Helping Students With Mental-Health Issues Return to School

By Laura C. Murray

As we prepare this August for the start of another academic year, it’s important to acknowledge an often invisible, seldom-talked-about population of students: young people who are recovering from mental-health disorders and are transitioning back to school after a time away.

Mental-health challenges in young people are common, and they create major barriers to learning. But as is true with adults suffering from such problems, the young can and do recover—even those with serious challenges. As educators, we can provide critical support in their recovery and help them as they work to integrate back into classes and get on with learning and with life.

Although the literature on children and teens returning to school after hospitalizations for chronic medical illness abounds, research on youths returning after hospitalization for psychiatric illness is fairly sparse. The literature that does exist emphasizes the importance of "inclusion" for all children, the belief that every student deserves and can achieve a good education, and the potential that school-community partnerships hold in promoting health and wellness. This all makes intuitive sense, but what are we actually supposed to do on the ground?

Recently, I was invited to speak to a class of teacher-candidates on the topic of youth mental health. I presented these preservice secondary school teachers with a wealth of basic information—the prevalence of mental-health disorders in this population, how such conditions affect learning and development, and so on. But as the afternoon wore on, I found that I had learned more from them than they had from me.

Students in the class shared many stories from their particular teaching sites—stories that illuminated the unmet youth mental-health needs better than a set of PowerPoints ever could. Below is just one story shared that day, but there were many more as powerful and troubling as this.
Molly, who was training to become a high school English teacher, described a day last November when she was at her school placement in a large, urban public school in the Northeast. On this morning, she and her classroom mentor were in the middle of their second-period class of 10th graders when a girl Molly had never seen before walked into the room. The girl looked nervous and a bit embarrassed. Many of the students were staring at her, while others pointed or whispered. The mentor teacher went over to the young visitor, spoke to her softly, then ushered her to an empty desk, where she sat quietly for the rest of the period, eyes fixed on the floor.

Later that day, Molly discovered that the girl had recently been released from a stay in a pediatric psychiatry ward following a suicide attempt at the end of the previous summer. Prior to her return, none of the school’s teachers or other staff members had been alerted about why she had not come back at the start of the school year, nor had they been told that she would arrive in class on that particular morning. The staff members were, as one person said, paralyzed by "a fear of saying the wrong thing." No one wanted to use the word "suicide," certain that it would upset the other students (or worse, "give them ideas"). No one said anything to the student—or to each other—about how to navigate this unanticipated turn of events. Instead, there was silence.

Molly, the teacher-in-training, was overwhelmed and confused about how to integrate a new student into her class this far into the semester. She also had no idea how to support a late-returning student who had undergone such a serious recent trauma.

"I felt completely unprepared," she told the preservice class, "and I really think that we let her down that day. We didn't know that she was coming back, let alone what she had been through or what we could do to help her." Over the next few days, the student continued to attend class but seemed withdrawn and isolated. And after just two weeks back, she stopped attending school again and this time did not return.

Molly and her colleagues still don't know whether the girl moved, transferred to another school, was rehospitalized, or attempted to take her life again and, this time, completed the act.

There are so many wrongs that need righting in this story, and I certainly don't have adequate answers. I can, however, offer some points to consider when addressing mental-health-related school transitions. First, teacher-training programs need to include youth mental health in preservice teachers' curricula. This topic is essential to learning and healthy youth development, and it deserves to be highlighted in educational programs, not tacked on as an afterthought. As I wrote in Education Week more than two years ago, teachers often spend more time with young people than anyone else, and thus are critically positioned to identify mental-health challenges and work collaboratively with school counselors and psychologists.

This is a daunting task, however. We can't overhaul teacher education overnight, but we could
start with something simple, like creating best practices for how to help a student who has been away transition back to school successfully.

Here are some key questions that should be addressed in creating these potential "transition programs":

• How might the disclosure of a mental illness (or an emotional/behavioral disorder) influence an adolescent's social relationships in school (above and beyond the physical, cognitive, and emotional effects of a particular disorder)?

• How could we support a young person in completing the potentially perplexing task of explaining to peers where he or she had been, and why?

• How could school staff members be made secure enough in their knowledge and understanding to receive children returning from residential treatment with confident and open arms?

• How could we prepare and encourage all the students in a classroom or school to welcome with sensitivity and empathy a peer returning from hospitalization? Young people undoubtedly have questions when a classmate is mysteriously absent, and we need to have honest conversations with them about the mental-health challenges that others are facing and that they, themselves, might one day face. We also need to respect each student's right to privacy while negotiating the occasional need for shared information among school, family, and medical personnel.

This entire endeavor can seem beyond our capacity. But it's not. We need a coalition of committed educators, mental-health professionals, policymakers, and families to confront this issue collectively, and we need research to guide effective back-to-school interventions and supports. Our youths deserve it, and if we are to keep them healthy and in school—let alone engaged and thriving—we need a plan. To do nothing is analogous to being too afraid to use the word "suicide" in schools when all the evidence suggests that talking (and writing) about suicide openly and accurately will, in fact, decrease the likelihood of it happening.

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