

SHAPING HEALTHY MINDS: HOW MY MENTAL HEALTH JOURNEY HAS IMPACTED MY TEACHING

By Haley L. Gullion

Missouri State University

“What is meant by the term mental health in schools? Ask five people and you’ll probably get five different answers” (Policy Leadership Cadre for Mental Health in Schools, 2001, p. 3). Despite the lack of a consistent definition, the Policy Leadership Cadre for Mental Health in Schools (2001) pointed out a need to focus on the *health* part of the definition. Mental health does not just consist of mental illness (Policy Leadership Cadre for Mental Health in Schools, 2001). It also includes mental wellbeing and how students can handle different life occurrences with flexibility (Policy Leadership Cadre for Mental Health in Schools, 2001). With this definition in mind, mental health applies to every human being, not just those who may be struggling with it or suffering from mental illness.

There is a level of stigma that currently exists around mental health, and it strongly impacts whether people who are struggling seek out the resources they need. Hampson, Watt, Hicks, Bode, and Hampson (2018) defined stigma as negative associations applied to a certain group of society. This can result in stereotypes, prejudice, and discrimination (Hampson et al., 2018). Past studies such as theirs have pointed out the possibility of providing education on the topic from a young age, such as with elementary students (Hampson et al., 2018). Hampson et al. (2018) conducted a qualitative study in Australia to collect perceptions regarding employment barriers for those living with psychosis. The most frequently referenced barrier to employment mentioned was the stigma surrounding mental illness (Hampson et al., 2018). Participants pointed out that it isn’t talked about in schools, and most people’s knowledge mainly comes from what they see on television (Hampson et al., 2018). The need for more education on mental health to reduce fear was brought up by 13 out of 14 focus groups, and 7 of the 14 specifically mentioned this education taking place in schools (Hampson et al., 2018). They felt that it needs to be normalized from a young age (Hampson et al., 2018).

Salerno (2016) reviewed the literature on 15 empirical studies of the implementation of universal health programs, or health programs provided to all students. He found that all 15 studies indicated some level of improvement (Salerno, 2016). Salerno (2016) noted that mental health stigma and a lack of mental health literacy are barriers to adults getting the help they need, but he feels that this can be prevented with universal interventions. He concluded that mental health awareness programs can have a positive impact (Salerno, 2016).

Climie and Altomare (2013) noted that teachers should educate all students on the realities of mental health. Mental illness becomes more severe and difficult to treat over time, so they feel schools must intervene at a young age in order to combat the stigma around receiving treatment. Reinke, Stormont, Herman, Puri, and Goel (2011) also recommended that educators teach social-emotional lessons to all students in their classrooms in order to help break the stigma surrounding mental health treatment. Kamphaus and DiStefano (2013) view this stigma around mental health as the underlying problem surrounding receiving treatment and feel that prevention and early intervention can eliminate or reduce the severity of emotional and behavioral disorders. There is a clear connection between this stigma and difficulties in adulthood, and it is our duty as educators to prepare students for a successful future.

In this self-study, I set out to use the *currere* method to determine how mental health awareness education could be implemented and integrated with standards in an elementary classroom. In the regressive step, I explored my personal experience with mental health throughout my childhood. In the progressive step, I imagined my goals for mental health education in the future. In the analytical step, I navigated how the regressive and progressive shape the implementation of my study in the present. Lastly, in the synthetical step, I determined what these experiences, including the implementation of curriculum in my classroom, mean for the future of mental health education.

As a teacher who lives with mental illness and grew up in the public education system, I am able to see the issue from both perspectives, educator and student, to work towards a solution. Though mental illness can look vastly different from what is depicted here, I have the ability to draw from my own experience and combine it with the current research. This is something I am passionate about, as it is imperative that we determine a way to combat the stigma that exists so that people of all ages seek the help that they need. In order to move towards what we must do in the future, I began by reflecting on my past.

CHILDHOOD EXPERIENCES

There have always been signs that my brain worked differently than the average person. When I was a child, I colored pages in with whatever order I found the crayons in the box. There was no creativity involved in this process for me. It was simply a routine. If a family member wanted to color with me, they had to be sure to put the crayons back exactly where they were, which caused frustration among the adults. When I read picture books, I lined up several books across the room and worked my way down the line, reading one page at a time during each rotation. I didn't play with Barbies in life situations like other little girls. No matter how many times my mom tried to set up house or shopping scenarios to play Barbies with me, I couldn't engage in the lack of structure. My Barbies also lived their lives in a line, though I don't recall the details of what they did. Any imaginary game I invented began with so much rule-creating that I often didn't have the energy left to actually play the game once I'd finally sorted through all of my thoughts. There was no spontaneity involved in anything I did.

At school, I was a star student. I was gifted, and I was an extreme rule-follower (sometimes too much so). I couldn't understand those who didn't follow the rules, as structure was what I lived for, and I would often come home complaining to my mom about peers who broke rules that day. I struggled with perfectionism, but I was certainly not considered to be a behavior problem by my teachers. At home, I was difficult. I was stubborn and argumentative. No one knew why, nor what to do about it. My parents tried strategy after strategy to address my "behavior," but nothing worked. Looking back, this defiance was yet another red flag.

As I got older, things became more stressful. I did well in school, and I was a high achiever, but my brain constantly felt jumbled, and it's still hard to sort through the feelings and thoughts I experience. I couldn't understand or handle how everyone else seemed to manage so much better than me, especially considering how high my expectations were for myself. I didn't have any way of expressing this to anyone, nor did I know there was even anything to talk to someone about.

I had a friend in high school who had been diagnosed with bipolar disorder, "a biological brain disorder that causes severe and unusual fluctuations in an individual's mood, energy, and ability to function" (Killu & Crundwell, 2008, p. 245), and an anxiety disorder, which is characterized by a disproportionate amount of negative or distracting thoughts that lead to increased physiological symptoms (Minahan, 2019). She saw a

counselor, but I never even considered what these diagnoses looked like or entailed. I distinctly remember the day that we were in P.E. class together, discussing something that had me stressed out. She suggested a way of thinking, a coping mechanism, that her counselor had taught her. Upon further questioning, I came to the realization that the level of “stress” (amongst other symptoms) I was experiencing was not healthy.

This was a hard pill for me to swallow. As someone who held myself to the expectation of being perfect, despite the fact that this isn’t possible, I couldn’t handle thinking that something might be wrong with me. I felt very self-conscious about it, so I didn’t tell anyone for a long time. Months later, during a meltdown with my mom, I finally shared the research I had done. When I told my mom that I thought I might have a mental illness, she took me to a counselor. I have since met many people who tried to report signs of mental illnesses, and people (parents, teachers, etc.) assured them that they were fine and over-exaggerating the problem. I don’t feel that these adults are intentionally shutting these reports down, but rather that they aren’t educated enough on the topic to understand the significance of this kind of cry for help. I am thankful that my mom was supportive throughout the process. To this day, I am often more resistant to seeking help than my parents ever were.

When I met with the counselor, she confirmed diagnoses of obsessive-compulsive disorder (OCD) and generalized anxiety disorder (GAD). The defining characteristics of OCD include “involuntary, recurring, and unwanted obsessions and/or compulsions” (American Psychological Association, 2013, as cited in Chaturvedi, Murdick, & Gartin, 2014, p. 72). These obsessions are thoughts that cause fear or anxiety, and the compulsions are repetitive behaviors that are used to help calm this fear or anxiety (American Psychological Association, 2013). GAD is characterized by chronic, consistent, excessive anxiety that is not triggered by a current stressful event (American Psychological Association, 1994). I did not share these diagnoses with people or continue to seek help for quite a while. However, it was the start of my own education about mental illness. Though I still struggled to cope, I started to become much more aware of my patterns, ways of thinking, routines, etc. This journey of self-discovery was important to getting to where I am now.

The summer before I left for college, a celebrity I admired publicly opened up about their own struggles with mental illness. This level of vulnerability in such a spotlight during a time when mental health was not often talked about still inspires me. It was a turning point in accepting my own diagnoses. It also led me to begin opening up about my journey in hopes that I could provide this feeling of comfort for others. Until that summer, I wasn’t aware of the stigma that I had internally held against myself or how freeing it was to feel okay about myself.

I have since made it a point to be open about my mental health status, even to people I don’t know. I have done presentations for college classes, shared on social media, and spoken up in personal or group conversations with others. I have had several people tell me that through these conversations they either came to realizations about their own mental health or that I opened them up to a whole new view of mental illness, as most people tell me they would never have expected me to be someone who struggles with it.

I have developed coping mechanisms, and I can function at a successful level, but my daily life and the thoughts I fight are still a constant struggle. Unfortunately, by the time I sought help, my ways of thinking and routines were very ingrained in my brain. I, a mental health advocate, still have difficulty in counseling, because I don’t want to make the changes they recommend. I often wonder how my life would be different had I been identified at a younger age. Had my parents and teachers been more educated on mental illness red flags, my path may have been very different. Had I not been so judgmental of

myself, because of society's stigmas, I may have started counseling earlier. There are a lot of what-ifs that I'll never be able to answer, but as a teacher now, I can work to build awareness and reduce the stigma with my students so that others might receive the help they need sooner.

LOOKING FORWARD

As someone who still struggles with mental illness, I work to be open and push back against the stigma. While I am passionate about this and I don't mind doing it, I do hope that there comes a day when I can speak about my mental illness without needing to explain and defend my struggles first. In today's world of social media, much is blamed on mental illness, such as gun violence and suicide rates. While mental illness plays a large role in many societal issues, I fear that some of these conversations are adding to the stigma. My hope for society is that we can come to a place where people are accepting and supporting of those with mental illness, where insurance provides the same coverage for mental health as it does for physical health, and where no one feels ashamed to seek treatment or learn to cope. These are not overnight changes, and the way that we address mental health with the current generation will impact the future.

While there are ways that we, as educators, can better serve students with mental illness, this is a moot point if we don't know who these students are. Identification, such as through the administration of a universal screener administered to all students (Climie & Altomare, 2013; Kamphaus & DiStefano, 2013; Splett et al., 2018) can help educators know who would benefit from interventions or accommodations. Matching them with resources and providing education can help these students learn to help themselves as they learn more about the way their brains work. As an educator, it is always my ultimate goal to set students up for a successful future as well-rounded citizens, so helping them find long-term solutions to any struggles they face works toward this purpose.

While I would, of course, like to see these changes in my own building and district, my hopes are to see policy changes at the state and national level. The district in which I teach requires all school staff to attend a one-hour mental health training that is given by the school counselor. While this is certainly a good first step on the path to quality teacher training on mental health, more is needed. This training is sped through, often ending early, which does not send the message that we prioritize mental illness as a crucial issue. This required training focuses on signs that a student may be suicidal and the steps staff must take to help. This is so important, as we must work to prevent student suicides. However, there is little training or information on other mental illnesses and how teachers can work to accommodate students when an illness is not a life-threatening issue. I would like to see this training be expanded to address various mental illnesses, what they may look like in students, and how teachers can help students with these signs. Even without an official diagnosis, a student can benefit from receiving services or accommodations from teachers. I would like all schools to be mandated to provide training to teachers on these topics.

There are many students, like I was, who don't show external signs of mental illness (Splett et al., 2018). Splett et al. (2018) found that there was an 180.1% increase in identified students after the implementation of a screener, which demonstrates the ineffectiveness of current school identification. I struggled constantly, but I didn't know how to verbalize what I was going through. I didn't even know there was anything abnormal or unhealthy about the self-degrading thoughts I was having. At a recent meeting I attended about referring students to a counselor, teachers were eager to speak up about the students they would be referring with behavior problems. Comments were made that implied that all students who would miss class to attend counseling are

students who are causing problems in class anyway. I am a personal testament that this is not true and that those assumptions are dangerous for others like me. I constantly struggle with intrusive thoughts, otherwise known as obsessions, that cause me distress until I can't think straight, and if I spoke aloud the comments I make to myself in my head, they would be considered abusive, but I would never have been considered a behavior issue at school. I never received a detention in my entire school career. There are so many students like me who do not even know that they are struggling who need support just as much as the students who externalize, especially in a time when suicide is so prevalent. These students need support, but they may not know how to ask for it, and it isn't always easy to determine who these students are. Therefore, just as we screen students for other health issues, such as hearing and vision, all students should be screened for mental illness red flags (Climie & Altomare, 2013; Kamphaus & DiStefano, 2013; Splett et al., 2018). I think it is important that this take place before high school so that students and their families have plenty of time to find the best course of action.

Even without the assistance of teachers and parents, some of my problems could have been identified and reduced if I had simply been educated on various mental illnesses and what they look like. Mental health awareness should be a required standard in all states. More than just stress and how to cope with it, I want students to learn about specific mental illnesses, how they work, and what some warning signs are. I want students to be taught how and where to seek help if they feel that they need it.

In addition to this mental health awareness education being of benefit to students who may be struggling and unaware, all other students would benefit from a greater understanding of what mental illness looks like. In order to break the stigma around mental illness, people need to understand what it is and what life is like for those who do struggle with it. If students were exposed to it as a normal part of their education, it would normalize mental illness. Reducing the stigma may encourage people to seek the help that can so drastically impact their quality of life.

TAKING ACTION

I don't know and will never know how my life may have been different had I been diagnosed or helped at a younger age. I am passionate about preventing this from happening to others. Because of this, I sought to create a series of mental health lessons that could be implemented within a 4th grade curriculum to determine the impact doing so had within my class. My goal was to teach mental health awareness lessons in the regular classroom to work towards reducing the stigma. This unit consisted of four 15-minute lessons that were aligned with existing health standards in my home state of Missouri.

The first lesson focused on what mental health looks like. Part of understanding mental illness is understanding what is healthy and what is not. All people deal with stress, but there are unhealthy levels and amounts of stress. As a class, we sorted through examples of healthy stress, such as being worried about a math test the next day, and unhealthy stress, such as being consistently worried about a healthy family member dying. This lesson's objective was for students to recognize the difference between these two types of stress, as well as some healthy coping mechanisms for stress. Some student-generated ideas included playing outside, reading, and spending time with family. Students were validated in feeling stress, and they were provided with tools to help.

The second lesson addressed what mental illness is and what it can look like. The focus was to humanize mental illness. I spent the majority of this lesson sharing my personal experience with struggling with an unhealthy amount of worry and stress. I

shared different coping strategies I have used, such as seeking help from a counselor, and this prompted several other students to share about times that they have spoken with a counselor (for any reason, not just mental illness) and how it helped them. Students were excited to share about these experiences with counselors, which seemed to empower them. Several students requested to see the counselor that week, so I do feel that students had a positive takeaway on seeking help for any problems they may have.

The third lesson dealt specifically with anxiety or worry. Many young students, even ones who are mentally healthy, struggle with worry. Worrying about grades, things going on at home, or anything else can impact their academics throughout the day. Once students were able to define anxiety as excessive worry, we once again discussed healthy versus unhealthy worry. We also looked at how it is connected to stress, as well as how it can be different. Students then worked to identify strategies to handle worry, such as relaxation methods or thinking about the problem realistically.

The last lesson homed in on more specific ways to seek help. Different resources were discussed, such as teachers, counselors, parents, or other adults. We also reviewed processes specific to our school, such as the steps to request a meeting with the counselor. This lesson emphasized that not only people struggling with mental illness should reach out, but any student who feels like they need help with an emotion that is hard to handle on their own. Students were very engaged in conversation.

At the conclusion of the unit, there was a positive feeling surrounding emotions, learning to handle them, and seeking help. If standards change, I would love to go into even more specifics regarding other mental illnesses and what they can look like, but I felt that this was a great start. At the very least, students in my class finished the unit with gratefulness that they have access to a counselor at school who can help them, and they felt encouraged to ask for that help. Students in my class now know someone who struggles with mental illness, so they will not feel as alone if they are struggling with any emotional issues.

As someone who didn't even know what mental health or stress was as a student, it was empowering to watch these young students have educated conversations about this topic. My students already know more about mental health than I did as a high school student. I hope this, in turn, empowers them to seek help whenever they may need it. I also hope this emboldens them to step in and educate others when stereotypes and incorrect information are passed around in conversation. This step is crucial to reducing stigma in society, much of which stems from ignorance on the topic. Just as I was inspired to be transparent about my journey from a celebrity I admired, I hope that if a student of mine ever feels self-conscious about a diagnosis they have been given, they can feel confident about themselves and know that they are certainly not alone.

FUTURE IMPLICATIONS

I would like to continue to implement this series of lessons in my classroom in future years. I would also love to share my curriculum with other teachers in my building along with the research I did beforehand and my own personal experience so that they can see and understand why it is so important. I know I am simply one story among many of those who have experienced mental illness, but I also believe that stories of successful people with mental illness are undertold. There are likely many adults who assume they are not struggling with it, because they are able to keep a job and function. My days are still a struggle, but freedom has come from learning to cope and process in a healthier way. Once I learned what to ask of those around me, the support was incredible. As I mentioned earlier, when I tell my story, I am often met with responses

that indicate people have a clear picture in their head of what they think mental illness looks like, and I am not it. This gives me the power to advocate for others who may not “look like” they have mental illness, which is something I take seriously.

I hope my story will inspire other teachers to implement awareness lessons and hold these necessary conversations in their own classrooms. If students are exposed to these topics each year and from different teachers, it will help instill in them the subject’s importance. If students can head to middle school with an understanding of healthy and unhealthy emotions, feeling confident about seeking help when necessary, they will already be in a better place than I was.

Mental health and mental illness are certainly more present in conversations in society than they were when I was in school. I look forward to the day when mental illnesses are regarded as important as other diseases discussed in health standards and curriculum. I look forward to continuing to share my story with new audiences, as well as watching others feel confident to share their own. And I look forward to the tremendous impact that this will have in our society as students become healthy adults who know how to handle their emotions, stress, and worry and take care of themselves.

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed). American Psychiatric Association.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). American Psychiatric Association.
- Chaturvedi, A., Murdick, N. L., & Gartin, B. C. (2014). Obsessive compulsive disorder: What an educator needs to know. *Physical Disabilities: Education and Related Services*, 33(2), 71–83.
- Climie, E., & Altomare, A. A. (2013). Supporting children with mental health concerns in classrooms. *International Journal for Leadership in Learning*, 1(1), 1–31.
- Hampson, M. E., Watt, B. D., Hicks, R. E., Bode, A., & Hampson, E. J. (2018). Changing hearts and minds: The importance of formal education in reducing stigma associated with mental health conditions. *Health Education Journal*, 77(2), 198–211.
- Kamphaus, R., & DiStefano, C. (2013). Toward improved accuracy: A response to Kauffman and Badar. *Behavioral Disorders*, 39(1), 28–31.
- Killu, K., & Crundwell, R. M. A. (2008). Understanding and developing academic and behavioral interventions for students with bipolar disorder. *Intervention in School and Clinic*, 43(4), 244–251.
- Minahan, J. (2019). Tackling negative thinking in the classroom. *Phi Delta Kappan*, 101(3), 26–31.
- Policy Leadership Cadre for Mental Health in Schools. (2001). *Mental health in schools: Guidelines, models, resources, & policy considerations*. Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/policymakers/cadreguidelines.pdf>
- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children’s mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26(1), 1–13.
- Salerno, J. P. (2016). Effectiveness of universal school-based mental health awareness programs among youth in the United States: A systematic review. *Journal of School Health*, 86(12), 922–931.
- Splett, J. W., Trainor, K. M., Raborn, A., Halliday-Boykins, C. A., Garzona, M. E., Dongo, M. D., & Weist, M. D. (2018). Comparison of universal mental health screening to students already receiving intervention in a multitiered system of support. *Behavioral Disorders*, 43(3), 344–356.