

CHAPTER 2

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MENTAL HEALTH AND MENTAL MODELS

I am a teacher at heart, and there are moments in the classroom when I can hardly hold the joy. When my students and I discover uncharted territory to explore, when the pathway of a thicket opens up before us, when our experience is illuminated by the lightening-life of the mind—then teaching is the finest work I know.

—Parker Palmer, *The Courage to Teach*, 2007

Out of necessity and crisis, mental health has become a greater focus in contemporary society broadly and in schools specifically. While this represents a positive change in terms of openness, understanding, and de-stigmatizing mental illness, it has also occurred because of a very real increase in threats and profound challenges to our health and wellness. The COVID-19 Pandemic revealed the mental health crisis in a stark way. The *Journal of the American Medical Association* reported in 2022 on the impact of the pandemic and school closures on children from eleven countries, finding that up to 60% of students experienced strong distress during the pandemic, in particular symptoms of anxiety and depression (Viner et al., 2022). There was an increase in screen time and social media use and a decline in overall physical activity.

Defining how we think about mental health is the first step school leaders must take in developing a strong Mental Health Action Plan (MHAP). One way of thinking about mental health is to focus on the concepts of wellness or well-being. According to the World Health Organization (2022), mental health is more than just the absence of mental illness or a cluster of symptoms as determined by a disease model approach. It is “a state of well-being in which an individual realizes his or her own abilities, can cope with the

normal stresses of life, can work productively and is able to make a contribution to his or her community.” Embedded in this definition is a person’s ability to self-reflect on strengths and challenges. It also points to coping with adversity and resilience in light of stress and normal stressors. Finally, it speaks to a person’s ability to be productive and additive to the world around them. All of this would result in a person being “well” or “mentally healthy.” It also means that we consider relationships and how the environment and social context can help us to understand and address mental health in our schools.

The definition of *mental health* is complex and encompasses an array of dimensions. If we are going to strive for schools that are healthy and dedicated to supporting the health of students and adults, then it is important to start with a clear working definition of mental health such as the one offered above from the World Health Organization. Clearly, one of the first moves a school or district should make when delving into this work would be to come up with a definition and understanding of mental health that the entire school community can agree upon.

We also believe our beliefs are governed by underlying assumptions and frameworks called “mental models.” For example, an American driver traveling to Australia can be disoriented by driving on the left side of the road. Their mental model of how to drive is based on the assumption that you can only drive on the right side of the road. These mental models can help us process new information and tackle challenges but they can also get in the way of seeing new possibilities or changing the way we do things. As an example, many of us maintain the mental model of a classroom as rows of desks facing the front where a teacher should be standing and lecturing. It took a long time for the concept of learning stations to take hold in elementary classrooms or moveable chairs for cooperative learning in secondary and college classrooms. As we will see, mental models about concepts like mental health, mental illness, schools, equity, and even children can be powerful forces that we must critically question and, in some cases, change radically if we are to create the schools we need.

PAUSE AND REFLECT



Take a moment to think, discuss, or write about these questions:

1. What is your school’s definition of *mental health*?
2. How open is your school community to talking about mental health?

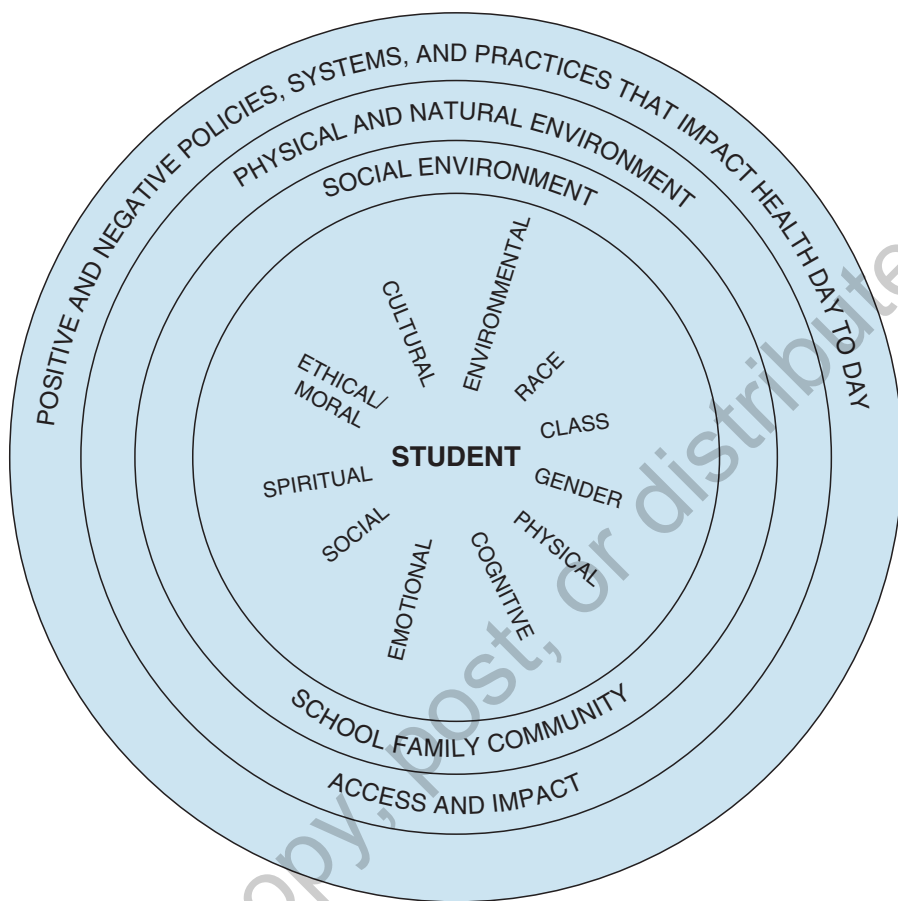
MENTAL MODEL: A DEVELOPMENTAL MODEL FOR THE WHOLE CHILD

In the early part of the 20th century, schooling was perceived to be all about academics, cognition, facts and figures, reading, writing, and arithmetic. The brain was seen as a muscle that needed to be “worked out” through repetition and mental gymnastics. Other aspects of a student and a student’s life were often ignored, either consciously or unconsciously. By the 1920s, educators turned away from this academic model and focused more on the overall developmental needs of young people (Schiro, 2012). Educators such as John Dewey promoted this integrated approach to learning and schooling. Dewey suggested that “Education is not preparation for life; education is life itself” (1916). This shifted the focus of schools and learning to include life skills and dispositions like cooperation. It also suggested that learning is deeply rooted in who we are and the world around us.

This whole-child approach to mental health frames the nature versus nurture debate. It prioritizes caring before cognition, or what some people refer to in the saying, “You have to Maslow before you Bloom.” It means understanding students from a developmentally informed perspective and on multiple levels, knowing who they are and what they need. We have had significant new advances in science, particularly interpersonal neurobiology (Siegel & Bryson, 2012). Research reveals that brain development and learning are dependent upon social and emotional factors. According to leading researchers, “Learning indeed depends on how nature is nurtured” (Immordino-Yang et al., 2019). Our daily functioning is impacted by a variety of factors and conditions that affect our physical health, mental health, and learning, underscoring the critical need for a whole-child perspective. When considering development, the nature–nurture discourse is not a debate; it’s both.

A holistic approach to mental health takes into account the dynamic and reciprocal nature of relationships, individuals, context, environmental factors, and systems. This kind of ecological perspective puts the child at the center of thinking about your school. It looks at how different systems in a school can impact an individual student and all the many ways that we think about that student. For example, risk factors are characteristics that are associated with a higher likelihood of negative outcomes. Protective factors are characteristics of an individual or community that are associated with positive outcomes and can counter risk factors (SAMHSA, 2023). Schools are dynamic systems and continually change. In considering mental health, the risk and protective factors within a school context are critical to consider, along with day to day routines, the level of stress, stressors, the moments of crisis, or national and global events. All of these factors can affect a student, sometimes in ways we don’t see easily.

FIGURE 2.1 A HOLISTIC APPROACH TO MENTAL HEALTH WITH THE STUDENT AT THE CENTER



SOURCE: Illustration by Jane Tomlinson.

Think about how well you know your students in terms of these dimensions:

- **Physical**—How well rested are your students? Are they getting enough sleep? Are their dietary needs being met? Do they understand nutrition? Are they drinking enough water? How much exercise do they get each day? Are their needs being attended to when they are ill or injured?
- **Cognitive**—How well are they progressing toward developmentally appropriate learning goals? Where do they find joy in their learning? What are their challenges? Are we moving students into the Zone of Proximal Learning or are things too easy or too hard? How do students learn?
- **Social**—Does the student have positive relationships with other students? Is the student more of an introvert or extrovert? How well does the student pick up on social cues or empathize with others? Is peer pressure

impacting your students? Is there a positive relationship with teachers and other adults? What is the level of their social awareness skills? How does the student deal with conflict?

- Emotional—How well do your students regulate their emotions? Can a student talk about their emotions openly with other students and adults? Does a student misunderstand the emotions of others? What is their emotional awareness?
- Spiritual—What role does spirituality play in their lives? Can they articulate a purpose in their life that motivates them? Are there any religious or cultural elements in their lives that can be considered assets to their development? What are their interests and passions?
- Morals/Ethics—How do your students make decisions about themselves and others? Is there an interest in making the world a better place? Of altruism? What forces are shaping their beliefs and values? How do they manage and make difficult decisions?
- Cultural—What are the cultural identities of your students? How do cultural values, customs, events, art, and food, for example, impact their daily lives and shape who they are? How do these cultural experiences align with those of the school?
- Environmental—How does the world around your students impact their lives and development? What are the protective factors and community assets that nurture them? What are the risk factors they are facing? How do things like technology and social media help or hinder their development?

Knowing each student well and knowing their past, present, and future in regard to each of these dimensions is a critical first step in creating a holistic approach to mental health in your school.

Let's pause for a moment and give you a chance to think about the students in your school and the students you have encountered in your life. Think about a healthy student, someone who is meeting that definition of *mental health* from earlier. What are the words you think of when you think of a healthy student? What words would you use to describe that student? Now think about a student you know or have worked with whom has struggled with their health, either physically or mentally. How would you describe that student? What are the words you think of when you think of a student who is distressed and struggling with mental health? Chances are you were able to quickly come up with a list of descriptive words for both students. For healthy students you might have chosen *engaged*, *connected*, *well-rested*, or *positive*. For struggling students, the words may have been *absent*, *aggressive*, *disconnected*, or *stressed*.

As we work with hundreds of teachers and administrators, we notice that these descriptors are often important indicators of health and wellness, but more importantly they indicate how well educators know their kids. Another activity we have seen schools engage in is to put up the names or, even better,

photos of every child in their school. Then they bring in the entire staff—teachers, support staff, custodians, aides, administrators—and ask them to put a sticker or Post-it next to each student they know well, sometimes including a detail to show they really know that student. Next, the entire staff steps back and takes a look at which kids have a lot of connections and which kids have few or none. This activity can identify the students we are clearly supporting well but also kids who need additional support. And when we drill down to look at what details we know about them, then we get a better picture of whether we know the whole child.

We should not take for granted that everyone in the school holds the same values, beliefs, or mental models about children and development. We need clarity. We need to be explicit in our definitions and language surrounding these mental models and ensure we are all talking the same language. Some schools have found great help in developing imagery or graphics that represent their view of the whole child. This may be a place for your school to be explicit about language and to create images about child development, identity, the whole child, community, and belonging. We are also encouraged by the number of schools, districts, and states that are embracing the “Portrait of a Graduate” approach to long-range planning, which has the community imagine the skills, characteristics, and dispositions a student should possess when leaving an elementary, middle school, or high school (Stanford, 2023). This is a truly “whole child” approach to evaluating schools and creating a clear picture of our overall goal.

PAUSE AND REFLECT



Take a moment to think, discuss, or write about these questions:

1. Go back to the list of dimensions for having a whole-child perspective. What role (if any) should a school play in addressing the development of these dimensions?
2. What is the purpose of childhood? What activities should children engage in to grow, learn, and be happy?
3. How do you think and respond to students who learn differently?

MENTAL MODEL: A WHOLE-SCHOOL SYSTEMS THINKING APPROACH

Schools are living systems. Each school has a unique and distinct character. What’s the character of your school? As people enter and walk into a school, they can get a “feeling” or sense of what it is like to be here. Just as they take a holistic, whole-child approach to working with students, school leaders must

take a “systems thinking” approach to mental health across the school. Like human beings, schools are complex with both independent parts that must function well and multiple systems that must work in concert with each other. The ability of a school leader to keep “the forest and the trees” in mind when making decisions is critical to school leadership, and for creating a mentally healthy culture and climate.

A mentally healthy school should be a safe haven, a secure base for all students, where students not only are safe but feel safe. “What is the emotional health of your school?” is a question that anchors our attention to the mental health of a school. When students feel safe physically and psychologically, when they experience belonging, connection and community, and when learning engages them cognitively, socially, and emotionally, then they can bring their whole selves to school.

A whole-school approach centers the experience of learning for all students but also considers the mental health and social support of its teachers, staff, parents, and community. A holistic approach is an aligned, integrated partnership. Adults in and around the school play a crucial role in this web of relationships and in the proper functioning of the whole school system. As we will see later, school administrators who only focus on the student-related aspects of a school are missing essential partners in building a whole-school approach that can benefit students.

The same mental model we used earlier for the whole child can be applied to the whole-school. Here are some questions to think about when determining the “health” of your school as a whole:

- Physical—Are classrooms well lit, ventilated, and comfortable? Are the public spaces like hallways, bathrooms, and cafeteria clean and well maintained? Do you display artwork, student work, or school spirit messages in the hallways? Are the outdoor school grounds, playgrounds, and facade cared for? How do students get to school? How do they enter the building? How do you manage safety and security? When a visit approaches and enters the building, what do they see and how are they treated?
- Cognitive—How are you creating a “culture of learning” in your school? Is the focus of the school on learning rather than achievement? Is the classroom experience all about the students or all about the teacher? Are academic achievements recognized as much as competitive or athletic achievements? What is your approach to neurodivergent learners and different ways of learning? Do you take a deficit view of learning or a strengths-based view?
- Social—Do people know each other well? How do you promote healthy relationships between students and between staff? With parents? What are the planned events for bringing together the entire community? Is the environment warm, welcoming, and inviting? Do people feel connected and experience belonging?

- Emotional—How are you developing a “culture of caring” in your school? How are positive events celebrated in your community? What venues and processes allow people to raise concerns or process emotions? What are the stressors facing the students, staff, community, and school in general? How do you process crisis situations or loss?
- Spiritual—How are religious holidays and traditions recognized and managed? Is there outreach to local religious organizations in the community? What is the nature of school spirit in the school?
- Moral—Has the school and community identified core values? What matters most in your school? Does the school take part or host discussions about moral and ethical issues? Is there an organized approach or curriculum for character education, civics, or social and emotional learning? Are policies and practices compliance oriented or restorative? Do they align with your values?
- Cultural—Is there a clear understanding of the school’s mission and vision? How are new students, staff, and parents oriented to the school’s culture? What symbols and slogans represent the school’s culture? How is school climate research used as a feedback loop about the culture? What cultural values and practices are privileged, celebrated, or overlooked?
- Environmental—How does the area around the school impact the day to day lives of students, staff, and families? What community organizations and assets can help support the school? How engaged are your students and staff in your community? Is the school seen, used, and valued as a “community center”? What is your school’s philosophy on technology, phones, devices, and social media? What local, national, or international issues might impact your students and staff?

In a whole-school approach to mental health, it is critically important to have a deep understanding of what the community and stakeholders in the school *believe* about education and the mission and vision of the school. This includes acknowledging its past, present, and potential future regarding an array of philosophical and ideological stances on things like these:

- The purpose of school and schooling
- The responsibility of the school
- Children and the purpose of childhood
- Definition of *knowledge*
- Learning and the learning sciences
- Research-based teaching practices and pedagogical knowledge
- Role of teachers
- Curriculum and curriculum theory
- Formative and summative assessment

- Social and emotional learning
- Physical development and wellness
- Mental health

It is actually a rare occurrence for students, teachers, administrators, and parents to talk about any of these topics, let alone reach a clear vision and articulated agreement about each of them. The problem with leaving them unspoken is we lose the opportunity to work collectively toward them. So we really need to begin by acknowledging how each of these beliefs is foundational and has a gigantic impact on what happens every day in a school or classroom. We need to be honest about what the school as a whole believes about each one. And then we need to agree on what we want our school to be like in each of those areas. We need to do the work, the difficult and challenging process, of intentionally identifying what things matter in centering mental health.

PAUSE AND REFLECT



Take a moment to think, discuss, or write about these questions:

1. Look at the lists above of dimensions and philosophies of education. Is there clarity among most stakeholders in your school about what our beliefs or goals are in each of those areas? Could you articulate that shared belief for each one?
2. What is your school's mission, vision, and culture regarding mental health?
3. How would you describe your school's culture? What are the explicit examples of that culture? What is more implicit? What is not being asked about school culture?

MENTAL MODEL: A CULTURE OF CARING

In his seminal work *The Courage to Teach*, Parker Palmer (2017) suggested that emotion is central to the work we do as teachers. This quote has positioned us in considering the mental health challenges that are evident in schools and the challenges facing teachers and administrators in the classroom and school environment.

Small wonder, then, that teaching tugs at the heart, opens the heart, even breaks the heart—and the more one loves teaching, the more heartbreaking it can be . . . The courage to teach is the courage to keep one's heart open in those very moments when the heart is asked to

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hold more than it is able, so that teacher and students and subject can be woven into the fabric of community that learning, and living, require.

The work we do in schools addressing mental health issues is emotional work. Our experiences can be heartwarming, ones of inspiration and wonder. But they also can deeply touch the vulnerability, fragility, and challenges that are regularly faced in schools today. Any profession that cares for human beings leads to this dichotomy. Somehow, we have to learn how to “hold” both.

Just as doctors, nurses, and social workers have professional codes of conduct and take oaths to ensure patients are cared for, education systems should reflect this same value and be seen at every level and within every interaction we have with those who inhabit the school. We call this mental model a “Culture of Caring.”

When thinking about culture, we consider beliefs, values, patterns of relationships, language, practices, and routines. Each provides us with a sense of identity, meaning, and a framework for what it is like to belong. What we are talking about here is knowing your school culture really, really well. It means understanding who you are and what you believe collectively. School culture is the force that pulls together all the disparate parts of a school into a collective whole. It is often defined as “the way we do things around here,” or the written and unwritten “rules” for an organization.

School culture can be seen in the Student Handbook, the teacher’s contract, and the school board minutes. It is the feeling a visitor gets when walking into a building or through the halls. It is the school mascot and colors and song, as well as the ceremonies and events we put on every week and every year. It is how a new student is treated in the cafeteria or the playground or the classroom. School culture can be either positive or negative (or neutral!), but it is always there, embedded in everything we do. The goal, of course, is to create a positive school culture academically, socially, emotionally, and physically for all kids and adults who interact with the school. In this way, school culture focuses and frames the school community.

We know about culture by staying attuned to the school’s climate. School climate is an indicator of school culture and how systems are operating in a school generally. When done well, school climate research can also serve as a valuable evaluation tool on mental health and change efforts. Some states and districts now require administrators to collect school climate data from students, staff, and parents via survey and focus group interviews. There are several very good school climate surveys available or a school can create their own. The National School Climate Center is a great resource for getting started in school climate research. School leaders should collect climate data every one or two years and then analyze that data for ways of improving

school culture. We suggest doing both school climate surveys and focus group or individual interviews, in addition to analyzing data that is already collected each year such as demographics, testing, attendance, and behavior issues.

Culture and context go hand in hand. A culture of genuine care and compassion is one that is attuned to the mental health of its students. Culture is about connection, identity, belonging and care. Appreciating that teaching is emotional work, that learning takes place within significant relationships, and in a community that supports young people can result in a true culture of care (Comer, 1995). But as with any important endeavor, this culture must be cultivated and attended to on a daily basis. It is how students are treated as they enter the building, walk the halls, or enter a classroom. It is every student knowing there is at least one adult (or many) they can turn to if they have a question or a problem. It is the engagement in learning in every lesson, every day. It is how we greet each other in the hallway, speak to parents on the phone, or the words we use in the weekly email home. Teachers and leaders cultivate this culture every single day!

PAUSE AND REFLECT



Take a moment to think, discuss, or write about these questions:

1. Is “caring” a core value in your work as an educator?
2. Is “caring” a core value in your school?
3. What challenges do you face in aligning those values with your practice? What do you do when your values conflict with each other?
4. What evidence exists that shows you or your school cares for students? Staff? Families?

MENTAL MODEL: A CONTINUUM OF CARE

The application and evidence of a culture of caring can be seen by how schools utilize a “continuum of care.” A continuum of care is an organized, integrated, and aligned set of practices, policies, and strategies that considers the needs, issues and resources of the individuals and the school community. It encompasses all the ways, both big and small, that a system cares for its constituents. The concept was developed in the 1980s and 1990s by health care professionals and the U.S. Department of Housing and Urban Development (HUD) to address homelessness, utilizing the framework of a continuum of care as a concept of integrating a comprehensive range of services covering all levels of intensity (Blasco, 2017; Evashwick, 1989, 2005). It is a wonderful example of “systems thinking,” where we simultaneously consider both the individual and the larger ecosystem around that individual.

Applying this concept in schools starts with a needs assessment of risks, resources, and protective factors. A well-defined and executed continuum of care considers every way we support a student or staff member or parent as well as connections and partnerships with and within the community. It is process-oriented, structured, and relational, and it looks at individual and collective needs. Next, the continuum of care must develop an environment where that child, with all their individual needs, will be able to flourish, grow, and learn; where they are seen, respected, and engaged. A well-designed and well-run continuum of care allows all students to thrive academically, socially, emotionally, and physically, creating conditions and opportunities to optimally and equitably utilize internal resources and programs, as well as external resources and support.

Components of a continuum of care are likely already in place in most schools. The first is a staff of educators who care and an overall culture of caring. The second is a multitiered system of support (MTSS) that considers the needs of all students and of individuals. We'll talk more about MTSS in a later section but for now this means the structures in place to support a range of students and to differentiate teaching and assessments for every child. The third is to focus on curriculum and resources that each student feels connected to and engaged with. Finally, there must be alignment of all systems, tools, people, and resources. Schools with advisories, student services teams, professional learning communities, and all-school wellness teams are already creating systems that can be integrated and aligned.

A comprehensive continuum of care considers a wide range of strategies, structures, and tools. The components would address prevention, early intervention, intervention, crisis response, at-risk students, transitional needs, and high-risk or vulnerable students. This kind of whole-school mental health approach builds structures and systems that are comprehensive, coordinated, integrated, and aligned. It looks closely at needs, resources, and access to those resources, as well as barriers.

PAUSE AND REFLECT



Take a moment to think, discuss, or write about these questions:

1. What systems and processes does your school have in place that would constitute a continuum of care?
2. Where are there gaps in your continuum of care?
3. What barriers might exist to creating a continuum of care?
4. What would need to change to ensure each student experienced complete caring throughout their day and life in your school?

MENTAL MODEL: THINKING DIFFERENTLY ABOUT MENTAL HEALTH

Schools are long-standing institutions and have changed only slightly over the past 100 years. That means their approach to mental health or mental illness can often be mired in traditional approaches and thinking that are well behind what we need today. We also have a long history of how mental illness has been viewed and addressed in American society and need to recognize the stigma, challenge, and impact of the broader culture on our thinking about mental health. Establishing a mental model that thinks outside of those traditional approaches and embraces creativity, innovation, and change over tradition is critical and requires a certain level of bravery as we challenge outdated perceptions and processes.

Many of the skills and practices that we may need to develop to take a mental health approach to education require thinking about the kind of support schools offer to individual students, families, teachers, and community members—a broader audience than schools have traditionally focused upon. Schools may also need to focus more upon social and emotional learning, as well as addressing the physical well-being of individuals. Schools need to consider all we've learned from the science of stress, including the research on developmental implications of stress upon children, the stress response and the body, brain and mind, toxic stress, and the cumulative effects of trauma and adversity on both the well-being of students as well as adults.

Alarming indicators of risks that relate to mental health, including school shootings, racism, and increased levels of depression and anxiety, all challenge us to embed practices, policies, and innovative programs that address mental health into schools. We are in a critical moment of time when mental health needs a holistic approach and mental models that integrate the art and science of social and emotional learning from a whole child, school and community perspective. We need models that consider development, trauma informed care, and systems that integrate MTSS as a continuum of care and compassion.

For too long, schools have been islands unto themselves, trying valiantly to solve multiple problems facing kids and parents. However, schools can't take on these challenges alone. They must reach out to other organizations in the community to create new ways of working together and to develop partnerships. An example of this kind of outside the box, systemic thinking would be an All-School Wellness Team, where stakeholders would come together to address the wellness of all students, staff, and schools in the community. In schools with these kinds of teams, all members of the community have a "voice" and a "seat at the table" to help solve problems.

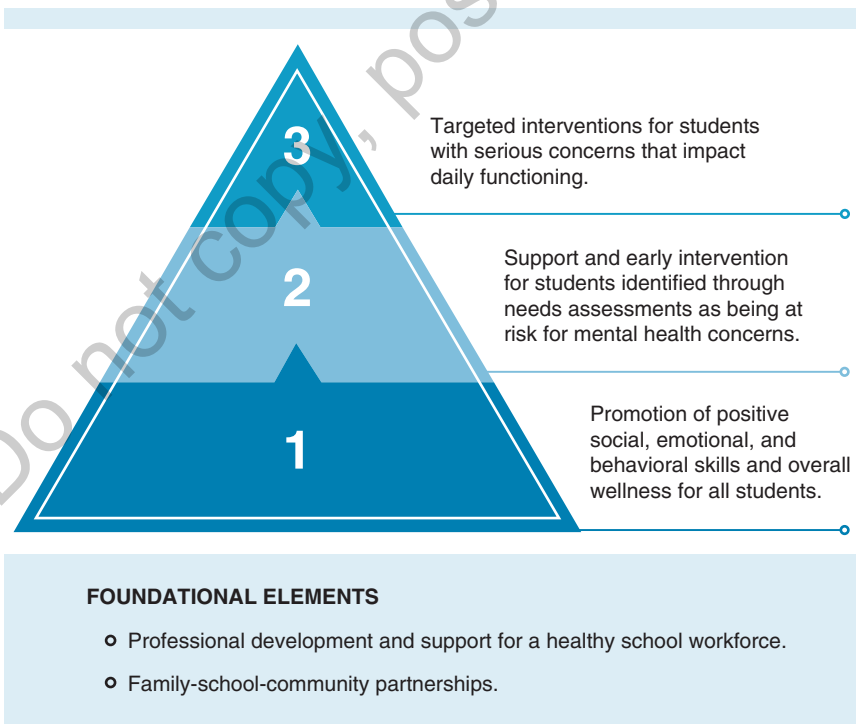
These ideas are not new nor are they impossible; many schools across the country have tried these with great success. Unfortunately, there are still so many places where it is difficult to even conceptualize a different way to "do school." If we are going to create a comprehensive mental health action plan

that puts mental health front and center in everything we do, then educators, school leaders, and community members need to take on a new mental model that embraces “thinking outside of the box” and leans into innovation and creativity.

MENTAL MODEL: A MULTITIERED SYSTEMS OF SUPPORT APPROACH TO MENTAL HEALTH

Multitiered Systems of Support (MTSS) was developed out of concerns for students struggling with academic and behavioral challenges and provided a framework of interventions to address those challenges. Other intervention-based frameworks like Response to intervention (RTI) and Positive Behavioral Interventions and Supports (PBIS) grew out of the Individuals with Disabilities Act (IDEA). The programs, originally designed to address and improve outcomes for students with identified needs and specific education services, can be used and applied to address the experience of ALL students . . . and to mental health!

FIGURE 2.2 AN MTSS APPROACH TO MENTAL HEALTH (CENTERS FOR DISEASE CONTROL, 2023)



SOURCE: CDC; Use of the material does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention; Material is available on <https://www.cdc.gov/>

When MTSS is applied from a mental health perspective, it can result in a comprehensive approach that begins with a focus upon what is done for all students. In Tier 1, the continuum of care begins with prevention and early interventions throughout the academic, social, emotional, and physical dimensions of schooling. Tier 1 cultivates awareness and develops knowledge, skills, and strategies about the mind and body and integrates SEL skills in the classroom and culture. It is designed to access, individually and collectively, integrated programs and strategies for all students, staff, and community members. In a sense, everything we do in school for all students can be seen as a Tier 1 strategy. Here, we firmly believe that the most beneficial form of interventions are prevention activities and programs.

We all encounter vulnerability, excessive stress, loss, and traumatic events. At some point every person will need extra support beyond Tier 1, which is where Tier 2 comes in. When the foundational Tier 1 support isn't enough, the school can provide temporary "in the moment" support for students and staff, with the hope that they will return to the foundational Tier 1 support. It's important to note that if the school has built excellent Tier 1 supports then the number of people needing Tier 2 support should be relatively small, maybe 15% to 20% of students and staff at any given time. Every person experiences moments of stress, anxiety, and trauma at some point in their lives, for example, when students are transitioning into or out of a school we often see elevated levels of anxiety. Academically, there are moments when a student might need additional help, especially when grappling with a new or challenging concept. During these moments, schools can implement an array of interventions such as academic support centers, specialized classes, affinity groups, individual counseling, or peer support.

Tier 3 mental health support starts with the foundation of Tiers 1 and 2 to create a highly-individualized and specialized support system for the most vulnerable, at-risk members of the school community. We will always have students and adults in a school who will need this kind of serious support. The hope is that with a strong implementation of Tiers 1 and 2 we can reduce the number of individuals needing Tier 3 support to 5% to 10% of our school population. Thanks to a deeper, more sophisticated understanding of toxic stress, childhood trauma, and mental illness, for example, we can create much better ways to support individuals grappling with the most difficult mental health issues: crisis response, individualized counseling, group counseling, individualized education plans, family and parent support groups, and programs that help students return from hospitalizations. In Tier 3, these targeted interventions are supportive of students who are most vulnerable, often in need of specialized, professional support but with an integrated and coordinated engagement of parents and community partnerships.

In the next few chapters, we will walk through the three tiers of this MTSS approach to mental health, taking a closer look at the challenges facing schools at each level and highlighting potential interventions that can be built into your own Mental Health Action Plan.

PAUSE AND REFLECT



Take a moment to think, discuss, or write about these questions:

1. What support systems for students do you have in place? For staff?
2. What is the status of your current approach to MTSS?
3. What structures are in place for supporting students who experience challenges or crisis situations?

CONCLUSION: MENTAL MODELS AS THE FOUNDATION OF YOUR ACTION PLAN

Sweeping changes in our world brought on by technology, social movements, and a global pandemic have resulted in a mental health crisis that is impacting both young and old. We also have a more scientific and deep understanding of brain development, the impact of childhood trauma, and how stress and anxiety can change our minds and bodies. And that same, science tells us that attending to our mental health and physical wellness can build resilience and lead to a happier, healthier life.

Mental health exists on a spectrum: Our schools must not only understand this spectrum, but also must take the lead in integrating mental health into everything they do. They need to consider the myriad of healthy coping strategies, risk and protective factors, and challenges that underlie mental health. They must partner with other schools and community organizations to build a continuum of care so the most vulnerable members of our society can be supported every moment of every day.

In this chapter, we presented some ideas that should be at the center of your development of a Mental Health Action Plan for your school or district. We start with some mental models that can guide your thinking and practice to address mental health and create a common vision and language for practice, skills, and implementation of that plan. This includes a developmentally informed, whole-child, whole-school perspective, which takes an ecological systems perspective to understand children, context, and environmental risk and protective factors. It embeds all this in a continuum of care and uses an MTSS approach to understand and support positive mental health.

We challenge school leaders to think deeply about the questions posed in this chapter about values, beliefs, vision, and mission. They should gather all stakeholders together and spend time digging into these questions and create a kind of “This We Believe” document that reimagines school through the

lens of mental health. This document can be the fertile ground needed to grow new systems for academic learning, assessment, after school activities, school building design, professional learning, community, and partnerships, for example.

This reimagined school, powered by these mental models, is possible today because of what schools have always done well: provide a safe place where human beings can grow individually by interacting collectively. The great James Comer (1995) said, “No significant learning can occur without a significant relationship.” Schools are the most important learning organizations in the world and have the capacity to leverage the power of relationships to grow young people who are academically, socially, emotionally, and physically strong. To borrow a phrase from Bettina Love (2019), we want more from our children than to just survive; we want them to thrive. Now is the time to reimagine your school so it can attain its potential as a model of wellness.

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CREATING YOUR MENTAL HEALTH ACTION PLAN

Take some time to work with your school-based team to think through the following elements of your comprehensive Mental Health Action Plan. The full plan template is located in Appendix A.

Current Context: Data and Needs

1. What is the story of our school?

2. Who are we? What are our needs?

Community Context

1. Demographics (total population, age, race, ethnicity, gender, economic, etc.)

2. Describe your local community context.

3. Protective factors (characteristics of your school and community that are positive)

4. Assets (current resources that support students, staff, and families)

5. Risk factors (characteristics of the school or community that may have a negative impact on students, staff, or families)

6. Challenges (specific forces, situations, or barriers that have a negative impact on our school)

7. What do we consider to be the biggest, most critical mental health or socio/emotional need in our school? What does our school need the most help with to improve our mental health? What's missing?

Existing School Structures

1. How are we organized?

2. What structures do we rely on to accomplish our mission?

3. What processes drive our organization or hold us back?

4. What are our policies and practices as stated in print? How do they address mental health? What's missing? Unclear? Inconsistent?

5. Is mental health a part of our overall wellness strategy? Where do we explicitly and intentionally address mental health and wellness? Do we have an All-School Wellness team?

Prevention and Intervention

MTSS/Rti: An Integrated Approach With a Continuum of Care

1. How have we structured our school around academics, behavior, mental health?

2. What is our “continuum of care”?

3. In what ways are we “trauma informed”?

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