

Teachers can help reduce mental health problems in children, study finds

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Credit: Florida International University

School-based mental health services delivered by teachers and staff can significantly reduce mental health problems in elementary-aged children, according to a new study by researchers at the Florida International



University Center for Children and Families.

The implications are significant considering approximately 30 to 40 percent of youth in the U.S. will be diagnosed with at least one mental health disorder by adolescence.

"More than half of children in the U.S. who receive mental health care receive those mental health services in a school setting, which makes educators frontline mental health providers for affected children," added the study's senior author, Jonathan Comer, professor and director of the Mental Health Interventions and Technology (MINT) Program at FIU's Center for Children and Families. "Our findings are encouraging in showing how—with sufficient training and support—mental health services can be quite effective when delivered by school-based professionals who are naturally in children's lives."

The researchers examined 43 studies that evaluated nearly 50,000 children who had received school-based mental health services. They looked at the effectiveness of those services targeting various conditions including anxiety, depression, and attention and substance use problems.

A small number of services evaluated in this study pull children out of classrooms to receive individualized treatment. Many school-based treatment models require that teachers learn and deliver a social emotional mental health curriculum separate from their academic instruction. Other school-based treatment models blend behavioral and mental health services into classroom instruction. For example, a teacher might divide their classroom students into competing teams that get points for appropriate behavior and good listening during instructional times.

The authors found that mental health services blended into routine academic instruction in the classroom are particularly effective,



compared to pull-out services or implemention of a separate mental health curriculum altogether.

If left untreated, mental disorders first appearing during the elementary school years tend to persist into adulthood and are associated with impaired social functioning, suicidality, substance misuse, criminality, lower education and occupational attainment, and lower quality of life.

"Treating children in schools can powerfully overcome issues of cost, transportation, and stigma that typically restrict <u>children</u> from receiving mental health services," said lead author Amanda Sanchez, M.S., at FIU's Center for Children and Families.

Other study findings show school-based services targeting child behavior problems have been more effective than other services targeting child attention problems, mood and anxiety problems or substance use. Moreover, treatments that are implemented multiple times per week are more than twice as effective as treatments that are only implemented on a weekly (or less) basis.

Further research is needed to understand how to best apply the findings from this study to optimize school-based mental health services for the very large number of students in need.

The authors caution that many schools—particularly those in low-resourced communities—do not have the personnel or expertise to implement quality mental health services without additional support and partnerships with mental health professionals. In order to optimize the success and sustainability of school-based mental health services, the authors call for increased support, training and resources for school-based staff.

The study was published in the Journal of the American Academy of



Child and Adolescent Psychiatry (JAACAP).

More information: Amanda L. Sanchez et al. The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis, *Journal of the American Academy of Child & Adolescent Psychiatry* (2017). DOI: 10.1016/j.jaac.2017.11.022

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