

CHILDREN AT RISK FOR MENTAL DISORDERS AND THE IMPACT OF TEACHERS ON CHILD MENTAL HEALTH PROMOTION

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Abstract

Purpose

The workshop aims to highlight the potential contribution of teachers to promote child mental health in schools. We will figure out the current practices in schools by questioning how professionals deal with children at risk for mental disorders. The diagnostic perspective will be complemented with an outline of strategies to promote child mental health in schools.

Background

Up to one in five children and teens suffer from mental health problems, and the number is growing making mental disorders by 2020 one of the five leading causes of childhood illness, disability and death. Psychosocial and socio-structural strains significantly contribute to the emergence of mental disorders what, in turn, offers opportunities to target children at risk with primary preventive and health promoting measures. The different burden patterns and attempts at coping often become manifest in children's school lives. While some children react with withdrawal and drop in achievement, others become aggressive or display behavioural problems. The coping strategies expose the children to a higher risk of experiencing a "school handicap" and being excluded from regular schools once a special need of support has been diagnosed. It is obvious that such loading factors increase the probability of having a problematic educational biography. We will discuss the opportunities and strategies for child health promotion in the school setting. The discussions will be exemplified with three teacher training programmes (addressing health promotion of children of mentally-ill parents, suicide prevention, and prevention of sexual abuse in primary schools).

Key points

(a) Outline of the concept of mental health literacy. (b) Awareness rising of the impact of schools and educational professionals on child mental health promotion. (c) Recommendations for actions in teacher training and school development to promote child mental health.

Description of the participants

The intended audience covers all people professionally involved in school teaching and development (e.g. teachers, health educators, health professionals, decision- and policymakers). The maximum number of participants is 40.

Keywords

School health promotion, mental health disorders, mental health literacy, child health promotion, primary prevention.

1. Purpose

One very important setting for the promotion of a young person's mental health and well-being is the school. Mental health can be prerequisite as well as outcome of school life and learning. There is, however, need for clarifying the characteristics of systems and programmes to promote mental health and well-being and to build resilience in both staff and students to help prepare them to cope with a range of life events. The involvement of outside agencies and mental health professionals has also to be addressed when it is aimed to implement a continuum of support that focuses on the needs of all students including those with special educational needs. Moreover with the financial downgrade of certain southern economies in Europe, children are highly exposed to these critical conditions. Societies have a hard time to cope and implement buffer strategies to help children cope with parent's longer hours of work, changes in schools structures (e.g. fewer teachers, higher numbers of students/per class).

The workshop aims to highlight the potential contribution of teachers to promote child mental health in schools. We will figure out current practices in schools by questioning how professionals deal with children at risk for mental disorders. This "diagnostic" perspective will be complemented with an outline of strategies to promote child mental health in schools. This will be exemplified by three teacher training

programmes. The programmes will then be discussed and contrasted with the participants' perspectives in order to outline recommendations for future work.

2. Background

2.1. Children at risk for mental disorders

Mental and behavioural disorders increasingly impact on population health worldwide and are among the leading conditions that contribute across all cultures to the overall burden of disease [Murray et al. 2012]. Data on the burden of mental disorders has recently also become available for young people [e.g. Hölling et al. 2008] and shows that up to one in five children and teens suffer from mental health problems. The trends are increasing making mental disorders by 2020 one of the five leading causes of childhood illness, disability and death. The mechanisms of the trans-generational transmission of mental disorders are currently best explained with diathesis–stress models suggesting that all people have some level of predispositional vulnerability towards certain mental disorders [Ingram & Luxton, 2005]. The transmission and onset of a mental disorder result then from interactions between genetic, biological, psychological and social risk factors [e.g. England & Sim 2009; Hammen et al 2012].

The severity and impact of psychological and social stress factors on children at risk show high variability and result from the burdens that the children are faced with in everyday living. Disorientation, feelings of guilt, taboo, stigmatization, isolation, care deficits and additional burdens such as taking care of household chores are particularly prevalent. In addition, children also may assume parental tasks of providing care (parentification) and are urged into inverted role relationships when e.g. the parents are affected by mental disorders in assuming the parenting roles. Parent–child interactions, parenting styles and adverse life events are key triggers for the transmission of mental disorders from the parents to the offspring. Interestingly, many children and families who are at increased risk (e.g. children of mentally-ill parents) cope well with these problems [Hammen 1991]. Children of e.g. depressed parents coped well when they had individual, family and community resources to accomplish developmental tasks, engage in relationships, and understand their and their family's situation [Beardslee & Podorefsky 1988].

2.2. Schools, teachers, and child mental health promotion

The different burden patterns and attempts at coping with mental health stressors also become manifest in children's school lives. While some children react with withdrawal and a drop in achievement, others become aggressive or display behavioural problems. Lack of sleep, poor concentration, learning lags, and absence from school may impair their school life and academic achievements. Family arrangements that are appraised as a deviating from typical family norms may cause social isolation, anxiety, and shame. Developmental problems that already emerge in childhood are also particular sources of school-related problems [Griepenstroh & Schmuhl, 2010]. This specific risk dimension resulting from e.g. a parental mental disorder includes a higher risk of experiencing a "school handicap", and results in being excluded from regular schools once a special need of support is observed [Powell 2007]. It is evident that these loading factors increase the probability of having a problematic educational biography.

Schools can therefore have an important protective function, but can also create risk potentials. In the school setting, however, there is often an at best informal awareness of mental health problems: teachers are usually not trained and equipped with skills to adequately respond to particularly burdened life situations, yet. They are rarely skilled to decode such phenomena as symptoms of a special risk situation and seldom dispose of the means to provide adequate individual support [Wagner et al. 2009]. It is evident that such a practice of support is insufficient for children in special life situations. To address the mental health literacy of teachers in order to foster the primary preventive and health promoting potentials of children is an unusual but innovative and promising approach. To target the adults' mental health literacy with respect to issues of child mental health is novel in the debate on school health promotion and can help to fill important gaps.

2.3. Strategies exemplified by three teacher training programmes

The analysis of the role and the impact of teachers and schools on child mental health promotion will be exemplified by the following three teacher training programmes:

Promoting the teacher's mental health literacy to promote the health of children of mentally ill parents: Children of mentally-ill parents are a population at high risk for the development of mental disorders (about a quarter of the students in Germany). Mental health literacy encompasses according to Jorm [Jorm 2000] the knowledge and beliefs about mental disorders which aid their recognition, management or prevention. By use of this framework, a six-hour teacher training programme was developed to meet three major objectives: Awareness rising, increasing knowledge, and promoting of the teachers' and educators' capacity to act. Teaching materials were produced by a multidisciplinary team and a range of didactic methods were used to design a total of three teaching sessions. The programme is evaluated at the end by the participants.

Mental health promotion and suicide prevention: Teacher training in MOOC environment: Mental health promotion and prevention of suicidal behaviours in the context of schools is an issue with still scarce scientific data. This translates into a lack of evaluated teacher training programs in mental health promotion and suicide prevention. This Portuguese project aims, therefore, to develop, implement and evaluate a training program for teachers from preschool to high school in MOOC (Massive Open Online Courses) environment in order to increase the teacher's literacy about the mental health of their students. It is anticipated that there will be need for structures and integrated projects that favour the students' monitoring throughout their school career, greater knowledge and personal/social skills development. A training programme in mental health promotion and suicide prevention offered in MOOC environment is considered to work as an asset in teachers' initial formation.

Primary prevention of sexual abuse in primary schools. The German "Igel" project: The project resulted in the development, implementation and evaluation of a primary preventive concept in educational settings. The programme consists of two modules addressing (1) the knowledge and capacity to act of the high-risk group of students aged 10-12 years and (2) the awareness and training of the teaching staff. Results from formative and summative evaluation highlight low-threshold implementation and effectiveness of the programme.

3. Key points

The paper of schools and teachers in dealing with health-related and health promoting issues is poorly outlined and there is need for approaches that benefit the professionals and finally the students. Teachers are usually not trained in health-related issues but are increasingly exposed to situations where health-related knowledge and options for action are demanded. Such a mismatch can result in insufficient support and use of opportunities for children at risk. It is obvious that teachers are not to assume any clinical tasks from the medical field. Defining the teacher's role in health-related issues can rather take several options into account that will be discussed during the workshop: (a) familiarizing with the diverse living conditions of the children, (b) developing a "culture of taking notice" that facilitates the recognition of children's special needs and particular need for advice, and (c) probably most important knowing as much as possible and making mistakes as few as possible. The last point refers to some problematic aspects such as teachers' feeling too potent to diagnose, disclosure of students at risk, the lack of networking of services, or the inability to act when the teachers want to offer support.

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