

# A healthy student is a teachable student

**T**here is clear and compelling evidence linking mental health and academic success, and indicating that emotional, social and behavioral health problems are significant barriers to learning. Schools that proactively address these problems are seeing improved academic outcomes.

Conditions in children’s lives and environments must be right in order for them to be successful academically, socially and emotionally. Non-academic barriers to learning can impede upon students’ ability to learn by not allowing them to be engaged in the classroom or to make the most of their academic learning time. Non-academic barriers to learning include:

- Mental health barriers, such as depression and anxiety
- Exposure to violence, bullying or traumatic events or repeated, long-term traumatic experiences
- Social-emotional barriers, such as poor impulse-control or anger management

In order to address mental health problems early, we must reach children where they spend the majority of their time—in schools. Schools offer unparalleled access to students in order to address both academic and mental health needs, which are intricately related.



**S**chools are often the only public facilities in rural areas, and a logical place for multiple agency and family collaboration for youth with complex mental, emotional and behavioral health challenges.

Opening school doors to health care and mental health supports opens pathways to children’s educational attainment and lifelong well-being.

## Children whose mental health problems are not addressed often fail in school:

- **21 percent of 9-17 year olds have a mental illness and 11 percent are “significantly limited” because of their illness** (Adolescent Health Working Group: [www.ahwg.net](http://www.ahwg.net), 2007)
- **2 out of 3 young people with mental health problems are not getting the help that they need** (AHWG, 2007)
- **When compared with other states, the percentage of students who missed 11 or more days of school is significantly higher for West Virginia (9 percent ) than the national average (5.2 percent )**. (2007 National Survey of Children’s Health: [www.childhealthdata.org](http://www.childhealthdata.org))
- **65 percent of students with an “emotional disturbance” drop out of school** (AHWG, 2007)
- **In 2008, more than 6,500 West Virginia students failed to graduate; this translates into a loss of \$412 million from WV’s economy by 2020.**

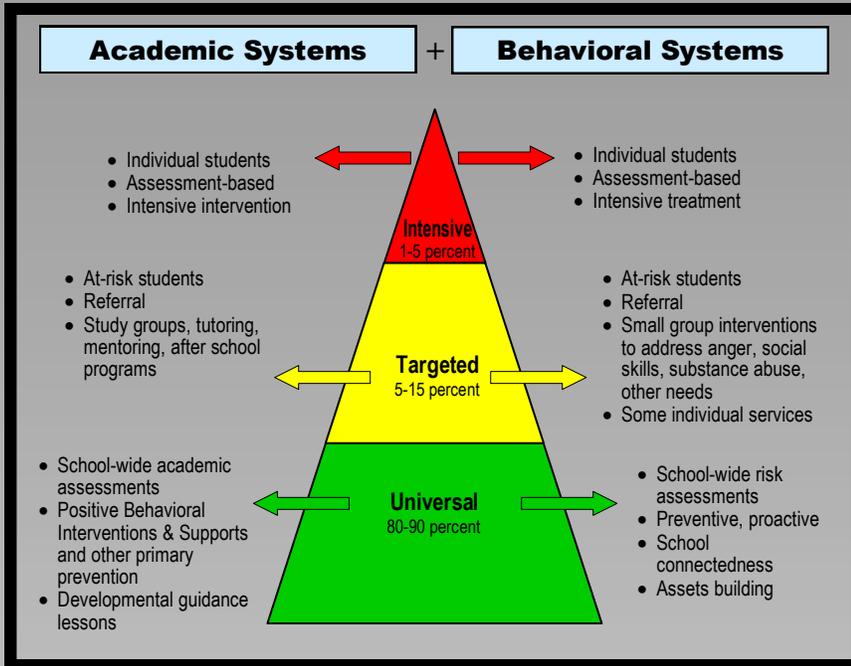
(Student Retention and Drop Out Prevention; Policy Recommendations and Best Practices, the Education Alliance, Charleston West Virginia, Feb 2009)



**Meeting the social and emotional needs of students prepares them to learn, increases their capacity to learn, and increases their motivation to learn. It also improves attendance, graduation rates, and reduces suspension, expulsion and grade retention.\***

\*Collaborative for Academic, Social, and Emotional Learning. (2003). Safe and Sound: An Educational Leader’s Guide to Evidence-Based Social and Emotional Learning (SEL) Programs. Chicago, IL

## A Comprehensive System of Learning Supports



**W**est Virginia's Expanded School Mental Health Initiative is a jointly sponsored effort of the West Virginia Department of Education and the West Virginia Department of Health and Human Resources. "Expanded school mental health" refers to programs that build on core services typically provided by schools. Expanded School Mental Health is a framework that includes the full continuum of prevention, early intervention and treatment; serves all students; and emphasizes shared responsibility between schools and community mental health providers

Several statewide initiatives link positive mental health and school success. Within the West Virginia Department of Education, initiatives include Global 21, Coordinated School Health, the West Virginia School Counseling Model, and the new position to address dropout prevention.

Within the Department of Health and Human Resources, the Bureau for Behavioral Health & Health Facilities' Children's Division funds community agencies to implement school-based prevention programs and works closely with the Bureau for Children and Families and other partners to develop a statewide System of Care for children with emotional, behavioral and intellectual disabilities and their families. In addition, the Bureau for Public Health and various foundations support mental health services in school-based health centers.

This information brief was produced by  
The West Virginia Expanded School Mental Health Steering Team

For more information, go to [www.schoolmentalhealthwv.org](http://www.schoolmentalhealthwv.org)

## SUCCESSES IN SCHOOL MENTAL HEALTH IN WEST VIRGINIA

Expanded school mental health programs can:

- Identify and support students at risk for behavioral and learning problems
- Assist in developing individualized education plans (IEPs)
- Provide more intensive individual counseling to complement short-term counseling provided by the school counselor
- Refer and case manage at-risk youth, who require intensive school counseling as well as community interventions
- Develop and support programs that encourage student/school connectedness, including mentoring
- Support schools in developing effective crisis management plans and provide on-site crisis interventions
- Support teachers to focus on teaching
- Consult/train staff regarding emotional and mental health issues
- Encourage and facilitate parental involvement

