For Melodie Henderson, it was one of those “Tag, you’re it!” moments.

“When you’re an educator, often it’s just you and a student at a particular, challenging time in the classroom and you have to step into their world,” says Henderson, a special education teacher at Manchester High School in Chesterfield County, Va.

That’s what happened a few years ago, in the middle of Henderson’s grammar instruction. A student got out of his seat without warning, walked toward the window, and began to sob uncontrollably. Henderson approached the student, who quietly told her that the previous night he had made a deal with the devil, but wished he hadn’t.

“I made a mistake. Give me my soul back!” he shouted. “I don’t need to go!”

Henderson promised him that the school and the school’s staff would keep him safe. Seemingly reassured, he quietly returned to his seat.

This wasn’t the first time Henderson had handled a situation with a student whose behavior demonstrated a mental health concern. But this particular incident made her realize that the patchwork of resources available to educators in her school and district that were designed to help students who may be grappling with mental illness was—although marginally useful—inadequate.

Henderson dove into her own research into best practices and interventions. Eventually, she developed a workshop geared toward educators who were looking for basic information, tips, and strategies on ways to create a better learning atmosphere for students who have a mental illness. Henderson conducted the workshop at professional development conferences sponsored by the Virginia Education Association.

The workshop only “scratches the surface,” Henderson says, but the educators at her presentations were always grateful for the information.

Ideally, all school districts in Virginia and across the country should be designing and implementing effective, school-based, holistic programs so that individual educators like Henderson don’t have to shoulder the burden of training their colleagues.
Even though educators can be extremely effective in identifying red flags in student interactions and behaviors, says Theresa Nguyen, vice president of policy and programs at Mental Health America, “our teachers are already pushed to the max.”

“It’s best that they be seen as partners—with parents, the administration, the community—in helping students with mental health challenges,” Nguyen says.

Although Nguyen and others see local and state officials beginning to look more closely at more substantive, evidence-based programs, the U.S. public education system simply isn’t addressing student mental health in a comprehensive way. The magnitude of the problem cannot be overstated. At least 10 million students, ages 13–18, need some sort of professional help with a mental health condition. Depression, anxiety, attention-deficit hyperactivity disorder (ADHD), and bipolar disorder are the most common mental health diagnoses among children and adolescents. And the overwhelming majority of those do not have access to any treatment.

The Child Mind Institute reports that half of all mental illness occurs before the age of 14, and 75 percent by the age of 24—highlighting the urgent need to create systemic approaches to the problem.

“One in five students in this country need treatment,” says Dr. David Anderson, senior director of the Institute’s ADHD and Behavior Disorders Center. “We are seeing a real movement to properly and systematically tackle this crisis, because what these students don’t need is a ‘quick fix.’”

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