MENTAL ILLNESS: A NON–ACADEMIC BARRIER TO LEARNING

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Seton Resource Center for Child Development in New Orleans
Sr. Angela Lydon, principals, and counselors observed program
Adapted program to fit the needs of Dayton
Grant Funded
11th Year
Focus on urban settings with high poverty
Non-academic barriers to learning
MISSION

- We enable students to achieve their full educational and social potential by empowering students and their families to achieve emotional, physical, and spiritual health within their own cultural framework.
UCDRC STAFFING/SCHOOLS

- **UCDRC Staff:** 6 Clinical Counselors
- 2 Family Advocates
- 1 Director

- **Schools:**
  - Immaculate Conception Catholic School
  - Our Lady of the Rosary Catholic School
  - Mary Queen of Peace Catholic School
  - Mother Brunner Catholic School
  - Ascension Catholic School
  - Dayton Early College Academy (DECA)
URBAN CHILD DEVELOPMENT RESOURCE CENTER (UCDRC)

- Second Step© Violence Prevention Program – evidence based
- Talking About Touching Safety Program – evidence based
- Individual Counseling
- Group Counseling
- Family Counseling
- IAT Meetings
- Peacemakers – peer mediation, retreats
- Support principals and teachers
- Provide Professional Development
- Assist families in meeting their basic needs
“Not only has the bullying been reduced, the class weekly/bi-weekly meetings have helped develop better awareness of frustrating or distracting behaviors that may not qualify as bullying, improved communication, and increased assertiveness on the part of bystanders and victims.”
STUDENT COMMENTS

“I didn’t have any fits this week and when I got mad I took a deep ‘bref’ and it helped” (Kindergartner)

"We make ourselves do something so God doesn't have to do all the work." 1st gr Second Step learning to manage anger.

4th grader—“I can tell my 1st grade sister has Second Step with you because she now tells me she is sorry if she does something.”
CLINICAL COUNSELOR

VS.

SCHOOL COUNSELOR
CLINICAL COUNSELORS

- Diagnosis and treat mental and emotional disorders
- Work settings – hospitals, agencies, and private practices
- Individual, Family, and Group Therapy
- Assessment Tools – Conner Rating Scales and Beck Inventory
- Licensed in the State of Ohio – Professional Counselor (PC) or Professional Clinical Counselor (PCC)
Advocates for student’s academic, career and personal success
Classroom Lessons – bullying prevention and self esteem
Make referrals to outside services
Work setting – schools
Certified as a School Counselor
FAMILY ADVOCATE

Provide services at:
- Immaculate Conception
- DECA
- Mary Queen of Peace
- Mother Brunner Catholic School

Focus on basic needs of the families
Home visits
Parent education
Community Partnerships
Health and Safety Fairs
Holiday Outreach
“Had it not been for Mrs. Sherman I wouldn’t have known my children needed glasses. I am forever grateful to her. Thank GOD for the family advocate here at XXXX 😊.”

“If it weren’t for you we wouldn’t have discovered what was really going on with our daughter”
NON-ACADEMIC BARRIERS TO LEARNING

- Mental Illness
- Poverty
- Basic Needs
- Lack of parent support
- Violence
- Safety
IMPACT OF MENTAL ILLNESS IN THE CLASSROOM
FACTS

- Four million children and adolescents suffer from a serious mental disorder
- Mental disorders cause significant issues at home, school, and with peers
- 21% of children ages 9 to 17 have a diagnosable mental or addictive disorder
FACTS

- Half of all lifetime cases begin at the age of 14

- Only 20% of mentally ill children are identified and receive services in any given year

- Suicide – third leading cause of death in youth (ages 15 to 24). 90% of these cases have a mental disorder
COMMON MENTAL HEALTH DIAGNOSIS IN CHILDREN

- Adjustment Disorder
- Anxiety Disorder
- Depression
- Oppositional Defiant Disorder – ODD
- Conduct Disorder
- Attention Deficit Hyperactivity Disorder (ADHD)
- Eating Disorders (Anorexia Nervosa & Bulimia)
- Schizophrenia
- Bi–Polar Disorder
WARNING SIGNS

- Lower grades and overall achievement
- Difficulty with peers and social situations
- Outbursts of anger (possible rage)
- Change in eating habits
- Hyperactivity
- Change in appearance
WARNING SIGNS

- Very oppositional (rebellious)
- Lacks interest in school life
- Lacks motivation and energy
- Self-injurious
- Bully type behaviors
WARNING SIGNS

- Strange thoughts and feelings (unusual behaviors)
- Threats to run away
- Sexual Acting Out
- Unable to cope with daily activities and challenges
- Change in sleeping behavior
TIPS FOR TEACHERS

- Get to know your students – ask previous teachers
- Meet with parents – listen – obtain history of student’s behavior
- Know what is going on in the lives of the student’s outside of school
- Share observations with the parents, school counselor, and principal
- Each student responds differently
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

- Symptoms
  - Short Attention Span
  - Problems with organization
  - Easily distracted
  - Difficulty completing work
  - Difficulty listening and following instructions
  - Forgetful
  - Unable to stay seated
  - “On the go”
  - Talks too much
  - Interrupts
“Although my son was evaluated before I think things were missed and I’ve heard what you are doing to evaluate for ADD and want you to work with my son”.
ADHD FACTS

- Student may be overactive or inattentive
- Higher risk for a learning disorder
- Higher risk for other mental disorders such as: anxiety, conduct disorder, and mood disorders
- Higher number of boys diagnosed than girls
- High risk for school failure
- Self Esteem suffers due to their inability to do well in school
- Important to identify at an early age
IN THE CLASSROOM

- Moves around the room without permission
- Does not complete assignments
- Plays with items in their desk
- Does not complete homework assignments
- Talks out without permission
- Makes noises or sings
- On the desk, under the desk, next to the desk
TIPS FOR TEACHERS

- Be flexible
- Understand student has little control
- Break down assignments into smaller segments
- Give the student space to move around
- Provide students with special tasks
- Express your concerns with parents, principal, and counselor
- Encourage parents to consult with a physician
ANXIETY DISORDER

Symptoms
- Asks many questions
- Frequent absences
- Many physical complaints
- Excessive worry
- Isolating behaviors
- Fear of new situations
ANXIETY FACTS

- 1 in 10 young people suffer
- Sometimes overlooked due to being quiet and compliant
- Adolescent girls are more affected than boys
- Students are at greater risk if parent suffers from an anxiety disorder
- Anxiety Disorders
  - Generalized
  - Phobias
  - Panic Disorder
  - Obsessive Compulsive Disorder
  - Post Traumatic Stress Disorder
IN THE CLASSROOM

- Student becomes frustrated easily
- Difficulty completing work
- Refuse to do the work – afraid of failure
- Numerous absences – avoid the stress
- Not satisfied with their work – perfectionist
- Asks questions consistently
- Emotionally overwhelmed
TIPS FOR TEACHERS

- Extended time for assignments
- Work with student to confirm assignment was written down correctly
- Post a daily schedule
- Keep a consistent routine
- Include parents
- Encourage deadlines but be flexible
- Be understanding
STUDENT COMMENT

“I practiced my anxiety coping skills over the summer and they really helped me.”
DEPRESSION

Symptoms/Behaviors
- Change in sleep or eating habits
- Irritability
- Hopelessness
- Low energy
- Poor concentration
- School Avoidance
- Low self esteem
- Sadness
- Talks about dying or suicide
DEPRESSION FACTS

- 1 in every 33 children may have depression
- 1 in 8 adolescents may have depression
- Boys are being diagnosed earlier in childhood
- More prevalent in girls during adolescents
- May affect student’s development – they become “stuck”
IN THE CLASSROOM

- Sleeps in class
- Refuses to participate in classroom activities
- Defiant
- Does not complete work
- Failing grades
- Excessive tardiness/absences
- Isolates self
- Talks about dying or suicide
TIPS FOR TEACHERS

- Reduce classroom pressures
- Reassure student and be flexible
- Help student use positive statements about themselves and school performance
- Remind them of their accomplishments
- Encourage social interaction slowly
- Consult with parents
I just want to tell you thank you so so so so much because if you weren’t here I think I would still be doing it (self injurious behavior).
How do teachers identify a mentally ill parent?

What can we do?
MENTALLY ILL PARENT

- Get to know all your parents – LISTEN!
- What to observe:
  - Affect/Mood
  - Speech
  - Grooming/Dress
  - Eye Contact
  - Thought Process
  - Attention
  - Memory
  - Behavior and General Attitude
  - Insight
  - Motor Activity
  - Thought Content
MENTALLY ILL PARENT

- Parent–Teacher Conferences
- LISTEN to your students talk about their parents:
  - “my mom sleeps all the time”
  - “my mom cries a lot”
  - “my dad drinks beer every night”
  - “my dad does not like to leave the house”
  - “my dad/mom never talks to me”

LISTEN TO YOUR GUT!
WHAT CAN YOU DO

- Meet the parent where they are
- Listen
- Build rapport and trust
- Consult with principal and counselor
- Create a plan
- Be understanding
Very much of my young life was affected. I had trouble concentrating in school, was afraid Dad would appear at the school grounds when he was sick. I could not bring any school friends home for fear that they would not understand. Mom was busy working full time to make ends meet. Not much time was spent helping me get prepared for school.”

www.bccf.ca/all/resources/children-parents-mental-illness
HOW YOUR STUDENT SUFFERS

- Anxiety
- Issues with trust
- Poor self esteem
- Depression
- Friendships
- Lack of support
- Living in fear – afraid to speak about home
TEACHER TIPS

- Show compassion
- Understanding
- Be Supportive
- Offer Options if possible
- Be sensitive to the subject matter
- Consult with principal and counselor
REALITY

- Violence in our schools is at an all time HIGH!
  - Sandy Hook
  - Columbine

What can our nation do?

Violence Prevention
Safety Education
Mental Health Treatment Programs
REFERENCES

- www.bccf.ca/all/resources/children–parents–mental–illness
- http://www.miamiherald.com/2013/01/27/print/3204016
- http://www.nami.org