



School mental health content in state in-service K-12 teaching standards in the United States



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H I G H L I G H T S

- Content analysis was used to examine content in state K-12 teaching standards.
- All states included content on school mental health, but content varied.
- No statistically significant differences were noted across geographic regions.
- Personal and professional growth was the least represented in the standards.
- The collection and use of data was the most represented in the standards.

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A B S T R A C T

Teachers are integral to addressing children's mental health needs in schools, and they are often members of child-serving teams focused on school mental health. Still, teachers report limited training in mental health and behavior management in the classroom. This study used content analysis procedures to examine state K-12 teaching standards in the United States to understand the extent to which standards reflected teacher competencies for school mental health. Results revealed that all states included content on school mental health, yet the content and extent of the content varied considerably across the country. Implications are suggested for teaching policy, practice, and training.

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Current estimates suggest that one out of five children in the United States has a mental health disorder and suicide is the leading cause of death among adolescents ([Centers for Disease](#)

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[Control and Prevention, 2013; Merikangas et al., 2010](#)). Moreover, in some communities in the United States, up to two-thirds of youth have experienced a traumatic event before age 16 ([American Psychological Association, 2008](#)). Unaddressed, these issues can result in difficulties at school, including poor academic functioning, chronic absenteeism, and disciplinary concerns ([DeSocio & Hootman, 2004](#)). Schools are increasingly identified as primary access points and service delivery contexts for children's mental health care, offering a range of services designed to address

students' mental health needs (Wei, Kutcher, & Szumilas, 2011) and promote social and emotional learning (Durlak, Weissberg, & Dymnicki, 2011). Schools in the United States also face substantial consequences for leaving children's emotional and behavioral disorders unaddressed, as the Individuals with Disabilities Education Act (IDEA, 2004) mandates appropriate services for all children identified with disabilities, including those who have an emotional disturbance or another mental health concern that may inhibit learning.

Unfortunately, despite the prominent role for schools in addressing students' mental health needs, teachers report that they are largely unprepared for handling mental health in the classroom (Williams, Horvath, Wei, Van Dorn, & Jonson-Redi, 2007). The issues of professional development are not unique to the United States. Globally, student behavioral concerns is a high-priority need for teacher professional development (Schleicher, 2012). Current research and policy underscore the controversy around if, and how, teachers should support children's mental health. For instance, standards-based accountability policies pinpoint curriculum and instruction as the primary focus of teaching, despite students' mental health being a contributor to teacher's everyday practice in the classroom (Walter, Gouze, & Lim, 2006). Many other countries also are struggling to identify the best ways to support teachers as they engage with students' mental health concerns (e.g., Kutcher et al., 2015; Pereira et al., 2012).

Teachers often are integral in providing a number of mental health services, including early identification, referral, and classroom-based support strategies (Anderson-Butcher, 2006; Rothi, Leavey, & Best, 2008). Moreover, several existing school-based mental health interventions rely on teachers for classroom-based implementation and instruction (Franklin, Kim, Ryan, Kelly, & Montgomery, 2012). Yet, teachers report stress related to students' mental health needs (Ball, 2011; Ball & Anderson-Butcher, 2014) and they receive little focused training on students' mental health (Koller & Bertel, 2006).

Professional teaching standards serve an important role in defining the scope of teacher practice. Teaching standards in the United States articulate knowledge, skills, and dispositions that states, professional associations, and consortia identify as critical to the success of public school teachers. The United States is not alone in attempting to identify and apply professional teaching standards, as both the UK and Australia have put policy initiatives in place to develop and refine standards for teachers as well (Ryan & Bourke, 2013). These standards are frequently used to establish professional development priorities for in-service teachers and serve as guideposts for teacher evaluations. In the United States, each state is responsible for creating professional teaching standards, but this leaves the potential for inconsistency in expected teacher competencies, and specifically competencies in supporting student mental health. The national Council of Chief State School Officers (CCSSO), through its Interstate Teacher Assessment and Support Consortium (InTASC), offers a model for core professional practice standards that are designed to help states identify the knowledge, skills, and dispositions that all K-12 teachers, regardless of grade or content area, should possess to be effective in today's complex classrooms (Council of Chief State School Officers, 2011). Still, states have autonomy to design standards based on their own priorities, models, and needs.

No study to date has examined the extent to which teaching standards reflect competencies necessary for implementing programs and practices included in multi-disciplinary models of school mental health. A better understanding of teaching standards related to student mental health is critical to inform policymakers about the professional development needs of teachers in this area and in turn potentially support the overall developmental and

academic outcomes for students. The purpose of this study was to address this gap and explore the extent to which state-level professional K-12 teaching standards reflect competencies critical for school mental health, and explore whether variability exists across states within the US. Implications for educational policy, teacher education, and teacher practice are discussed.

1. Literature review

1.1. School mental health

The notion that schools can and should serve as an important context for providing mental health supports is gaining global attention. After all, schools are where children spend much of their time, and offer an environment in which children have regular opportunities to experience academic and social success (Stephan, Sugai, Lever, & Connors, 2015; Weist & Murray, 2007). In addition, schools provide a single point of access for mental health intervention for a majority of children, many of whom would otherwise not receive these needed services (Kutash, Duchnowski, & Lynn, 2006). As such, *school mental health* (SMH) systems are integral to address children's mental health needs and increase access to these services. SMH systems often include a broad range of programs and services that include the prevention, early intervention, and treatment of students' emotional and behavioral problems, as well as strategies that enhance the learning environment and promote social and emotional development for all students.

The comprehensive scope of SMH requires multiple professionals to share in service delivery, including teachers (Ball, 2011; Mellin, Anderson-Butcher, & Bronstein, 2011). Teachers across social contexts play a critical role in the healthy development and academic success of children (Anderson-Butcher, 2006; Pianta, Hamre, & Allen, 2012), as well as in addressing students' mental health needs (Adelman & Taylor, 2011; Burke & Paternite, 2007). For instance, teachers provide universal promotion and prevention supports for students, implement classroom-based management strategies, foster positive school climate, develop caring and supportive relationships, and enhance other protective factors among students (Pianta et al., 2012; Weston, Anderson-Butcher, & Burke, 2008). It is also common for teachers to collaborate with families and other child-serving agencies to improve outcomes for children with, or at risk of, social and emotional difficulties (Franklin et al., 2012). Thus, the work of the teacher in addressing a diverse range of social and emotional needs is demanding and complex, and these demands are reported in other countries as well (Graham, Phelps, Maddison, & Fitzgerald, 2011).

1.2. Teacher professional development in SMH

The body of research regarding teacher professional development is vast, yet the niche of teacher competencies related to SMH is largely unexplored. The majority of literature on teacher education (both for pre-service and in-service teachers) has focused on curriculum and instruction rather than teacher preparation to address and support student mental health (Phillippo & Kelly, 2014). As such, evidence continues to suggest that teachers do not feel adequately prepared to address students' social-emotional and mental health issues in the classroom. Koller and Bertel (2006) found that teacher training programs provide little, if any, specific competence-based training regarding teachers' ability to identify or respond to a wide variety of mental health issues faced by many students today. Indeed, a 2002 review of mental health content in several commonly used educational psychology textbooks found that information about mental health, social-emotional development, and personality had steadily declined since the early 1950s

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