental wellness.
Promote Resilience	Adversity is a natural part of life. Being resilient is important to overcoming challenges and good mental health. Connectedness, competency, helping others, and successfully facing difficult situations fosters resilience.
Develop Competencies	Achieving academic success and developing individual talents and interests helps children feel competent and more able to deal with stress positively. Social competency is also important. Having friends and staying connected to friends and loved ones can enhance mental wellness.
Ensure a Positive, Safe School Environment	Feeling safe is critical to students' learning and mental health. Promote positive behaviors such as respect, responsibility, and kindness. Prevent negative behaviors such as bullying and harassment. Provide easily understood rules of conduct and fair discipline practices and ensure adult presence in common areas.
Teach and Reinforce Positive Behaviors and Decision-Making	Provide consistent expectations of support. Teaching children social skills, problem solving, and conflict resolution supports good mental health. Positive feedback validates and reinforces behaviors.
Encourage Helping Others	Pro-social behaviors build self-esteem, foster connectedness, reinforce personal responsibility, and present opportunities for positive recognition.
Encourage Good Physical Health	Good physical health supports good mental health. Healthy eating habits, regular exercise and adequate sleep reduces stress and decreases negative emotions.
Educate Staff, Parents and Students on Symptoms of and Help for Mental Health Problems	Information helps break down the stigma around mental health. School mental health professionals can provide useful information on symptoms of problems like depression or suicide risk.
Ensure Access to School-Based Mental Health Supports	School psychologists, counselors, and social workers can provide a continuum of mental health services for students ranging from universal mental wellness promotion and behavior supports to staff and parent training, identification and assessment, early interventions, individual and group counseling, crisis intervention, and referral for community services.
Provide a Continuum of Mental Health Services	School mental health services are part of a continuum of mental health care for children and youth. Build relationships with community mental health resources. Be able to provide names and numbers to parents.
Establish a Crisis Response Team	School crisis teams should include relevant administrators, security personnel and mental health professionals who collaborate with community resources. In addition to safety, the team provides mental health prevention, intervention, and postvention services.

Source: National Association of School Psychologists⁷⁷

Bolster Relationships for Stronger Support

Teachers should promote positive relationships with and between their students to form a foundation of social supports from which students can engage in fun and exciting activities and confront any challenges they may face in their daily lives.⁷⁸ The resiliency that arises from a strong social network can help students grow, be strong in the face of adversity, and maintain a state of positive wellbeing.⁷⁹ Therefore, teachers should encourage and guide students in forming meaningful relationships with their peers (and school-based adults) through which they can share challenges and engage in recreational and learning activities of interest.⁸⁰

Attributes of Mentally Healthy People

1. They accept themselves as they are, with all their weaknesses and strengths.
2. They remain in contact with reality.
3. They can deal with stress and frustration.
4. They can act independently, without undue influence from outside sources.
5. They are able to show genuine concern for others.

Source: Healthy Kids Today¹⁰¹

Teachers can develop strong personal connections with students using the “**Two-by-Ten**” strategy.⁸² For two minutes each day, for ten days in a row, the teacher would engage in a conversation with a student centered around their interests.⁸³ In addition to building stronger relationships, research shows that the “Two-by-Ten” strategy can also lead to an increase in positive student behavior.⁸⁴

Teachers can also use an interest inventory, similar to the samples on the next two pages, to discover student interests to help guide conversation.⁸⁵ Other interest inventories are available online, such as this [primary interest inventory](#) and this [secondary interest inventory](#).⁸⁶

Integrate Positive Behavioral Supports

Mental health is improved through effective, safe, and caring learning environments.⁸⁷ When mental health and related community supports are integrated within the PBIS framework, a broader continuum of supports is developed, which can result in improved outcomes for students.⁸⁸ PBIS has shown to improve student behavior outcomes, such as decreasing conduct problems.⁸⁹ Using a systematic approach, components of the PBIS framework include:⁹⁰

- Building a positive and predictable classroom climate;
- Explicitly teaching desired behaviors; and
- Using reinforcement to motivate students and hold students accountable for their behavioral choices.

Teachers must honestly self-assess their limits: emotionally, in terms of expertise, and in terms of what actions are appropriate for them to perform given students’ mental health needs.⁹¹ While teachers can aid students with mental illness in a variety of ways, treatment for mental illness and more targeted diagnostic interactions are best left to professionals such as school mental health counselors, psychologists, or psychiatrists.⁹² It is very important that teachers *do not overstep* into “diagnosing” and “treating” mental illness—which require professional training—and instead, offer positive social supports and adjust daily classroom routines to support students with mental illness.⁹³



Primary Interest Inventory

Directions: Teachers can provide an interest inventory to students to complete independently. It can be used to identify student strengths and interests. Teachers can then use this information to help start conversations and build student relationships. This is an example of an interest survey for primary students. Students can circle the pictures that are of their interest.



 <p>Reading</p>	 <p>Writing</p>	 <p>Playing Sports</p>
 <p>Insects</p>	 <p>Puzzles</p>	 <p>Technology</p>
 <p>Animals</p>	 <p>Science</p>	 <p>Math</p>
 <p>Teamwork</p>	 <p>Speaking</p>	 <p>Listening</p>

Source: Hanover Research



Secondary Interest Inventory

Directions: Teachers can provide an interest inventory to students to complete independently. It can be used to identify student strengths and interests. Teachers can then use this information to help start conversations and build student relationships. This is an example of an interest survey for secondary students. Students can fill in answers to the following questions.



Name: _____

Date: _____

Directions: Read each question and fill in a response that best matches your interests.

1. What is your favorite subject? Why?

2. What is your least favorite subject? Why?

3. What do you enjoy doing outside of school?

Sports: _____

Talents: _____

Hobbies: _____

Other: _____

4. What are three words that describe you?

5. If you could learn about anything you wanted to, what would you choose to learn about? Why?

6. If you could plan a field trip, where would you want to do? Why?

7. If you could interview anyone, who would it be and why?

8. How do you prefer to work? *Circle one:*

Independent Partner Small Group Large Group


9. What helps you learn? Where do you learn best?

Source: Hanover Research




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Teachers can work to reduce stressors in the classroom and the pressure associated with instructional activities through strategies such as breaking tasks into their component parts, encouraging students who fall behind on their work or set unrealistic expectations for themselves, and making realistic and positive statements about student performance.⁹⁴ Essentially, teachers should structure and modify tasks to increase their manageability and offer additional scaffolding to students with mental illness while maintaining instructional expectations and setting students up for success.⁹⁵ Such actions are especially beneficial in cases where students are absent due to their mental illness or become more sensitive to academic pressures or performance critiques as a symptom of their mental illness.⁹⁶

Strategies to Help Students Struggling with Emotional or Behavioral Problems

Strategy	Description
 Start Fresh	Others may see a class roster and warn the assigned teacher about a student, but these warnings can taint the teacher's perception of a given student. If a teacher sees a conversation trending this way, they should reframe it in a positive light and ask for constructive advice.
 Draw, But Do Not Rely, On Experience	The start of the school year brings a fresh crop of students with different backgrounds, personalities, and problems. Teachers should think about techniques that worked in prior years with students who had similar characteristics to those in their current class while staying open to new approaches.
 Reorient Perceptions	Most students who have emotional or behavioral problems want to be successful but have trouble controlling themselves, focusing on work, and staying still. Teachers should avoid deeming them "attention seekers" or "slackers" and work on being as patient as possible.
 Anticipate Disorganization and Forgetfulness	Students experiencing mental or behavioral health disorders report that they sometimes or often have trouble concentrating and are easily distracted. As such, it might be helpful to email homework assignments to families to keep students on task or to provide written directions instead of verbal ones. If teachers are using technology in the classroom, they should leverage reminder or task tools.
 Reduce Stress	Teachers should avoid rigid deadlines. They should also avoid lowering grades for non-academic reasons like messy handwriting, especially with younger children, and think of ways to gamify lessons so they are more engaging for students.
 Promote Social-Emotional Learning	Teachers should use social and emotional learning strategies to help students develop important "soft skills" and behavioral, emotional, and mental health competencies (e.g., self-awareness, self-management, social awareness, relationship skills, responsible decision-making).
 Highlight the Good and Avoid Focus on the Bad	Students struggling with emotional or behavioral problems find school hard and often deal with low self-esteem. They may be extra sensitive and much harder on themselves than their peers. Thus, teachers should be genuine and generous in their praise of students and avoid emphasis on students' shortcomings. Teachers should assure students that with hard work, practice, and support, they will eventually find difficult assignments easier.
 Be Familiar with Accommodations	For students who struggle despite Tier 1 interventions, additional support in the form of Tier 2 and 3 interventions, 504 Plans, and Individualized Education Programs (IEPs) can help provide the unique assistance they need to succeed. Teachers should work with mental health and behavioral specialists and families to establish a comprehensive set of accommodations and supports within a multi-tiered system of supports (MTSS).
 Avoid Embarrassment	When dealing with a student who is being disruptive or who is disengaged, teachers should discretely explain the problem rather than reprimanding them publicly. Teachers should also communicate that the problem is with the behavior—not the student—and how they expect students to behave.

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Strategy	Description
 Exercise Compassion	No special accommodation can substitute for patience, kindness, and flexibility. Teachers bring a great deal of compassion to the table to start with, but it can be easy to let it fall to the wayside when teachers have a roster of 30 students and multiple lesson plans to get through. No one expects teachers to be saints, but teachers should remain calm, cool, and collected while also acknowledging the issues students face constructively.
 Collaborate with Families	Parents and guardians may see behaviors at home that teachers do not see in school and vice versa. Teachers should make a plan that helps them communicate regularly with families of students with mental and behavioral health problems to minimize misunderstandings and establish consistent expectations at home and school.
 Remember Self-Care	Teachers should find ways to de-stress on evenings and weekends to rejuvenate and give themselves the energy and mental and emotional capacity to work with students experiencing mental and behavioral challenges. Teachers should identify and pursue recreational and relaxing activities that will give them a mental break from their professional teaching work.

Source: Mental Health America and Collaborative for Academic, Social, and Emotional Learning⁹⁷

Teachers can also support students' recovery and management of mental illness, as well as the impacts of mental illnesses on their academic performance, by emphasizing positive communication (e.g., praise, constructive feedback) rather than negative communication (e.g., blame, punishment for error).⁹⁸ Simultaneously, teachers can encourage students to engage in positive self-talk around their condition and academic performance (e.g., "I did a good job on this assignment.").⁹⁹ Furthermore, teachers should facilitate positive social interactions with peers to help combat the social withdrawal experienced by students with mental illness and to promote stronger relationships with peers.¹⁰⁰ Encouraging participation in collaborative learning that requires constructive and consistent communication with peers can reduce students' feelings of disconnectedness or detachment.¹⁰¹ Positive social interactions with peers and teachers can also increase students' resiliency.¹⁰²

Adjust Approaches According to Student Needs

The Minnesota Association for Children's Mental Health has synthesized a fact sheet describing the impacts of 15 mental health disorders and how teachers may support students with these conditions via instructional modifications and classroom accommodations. This resource is linked in the icon below.



Perhaps most importantly, teachers should collaborate with mental health professionals such as school psychologists and school counselors to identify effective strategies to support students experiencing different forms of mental illness.¹⁰³ These personnel possess training and expertise in strategies that can help students with depression, including both the broader population and individual students with a diagnosis.¹⁰⁴ School-based mental health professionals can suggest informal accommodations that teachers can utilize in the classroom, and they can support teachers in understanding any formal accommodations required by 504 Plans, IEPs, or other tiered intervention plans.¹⁰⁵ Specifically, mental health professionals may suggest accommodations in the following domains:¹⁰⁶

- **Presentation** accommodations (e.g., repeat directions, read aloud) allow students to access information in ways that do not require them to read standard print. These alternate modes of access are auditory, multi-sensory, tactile, and visual.
- **Response** accommodations (e.g., mark answers in book, reference aids, point, use of a computer) allow students to complete activities, assignments, and tests in different ways or to solve and organize problems using an assistive device or organizer.

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- **Timing/Scheduling** accommodations (e.g., extended time, frequent breaks) increase the allowable time to complete a task and may also change the way time is organized.
- **Setting** accommodations (e.g., special lighting, separate room) change the location in which tests, assignments, or instruction occur or the conditions of the setting.

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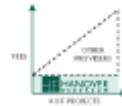
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