

Addressing the Deficiencies in Classroom-Based Mental Health Support: A Comprehensive Analysis of Challenges and Strategic Solutions

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ABSTRACT

Mental health has become a critical concern in educational settings, as students face mounting pressures from academic expectations, social dynamics, and broader societal challenges. An estimated 20 percent of teens suffer from a diagnosable mental health disorder, according to the National Institute of Mental Health, yet schools are still unable to handle this crisis. It is in the classroom that most daily life of students is spent, yet this setting is often ill-equipped with appropriate mental health infrastructure to deal with the needs of both educators and their students. The consequence of this is poor academic performances, disturbed social relationships, and long-standing mental health consequences for students. Most school mental health programs currently operate on meager budgets and understaffing; student-counselor ratios are often far from being at recommended levels. Stigma associated with mental health often leads to struggles that make it even more debilitating on top of everything else. The literature review of case studies and empirical evidence explains how lack of appropriate mental health support affects the students with respect to their academic achievements, social development, and future opportunities. We conclude by making practical recommendations that will help improve the mental health facilities of schools, underpinning systemic changes needed in the increase in funds, training for teachers, policy reform, and integrating mental health awareness into the school curricula. These solutions will help in creating a more supportive, inclusive, and mentally healthy education ecosystem that eventually makes the student academically and emotionally capable.

Keywords: mental health, educational settings, adolescent well-being, student-counselor ratio, school funding, stigma reduction, policy reform,

1. Introduction

The prevalence of mental health issues among high school students is at an all-time high, with one in five adolescents experiencing a diagnosable mental health disorder, such as anxiety, depression, or attention-deficit/hyperactivity disorder (ADHD) (National Institute of Mental Health, 2022). However, many schools lack the necessary infrastructure to provide adequate support. Classrooms, where students spend the majority of their time, are often unequipped to address the mental health needs of students, and teachers receive little to no training on how to recognize or respond to mental health crises. A survey by the American School Counselor Association (2020) revealed that the national average student-to-counselor ratio in public schools is 482:1, significantly higher than the recommended ratio of 250:1. This gap leaves many students without access to the mental health support they need, further exacerbating the challenges they face. Moreover, the stigma surrounding mental health remains a significant barrier, discouraging students from seeking help even when resources are available. Studies show that only 40% of adolescents with mental health conditions receive treatment, leaving the majority to navigate their struggles alone (NIMH, 2022). The lack of classroom-based support contributes to this issue, as many students feel they must suppress their emotions in order to meet academic expectations. This paper explores the scope of the mental health crisis in schools, the barriers to effective support, and potential solutions that could make a meaningful difference in the lives of students.

2. Literature Review

2.1. The Scope of the Mental Health Crisis in Schools

Over the past decade, there has been a gradual increase in the mental health crisis among students. According to the Centers for Disease Control and Prevention (CDC, 2021), the percentage of high school students reporting persistent feelings of sadness or hopelessness increased from 26% in 2009 to 37% in 2019. The COVID-19 pandemic has only worsened these trends, with many students experiencing heightened levels of anxiety, isolation, and depression as they adjusted to online learning and the uncertainty of the pandemic's impact on their education and futures. According to a survey conducted by the CDC (2021), nearly 44% of students reported feeling persistently sad or hopeless, a 7% increase from pre-pandemic levels. In addition, adolescent suicide rates have increased dramatically, with suicide being the second leading cause of death for individuals aged 10-24 years (CDC, 2020). Despite these alarming statistics, schools often do not have comprehensive mental health programs or resources to deal with such incidents effectively. A report by the National Association of School Psychologists (NASP) found that only 20% of children and adolescents with mental health disorders receive the care they need, and the majority of those who do receive services, receive them in a school

setting (NASP, 2020). This highlights the mental health support that needed to be in schools, while many districts stayed underfunded and mental health resources seemed to always be among the first to get cut if the budget was short. Therefore, this will be left to the schools to rely on the overstretched counselors, social workers, and school psychologists, with little capacity to meet the demand for mental health services.

2.2. Barriers to Mental Health Support in the Classroom

The intervention is complicated because of the variety of multi-dimensional barriers; hence, there is a lack of mental health support in the classroom. Probably the most important factor is that educators are not trained in mental health. Teachers are usually the first contact for the students, while usually, the teachers do not have any training regarding how to identify and treat the condition. For example, in the survey conducted by NAMI, only 46% of teachers said they were prepared to address the needs associated with the mental health of their students (NAMI, 2021). The training gap implies inability on the part of the teachers to recognize early signs of mental health struggles, which manifest through changes in behavior, withdrawal from social interactions, or decline in academic performance. Even when they do recognize these signs, many teachers seem at a loss as to how to intervene properly, which leads to missed opportunities for early interventions. Another significant barrier involves the stigma associated with mental health and its discouraging effect on seeking help among students. Research has shown that 60% of the students with diagnosed mental conditions do not get the required attention because of possible judgment or avoidance by their peers (Corrigan et al., 2020). This is liable to occur due to negligence on the part of schools that very seldom discuss open issues about mental health and instead keep their curricula strictly confined to the academic achievements of students. It is also due to general underfunding and understaffing within schools, which renders these places incapable of meeting the needs related to mental health. In 2020, the American Psychological Association determined that the student-to-psychologist ratio in public schools was 1,211:1 while the recommendation amount was 500:1. This scarcity results in a situation whereby students in crisis could wait for many weeks, or even months, for an appointment with a mental health professional. This would, therefore, retard needed interventions even further. Mostly, school policies revolve around academic performance without taking into consideration the psychological and emotional well-being of the learners. Standardized testing and set curricula allow little room to take care of the students' needs in terms of mental health at schools, exacerbating the challenges they are facing.

2.3. The Impact of Inadequate Mental Health Support

Other long-term effects that will result from failing to help students with their mental health problems are that this will affect their performances both emotionally and academically and, in

the main, jeopardize their future opportunities. Indeed, "students who do not receive needed mental health treatment have higher risks of lower academic achievement, including lower grades, absences, and dropout" (Gandhi et al., 2018.) According to the National Center for Education Statistics (2020), the average graduation rate among students diagnosed with emotional or behavioral disorders was 58 percent, compared to 84 percent among the general student population. Also, when mental health problems co-exist, this severely reduces a child's attention span, his ability for learning, and participation in class activities, thus leading to a vicious circle of academic failure and psychological crisis. Besides the impacts on academic performance, such a shortage in the services for mental health will hamper the social-emotional functioning of the students. Though adolescence is a period of critical development for the social skills, emotional regulation, and resilience-building of any person, too many students experience dysfunction in performing these tasks well due to mental health problems. In addition, this may be associated with an enhanced state of isolation, loneliness, and helplessness, further deteriorating the mental health condition of students. Long-term mental health will be poorly supported in students bound to then face adult consequences: an inability to hold down employment, problematic relationships, and continued problems well into their life. As per the World Health Organization (2021), 50% of all lifetime mental health conditions commence no later than the age of 14 years, hence making it absolutely necessary that early intervention is carried out. Most students cannot excel in life if their needs are not satisfied both in the school environment and later in society.

3. Solutions and Recommendations

A solution to this issue requires an approach at many levels, which involves teacher training, policy reform, increased funding, and collaboration between schools and their communities. Each of these elements is critical for its various contributions to building an improved mental health-supportive system within the constraints of the classroom. Each of these recommendations will be discussed in greater detail in the following section, with more particular analyses and action steps.

3.1. Training of teachers in mental health

More than anything, providing educators with the knowledge and skills for identification and intervention remains one of the most significant steps toward a better mental health approach to school. Teachers are usually the first contact made in instances when students are undergoing some sort of emotional or psychological crisis, yet most feel ill-equipped to handle such a situation. According to a report by the National Alliance on Mental Illness, less than half of the surveyed teachers said they felt prepared to help their students with their mental health issues (NAMI, 2021). In fact, stronger training programs also position educators well to spot early

warning signs of emerging issues, understand nuances of specific conditions such as anxiety and depression, and provide interventions before problems escalate into crisis situations. YMHFA provides an evidence-based curriculum that trains participants to support a young person who is experiencing a mental health problem or crisis, safely de-escalate situations, and connect students with needed resources. Teachers also reported confidence to support students in classes after training; this was also said to lead to earlier identifications, thus yielding better outcomes (Whitlock et al., 2019). Another key point is that mental health education can't be a one-and-done event. Ongoing professional development on state-of-the-art research, strategies, and interventions in the field of youth mental health must be part of the educators' continuously updated career. Schools should require all teachers to take mental health training either as part of teacher certification or continuing education. It would help instill an all-school atmosphere of awareness whereby each and every single staff member-within the school, from the teacher to the administrator-plays an important role in the students' mental wellbeing support. Teacher training should provide a rationale for creating an inclusive, empathetic classroom environment. Educators should encourage trauma-informed teaching practices, showing how experiences of trauma impact students' behaviors and ways of learning. The use of such practice guarantees there will be a non-judgmental space provided for students to express themselves, with no stigma attached to any of the emotions expressed, further promoting mental health awareness and support.

3.2. Providing Comprehensive School-Wide Policies on Mental Health

The school districts must adopt an integrated approach toward policies concerning mental health in schools and place the welfare of the students side by side with their performance. Such policies are to be formulated in collaboration with professionals in mental health, educators, students, and parents in order to meet the needs of the particular school. Therein, the mental health policy should definitely enjoin the incorporation of SEL into the curriculum. These are foundational life abilities that start with emotional regulation, then move through to stress management, communication, and lastly, empathy. Research shows that there are significant boosts in terms of improved mental health and academic performance; social-behavioral improvements are also evident among students who participate in SEL programs (Durlak et al. 2015). Schools could therefore inculcate SEL into daily classroom activities to enable students to build this emotional resilience in response to challenges on and off campus. Mental health policies also need to include regular screenings for issues in the mental health arena, particularly for vulnerable students. There are various screening instruments, including but not limited to the Strengths and Difficulties Questionnaire, helpful in the early identification of those students who, though suffering from psychiatric disorders, do not come forth for treatment or support. Such students can then be linked with available support services, which can include school counselors,

social workers, or outside mental health providers. Second, mental health policies need to clearly outline the procedure in case of a mental health crisis. With that in mind, all schools need to be manned with personnel trained in crisis intervention to deal with such situations as suicidal thoughts, self-mutilation, or panic attacks. These procedures must, therefore, include referral systems through which teachers and staff can expeditiously refer students to mental health specialists. Importantly, schools need to make sure there is no stigma attached to approaching mental health services or an academic penalty in seeking them out. Lastly, mental health policies should cover some of the major causes of poor student mental health, such as bullying and harassment reduction strategies. Anti-bullying programs work to instill respect, inclusion, and empathy in ways that go a long way toward dampening the effects of social stressors on students' psychological well-being.

3.3. Improve Accessibility to Facilities for Mental Health

One important counterbalance to providing fully integrated mental health services in schools comes in the form of a personnel shortage among the mental health professionals. In fact, the national average for the student-to-psychologist ratio in U.S. public schools is 1,211:1, while the recommended professional-to-student ratio is 500:1 (American Psychological Association, 2020). Therefore, students do not receive timely mental health support due to the availability of not enough such services, specifically in poorly resourced or rural districts. This will call for effort to be directed to increasing funding in the schools for mental health. Schools have to rise up and ask for more funding from the local, state, and federal governments for hiring counselors, social workers, and psychologists. Funding should especially be prioritized in schools which serve a population of low-income or high-need students to ensure that no student is left behind. In addition to the increase in cadre for mental health professionals, schools bear the special responsibility for the pursuit of new, innovative service delivery models that offer improved access. For instance, the shortage of in-person mental health providers-especially in rural settings-has created an impression that teletherapy could be a very promising solution. Under the teletherapy model, students will be connected with licensed mental health professionals through video conferencing and hence receive therapy and counseling irrespective of location. For example, research has demonstrated that teletherapy can be as effective as in-person therapy for treating the most common mental health disorders, such as anxiety and depression (Shore et al., 2018). Other options might include partnerships between school systems and community mental health agencies to augment resources and services. That is where partnerships will actually fill in the gap between what schools can provide and what fully comprehensive care some students may require. For example, community organizations can offer the following expertise that schools are not provided for: substance abuse counseling, trauma therapies, and support groups. A

collaboration of schools and community organizations could thus give the student a net of support from which they would be better equipped to take care of themselves.

3.4. Reduce Stigma with Awareness and Education

One of the major issues that still substantially prevents students from getting help is stigma. Many students avoid seeking help out of fear of judgment or ostracism from their peers regarding their mental health struggles. Because of this, many students often suffer in silence. The need therefore exists for all schools to be proactive in taking steps to decrease the stigma associated with seeking mental health services through awareness campaigns and education. There is a need for awareness creation on mental health normalization and the fact that seeking help is a sign of strength, not weakness. Events such as Mental Health Awareness Week, where there is participation by students through workshops, discussions, and events that help increase awareness on mental health literacy, may be held in schools. They are meant to educate the learners about common conditions, reduce misconceptions, and encourage open talk about challenges on mental health. Such plans and implementation could be from the students themselves in establishing a peer-governed culture of support and compassion. Apart from the awareness campaigns, schools have to integrate mental health education into their programs. The health education class must therefore include practical lessons in mental health to be taught to all students on how to handle stress and manage coping mechanisms and give signs of poor mental health conditions both in themselves and others. Schools would assist the students, through the traditional process of schooling, to be of greater concern to themselves and other people's mental health. Schools should also allow the establishment of peer support groups where the students are motivated and then trained in giving emotional support to other students. Student-run support groups, such as mental health clubs or "buddy" programs, provide a place that is less stigmatized for students to discuss concerns about their mental health. Such programs may be particularly effective in reaching those children who are least likely to seek out an adult with whom to talk - children who may more easily open up to a peer. Schools should provide a nurturing environment which will make all the students feel welcome and appreciated. It could also involve developing a school climate of awareness of the presence of every kind of diversity, promotes kindness, and builds empathy. When the students feel safe and supported in school, they are most likely able to seek help when needed, hence minimizing stigma for seeking help for mental health.

4. Conclusion

The mental health crisis in schools has reached the boiling point that can no longer be ignored. Students are facing levels of stress, anxiety, and depression that were never before seen in history, yet most schools are still not equipped to manage the pressure. The shortage of mental

health resources in classrooms is taking a toll on not just emotional well-being but academic performance, and even success later in life. This can be better achieved by giving more priority to the mental health training of educators, establishing comprehensive mental health policies, increasing the availability of mental health professionals, and working to reduce stigma. Schools can then become more nurturing environments that allow students to prosper. Systemic changes in this regard do require increased funding, but with the right kind of policies and support, schools can certainly rise to become pivotal in bringing improvement in the mental health and well-being of their students. It is now time to act, and schools are behind the pace in ensuring active steps are taken to care for their students' mental health before it is too late.

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