

MENTAL HEALTH

Making a Priority in Adventist Schools

Eventh-day Adventists operate the largest Protestant educational system in the world—with 7,800 schools (kindergarten through university level), 93,000 teachers, and 1,814,000 students¹—founded on the fundamental belief that education “is the harmonious development of the physical, the mental, and the spiritual powers.”² While all three dimensions are invaluable in the achievement of a holistic education, this article deals with the importance

of ensuring the healthy mental development of our students.

Mental development means more than offering the very best in the arts and sciences. It requires attention to the maintenance of optimum mental health to ensure excellence and balance in every area of life—learning, living, working, and relating.

One important indicator of students’ mental health is their ability to use interpersonal assets and skills to function effectively under a variety of conditions. If these skills are poorly developed or deteriorate, students will

find it difficult to cope with life’s challenges and responsibilities. Teachers and administrators who are alert to how children manage issues relating to mental health will find ways to develop the whole child: academically, physically, spiritually, emotionally, and socially. Highly effective administrators listen to their staff and spend time speaking with students about their lives. Likewise, caring, supportive school staff will be sensitive to the emotional and academic needs of their students.

BY GRANT LEITMA



Ensuring that adequate attention is given to the mental health of students is not easy. Many factors compete for the teachers' time that prevent them from giving sufficient attention to mental-health issues, and financial challenges often prevent schools from hiring people with expertise in this area. Consequently, mental-health issues are becoming a more urgent problem in many schools. More and more students are exhibiting increased levels of depression, anxiety, eating disorders, schizophrenia, drug/alcohol addictions, personality disorders, and psychopathic behaviors than young people in past generations.³ This issue is so important that the American Psychologi-

cal Association (APA) sees an urgent need for increased access and coordination of quality mental-health services for children and adolescents.

According to the 2013 APA study, *Strengthening the Child and Adolescent Mental Health Workforce*,⁴ 10 percent of U.S. children and adolescents have a serious mental-health problem, and another 10 percent have mild to moderate problems. Worse yet, only one in five receive treatment from a mental-health professional. This is an important issue, since children suffering from mental-health problems negatively im-

pact communities, schools, and homes and are at higher risk for poor school performance, low self-esteem, suicide, involvement in neighborhood crime, and failure to complete their education.

Parents often assume that Seventh-day Adventist schools can "fix" their children's academic, behavioral, and mental-health problems. Such an assumption is not justifiable because regular teachers are under so much pressure to deal with academic issues that most do not have sufficient time to care for mental-health issues. Further, not all teachers have the know-how or the requisite training to deal with such issues. Hence the challenge: What steps should Adventist schools take to deal with the emotional problems of their students? This article will describe the mental-health challenges that occur among elementary, high school, and college students, and then recommend some priorities and solutions for the school personnel who must deal with these issues. But first, it is important to note some symptoms and challenges of which every school should be aware as they seek to care for students with mental-health issues.

Major Symptoms of Mental-Health Problems

Administrators, teachers, and parents should be aware of major symptoms that may indicate possible mental-health challenges among the students. These symptoms include the following:⁵

- drastic change in behavior at school;
- periods of confusion;
- complaints that classmates are plotting against them;
- reports of hearing voices;
- experiencing strange tastes and odors not shared by others;
- complaints of bizarre bodily changes;
- repetition of certain acts in the classroom;
- chronic depression; and
- behavior that is dangerous to themselves and others.

Educators should not be surprised



Information tables are set up so that Washington Adventist University undergraduate students may share mental and physical health information with the community during their biennial Service Day.

that these symptoms occur frequently in student populations, since the total amount of mental-health problems in the U.S. population exceeds that of cancer, heart disease, and stroke combined. Therefore, the APA encourages early identification of such problems in schools.⁶

Elementary Students and Mental Health

Parents, teachers, and administrators should be aware that a healthy self-concept is an important sign of good mental health for an elementary-age child. Children's social experiences reinforce their self-concept. The more positive interactions children experience at home and school, the more they feel supported and valued. Children who are loved and approved of by significant others are more likely to de-

velop a sense of competence and to outperform other students.⁷

A healthy sense of self is easier for a child to achieve when parents and other adults deal with the child authoritatively by both showing warmth and setting appropriate limits. By contrast, authoritarian parents and teachers are more likely to induce children to obey out of fear rather than respect.⁸ Authoritative parents and teachers encourage children to manage themselves and to reflect upon their own behavioral choices by taking responsibility for their actions. They praise children for their accomplishments both in class and out of class. Young people treated in this way are more likely to apply themselves to school and home tasks. Children who have less-healthy interactions with the significant adults in their lives begin to experience inferiority feelings, become resentful and depressed, and feel they are worthless, all of which negatively af-

fect their school achievement and interactions with others.

Parents and teachers should, therefore, be aware of symptoms in children's behavior that may point toward the potential for mental-health issues. Such symptoms include:⁹

- high absenteeism from school;
- withdrawing from interaction with other people;
- frequent headaches;
- complaining about frequent bodily aches and pains;
- frequent periods of crying during class;
- increased defiance of teachers and parents;
- loss of interest in school activities;
- large unexplained mood swings;
- difficulty making friends; and
- trouble organizing their time and materials in class.

High School Students and Mental Health

Adolescence is marked by growth and development—physical, cognitive, and social. Normal adolescents handle the necessary life adjustments and transition from childhood to adulthood without too much difficulty. They display a positive attitude toward their friends, family, parents, and teachers, and are open to taking on new responsibilities. They have a healthy perception of reality and engage in positive interpersonal relationships at work, school, and home.

Research indicates that about 20 percent of adolescents will experience interpersonal turmoil at a level requiring professional intervention.¹⁰ However, many more teens are involved in several common but less-serious difficulties, such as occasional conflicts with parents, mood disruptions, and risky behaviors. Typically, conflict emerges over the degree of independence the child is allowed to experience. How this issue is resolved largely depends on such factors as cultural background, and parental attitudes and personality.¹¹ Moodiness is common among younger teens as they become increasingly reflective about their life and future.¹² They may become despondent about their physical appearance and ruminate about it.¹³ Classmates often add to the problem by making cruel and insensitive remarks to those who are perceived as unattractive because of their height, appearance, weight, race/ethnicity, or any other feature that significantly differs from peers.¹⁴ In some teens, risk-taking behaviors increase during adolescence due to their perceived sense of invulnerability, agility, and quick reflexes.¹⁵

Because peer influence is so significant during this time, special attention should be given to the adolescent's choice of friends and activities. Research shows that the stronger the connection to home, church, and school, the less likely the chance of risky behavior occurring.¹⁶ The following are typical warning signs about which parents and teachers need to be aware.¹⁷ If a combination of these signs occurs, school personnel should strongly en-

courage the parents to seek professional evaluation and help for the child:

- radical personality changes;
- alterations in eating or sleeping habits;
- frequent complaints about being bored, apathy;
- withdrawal from extracurricular school activities;
- violent or aggressive bullying behavior;
- a sudden decline in schoolwork or grades;
- incidents of stealing at school;
- chronic absenteeism;

ents made themselves available to their children at key times of the day—before and after school, at dinner time, and before bedtime—this provided an important protective mental-health factor. Perceived parental expectations for school completion and sexual abstinence were also key factors. Communicating clear expectations consistently and centering on the child's needs provide the context for good mental health both at home and at school. Hopkins and Gillespie found a large body of research that reinforced the importance of connectedness and the school as community, concluding that student

It was found that when school staff took time to inquire about students' academic progress, reminding them about homework, and helping them to be school-focused, the students exhibited fewer behavioral problems.

- disregard of school policies due to impulsive behavior; or
- poor behavioral control.

Some of these problems can be prevented and/or ameliorated by attention to how school personnel interact with students. Blum and his associates¹⁸ at the University of Minnesota found that the schools that were the most successful in helping students to feel connected experienced fewer behavioral problems. He found that when school staff took time to inquire about students' academic progress, reminding them about homework, and helping them to be school-focused, the students exhibited fewer behavioral problems. Blum also found that when par-

resiliency improves significantly when adults take a consistent and sincere interest in young people, and that students who perceive the school as a warm and welcoming community are less likely to engage in high-risk behaviors.¹⁹

Researchers have also found that high school students who possess greater intelligence, competency, resilient personality, and who have an engaging personality, family cohesiveness, positive peer relationships, and parental supervision have greater potential to achieve better mental health than students who lack these advantages.²⁰ Factors that put high school students at risk for mental-health disorders are low self-esteem, lack of per-

sonal control, abuse, domestic violence, harsh teachers, poverty, community violence, poor nutrition, and brain injuries.²¹

College Students and Mental Health

As they experience both the greater independence and more responsibilities that college thrusts on them, young adults will face major changes. Freshmen and seniors are more at risk of developing mental-health disorders because of the significant changes in their lives. As older students prepare to enter the adult world, the serious decisions increase their stress levels. Many students carry academic and athletic scholarships that demand high levels of achievement.

Relationships with the opposite sex often cause stress. Students are increasingly finding it more difficult to deal with stress in their personal lives and the academic demands of competing for high test scores and admission to postgraduate education. Current research indicates that in recent years, college counseling centers have encountered a significant increase in psychopathology.²² For example, a survey of 13,000 college counseling center clients over a 13-year period found an increase in the severity of psychopathology, including depression and personality disorders.²³ Twenge²⁴ found that in 2007, there were five times as many U.S. college students who were dealing with anxiety, depression, and psychopathic behavior than those who were attending higher education during the Great Depression of the 1930s; in addition, anxiety levels had increased from five to 31 percent. Panic disorders, social anxiety, generalized anxiety disorder, and depression rose from one to six percent.

Most troubling is the finding that psychopathic behaviors increased from five to 24 percent.²⁵ That finding alone should cause every college administrator to reflect about the mental-health status of the young people enrolled in his or her school.

An alarmingly high rate of mental illness is now found among U.S. col-

lege-age populations. The National Alliance on Mental Illness²⁶ and Abbott Laboratories analyzed responses from 1,033 college students (ages 18-31) and 1,028 parents of college students and found that:

- one in three students reported depression;
- one in four reported suicidal thoughts or feelings;
- one in seven reported engaging in abnormally reckless behavior; and
- one in seven reported difficulty functioning at school.

Such feelings often hinder students from coping with real-life issues and lead them to indulge in high-risk behaviors such as withdrawing socially, dropping out of school, substance abuse, and attempting suicide.²⁷

Exacerbating the problem are the increasing number of today's students, compared to past generations, who enter school with an attitude of being entitled, have difficulty delaying gratification, and whose prime motivation is to become wealthy.²⁸ Defining life in terms of wealth and monetary gratification may leave students with feelings of inadequacy, depression, and anxiety.

The holistic Seventh-day Adventist worldview embraced by our schools encourages young people to develop character traits that are different from those that are valued by society. However, we must be intentional about helping students to embrace the values of service, compassion, and a commitment to living their faith in society. Service learning and voluntarism will help to infuse these traits in our students and will have a positive impact on academics as well.²⁹

Making Mental Health a Priority

Mental-health problems can stem from a variety of sources. Schools must address the challenges faced by students that result from abuse, depression, schizophrenia, and bipolar disorders, some of which may be caused by neuro-chemical imbalances. Medication may be needed to maintain healthy mental functioning. Problems arise at schools for those students who resist taking appropriate medication or fail to take medication when away from



home, those whose problems have not been diagnosed and treated, as well as those who cannot afford their medications. A strong sense of school connectedness can help encourage students to stay on their treatment regimen.

Untreated mental-health problems can lead to tragic consequences for young people. They may become addicted to harmful substances, act out in the classroom, attempt suicide, develop physical and psychological disorders, drop out of school, and bully others. Since many teachers and administrators may not know how to identify students with mental-health problems, it may be helpful to review the warning signals and issue a reminder about the necessity of making mental health a



Washington Adventist University graduate students and faculty participate in a mental-health workshop where they become familiar with recent changes to the *Diagnostic and Statistical Manual (DSM)*, which provides useful criteria to classify mental disorders.

school priority. Below are a few important tips for school and college administrators as they seek to give appropriate attention to mental-health issues:

1. Provide training for staff members regarding how to respond to the mental-health needs of students.

Teachers need to be aware that all students go through major transitional periods in life. The stresses created by these transitions can trigger significant mental-health problems. For example, students who move to a new school are often plagued by anxiety and feel overwhelmed at the prospect of making new adjustments. The freshman year in college is a major transition for students as they learn to be individually

responsible for their own schedules, jobs, and classwork, learn to live with a roommate in a dormitory, etc.

School personnel need to be trained through attending in-house workshops run by trained school psychologists and counselors to recognize and handle potential adjustment problems whenever they appear. Some years ago in the *JOURNAL*, Lennard Jorgensen recommended that a roving counselor, employed by the conference or union, visit Seventh-day Adventist K-12 schools.³⁰ Both students and teachers should be made aware of available community resources relating to mental health, and the school should take a proactive role

in areas such as suicide prevention.³¹

2. Employ professionals to provide mental-health services on campus.

Schools should place a high priority on providing services for prevention and treatment of mental-health challenges. While the employment of a school counselor is the ideal, school administrators should develop their skills and investigate community health resources to which they can refer students.³²

A mental-health professional can make valuable contributions by:

- assisting teachers and principals to identify students who may need psychological intervention and providing a list of qualified Christian professionals for referrals;



On their biennial Service Day, Washington Adventist University undergraduate students take time from their classes to offer initial mental-health screening to the local community.

- responding to trauma experienced by students as a result of incidents of violence at the school or in the community or nation;
 - implementing helpful school-wide programs including seminars dealing with safety and mental-health issues;
 - assisting students and parents in finding ways to cope with the financial requirements of tuition and school fees, as well as the academic demands of classwork, as tensions in these areas often lead to mental challenges; and
 - counseling in career planning.
3. **Initiate school-wide mental-health preventative services.** Prevention of physical and psychological

problems should become a priority in every school. Many schools and colleges have found it helpful to establish on their campuses a chapter of Active Minds, a student-run organization that seeks to improve the mental health of students by directing them to helpful resources, alerting them to warning signs of problems, and arranging for speakers on mental-health topics. The organization does not provide counseling, but it does arrange for support services and other necessary resources.

Schools can also place hotline access numbers for mental-health information in classroom buildings, residence halls, restrooms, elevators, and dining halls. In the U.S., the following numbers will be helpful: Alcohol and drug

problems: 800-234-0420; Alcoholics Anonymous: 800-492-0209; Al-Anon: 800-662-HELP; Suicide Hotline: 800-784-2433; and Child Abuse: 800-422-4453. In addition, schools can install racks with mental-health information in student lounge facilities, the office of the school nurse and dean of students, and various academic and administrative centers.

It is strongly recommended that Adventist schools operate student health centers similar to those in many public school systems. Typically, a school-based health center will employ a psychologist to provide mental-health services. Currently, approximately

2,000 school-based health centers across the U.S. provide care for nearly two million students.³³ The most-cited reason why students seek the services of these school-based health centers is for such issues as depression, anxiety, and suicidal thoughts.³⁴

It will also be helpful for each Adventist school to establish a Behavioral Intervention Team (BIT) composed of a mental-health professional plus trained teachers and staff who work with the school administration to identify problems and find the best approach to handle urgent mental-health situations. The BIT performs such tasks as:

- study of student conduct such as self-injurious behavior, suicidal ideation, erratic behavior, and violations of campus alcohol/drug policy;³⁵
- threat assessments to help a student whose behavior is considered harmful to self or others and determine who needs to be involved and contacted (i.e., campus security, local law enforcement, campus administration, mental-health counselors, judicial officers, attorneys, student-affairs personnel, faculty familiar with the student, risk management, and/or human resources);
- investigating the circumstances of specific incidents;
- determining the best way to support the student; and
- identifying the appropriate response to existing hazards and potentially harmful situations.³⁶

4. Schedule regular mental-health assessment of students. Adventist high schools and colleges can include in their psychology and religion courses the principles of and approaches for achieving good mental health. School counselors can speak to students about issues that students find troubling or that cause them anxiety. Schools can also schedule a yearly mental-health day when professionals make presentations about mental health and meet one-on-one to discuss concerns and make referrals if long-term counseling is indicated.

Consider, for example, the program at Washington Adventist University in Takoma Park, Maryland. Each semes-

ter, the university schedules a special health day when students can complete a variety of mental-health surveys dealing with such topics as school stress, depression, loneliness, and anxiety. The campus nurse, campus counselor, and psychology department all participate in planning and implementing the event. In addition, WAU's campus counselor conducts a yearly Suicide Prevention Day. Special programs and mental-health information are provided to students so that those who are depressed or discouraged know what campus resources are available to them.

sonnel to prevent and deal with mental-health issues in our schools will produce rich dividends for students and for the institution. Students will be empowered to overcome feelings of despair and hopelessness and develop increased self-esteem, self-reliance, and self-efficacy. They will be more likely to feel optimistic about their ability to succeed in school and throughout their lives if mental-health issues are no longer an impediment.

Failure to make mental health a priority will be costly. Increasing numbers of students will become frustrated and

Adventist education at all levels must make mental-health services a high priority as part of its commitment to holistic education. It is vital that teachers, staff, and administrators perceive students as Jesus did.

These are not complicated or expensive endeavors, yet they are effective. Something similar could be adopted in all Adventist schools.

Conclusion

Schools that make mental health a priority will be in the best position to fulfill the church's mission by implementing a holistic program that helps students emotionally, academically, and spiritually. Appropriate attention to mental-health issues will empower students to develop to their fullest potential—mentally, physically, and spiritually. Investing time, money, and per-

confused, drop out, perform poorly in their classwork, suffer depression and possibly attempt suicide or suffer from other mental-health problems.

Adventist education at all levels must make mental-health services a high priority as part of its commitment to holistic education. It is vital that teachers, staff, and administrators perceive students as Jesus did. "In every human being He discerned infinite possibilities. He saw men as they might be, transfigured by His grace—in 'the beauty of the Lord our God.' Psalm 90:17. . . . To many a despairing one there opened the possibility of a new life."³⁷ This should be the goal of every Adventist school. ✍



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Resources on the Web

- Office of Safe and Drug Free Schools: Materials for school leaders: <http://www.ed.gov/admins/lead/safety/edpicks.jhtml?scr=qc>
- Helping America's YOUTH: Specific Program Recommendations: <http://www.helpingamericasyouth.gov/programtool-ap.cfm>
- Substance Abuse and Mental Health Services Administration (SAMHSA) Child and Adolescent Mental Health Information: <http://www.mentalhealth.sa,hsa.gov/child/childhealth.asp>
- The Center for Health and Health Care in Schools: <http://www.healthin schools.org>
- Center for School Mental Health Assistance: <http://cecp.air.org/vc/vf/orgs/csmha.asp>

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port in *The Lancet* that analyzed data from the Global Burden of Disease that was collected from 302 institutions across 50 nations in 2010, which concluded that close to one-fourth of the world's disability burden can be attributed to mental and behavioral causes (22 percent). The report defines mental and behavioral causes as including major depression disorder, schizophrenia, Alzheimer's, and bipolar disorder. Thus, data seem to suggest that mental-health issues are global.

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