

Enhancing Mental Health Services in Schools: A Comprehensive Review and Recommendations

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ABSTRACT

Mental health care in educational settings can be pivotal in shaping student academic performance and long-term outcomes. Global mental health policies are examined, exemplified by initiatives like the European Framework for Action on Mental Health. Despite positive steps, challenges such as insufficient data and knowledge hinder effective implementation. In the United States, federal initiatives like the Every Student Succeeds Act and Project AWARE aim to address mental health needs, yet state-level disparities persist. Mindfulness-Based Interventions (MBIs) emerge as promising approaches, demonstrating positive outcomes for individuals without preexisting mental health disorders. Careful intervention planning involving trained facilitators and consistent implementation is crucial. This study highlights research gaps and a knowledge void in mental health strategies, advocating for standardized parameters and shared terminology. It raises concerns about the increasing use of antidepressants, proposing mindfulness-based interventions as a financially feasible alternative. Best practices and frameworks are suggested, advocating for specific, universal terminology, financial sustainability through integration into existing programs, and a multi-modal approach involving the broader community. Collaborative efforts, standardized methods, and ongoing research are necessary to address the mental health epidemic in schools effectively.

Overview of Mental Health Care

Mental health, an integral component of overall well-being, has gained recognition as a crucial factor influencing student academic performance, quality of life, and long-term outcomes. Research shows that roughly 1 in 6 youth aged 6-17 experience a mental health disorder each year, and 12%-22% of adolescents under the age of 18 require services for mental, emotional, and behavioral problems (Nind, 2011). According to the World Health Organization (WHO), mental health disorders, such as depression and anxiety, are among the leading causes of illnesses and disabilities among adolescents. Neglecting to address and treat these disorders can have enduring repercussions into adulthood, adversely affecting the overall quality of life for individuals. A study by the World Economic Forum estimates that mental health conditions could cost the global economy \$16 trillion by 2030. (Kelland, 2018). However, addressed and appropriately treated mental health provisions provided by schools can result in a 5% increase in lifetime earnings and a more prosperous future for students (Wolpert et al., 2013).

Current Mental Health Policies Standards

Current global health standards exist from notable organizations such as the World Health Organization (WHO) and the United Nations Educational, Scientific, and Cultural Organization (UNESCO). The WHO currently has the European Framework for Action on Mental Health (EFAMH) (World Health Organization, 2022). The Pan-European Mental Health Coalition spearheads this framework; this newly formed coalition is a positive step at prioritizing mental health; however, the first and latest known meeting of the alliance occurred in May of 2022

(World Health Organization - Europe, 2022). In the meeting, the coalition concluded that there is a need for more significant investment as well as insufficient data and knowledge to properly implement specific interventions (World Health Organization - Europe, 2022). The EFAMH covers the period of 2021 to 2025. Since 2022, there has been no other update on the Pan-European Mental Health Coalition and the actions taken to improve people's mental health. Despite this lack of active action, the EFAMH has established several vital facts to consider. No ubiquitous definitions and practices for improving mental health exist; the lack of concrete data on improving specific mental health strategies contributes to the lack of shared terminology.

Several federal initiatives and regulations concerning mental health in schools exist in the United States. The Every Student Succeeds Act (ESSA) was signed by President Barack Obama in 2015; this act funds support counseling services and emphasizes the importance of fostering safe learning environments. The ESSA supports schools in addressing the mental health needs of students as part of their broader approach, which promotes academic success and student well-being (U.S. Department of Education, n.d.). Project AWARE—also known as Advancing Wellness and Resilience in Education—grants states to increase mental health awareness in schools and train school staff to handle mental health crises (Substance Abuse and Mental Health Services Administration, 2023). While there are many projects and laws aimed at providing support for the mental health of adolescents through school, the laws and requirements generally vary as states have their own respective policies in addressing mental health. Through COVID-19, there has been an uptick in discussion around mental health. However, the U.S. and its many organizations are still yet to establish a solid and consistent framework and plan to combat mental health stigma and promote awareness. The effectiveness of nearly any intervention experiment is difficult to rely upon due to the extreme variability of definitions, parameters, and data. This paper aims to navigate the existing frameworks and initiatives, identifying gaps, challenges, and potential areas for improvement. The need for a more substantial evidence base and standardized health standards becomes apparent after global efforts by organizations such as the World Health Organization (WHO) and the United Nations Educational, Scientific, and Cultural Organization (UNESCO).

Mindfulness-Based Interventions

Despite the limited evidence on mental health interventions primarily attributable to the absence of shared terminology, numerous studies have explored the advantages of Mindfulness-Based Interventions (MBIs). Implementation of MBIs commenced in the late 20th century and has gained recognition in recent years (Shapiro et al., 2006). These interventions are designed for individuals without clinical diagnoses of mental health disorders, aiming to integrate mindfulness into daily life by fostering a positive perspective and concentrating on the present moment without judgment (Jon, 2003). MBIs encompass various techniques such as breathing exercises, meditation, cognitive restructuring, empathy exercises, communication, and active listening exercises (Niazi & Niazi, 2011). Applied to enhance attention span and manage stressful environments, mindfulness interventions counter negative thinking and enhance cognitive flexibility. Evaluation has demonstrated their association with reduced anxiety, depression, and overall stress (Carsley et al., 2021). Notably, MBIs have been found beneficial primarily for individuals without preexisting mental health illnesses (Kutcher et al., 2021). Despite this limitation, MBIs can raise awareness, reduce stigma, and benefit students without clinical mental health issues.

Intervention Length and Quality

Careful planning and clarity are crucial for interventions targeting improving students' mental health in schools. Whole-school interventions lack efficacy if not implemented with meticulous detail (Nind, 2011). Implementing new exercises, especially on the sensitive topic of mental health, requires the same level of care and attention as the content of the interventions. The post-test effects of MBIs were significant when delivered by an outside

facilitator rather than a trained teacher (Carsley et al., 2021). Mindfulness-based stress reduction programs generally span 8 sessions a week, each for 2 to 3 hours (Vibe, 2012). A minimum of 8 weeks is a standard for MBSRs (Dobkin, 2008). Consistent, ongoing interventions within school curricula have proven more successful in conveying the importance of mental health than isolated speeches on suicide prevention.

Impact on Behavioral Difficulties

The European Union initiated the EUDP mental health project in 2012, focusing on various areas, including schools. Research indicated that positive mental health perspectives, introducing mental health to adolescents early on, fully integrating mental health/mindfulness exercises into school curricula, revisiting schools' ethos, communicating with parents/guardians, and involving the local community effectively improved the mental health of young adolescents (Nind, 2011). These interventions demonstrated significant effects at post-test and follow-up, reducing behavioral problems in children who previously exhibited signs of difficulties. Combinations of mindfulness and yoga-based activities were particularly impactful (Carsley et al., 2021). Mindfulness-based stress reduction was shown to reduce stress in college students by 36% (JCCP, monthly). MBIs often have been found to use behavioral therapy strategies within their curriculum. Said behavioral techniques have been developed carefully through repeat testing, which shows beneficial results to those who receive behavioral therapy treatment. Research has found that an average of 50% of subjects who were subject to cognitive behavioral therapy found reduced symptoms of anxiety (Loerinc et al., 2015).

Research Gaps and Knowledge Void in Mental Health Strategies

With the growing awareness of mental health, many look to science for guidance on the most effective ways in which mental health can be integrated into schools. There exists an abundant amount of experiments conducted towards the benefit of mental health in adolescents at schools; however, there are many inconsistencies that lie within all data regarding mental health in schools (Berger, 2023). Understanding that mental health in schools is a topic that is extremely broad and has many possible variables to consider, it is shocking that there does not yet exist a general dictionary or something of the sort that establishes all possible parameters in the testing of mental health in schools. For example, terms such as "recommend," "integrate," and "involve" are terms used loosely and at times have differing meanings, therefore creating difficulties in comparing research and data; unique program differences impact the receptivity and effectiveness of mindfulness training (Carsley et al., 2021). To progress, break the stigma, and embrace the benefits of mental health awareness, research is needed to recognize the steps that have to be taken to ensure the efficacy and sustainability of school-based mental health programs (Wolpert et al., 2013). Not all is amiss; however, several studies regarding mindfulness-based interventions have consistently proved beneficial, such as a JAMA Psychiatry conducted in 2016 that found that mindfulness-based cognitive therapy reduced the risk of relapse by 34% (Teasdale et al., 2000). MBI may or may not be the best method of integrating mental health awareness into schools, but it is currently the safest and most credible strategy that schools can count on. This is not to undermine the work conducted unrelated to mindfulness-based interventions; mental health problems will never cease to exist, and as a society, it is crucial to at least make an effort in the best, most effective way possible. Research is essential, but what supersedes that is the importance of adolescents who have yet to learn about mental health.

The Epidemic of Anti-Depressants

While America faces a mental health crisis, there is another dangerous predicament on the rise: the epidemic of anti-depressants. Overprescribing medications as impactful as SSRIs and other forms of antidepressants can negatively affect the lives of those who are misprescribed. Not only do around 86% of individuals who take antidepressants face at least one side effect (Kelly et al., 2008). Taking a lower-stakes route through mindfulness-based interventions is more financially feasible and creates a lesser margin of counterproductivity. A study in Britain found that certain SSRIs— including but not limited to fluoxetine, citalopram, and paroxetine—were associated with an increase in the risk of suicidal thoughts in patients under 25 (Johnson et al., 2022). Antidepressants are drugs that save lives; however, it is crucial to refrain from rushing to conclusions in prescribing medications such as these. Additionally, rather than allowing big pharma to capitalize upon patients, assessing the root of the mental problems through MBIs is the best route in which to do so.

Best Practices and Frameworks

Terminology

Existing mental health initiatives across the globe have many benefits. However, every project has a specific flaw: the lack of shared terminology. The language used regarding child and adolescent mental health is far too vague. For further research and the potential global benefit, the terminology of specific words must have specific and sound universal meanings (Aston et al., 2023). Organizations like the World Health Organization are extremely accredited organizations but use words such as “comprehensive,” “engages,” “strives,” “promotes,” “works with,” and “undermines.” All terms listed are verbs and adjectives that are far too broad when concerning a topic as fragile as youth mental health. With this ambiguity, it is impossible to understand to what extent these initiatives are taking concerning adolescent mental health.

Not only do these abstruse policies confuse the public, but they also create challenges in developing data that is comparable across health and educational sectors (Berger, 2023). In building concrete evidence on the effectiveness of certain techniques for adolescent mental health, it is imperative that all data being developed thus forward can be compared across different data sets to assess its efficacy. Vague terminology can also contribute to diagnostic uncertainty as well as misconceptions regarding certain aspects of mental health, which could be harmful to both the image of mental health and those who suffer from mental illnesses and disorders (Cook & Kinderman, n.d.)

Financial Sustainability

Although many changes need to be made when addressing adolescent mental health in schools to ensure financial sustainability, we must add to preexisting organizations and mental health programs. It is not feasible or realistic to create something completely new. Integrating new ideas and strategies into preexisting programs makes the transition more manageable, and introducing new mental health resources can make the adjustment far more seamless.

Despite implementing policies into preexisting initiatives, it is still just as crucial to ensure that the policies include awareness, inclusion, and involvement among school students (Seidman, 2010). While many existing initiatives have capable systems and such, there should be no hesitation in reexamining those systems. Utilizing existing school resources also eases the financial burden, letting the money saved be synthesized into investment for further research. In Canada, there was research conducted on the annual cost of youth mental health services; the researchers found that youth mental health services cost the government at least 4 billion

annually (Children's Healthcare Canada, 2023). Suppose the root of the problem is assessed earlier on in adolescents. In that case, the cost of providing youth mental health resources will significantly decrease in the long term, subsequently providing the Canadian government with 4 more billion dollars a year to allocate to other necessities.

Best Methodologies

Within the explicit policy, it is crucial to emphasize the importance of a multi-modal approach and community involvement. For optimal impact, skills work must be embedded within a whole-school, multi-modal approach, typically including changes to school ethos, teacher education, liaison with parents, community involvement, and coordinated work with outside agencies. Just as whole-school approaches have been proven beneficial, the involvement of the broader community should be extended to parents and all community members conducting coordinated work, including, but not limited to, parent education, teacher education, etc. (Nind, 2011). Focusing on positive mental health; having both passive and active approaches in place, starting as early as possible with the youngest children and continuing with older ones; operating for a lengthy period and embedding work within a multimodal/whole-school approach are all necessary to maximize the success of the programs and policies.

Assessing the current effectiveness of school-based service models is vital. Epidemiologists and policymakers should be the ones revising current school models. Policymakers create the implemented policies, and epidemiologists focus on incidence, distribution, and health-related factors. Collaboration between these two jobs is needed to ensure success in the execution and viability of the project (Waddell et al., 2002). Epidemiologists have also proven beneficial to broader public health policies that aim to prevent physical illness, disabilities, and death (Centers for Disease Control and Prevention, 2020). Along with epidemiologists and policymakers, there is a necessity for the presence of a public mental health professional. This presence is recommended for both the analysis of policies that are or have been implemented and the management of the process of MBIs (CDC USA, 2005).

Conclusion

Through the nationwide mental health crises within schools plaguing youth, communities and schools need to contribute what they can to treat mental health issues and disorders effectively. Schools across America have assemblies and information sessions to teach students about the importance of mental health. These initiatives are not sustainable and generally can be hastily put together. Despite this, these programs are an essential step in the right direction; when there exists mental health support in schools, it has been shown to decrease behavioral incidents and disciplinary action (Substance Abuse and Mental Health Services Administration, 2023).

There is clearly a multitude of flaws within many system(s) currently in place that aim to provide aid to adolescents struggling with their mental health; however, specific interventions and initiatives—particularly mindfulness-based interventions—have statistically proven to be beneficial to those who struggle with mental health. MBIs have been shown to be associated with notable reductions in stress and anxiety, showing an average decrease in stress of 38% (Zhang et al., 2020). Despite the lack of shared terminology and research, MBIs have distinctly proven their efficacy and potential benefits to adolescents in schools.

Through collaboration with epidemiologists and policymakers, utilizing several of the existing policies by WHO and UNESCO, defining all significant terms, integrating programs with existing initiatives in schools, train teachers and members of the local community, and establishing further research, communities can maximize their margins for success in treating the mental health epidemic present within schools.

MBIs have proven to be successful in the past; however, more is needed to guarantee the ultimate success of the new regulations and initiatives being implemented. These recommendations are simply parameters based on what has worked in the past.

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