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Compassionate SCHOOL PRACTICES

Fostering Children's
Mental Health
and Well-Being



CORWIN

Foreword by Larry Davidson

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Please enjoy this complimentary excerpt from *Compassionate School Practices* by Christine Mason, Dana Asby, Meghan Wenzel, Katherine Volk, and Martha Staeheli.

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How Schools Can Help Families

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Key Principle #8

Families and educators working together as a team can convey consistent, collaborative, and responsive efforts to better support the mental health and well-being of students. However, this will take understanding, time, patience, sensitivity, and effective communication.

A Sense of Urgency

Today, families are facing numerous challenges that create a great sense of urgency to help improve parent-child relationships. Bullying (including cyber-bullying), anxiety over global health crises and global warming, the increase in teen suicides and school shootings, along with concerns over the impact of technology and a generation of children whose friendships are largely virtual, have exponentially increased our anxiety and stress. As we assist schools in crafting compassionate responses to children's mental health concerns, we celebrate the many schools that are already implementing positive, proactive practices. There are many caring teachers and staff who are making a difference for children and families. We also celebrate the many families who have spent countless hours with therapists, negotiating their way through a maze of protocols and options, to strengthen the care they are providing their children. Yet, we realize that many families and children need greater support.

To feel a sense of security, students need healthy relationships with their caregivers—in and out of the classroom. However, many parents don't have a lot of time to engage in the school community because they must juggle work, household chores, children's extracurricular activities, and more. Even though they may be stressed out and short on time, parents are still interested in learning more about child development and how to be a good parent. In fact, one study found that 79 percent of parents want more information about

raising children, yet 65 percent of them never attend a single parenting class (Zepeda et al., 2004).

In her book, *Preventative Mental Health in Schools* (2014), Gayle Macklem, author and educational psychologist, highlights the importance of home-school interactions, stating, “Parent support has more impact on children’s and adolescents’ school success than income or demographic variables” (p. 69). However, when we consider well-being, it is our belief that parent education and involvement furthers not only success in school, but beyond, impacting a child’s overall well-being, sense of security and self-esteem, and happiness.

To further parent involvement, educators must consider specific family and community needs and strive to make schools welcoming to a diverse range of parents, considering specific cultural and ethnic factors and communicating to parents about their role as partners. For parent communication to be effective, it should give parents materials they need to implement the strategies, be digestible, and not take up too much of a parent’s time (Magnuson & Schindler, 2016). During COVID-19, many schools used trial and error to discover the best way to deliver important messages to parents at a distance. Many parent education programs moved their work online and those that were already online saw a huge jump in participation.

This approach can help improve emotional intelligence and home-school relationships. “When school leaders are mindful and responsive to school community members’ needs and concerns, more positive and trusting relationships are cultivated” (Mason, Rivers Murphy, & Jackson, 2020, p. 150). Relationships and relationship building are key. This takes time, understanding, and compassion.

Although parents may be anxious about connecting with schools, educators may be equally uncertain of how best to communicate with and collaborate with parents. As educators, it is helpful to consider how to communicate effectively with the child and the family by first discovering how each feels, what they have experienced, their likely pain-points, and what, under the circumstances, is most important to say. Sometimes, enlisting the assistance of a school counselor, administrator, social worker, or mental health service provider will give educators additional insights to further positive communication.

Of course, educators will also want to be active, engaged listeners. Sometimes listening is the most important thing an educator can do.

Communication Is a Two-Way Street

Both educators and parents have myriad reasons to make effective communication a high priority. Parents may be intimidated, embarrassed, lack the time, be stressed out about the stigma and the situation, not be aware of the seriousness of the need, or feel that they have tried and were not heard.

Educators may feel unprepared, not realize the importance of the communication, find that parents are unresponsive to their outreach, or even

believe that such communication really is beyond their area of responsibility. Communicating about children who exhibit the most serious emotional and behavioral challenges can be difficult for all, because of home-school boundaries and things shared in confidence.

Talking to Parents About Their Child's Mental Health Challenges

Sometimes, parents will be the ones to bring a mental health concern to the attention of teachers. However, at other times, unaware that their child is experiencing a mental health struggle and lacking knowledge about the specific problem or diagnosis, parents either may not understand or accept the situation. Parents who have experienced trauma themselves or have been let down by their educational institutions as a youth sometimes approach anything delivered by the school or school leaders with skepticism or defiance. The tone and language with which you convey information will make the difference between whether it is absorbed or ignored.

Communicating With Parents: Three Key Steps



Recommendations From ZeroToThree.Org For more information about these strategies please visit their website.

Early childhood education advocates Zero to Three promote evidence-based practices for optimal brain development during children's earliest years when brains are growing most rapidly and are most vulnerable to toxic stress and trauma. Here are three steps schools can take to enhance home-school communication:

Step 1: Notice how you are feeling.

Step 2: Look at the interaction from the child's point of view.

Step 3: Partner with parents.

- Use "I" statements.
- Ask for the parent's perspective.
- Most important: Look for a place to compromise.
- Finally, don't forget to check in.

Consider parents' perspective. If you discovered that your own child's teachers and principals suspected that they had a mental illness that may affect them and follow them for the rest of their life, how would you want that shocking news delivered?

With a strengths-based approach, educators will have already connected in positive ways with parents before issues arise:

- Consider how to best communicate a sense of support to the parents.
- Develop a pattern of meaningful communication about the small things, versus all communication being about difficult issues and decisions. Texting parents to say that Stephen had a good day at school or that their child won a "kindness award" can establish a meaningful basis for collaboration and trust.
- Texting may work well with one parent, but others may prefer phone or email. Ask what works best for each parent and use that communication mode to enhance your messaging.
- Follow-up and stay in touch with parents who may themselves be experiencing anxiety about their children's mental health challenges.
- Avoid labels. Although teachers and administrators can describe outbursts or a child's apparent sadness, formal diagnoses are made by school psychologists.
- Use a log to document your communications. This is standard best practice for home-school communications.

The Power of a Newsletter



If you want to soften difficult news, have a stock of good news to balance it. A weekly classroom newsletter helps parents feel proud of their child's performance at school and like they are part of a classroom family.

You can also communicate reminders, important curriculum updates, social emotional learning (SEL) and mindfulness tips, needs, and successes. Celebrate each and every student in your classroom within the first month of school for a variety of accomplishments, such as Top Five Math Whizzes, Five Kindest Hearts, and so forth. Convey

to your parents that SEL is just as important as academic learning by showcasing both.

Get students involved as well. Older students could write sections of the newsletter. Students could write a weekly piece reviewing what they learned in each subject, providing an informal assessment, a chance for review, and an opportunity for reflection.

When parents get consistent, positive communication from their child's teacher, they feel a stronger connection and sense that they, too, are a part of the classroom community. The trust that is built between parent and teacher may assist teachers when they need to discuss challenging topics like mental health.

As more difficult issues arise, educators, mental health providers and school psychologists must be careful not to refer to a child as having a certain mental health challenge before they receive a proper diagnosis. It is important to put the parents' minds at ease by explaining that many people experience anxiety or depression throughout a lifetime, and that even when the present moment seems grim, recovery and resiliency are possible. However, educators need to let mental health professionals discuss mental health. Administrators and teachers may not have adequate knowledge, training, or the proper language to discuss mental health conditions and should leave this step to school psychologists, therapists, counselors, and social workers. However, when meeting with parents, if no mental health professional is able to be present, administrators and teachers may be able to describe the behaviors they have observed and their concerns, perhaps by saying something such as the following:

Although John is often happy and cheerful, there have been more and more days when his mood shifts quickly, and he becomes angry or agitated suddenly. He reacts to that anger by throwing things, yelling, or hitting other students. His behavior has become a safety issue, so we wanted to discuss some possible solutions with you.

After a teacher or other educator has conveyed their direct experience with the student's behavior, a mental health professional may be able to follow up by conveying suggested next steps:

We have many options for how we might be able to help John build the skills he needs to express his anger more healthily. We're going to start working with him tomorrow to put some more tools in his toolbox. However, he may be able to get some additional services if we screen him for anxiety and depression.

Parent and Family Supports at My School

- A mental health provider is available to assist with children's stress and well-being.
- Parent-school communication is generally effective.
- We have successfully partnered with parents to handle children's mental health crises.
- We have the backing of counselors and others to aid in addressing mental health challenges and home-school communication and collaboration.
- We have significant needs, including _____.



A home visit can be an opportunity for a new teacher to meet not just a parent but an entire family including siblings and any extended family living in the home. Teachers can model best practices during visits and provide parent education in a more casual and authentic way. Families who live in rural areas far from school and lack transportation can be reached by having teachers ride home on the bus with students at the beginning, middle, and end of the school year, perhaps to deliver missed assignments or a small holiday gift.

Teachers, counselors, and principals were brought into family's homes in more intimate ways than ever before during COVID-19 as students carried their tablets around the house introducing their class to pets and family members. School staff saw unsafe living conditions, domestic violence, and other concerning insights to students' family lives during the quarantine. Having a more complete picture of a students' environment enables staff to respond more effectively to the students' needs.

The earlier a school attempts to connect with parents, the stronger the relationships will become. Reaching out to parents before students begin their first day of their new grade in a new building can be a tool to initiate a relationship with families that will immediately convey a sense of belonging. School leaders can use the time at the beginning of the school year to host events that allow families and educators to casually get to know each other, learn more about the school mission and vision, or contribute to a project together. Although these efforts are most effective when started at the beginning of the school year and continued consistently throughout the year, any scheduled event will increase the bond of your school community.

If you make a digital parent survey, you can easily compile the responses into a database which can be consulted any time there is a particular challenge or need. For example, if you are looking for a parent volunteer to come into the school to discuss the effects of vaping on one's health, you could search for the term "doctor" on this database.

Parent Communication Throughout the School Year



When Dana Asby taught kindergarten at Success Academy Bensonhurst in Brooklyn, New York, parental support was one of her biggest resources. She got consistent parent encouragement, because her school made the effort to form an intentional school community and to form relationships with the parents of her students.

Two weeks before school, Success Academy Bensonhurst had a school picnic in a park across the street from the school. Students got to meet their new teachers and classmates. The principal was able to pump up the parents for the coming year and deliver important reminders. And everyone had fun and got excited about school before it even began. Parents were required to attend one of several parent orientation sessions, held morning, midday, and after school to accommodate different schedules. Parents were given a presentation about the school's mission, values, and commitment to their children. After getting an explanation of the importance of parent-school partnership, parents were asked to sign a contract that the principal had already signed himself stating that they would work together to educate their child.

Teachers sent a postcard welcoming each child into their class, letting them know how much they were looking forward to getting to know them better. Each parent got an introductory phone call or voice message. Investing just five minutes with parents can save you a wealth of time for the rest of the year, because now you have a partner in each child's future.

Throughout the school year, the positive parent-school relationship was enhanced by monthly school community assemblies, curriculum-themed family fun nights, education activism, and holiday gatherings. Teachers maintained regular contact with parents, texting or e-mailing them pictures of their children in a positive context as often as possible and having phone conversations to discuss more difficult topics that can sometimes be misunderstood through written communication.

By the end of the year, despite some really challenging situations that required a lot of courageous conversations, Dana had the support of all of her parents.

Parents can also contribute valuable assets to schools in numerous ways. Parents who own restaurants can donate food for certain events. Parents who work at nonprofits might be able to serve as liaisons for community service projects or collaborative programs. To put together a low-cost school festival,

you could reach out to parents who own party rental equipment companies, parents with connections to the local movie theater who can donate popcorn, or parents who are artists willing to man the face painting station. With enthusiastic parents, a sign-up sheet might draw a large number of volunteers, but when parents are hesitant to write their name on the line, don't assume they don't want to be an active member of the community. They may just be overwhelmed with the choices, feel like others have it covered, or not be comfortable with jumping in. Sometimes, a personal message with a direct "ask" can be more effective at engaging parents.

The tone of your message to parents can also have a large impact on their desire to partner. When you frame a request as a team effort, showing gratitude for their past contributions coupled with a plea for help that directly connects their actions to their child's success, you have a powerful motivator for parents to become involved.

Increasing Mental Health Literacy

Although mental health knowledge is becoming more ubiquitous, many populations exist in the United States and around the world that do not have the language to talk about mental health. They do not have a basis of understanding for best practices when there is a mental health challenge. Mental health stigma is prevalent in many cultures. This discourages youth and their families from speaking openly about their own mental health challenges, otherizing an ordeal that is actually common.

Reducing the Stigma

The biggest hurdle when talking to families about mental health—after they've gotten them through the door—is knocking down the stigma. Although therapy, social emotional learning, and mental well-being are becoming more popular in America—especially in urban areas—mental illnesses still carry a lot of stigma in many communities. Communities of color, rural communities, certain religious or ethnic groups, and immigrant populations are all more likely to face stigma around mental health. This leads to members of these communities talking about mental health less often, getting screened or diagnosed for mental illnesses less frequently, and having lower levels of access to and receiving less treatment for mental health challenges (Office of the Surgeon General, 2001). Overcoming this stigma and putting families at ease about the topic of mental health is a necessary precursor to any serious discussion about a specific mental health challenge.

When educators acknowledge the difficulty of the topic and convey the importance of talking about these needs at home with their child by connecting emotional difficulties with observable behavior and academic challenges, parents have a more concrete understanding of why you must discuss mental health.

Stigma is often the result of fear of not being like everyone else. Reassure parents that these are normal emotional reactions that many children experience. Keep a positive stance and solutions-oriented focus. Offer to facilitate a conversation between the family, student, and a mental health staff member. Fostering healthy conversation skills about mental health furthers positive family relationships.

As mental health advocate and author Michelle Yang (2019), who lives with bipolar disorder, writes,

Unpacking pain and these deep scars so many of us have been taught to bury deep within is not a sign of weakness nor is it shameful. It is healthy and makes us stronger. . . . With stronger communication, both children and parents are able to express and understand what one another is feeling. With this understanding, there is decreased frustration and will ultimately provide a nurturing and stable family environment that set a child up for healing rather than falling deeper into the stigma.

Once families have the tools to talk to their children about mental health, they may begin to see their own levels of stress and disease lower as communication and connection are enhanced. Starting the conversation is only the beginning. Once parents feel comfortable talking about mental health, they may still resist complete acceptance of their child's diagnosis. Many parents may also feel a sense of shame or blame, so be nonjudgmental as you broach these topics. Reassure parents that this is not their fault.

Overcoming stigma with a strong community can be less intimidating. There are networks of parents whose children have mental illnesses or have experienced trauma that offer help groups online and in person. The National Alliance on Mental Illness (Meadows, 2016) provides the following guidelines for working together with others to serve a child with serious mental health challenges:

1. Accept the diagnosis.
2. Get educated and start networking.
3. Listen without judgment.
4. Call a crisis line or contact other counseling services when needed.
5. Don't allow shame or stigma to prevent you from getting help.
6. Empower the youth who is struggling by providing tools and resources.
7. Start a conversation about suicide and mental health (as developmentally appropriate).
8. Have hope.

Creating a Safe Environment

It's important for schools to create a safe environment where everyone feels comfortable confiding in one another about their challenges and seeking assistance, security, and healing.

Sharing fact- and evidence-based information about mental health with parents, especially when that data can be directly related to their own child's life, starts the conversation about mental health. Parents of teenagers need to understand how the rising rate of anxiety and depression can affect their children, how to recognize symptoms of mental illnesses, and who they can contact if they need resources. It can be useful for parents of younger children to learn the connection between behavior and emotions and how intervening with self-regulation strategies can reduce the risk for later mental illness. This information can be conveyed to parents in a number of ways:

- In a Health and Well-Being Corner in the school newsletter
- In skits during school events like sports games or family events
- In handouts included in take-home folders
- As social media posts on the school page
- In town halls or small group meetings
- During a Mental Health First Aid training for parents
- During parent-teacher conferences
- On posters throughout the school building

Tips for Educators and Parents About Talking With Children and Teens

Educators may be able to reach more students and their families if they partner with parents to increase parent mental health literacy by giving them tips on how to talk to their children about their well-being, challenges they face, and needs that may be unmet. Youth of different ages need information tailored to their level of development; parents often need guidance to understand what language to use and how or when to talk to their children. Schools can offer that kind of advice. Facial gestures, body language, and tone are an important part of communication. Sometimes teachers and parents will need to slow down the communication process to reflect on their own feelings and emotions as well as the child's needs prior to beginning a conversation. Depending upon the child's age and the issue, it may be best to directly say to the child, "Let me think about this," or "I didn't realize you were so unhappy. I want to help. I want your thoughts about what we might do."

Educators can model positive attitudes and mindsets about mental health in front of students and their families. To further parents' awareness of their child's

needs, the American Academy of Child and Adolescent Psychiatry (2017) recommends that educators discuss the student's mental health challenges with the child and their parents using the following considerations:

- Be sure the child feels safe and comfortable before the discussion begins.
- Use straightforward communication.
- Communicate at a developmental level that is appropriate to the child's age.
- Carefully monitor the child's reaction during the discussion.
- If the child shows confusion or looks upset, slow down or repeat parts of the discussion.
- Parents can replicate this method in their homes. Developing positive communication between a parent and child can make it easier when difficult subjects such as divorce, death of a loved one, or an upcoming move need to be addressed.

Younger Children

With younger children, make sure you have the child's attention, eliminate distractions, and gain eye contact. This means putting aside a cell phone or turning off the TV and getting down to the level of the child. Young children often focus on visual stimuli, so they may be aware that a family member is crying or upset. Use positive, encouraging words, which will help build the child's sense of safety and self-esteem. Smile if appropriate, use a gentle tone, and cuddle the child.

Older Children

Find a good time to talk—not when the child is playing a videogame or watching TV. The American Academy of Child Psychiatry (2017) provided an example of the kinds of questions that parents may expect from older children, “Older children have more information needs and may ask straightforward questions i.e. ‘Why is Mommy crying? Why does Daddy drink and talk to himself? Why does Mommy cry when Daddy drinks?’ Children worry about their safety and the safety of their family and friends. Parents should answer their questions directly and honestly to reassure them and validate their feelings.”

Teenagers

Communication can become even more challenging as children become teenagers who value privacy to explore their new feelings and changing bodies. When educators and parents work together to keep lines of communication open while respecting new boundaries, they allow teens the autonomy necessary to grow. Adolescents who regularly engage with their parents and caregivers are less likely to participate in risky behaviors or experience violence in relationships, even as they go to college (HHS, 2019).

Schools and families can benefit from key strategies:

- **Demonstrate love and kindness.** Be responsive, encouraging, and supportive even when they make mistakes; love them no matter what.
- **Don't wait for them to come to you.** Look for or create opportunities when adolescents feel comfortable talking. At home, this could be watching TV together, playing sports with them, or cooking. At school, it could be striking up a conversation at recess, as they enter the building, or during lunch. Choose topics they are interested in, including popular movies, musicians, current events, or shared family memories.
- **Talk less, listen more.** Do not interrupt, but do ask follow-up questions. This may encourage teenagers to seek advice. Share how you felt in certain situations when you were their age.
- **Avoid lecturing.** Teens will respond more positively to a dialogue and are more apt both to listen and to share information when they feel you are interested and willing to hear what they have to say.
- **Let them decide.** Guide teenagers in thinking through decisions by explaining the different outcomes of different decisions. Show them how to weigh costs and benefits of their decisions.

Communicating With Teens



- Realize that teens may be more open with friends and peers; this could lead to misinformation about topics such as mental illness.
- Stay calm and explain your concerns if they disagree with you, so they open up to you in the future. If necessary, take a pause in conversation and come back to the discussion later.
- Discussing sensitive issues like substance use, sexuality, and peer expectations can be intimidating but beneficial. If you do not engage your teenagers, they will find other sources for information which may lead to misinformation and negative influences. If some topics are too hard to tackle head on, start texting with your teen or take a ride in the car together.

Parents and children learning together about mental illness leads to improved recognition, earlier and better treatment, increased understanding, greater compassion, and decreased stigma if the child *and* their family are part of the process.

Cultural Considerations

Macklem (2014) describes the challenges of home-school communication and collaboration with parents from various cultural and ethnic groups, cautioning not to overgeneralize about any one ethnic group, saying “Not all families from the same background are alike” (p. 81). Yet, there are cultural differences that will impact both the conditions leading to trauma and mental illness, and also a family’s understanding and acceptance of a child’s mental illness.

Suicide is an example of an area of concern affected by cultural, ethnic, and racial differences. In their research, David Goldston and colleagues (2008) point out differences not only in the events that may precipitate attempted teen suicides, but also cultural differences in beliefs and attitudes about suicide, and a typical family’s response, including stages of help-seeking behaviors. For example, suicide may be a more common response to feelings of shame or loss of face in some East Asian (Korean, Chinese, and Japanese) cultures. Native Americans are greatly impacted by long-standing discrimination, alcoholism and drug abuse, lack of economic opportunities, and a sense of isolation and hopelessness. Latinx families have recently experienced renewed discrimination in their efforts to immigrate to America to overcome hardships in their home countries and the increase in U.S. Immigration and Customs Enforcement (ICE) raids in local communities in the United States. These experiences increase both their sense of despair and also their reluctance to openly seek mental health assistance. For many Black and African Americans, systemic racism and discrimination also work against a family’s comfort in acknowledging concerns or seeking professional guidance.

One reason some families don’t feel comfortable discussing mental health is the deeply held beliefs passed down from one family member to another about the origin of mental well-being and its relationship to spirituality. For example, Elizabeth Wolfe, a therapist in Washington, DC, found that many of the Latinx clients she sees visit a *curandero*, or spiritual healer, before seeking her advice about mental health. Because her clients receive “a lot of support and strength from their faith,” Wolfe says that is “something I try to bring into the therapy consciously, to help support that person” (Schatell, 2017).

In the Asian-American and Pacific Islander community, seeking help outside the immediate family goes against one of their most deeply held cultural values of interdependence, relying on the strength of your community. Children fear revealing their challenges to their parents because they may assume that you are “crazy” because of “their poor parenting or a hereditary flaw” (Mechammil et al., 2019). In a qualitative study by Molly Mechammil and colleagues (2019), researchers found that “the family would say, ‘This is our problem, we have to solve this together. You are not on your own. We’re together in this.’” Participants emphasized that families made it their duty to care for each other as the first avenue of recourse. One of the respondents in that study elaborated, “You don’t go out of your family for an issue, I mean, everything is a family thing. And if it can’t be resolved in the family then it’s irresolvable.” In cultures

with such strong family connections, heads of households can be seen as strong authority figures. If mental health professionals can bring those members of the family into the conversation and show them the value of working together to achieve mental well-being for a youth in their family, they have made a powerful ally.

Families of color may also experience mental health stigma because the mental health professionals they interact with do not look like and/or speak the same language as they do. In case of a language barrier, it will be important to secure a translator for any conversations about mental health or other important school issues. It may be difficult and unnecessary to match the race of a counselor to a student, but when recruiting mental health service providers, school leaders can be mindful of their student population and attempt to recruit qualified candidates from a variety of backgrounds, especially those that align with the student population.

Cultural Considerations



- We have experienced/are experiencing cultural challenges.
- Cultural considerations are impacting the effectiveness of counseling programs and other services for students most at risk for behavioral and emotional challenges.
- We are addressing concerns by _____.

Discussing Sexuality

Many families and cultures who have high stigma for mental health also have high stigma for issues of the queer community. For youth who are not heterosexual who grow up in largely heteronormative families and cultures, they may feel outcast and experience isolation, depression, or anxiety related to the questioning of their sexuality or the conviction that they are queer.

Lesbian, gay, bisexual, transgender, and queer (or questioning) (LGBTQ) youth have a high risk of engaging in non-suicidal self-injury (NSSI), attempting suicide, experiencing peer victimization, and having low levels of self-compassion and well-being compared to their cisgender peers. In a recent survey, 56 percent of LGBTQ youth reported having suicidal thoughts within the past thirty days, and 53 percent experienced peer victimization. Schools and parents can buffer against the increased risk of mental health challenges for LGBTQ youth by working together to increase parental and non-parental adult advocacy, along with feelings of safety and belonging in school, which serve as protective factors for the well-being of LGBTQ youth. A feeling of connectedness reduces

LGBTQ youths' risk of suicidal behavior and increases their sense of well-being (Espelage et al., 2018; Taliaferro et al., 2019).

LGBTQ youth have a more difficult time discussing bullying with parents, often due to a fear of revealing their sexual orientation (Espelage et al., 2018). Indeed, youth are more likely to suffer from depression or experience suicidality if their parents reject their gender identity or sexual orientation (Ryan et al., 2009). Schools can offer safe spaces for LGBTQ youth to discuss their challenges in counselor's offices, peer support networks, or pride clubs.

If parents are accepting, they can still face difficulty with adjusting to a new gender identity or sexual orientation and may require additional counseling or peer support. Parents of teens transitioning to a new gender identify who attended a support group reported receiving high levels of emotional support, describing the group as a source of knowledge and "a space we could let our guard down. Knowing we wouldn't be judged because of the decisions we made as parents to listen to what our child was telling us" (Hillier & Torg, 2019). Schools can encourage parents to create these safe spaces to strengthen home-school and parent-child communication and collaboration.

When a Mental Health Diagnosis Is Part of the Equation

After a formal diagnosis has been delivered or discussed, leave the conversation on a positive note by talking about the array of treatment options available. Educators can even send the parent home with some tips and strategies and encourage them to try them out at home.

It is essential that any information about a specific mental health diagnosis be given only by a qualified mental health professional. Parents' worries and concerns can be lessened by providing them with information that normalizes what their child is experiencing, evidence-based strategies to address and lessen the emotions and behaviors the child is struggling with, and words of hope.

Resources for Parents About Specific Mental Health Diagnoses



Many nonprofit organizations and government agencies offer valuable information to assist parents in navigating the overwhelming world of youth mental health.

- **Child Mind Institute: childmind.org** This research and advocacy nonprofit focuses on strengths-based solutions to youth mental health challenges that are bolstered by evidence.

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Resources include articles, guides, a symptom checker, and an opportunity to “Ask an Expert.”

- **National Alliance on Mental Illness: nami.org** This grassroots mental health organization connects families with service providers and peer advocacy in their states. They offer online and in-person support groups, help navigating local systems of care, and guidance on preventing and responding to mental health crises.
- **Youth.gov: youth.gov/youth-topics/youth-mental-health** This online federal initiative was created to bring free, evidence-based opportunities to promote positive youth mental health in more communities. Fact-based information as well as programs about specific diagnoses and topics related to youth mental health and well-being can be found on their site. If you can’t find a program to meet your needs, there is also guidance for applying for funding for your unique program.

In the Midst of a Child’s Crisis and Its Aftermath

Will Foley, in an article for the Center for Educational Improvement wrote,

We are never traumatized alone. We are wounded together. Together, too, we heal. Relying on one another for support and love, we help each other through the darkest times. Those who inflict harm can become the same people that restore us. People and communities torn asunder by violence can heal together with the support of intentional practices brought to schools. (2019)

When a child has experienced a psychotic episode or has been admitted to an emergency ward because of a drug overdose or suicide attempt, some extra precautions and considerations are needed with home-school communication. Schools can be helpful by providing resource information, on such things as support and advocacy groups or crisis intervention centers. Schools can also be essential partners for families as they attempt to provide some sense of consistency and community amidst a mental health crisis.

When students are receiving in-patient care for a mental health crisis, teachers can provide community by making cards or art to decorate the student’s room, have teachers or school mental health service providers visit the student, or have the student video chat with a friend or trusted adult in the building. If in-patient care is for an extended period of time, schools can work with therapists to slowly reintegrate schoolwork, especially work that allows for reflection and creativity, into the students’ daily activities as they begin to transition from

What to Do During a Mental Health Crisis



NAMI (2018) provides an excellent practical guide to navigate a mental health crisis. For a complete list of warning signs and advice, visit the companion website for this book: resources.corwin.com/compassionateschoolpractice.

Warning signs of a mental health crisis:

- Inability to perform basic tasks such as bathing, brushing teeth, brushing hair, changing clothes
- Rapid mood swings
- Abusive or violent behavior to the self or others
- Isolation from teachers, family, or friends

Warning signs of suicide:

- Talking as if they're saying goodbye or going away forever
- Dramatic changes in personality, mood, or behavior
- Withdrawal from family, friends, and normal activities

What to do in an actual crisis (NAMI, 2018):

- Listen, express concern, and reassure – “You’re important to me, and we will get through this together.”
- Focus on being understanding, caring, and nonjudgmental – “You’re not alone in this. Your family, friends, and school all care about you and are here to support you.”
- Call a psychiatrist, nurse, therapist, case worker, or family physician familiar with the student’s history, or 911 as a last resort.

mental health facilities back into the home. Before students return to a full schedule at school, school leaders should work with families—including the student themselves—to make a plan to gradually increase the time spent at school. During the beginning stage of the transition, students will need extra encouragement, such as weekly or even daily one-on-one sessions with a trusted adult, peer support, or a special pass to take frequent breaks. These students may also need to spend more time building specific coping skills to address the triggers that led to their mental health crisis.

Counseling and Schools

When students experience mental health challenges or crises, schools can provide the consistent and caring environment students need to heal. Part of the healing process is gaining the skills necessary to cope with feelings of hopelessness, isolation, and fear. Another part of the process is understanding why they are having these feelings by creating a cohesive narrative for themselves. Both of these essential steps can be provided in the school building by a counselor, social worker, psychologist, or therapist during individual counseling sessions. Because parents usually have to sign off on their child's participation in these sessions, schools must help parents understand what counseling is and why it's important.

Group counseling can also be used in schools where groups of students share common challenges like anxiety, depression, eating disorders, and so forth. Learning and talking together with peers can be a powerful experience for a youth who has been carrying the burden of his or her mental illness in silence much of their life. Explaining this to parents can help convince them to allow their child to participate.

Individual vs. Family Counseling

Although there are many excellent family therapists seeing children, teens, and their parents individually and as a family, this highly effective resource is often only available to those with very good private insurance or to those able to pay for the services out of pocket. Individual sessions allow the therapist to work with a youth more one-on-one and focus on solving the individual's behavioral challenges. Family sessions allow the therapist to work with the family as a whole to improve communication, resolve conflict, and develop coping strategies. For families with a parent also struggling with a mental illness, family therapy can be especially beneficial.

School leaders can research what local options might be available to families who are struggling with mental health, trauma, or tragedy. Many universities have low cost or free group counseling programs. Support groups for specific mental health challenges can be comforting and empowering to parents and may assist them on their road to recovery.

Counseling Services at My School



- We have a strong counseling team at our school.
- Our counseling team collaborates with families around mental health support effectively.
- We are establishing a counseling team, but we need more backing and guidance.
- We do not have a mental health support team or it is ineffective. We need to improve _____.

Home School Collaboration

When schools and districts operate with consistency, all students and families, but especially children who have experienced trauma or struggle with a mental illness or emotional/behavioral disorder, feel more secure and trusting of their school community. If all stakeholders—particularly schools and families—can coordinate messaging to reinforce the same values, norms, and expectations, students will have a clear understanding of how to belong to their community as a valued member. Although it is important for messaging to remain clear, concise, and consistent, it must also be dynamic to accommodate new needs, challenges, and resources that present themselves.

It's Not Parents, It's Families

Educators need to consider not only parents but families. A *child's well-being is affected by the entire family* and a child's well-being impacts the entire family. Families with one child or adult struggling with mental illness, long-term chronic illness, substance use, or disabilities will be impacted as the entire family dynamic shifts to accommodate to the special needs of that child.

Similarly, *family structures strengthen families in various ways*. Some single parents rise to the occasion to demonstrate significant strength and resiliency, while others flounder as they try to bring in adequate income, provide for children, and meet their own emotional needs. Some two-parent families share responsibilities with an enlightened understanding of children's needs, yet others struggle with parental deficits or an inability to resolve marital conflict peacefully.

Children in “traditional families” may feel the impact of an abusive home; others may experience the trauma, instability, and uncertainty of being moved from one foster family to another; while others raised by extended families or single mothers may receive a high degree of assistance. It may be challenging for a parent in any family constellation to provide the nurturing and caring to meet a child's needs.

Nontraditional families, especially single parent families, experience an added layer of stress from a lack of social support and resources, potentially affecting their parenting (Gleeson et al., 2016; Taylor & Conger, 2017). However, increased social and emotional encouragement from extended family and friends increases single parents' well-being, parenting skills, and relationships with their child. Moreover, parents who are emotionally secure with a strong sense of self, self-efficacy, and optimism tend to have better parenting skills and a capability that serves as a buffer against parental stress and mental illness.

In families that are burdened by dysfunction, sometimes *extended families are available to ease the burden*. The presence of an extended family member is often higher in non-white populations as elders may live with Asian families, or live close by in Native American or Hispanic families. In families impacted by adult incarceration or drug abuse, a grandparent may assume primary responsibility for child rearing. Often the presence of a grandparent or another

relative can be the protective buffer a child needs for a strong sense of self and well-being. Maternal and paternal involvement are both important for protecting adolescents from internalizing and externalizing problems and substance use; grandparent involvement further contributes to developing prosocial tendencies (Profe & Wild, 2016).

Given these varying circumstances, educators need to be alert to the potential for family strengths and the ways in which they need to consider not only the parent and the child, but the whole family. By modeling positive communications with students and their families, educators can serve as models for how parents can practice compassion with their own children, hopefully reducing instances of abuse and neglect.

Our Families



- School leaders and educators know which families have nontraditional compositions and provide an extra helping hand to those parents.
- There is a strong sense of deep connection among single parents, foster parents, and other nontraditional caregivers at our school.
- I'm unsure about the family make-up of most of my students.
- We are struggling to assist nontraditional caregivers. Specifically, we need _____.

Connecting Parents' Past Experience of School to Their Child's Present

Parents' past childhood experience with their own schooling can impact how they view their child's present schooling. A parent may have had a negative school experience at the same age their child is now. For example, a mother may have been very bright, but she felt ignored and lost in a school system that was busy dealing with disruptive and struggling students. Perhaps a parent was suspended or expelled multiple times because his cries for help were misinterpreted as aggression or disruption. Perhaps he flew under the radar earning Cs, never making connections with adults, being quietly bullied by peers, and feeling invisible to his school community. These parents can often be distrustful and skeptical of schools, authority figures, and rules or regulations required by the school. Approaching these families with compassion can lead to a better understanding of how the school community can work together to meet the needs of its children and perhaps heal some parental wounds.

Challenging parents require school leaders and teachers to confront difficult situations with kindness, active listening (fully concentrating, understanding,

responding to what is being said), and an open mind. It takes courage to have tough conversations, but a pattern of dysfunction can continue for years if it is not broken by mutual understanding and compromise. Instead of trying to impose a prescription for their child's success upon parents, invite the parents into the conversation as an equal participant as soon as possible. By hearing them out, you may discover a new perspective that leads to an improvement in school well-being.

There are many reasons for parents' lack of involvement, but one of the most important to understand and to heal is that many parents themselves experienced trauma. Schools may have failed to respond compassionately, letting them slip through the cracks unassisted or unintentionally making the trauma worse. School leaders who understand how intergenerational trauma affects not only students but their parents as well are better equipped to interact with parents who have experienced trauma and their children.

Stress, Trauma, and Domestic Violence

Stress, trauma, and violence is all too prevalent, inflicting visible and hidden scars. In the United States, more than one in three women (35.6 percent) and more than one in four men (28.5 percent) have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. One reason why many women who are experiencing domestic violence live with their abusers for decades is because the constant abuse they endured resulted in a loss of agency (National Domestic Violence Hotline, n.d.). Over time, as their abusers isolated them more and more, the number of choices they were able to make diminished. This is also true for other forms of abuse—sexual abuse, emotional abuse, and neglect. To help students and their families leave traumatic home environments and to avoid getting into similar situations in the future, it is important to build confidence in one's own choices. Whenever possible, offer parents and students meaningful choices.

Parenting Through Intergenerational Trauma and Mental Illness

Because childhood trauma occurs within the family, it adds a layer of complexity for schools interacting with parents of children who have experienced the trauma. A majority of traumatic events that directly affect young people are enacted by an adult (SAMHSA, 2014). Abuse, neglect, and other forms of traumatizing parenting are often learned behavior. Infants learn how to regulate their emotions by looking to their adult caregivers' reactions to their cries of hunger, bubbling laughter, or pained expression at bumping an elbow. If their caregiver reacts inappropriately (e.g., laughing at a baby's cries of pain) or

doesn't react, the child does not experience a healthy example of how to soothe their extreme emotions or how to mimic the correct response.

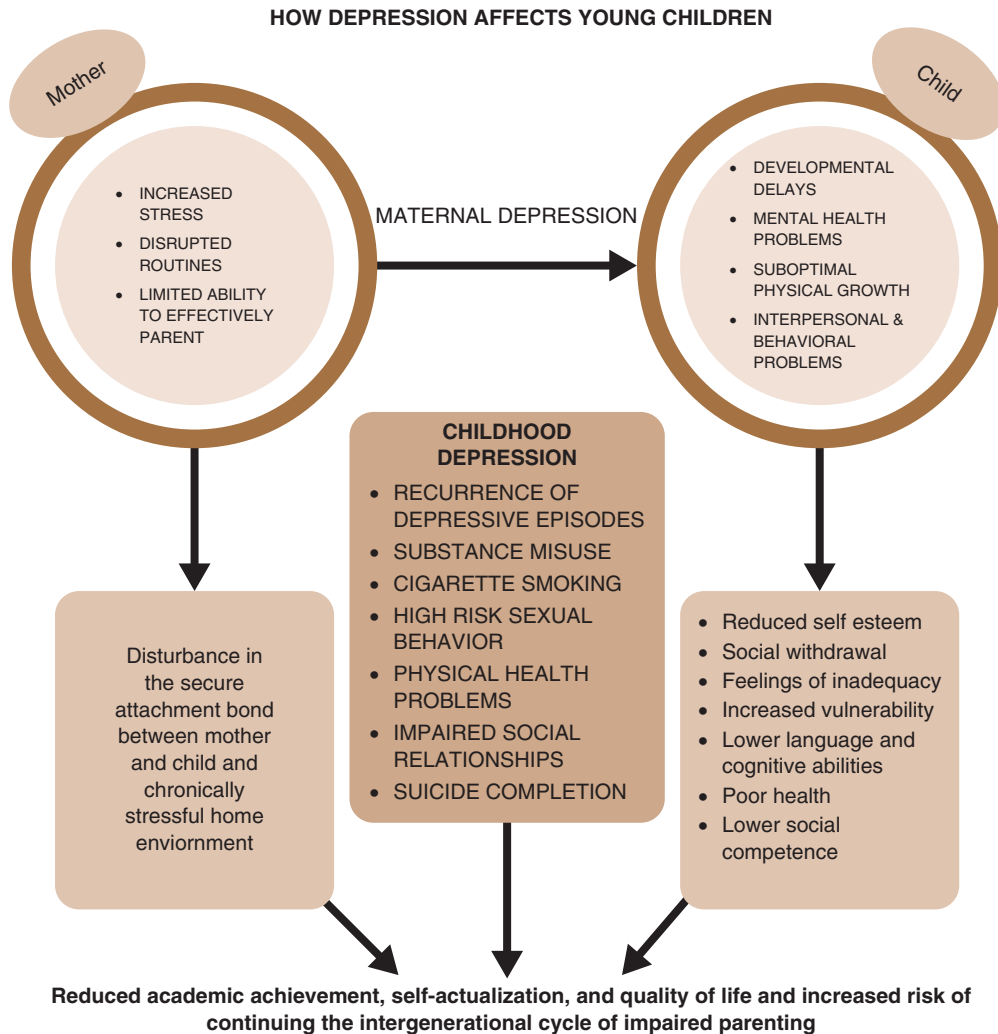
The Transmission of Trauma

Over time, dysfunctional parenting can lead to attachment disorders that cause difficulties in interpersonal relationships, mental health, and emotional regulation throughout the course of a child's life. In a study of fourteen thousand U.S. children, 40 percent lacked strong emotional bonds—secure attachment—with their caregivers. Insecure parental attachment is correlated with long-term educational and behavioral problems (Richardson, 2014). Once these children grow up and have children of their own, unless they formed healthy relationships with other adults who modeled positive interpersonal relationship skills, they will not have the necessary strategies and resources to navigate communication and compromise with others. This can lead to increased relationship conflict, often resulting in instances of domestic violence, aggression, and verbal fights, all of which are stressors on family relationships.

Parents who grew up in environments of trauma often do not have the necessary positive examples of loving, consistent caregiver-child relationships that allow infants to flourish. Although most new parents want information about raising their child, very few actually take a parent education class. Many parents who experienced childhood trauma continue to live in poverty or isolation and do not have the social equity needed to learn about, much less access, parent education classes or basic child development information. Often impoverished, younger parents living in high crime urban environments or rural areas with few resources find it difficult to learn from someone in their own community. They do not have access to experts who can visit or provide virtual parent education.

If these parents do not know about best practices or the negative consequences of certain parenting behavior, they are likely to fall back on the only model of parenting they received: their own, flawed past experience. For example, many parents continue to spank their children for minor infractions despite the American Pediatric Association, the American Psychology Association, and other reputable organizations releasing statements condemning the practice as being more harmful than prescriptive. It can sometimes be very difficult for adults who experienced negative parenting behaviors to identify them as such when they become parents. Consider a child born to a mother who experiences severe postpartum depression. For the mother who seeks treatment and is given the appropriate prescription medication and therapy, her own depression can be attended to and she will be able to be present and engaged with her infant. If a new mother does not recognize she is depressed or does not know who to turn to for assistance, she may fall into a deeper depression that may lead her to neglect her child. When a child repeatedly does not get their needs met, it may become a source of trauma that eventually leads to developing depression. The neurological channels that deliver dopamine and serotonin, the “feel good” brain chemicals, start to wither from underuse (see Figure 8.1).

FIGURE 8.1 This diagram illustrates several different ways depression can affect a child.



"Based on research from Cuijpers et al., 2015; Horowitz & Garber, 2006; Lima et al., 2013; and Martins & Gaffan, 2006."

The Importance of Early Mother-Child Interactions

The disconnection between mother and child in the early stages of life leads to the mother looking at and speaking to the baby less often, resulting in developmental delays that later in life lead to lower language and cognitive abilities (National Research Council and Institute of Medicine Committee on Depression, 2009). Because of the lack of volley and serve interactions between mother and child, where the child would have learned how to respond to stressors and extreme emotions, the children of depressed mothers have more interpersonal and behavioral problems, which results in lower

social competence and isolation (National Research Council and Institute of Medicine Committee on Depression, 2009). Over time, this can result in the development of a mental illness.

Parenting With Substance Misuse

Another topic that is important to acknowledge about the parent–child relationship—but inappropriate to discuss among staff or directly with parents—is substance misuse.

In 2017, 19.7 million people, or 7.2 percent of adults, age twelve or older had a substance use disorder in the last year. About 3 percent of American adults suffered from both a mental health disorder and a substance use disorder, or co-occurring disorders (SAMHSA, 2018c). Often trauma, mental health disorders, and substance misuse are co-occurring, which means that people suffer from more than one affliction at the same time. For example, many people with mental health diagnoses misuse substances as a means of self-medicating because their culture looks down upon mental health treatment.



If educators suspect there is any drug use in the house that puts children in danger, it is their mandated duty to report these situations to their local and/or state child protective services agency. All staff should be briefed on these protocols on a yearly basis, including signs of substance use, abuse, and neglect in the home.

School leaders must take special care when they talk to staff about parental drug use, so it is done with compassion rather than judgment and blaming. Instead of discussing specific parents and passing blame, educators can talk about the effects of parental substance use on children in general. The stigma around substance use has caused many people around the world to turn their backs on people with the medical condition of addiction. If educators become aware that a parent is actively struggling with addiction or is recovering from addiction, practicing compassion for them in the same way you would with any parent recovering from an illness can encourage them to feel a sense of belonging in the school community. And we know that a strong sense of community is one of the most essential elements of recovery from substance misuse.

Working to Heal Intergenerational Trauma by Cultivating Compassionate School Communities

The first step a transformational leader can take to address intergenerational trauma in their school is to talk about it. Many teachers and administrators around the world are getting trained on the neurobiology of toxic stress and trauma, as a part of becoming trauma-skilled. This training often addresses how

the hippocampus and amygdala get overwhelmed by stress and stop storing memories and regulating emotions efficiently while the decision-making and executive functioning skills start to shut down in the overwhelmed prefrontal cortex. Trainings connect this neuroscience to student behavior and to potential risks for mental illness. *But few delve into the larger picture of how this trauma is healed, not just for the student who is experiencing it, but for the adult in their home.* The adult might also be a victim of abuse, or sometimes be both a victim and perpetrator.

After a mental health disorder begins to affect their child's life, a parent may also begin to experience secondary trauma related to caregiving. We can teach youth who have experienced trauma resiliency, coping, and self-regulation strategies to help buffer against and address the trauma in their childhoods so they have the tools to parent their children compassionately one day. *Until parents have a mindset shift or communities start confronting the intergenerational nature of trauma, these students will go back to homes where they will be re-traumatized.*

Family Composition, Well-Being, and Resiliency



- What do I know about the mental health and intergenerational challenges of parents in my classroom and school?

- Where are there significant needs? _____
- What are the implications for me, as an educator? _____

Using the Compassionate School Mental Health Model at the School Community Level

As our model explains, a Compassionate School Mental Health support system has multiple approaches:

Prevention through reduction of the causes

Support the Child

Build resiliency

Develop protective factors

In Chapter 1, we explained how each of these is an essential piece of the puzzle of compassionate, school-based mental health. All are important for the well-being of the school community and if any one approach is missing, the others become strained (see also the preface).

Prevention: Reduce the Causes

Involving families at each step can strengthen the impact of a school's mental health services. For example, schools can alleviate or stop trauma by working with a mother experiencing domestic violence to help her get the resources she needs to safely leave that situation—for example, a domestic violence shelter, a social worker, and an escape plan. When the trauma is societal, bring affected family members into the conversation about how to respond to an injustice causing trauma for students, staff, and/or community members.

Support the Child

When deciding how to treat a student's mental health challenges, it is imperative that parents be involved from the very beginning. Many districts will not even allow a school to do screening for mental illnesses without parental consent. If your school or district is doing universal mental health screening, make sure it is communicated to parents clearly and that they have the choice to opt out. Some schools doing universal screening have discovered that they can screen more students if they ask parents to return a form saying their child is *not* to be screened rather than sending in a form that gives the school permission to do the screening.

Build Resiliency

Just as students who are unable to meet expectations are doing so because those expectations outstrip their skill set, parents who are missing the mark are usually doing so because they don't have the skills and/or resources to make it. We don't expect children to perform perfectly even after we've taught them a skill over and over. Why do we expect parents to know how to regulate their emotions, set goals, reflect on their actions nonjudgmentally, and perform a host of resiliency-building strategies without teaching them how to do so?

Schools can help families experiencing trauma by teaching parents about compassion, self-regulation, and growth mindset, which will help families bounce back from trauma. Include a short mindfulness exercise for families to do together at home that builds these skills or do a skit at half-time at the next basketball game that teaches families about the importance of regulating emotions. Schools have the responsibility of teaching not just the students in their building but also the families they go home to about how to protect and remove themselves from trauma.

Develop Protective Factors

Schools can create a safe space for students impacted by trauma at school, but they can also create safe spaces for families in the school building and introduce families to safe spaces throughout the community. School leaders can curate positive relationships between students and caring adults in the building, but they can also connect parents in need with parents enthusiastic about nurturing others. Schools can use messaging, events, and norms—such as the tone and language

used during class discussions—to convey the idea that they are a compassionate school environment, but they can also work with the community to extend that idea into hospitals, community centers, grocery stores, and other places where families gather. One way to do that would be to have a Community Cares Day where students partner with local businesses to raise money for a charity.

Offering Parent Education to Foster Compassionate Parenting

One way that schools have traditionally aided parents was to offer courses or training to parents on such topics as discipline and positive parenting practices. Although parent education has been piloted and studied since the 1970s, few programs have been found successful enough to scale up, promote, and fund widely. There are many reasons for this, the primary one being that there is a trade-off in programs between effectively teaching essential parenting skills, especially responsiveness, and retaining parents throughout the duration of a program that lasts weeks or months. Parent educators also have a difficult time disrupting established family routines without extensive time in the home. There is also often a cultural mismatch between program leaders and content for minority populations (Magnuson & Schindler, 2016). Schools can overcome this barrier by providing digestible parent education on platforms parents already access.

The easiest way to choose the most effective method of communicating parent education to families is to survey them on preferred methods of communication. If you have a large school, it may be a good idea to disseminate information in a variety of ways such as social media posts, printed materials in folders, blog posts, videos, segments in the school newspaper, and so forth. Facebook Live can be a fun way to reach parents with casual tips that take only one to five minutes to absorb. A beloved administrator or school mental health professional could make it a regular practice to offer a parenting tip each morning or afternoon.

Research supports the value of delivering parent education online. In a meta-study of parent education programs, researchers Katherine Magnuson and Holly Schindler (2016) found that the most effective parent education programs were ones that conveyed the information in a concise and digestible manner and were delivered in an easy-to-access format like webinar, text, or e-mail. They also found that successful parent education programs do the following:

- Train staff to engage and work with parents
- Target specific skills or behaviors
- Focus on parenting practices clearly linked to target skills
- Give parents materials needed to implement strategies taught
- Serve other goals, such as building community and cultivating leadership

Options for Evidence-Based Parent Education Programs



To be effective, parent education programs should have a well-defined goal, properly trained staff, and be specific enough to be useful to a group of parents. The following programs have raised parent knowledge of child development, including parent responsiveness (Magnuson & Schindler, 2016):

- **Families and Schools Together (FAST)** After eight group sessions in the school building that focused on building parent-school community and parenting skills, improved parental involvement, as well as improved child social skills and behavior, were observed.
- **Parent Corps** This early childhood program focused on positive parenting skills, which were taught over thirteen group sessions. There were positive effects on parenting practices and child behavior and achievement. Pre-K and early childhood centers can apply for grants to bring this nationwide program to their schools.
- **The REDI Parenting Program** Head Start's comprehensive parenting program includes sixteen home visits, a hallmark of the most successful parenting programs. This important program helps young students transition from Head Start to Pre-K, a crucial time to intervene for parent education. When parents participated in this program, positive impacts were observed for academic performance, literacy skills, and social competence.

Five Mindful Habits to Help Parents Increase Their Family Bond

Compassionate schools can lead to more peaceful home environments that foster strong family bonds by reducing stress and increasing belonging and happiness. If parents can integrate mindfulness into their family's daily routines, over time, they will see changes that may even reduce anxiety and depression for themselves or their children.

Eventually, families could practice all five habits every day, but parents could choose one habit to start with and build on as they master each. The habits build off of each other, however families are welcome to start with the habit that most appeals to them. Schools can also follow these *Five Mindful Habits*

as a structure to infuse mindful routines into the school building by modifying the suggestions for parents below.

1. Be present

- Plan purposeful quality time, which may mean leaving cell phones and computers locked in a closet while doing an activity that promotes family togetherness like playing a board game or going on a hike.
- Practice active listening, which requires everyone to make eye contact, leave judgment behind, and avoid interrupting each other during discussions, especially tense ones.

2. Be calm

- Practice breathwork when a tense situation or anxiety attack creates acute stress.
- Practice yoga and meditation daily to lower levels of stress, anxiety, and depression over time.
- Coach your child through emotionally challenging conflicts by validating their feelings, helping them reflect on misbehaviors through perspective-taking, and brainstorming healthy solutions to conflict or processing extreme emotions.

3. Be compassionate

- Model compassion as a family by doing acts of kindness for others in the family and community. During moments of disagreement, be sure to verbally model compassion for others' experiences.
- Read books about compassion, like Carol McCloud's *Have You Filled a Bucket Today?*

4. Be grateful

- Be a gratitude model for children by practicing it yourself with other family members, school staff, service providers, and anyone who helps out.
- Start a family gratitude journal where everyone records things for which they are grateful. Younger children can draw pictures. Families can also collect mementos to turn it into a gratitude scrapbook or treasure chest.
- Create a gratitude routine where each family member shares three things they are grateful for that day. You can do this on the car ride to school, before dinner or bed, or any time that's convenient for all members of the family to participate.

5. Reflect

- Express difficult emotions through journaling, creating art, dancing, or some other way of making sense of them. This is true

for parents and children. Younger children who may not have the words to express extreme emotions can greatly benefit through art therapy.

- Find quiet moments in the day to pause, breathe, and reflect without judgment. Be grateful for the positive things and seek out a lesson in challenges without labeling them as “bad.”
- Infuse the “Best/Worst Part of the Day” routine into the day, usually on the car ride home from school or around the dinner table. Everyone can share the best and worst things about their days, acknowledging that whatever made the worst list was a learning opportunity and reflecting on how to grow from the experience.

School leaders can present easy to implement routines like these to parents during an after-school workshop with parent educators—like Melanie Laguna and Dana Asby of Parent in the Moment who developed the Five Mindful Habits—or they can choose to convey these tips individually over time.

Strengths at My School



- What are the strengths of our approach to addressing mental health challenges at my school?

- How do these strengths benefit families? _____

- What else could be done? _____

Parent Teacher Associations: A Network Made to Partner With Schools

The Parent Teacher Association (PTA), with 6.5 million members in the United States, is the oldest and largest collection of unpaid child advocates in the country (White, 2020). Hearing “PTA” immediately conjures a variety of mental images, including bake sales, gift-wrapping fundraisers, angry mothers demanding extra services for their children, and more. With some relationship-building, however, PTAs can be more than just cash cows or the school board’s worst enemy. Parents can assist school leaders in changing the hearts and minds of their students, teachers, and other community members as well as government officials at the local, state, and federal levels. Visioning for an ideal future for your school will be enhanced by including key members of the PTA in your core learning team (Mason, Liabenow, & Patschke, 2020).

Addressing Equity in PTAs

Not all PTAs are created equal. Some schools have large and active PTAs that raise an enormous amount of money through dues and fundraising. They use that money to purchase resources, fund field trips, and host events that schools otherwise would not be able to afford. Schools in wealthier neighborhoods are able to set higher dues, solicit donations from neighbors with disposable income, and benefit from volunteer hours of stay-at-home spouses. Parents and guardians in lower income neighborhoods may not have the funds to make donations themselves and their neighbors may be unable to purchase fundraising. Parents living in poverty are also more likely to work more than one job or work long hours. Wealthier families are also more likely to have connections to private businesses and organizations that can make large monetary donations or send volunteers to facilitate programs at schools.

This inequity in financial and social capital exacerbates the fact that certain American schools are woefully underfunded, with a widening funding gap between schools and school districts along racial lines. States see significant differences in funding, with New Jersey spending \$17,379 per student while Utah only spent \$6,452 per student in the 2009–2010 school year (New America, n.d.). A 2016 report found that overwhelmingly White school districts received \$23 billion more than predominantly non-White school districts in state and local funding in 2016, despite serving roughly the same number of students (Meckler, 2019).

Because the majority of school funding comes from property taxes, schools or districts in the “nicer” parts of town will have more money for staffing, sports and arts programs, technology, and so forth. Parents in poorer neighborhoods may feel disenfranchised by this system, ultimately reacting combatively or apathetically, not trusting that their school community will look out for them or their child—sometimes perpetuating an attitude based on their own schooling experience.

To bring more equity to districts and schools, leaders are experimenting with fund-sharing. For example, in a diverse, urban area with working, middle, and upper-class neighborhoods, one school’s PTA may be able to raise \$400 for their work throughout the year, while a different school nets \$1,000 of funds, goods, and services to enrich their children’s education, and a third school in the same district might get over \$5,000 worth of programming, donations, and other resources for the school. Some progressive districts and/or PTA organizations are building an alliance to pool all of the money collected from the schools’ PTAs and redistribute it equally. If our hypothetical district implemented a fund-sharing policy, each of those schools would get \$2,133. In this scenario, the wealthiest school may not be able to fund all six of the field trips they wanted to, but the poorest school is able to buy laptops and hot spots for students who do not have access to a computer or Internet service at home.

PTA vs. PTO

Some schools have a Parent Teacher Organization (PTO) instead of a Parent Teacher Association (PTA). The PTA is a longstanding national nonprofit organization that's been advocating for the rights of children in schools since 1897 (PTA, n.d.). In the 2018–2019 school year, the PTA contributed over \$700,000 of funding to schools around the nation (PTA, 2019). There are local units—around 26,000 of them—at schools, councils who assists local PTAs, district units that work at the regional level, and state units.

PTOs are similar to PTAs, but they are independent from the official PTA organization and have less national structure. They are also referred to as PCCs (parent communication councils), PTGs (parent teacher groups), and HSAs (home and school associations) (Sullivan, 2019). The decision between forming a PTA and a PTO usually comes down to a school's preference between being part of a larger coalition that is fighting for the greater good versus using all of the funding raised from dues to support a local school. For schools with particularly low membership, being a part of the PTA may not be feasible. However, for schools with higher membership pools, being a local unit under the PTA umbrella can provide enormous benefits, like access to a number of grants, well-established networks between parents and state or federal officials, and conferences to gain knowledge and resources. Each school should evaluate the costs and benefits before making a decision.

Events to Increase Belonging Among School Community



- **Family Culture Fair**, where families share food, games, pictures, music, and so forth from their or their ancestors' home countries.
- **Family Reading Hour**, where families are invited to bring a blanket to spread out on the gym floor, grab some refreshments and books, and read together.
- **Family Arts Events**, where families work together to create pieces of art that can contribute to a charity art show or become masterpieces to display in their homes.

Lessons in Supporting Children and Families in Challenging Times. In 2020, educators learned a new way of communicating with and virtually supporting children and families on a day-to-day basis. The lessons we are learning simultaneously are many, but the most important is that before children need learning, they need love. In the first half of 2020, people around the globe faced mounting stress and anxiety as governments, communities, and individuals struggled to halt the spread of COVID-19. As school buildings were closed and remote classes were implemented in an effort to contain the virus, parents and children found themselves in close quarters for extended periods of time, providing the opportunity to spend more time together as a family, even as individuals practiced social distancing. Some families were better prepared to handle this challenge, and many educators and social service agencies were gravely concerned about the impact, particularly on families with greater dysfunctionality where there was a history of violence, alcohol or drug misuse, or feelings of inadequacy and despair.

In some families where the risk of infection was high or one individual appeared to have COVID-19 symptoms, children and parents lived with the ever-present reminder “not to touch.” Some single parents who needed to work outside the home were faced with the burden of finding childcare for their school aged children, some parents lost jobs, and others found themselves on a daily basis venturing out into communities where they were at higher risk of being exposed to the virus. Families feared for the health and safety of loved ones and anxiety was high.

During this time, virtual communities popped up to assist one another in new ways. Churches began holding Zoom services on Sunday morning, family and friends turned frequently to the Internet as a way of connecting with the world outside their homes, and telehealth became a standard protocol for delivering mental health support services. With a virtual assist, many examples of the basic compassion, kindness, and caring went virtual, reassuring us of the basic goodness that is inherent across cultures, countries, and traditions.

Government agencies such as the CDC and SAMHSA and private organizations such as NAMI, the National Education Association, and the American Federation of Teachers developed guidelines to help individuals and families reduce stress and build their resiliency. Because these guidelines are rapidly changing, we have compiled a list of online resources that will be periodically updated on Corwin’s online resource list for this book.

Parent and family needs, including needs to reduce stress and further child well-being, are shifting as our world changes and as a child grows from being a toddler to an adolescent. Many factors affect parent-child relations and communication, and educators can play a critical role in furthering positive relationships by partnering with parents and families. We can make a significant difference in reducing stress, increasing protective factors, and furthering a child’s resiliency. When educators are trauma-skilled, they are also prepared to be of greater assistance to children and families during mental health crises.

Reflections on Strengthening Mental Health and Well-Being: Leverage Parent Resources to Fulfill Needs, Wants, and Dreams

A family's mental health and well-being can be furthered not only through communication and counseling but through partnering to enhance the school community. Once positive relationships have been established with families, school leaders and educators can strategize to make the most of their talents, resources, and connections.

When you bring families onto your team, you can accomplish much, supporting not only their child but others. Instead of scrambling to do the best you can with a small budget or staff, parents' involvement can turn a mediocre program or event into an impactful, memorable, and exciting one. To earn more trust and encourage greater parental involvement, build positive relationships and be intentional with how and when you ask for help.



Online Resources in This Chapter:

- | | |
|----------------------------|---|
| Online Resource 8.1 | Help for Parents of Teens Who Attempt Suicide |
| Online Resource 8.2 | Navigating a Mental Health Crisis |