

MENTAL HEALTH FACTORS FOR STUDENTS WHO MISS SCHOOL

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Summary Yesterday and today are different. For many, the difference is like night and day. This is the case for those who experience mental health challenges versus those who do not. It is not the same as having a bad day. It's hard to describe. In lay terms, mental health is the health of the mind. It recognizes something internal, over which we don't have control, affects how we feel, think, and act. For children, the difference is often manifested through changes in routine and performance in school. **50%** of all mental disorders develop before the **age of 15**. School is a place where a country educates its citizenry to read, write, add, speak, learn diverse ways to problem solve, gain socialization skills, and support and care for students as parents work. Students lost access to *food, health care (in-school nurses), routine breaks, social development, play and team work, discipline, sports, self-care and hygiene (getting dress, talking shower, and brushing teeth), time management, access to caring adults, and space for self-identity and expression in addition to EDUCATION*. Schools pivoted to online delivery of academics and some offered food pick-up but largely schools did not respond to the other *80% of what schools did before*. Many felt handcuff and so did parents. Increase in mental health concerns was the biggest outcome especially for those who continued to miss school. Some general ways to address the situation is offered to aid schools in responding to mental health and students who miss school.

Context

The numbers are still rolling in but UNICEF reports that over 332 million children were linked to the COVID 19 lockdown policies. Many students were absent or affected, in some way mentally or physically, from the shutdown, closure, or online delivery of schools during the pandemic. The impact was of catastrophic proportions with an underlying problem—mental health. For students and teachers, the states of mind, body, place, ability, and connection were disrupted during the pandemic.

Levels of context and feelings around many **generalized everyday** terms like:

- **State of mind** (*happy, sad, glad, worried, anxious, nervous,*)
- **State of body** (*healthy, sick, pain, sleep, tiredness*)
- **Safe Places** (*job, home, family, school, neighborhood*)
- **Coping ability** (*change, loss, death, study, eviction, income*)
- **Sense of connection** (*water-cooler conversations*)
- **Sense of belonging**- *spiritual connection, purpose, other*

To respond to all states of what was disrupted schools must not focus only on academics but be sure to return to play, fun, music, poetry, role modeling, using community partners, engaging parents. Convene tasks forces to get support but when you do, the American Council on Education suggest focusing on overall campus culture and climate to promote, improve, and foster positive mental health and well-being; improve awareness and access to services including changes to policies and protocols for supporting mental health. In doing so, the goal remains the same, get students' thoughts out of their heads, normalize questions and concerns, build relationships, and stay connected. UNICEF Director, Forte shares "Many children are left feeling **afraid, lonely, anxious, and concerned** for their future. We must emerge from this

pandemic with a better approach to child and adolescent mental health, and that starts by giving the issue the **attention it deserves.**”

Mental health can include *mixed disorders, conditions, and symptoms often* internalizing and or externalizing associated with impaired socioemotional development or linked historically or diagnostically. Empirically outcomes for students who miss school includes changes in behavior and school attendance problems ranging from school avoidance, withdrawal, refusal, truancy to dropout. This is irrespective of the type of stimuli impacting the behaviors such as avoidance, escape, attention-seeking, or pursuit of rewards outside of school. The factors surrounding the mental illness can be risk and protective but are often cumulative and bundled risk. During the pandemic the bundled risk were evident in broadly time and space. In regards to time, we saw changes in scarcity of time, lack of time management, limited self-care and partnership in care—outsourcing. Outsourcing of care is a hallmark of our society it’s where we look to partners who are accustomed to taking care of certain parts of our needs. For example schools educate, restaurants feed us, doctors and nursing provide health care, sports and events entertain us, and churches offer worship, daycare care for our loved ones, and so on. This “outsourcing” changed drastically with the pandemic and lockdowns. Space was then compromised, boundaries got blurred, and crisis and emotional outbursts were common.

Actions for Schools

Most common intervention is Cognitive behavior therapy to respond to anxiety, depression, self-efficacy, emotional distress, social-emotional, academic development. However, Psychosocial Intervention, Narrative therapy, Motivational Interviewing, Parental Counseling and Family therapy are also options. Yet providing resources and education on spotting and responding to somatic complaints (stomach-ache, feeling unwell or resistive behavior (temper tantrums, violent behavior) are also universal resources that can be offered.

Engaging Parents (Makeda & Melvin, 2021)

1. Maintain secondary gain from school attendance
2. Establish a smooth household routine
3. Clarify the date and process of school return
4. Give instructions
5. Plan to ignore behaviors that accompany school non-attendance
6. Model confidence in trusting teachers and staff to take care
7. Escort the child to school
8. Leave child at school even when they ask to return
9. Deal with running away plans and scenarios
10. Provide positive reinforcement

6-Step In-School Administrative Actions:

1. **Conduct** inventory of what, how, who, when you offered positive mental health services
2. **Catalog** all well-being outcomes from each activity offered before. Categorize well-being outcomes and activity under think, feel, or act (Body, Brain, Life, Family).
3. **Define** what services can be deployed online, hybrid, face-to-face, in group, in community, within families, via online videos, music, fun and play in classroom time, curriculum

4. **Partner** with colleges and universities' schools of social work, counseling, or psychology to get more support to deliver services
5. **Be** careful not to isolate solitary kids who thrive on their own. These smart or high ability kids, need to be challenged. Explore if they enjoy reading, love technology and or gaming. Create alternative options (part of day). **Be sure to examine**
 - a. **Classroom situations** -student-teacher relationships; teacher support; fear of specific teacher; noisy and unpredictable classrooms
 - b. **Structure of school**-fear of unstructured time, school safety
 - c. **Social aspects**-victimization, bullying, feeling isolated
 - d. **Self-efficacy aspects**-worry about not smart enough, managing demands from school, academic rigor).
6. **Prepare** for students' return with videos, website, assurance of care to needs, offer well-being checks, communication with student and parents, new staff, behavioral modification plans and more

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