Mental health problems in children are not as rare as they once were. Current estimates indicate that more than 20 percent of all U.S. children and teenagers have some form of mental health problem (New Freedom Commission on Mental Health, 2003). Children with social and emotional disturbances struggle through school, getting lower grades and test scores. They are also more likely to drop out of school before graduation.

In past years, these children often were placed in special education classes, but this is no longer an option due to the widespread mainstreaming of students with disabilities and the increasing number of those with mental health problems. To complicate matters further, research indicates that most of these children do not have access to adequate treatment and that they often drop out before their treatment is complete (U.S. Public Health Service, 2000). Having a large number of children with mental health problems who are not getting better has major implications for schools.

For principals, understanding children’s mental health needs is important for three reasons:

- Children’s problems negatively impact their grades and achievement test scores;
- Some of these children may have behavioral problems that disturb learning for other children; and
- Schools are instrumental in identifying, assessing, and helping to treat children with these types of problems.

What Can Schools Do?
The school’s role in helping children with mental problems is controversial. Most school personnel are not trained to work with these children and, given recent funding cuts, schools have been forced to either reduce or eliminate psychologists and social workers. Regardless, federal law demands that schools provide an education for these children and recent government reports call for schools to become involved in treatment. However, the question remains: Are schools prepared for this task?

To find out, I posted an online survey and invited school staff and parents to answer questions regarding the presence of children with mental health problems:

- What types of interventions are their schools using?
- Did they believe the strategies were working?
- How prepared are teachers for these children?
- How well are parents and schools working together to help these children?

A total of 313 people responded to the survey. The majority were principals and administrators (206), followed by teachers (45), parents (42), and parent educators (20). All school personnel indicated that they were currently working with children with some kind of mental health difficulty, and the majority (85 percent) stated that they were doing so on a daily basis.

Searching for Solutions
Very few (10 percent) of the responding teachers and principals felt that teachers were adequately prepared to work with children with mental health problems. The majority (90 percent) felt that teachers were not at all or only somewhat prepared to handle these types of children. As one parent commented: “It would be vitally important to educate teachers on mental health conditions. That is an area that I see as being truly very weak.”

Another parent agreed: “My child has severe emotional problems … and has been at several schools [that] wanted to be helpful but didn’t know what to do and didn’t have the resources to devote as much time and attention as she needed.”

The survey indicated that schools are trying hard to meet these children’s needs by speaking to the child’s parents, using basic
behavior modification techniques in the classroom, consulting with school psychologists when possible, or referring children to an outside agency for further help. Unfortunately, principals and teachers don’t think these efforts are working; 60 percent of respondents believed that most children were either not affected or were actually getting worse.

**Parents and Schools: Uncomfortable Allies**

Most of the responding parents feel uncomfortable talking to the school about their child’s problems, and some feel embarrassed or responsible for their child’s condition. The situation worsens when a child is labeled as having a mental health problem. Schools are resentful that they have to work with these types of children and frustrated that, with their limited resources, there is little they can do.

As one principal stated, “I believe schools are being asked to meet too many needs that educators are not trained for, nor do they want to be trained for.” Another principal agreed, adding: “The school has been asked to take on all problems in society. We need help from the community and the caregivers of our children.”

On the other hand, parents feel equally resentful. They feel their children’s problems are ignored and are simply blamed on the parent. One parent observed: “I have found that the teachers have to want to help—and they usually don’t. It’s easier to let someone else do it.”

Another parent complained: “Most of the time, the blame for the child’s behavior is blamed on us as parents. They trivialize the disorders. The children are labeled as problems and we are labeled as not being involved enough in our children’s lives. They don’t do what we ask or suggest. They ‘know better.’”

**Tips From Resilient Principals**

I reviewed the responses of those principals who reported that interventions were working for most of their students with mental health problems. They had some tips that may be useful to other principals:

- Don’t ignore the problem. It’s not going away any time soon;
- Take mental health issues seriously because it is the school’s responsibility to make sure all students learn;
- Ask trainers from local universities to provide professional development on mental health problems in children;
- Create a comfortable environment for teachers to ask for support if they need it;
- Have a good relationship with parents. Never make them feel blamed, ignored, or penalized for their child’s condition; and
- Make sure that parents, teachers, paraprofessionals, counselors, psychologists, social workers, and others work together on treatment teams. If a whole meeting is spent arguing or not listening to one another, the person who really suffers is the child with the mental health problem.

**Resources**


Misty Ginicola is an associate professor of counseling and school psychology at Southern Connecticut State University and is a faculty member at the Edward Zigler Center in Child Development and Social Policy at Yale University. Her e-mail address is ginicolam2@southernct.edu.

**Targeting Mental Disorders**

A serious emotional disturbance is defined as a mental, behavioral, or emotional disorder of sufficient duration that results in functional impairment that substantially interferes with or limits one or more major life activities in an individual up to 18 years of age.

Examples of functional impairment that adversely affect educational performance include an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.