

# Working with Families of Children in Need of Mental Health Support: A Tip Sheet for Principals and Building Administrators

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“Mental health is a critical component of children’s learning and general health. Fostering social and emotional health in children as a part of health child development must therefore be a national priority.”

Report of the Surgeon General’s Conference on  
Children’s Mental Health: A National Action Agenda (2000),

## **Purpose of the Tip Sheet**

This Tip Sheet was written to help school principals and other administrators better understand how to engage families of children who need mental health support in school activities and in educational planning for their children. It covers:

- the role of the principal,
- describes which children need mental health support,
- defines factors to consider in working with families
- identifies the characteristics of good relationships between families and schools,
- presents strategies for addressing problem behaviors together; and
- offers tips for working with families.

## **Role of the Principal**

Mental health is important for ALL children. Good mental health, like good nutrition and good physical health, is a prerequisite to learning. Children who feel insecure or insignificant, confused or conflicted have difficulty focusing their attention on typical school tasks. This is why effective school administrators strive to create a positive environment that is welcoming to children – a place where they feel safe, secure, respected, competent, valued, and supported. While leadership for creating a positive school climate comes from the principal, responsibility for maintaining it falls to everyone who works in the school. Principals seeking to foster an emotionally healthy school climate provide all staff with opportunities to learn positive

## Working with Families of Children in Need of Mental Health Support:

A Tip Sheet for Principals and Building Administrators

---

approaches to teaching students to monitor and manage their own behaviors and to recognize signs of stress or distress in individual students.

There are many school-wide approaches and positive behavioral interventions that have a sound evidence base. For most students in a safe and supportive learning environment, mental health is routinely fostered and is not seen as a special concern requiring extra attention. However, this is not the case for all students. There is the potential for exposure to risk factors at school and elsewhere that could threaten a child's social and emotional development. The good news is that there are protective factors that can counterbalance these risks.

### ***Common Environmental Risk Factors***

Poverty

Exposure to violence, sexual, physical, or psychological abuse – such as bullying

Illegal alcohol and/or drug use

Poor instruction

### ***Some Protective Factors***

Strong and supportive family

A safe and supportive school environment

Positive relationships with caring adults – including teachers and school staff members – who believe in the child

Positive and prosocial peer group

School-wide social and emotional learning programs

Effective and appropriate academic instruction

## Which students need mental health support?

How a child experiences specific risk factors will shape how she or he copes with similar situations. If the child experiences insufficient protective factors that promote resilience, coping mechanisms may be weak. Without early identification and supportive services mental health problems, such as depression and anxiety, among others, could arise.

### ***Students who need mental health support generally fall into three groups:***

- The first group includes students who are experiencing a temporary stressful or distressing situation such as adjustment to a new school, the death of a relative, or the birth of a sibling. A phone call to the family, especially if there is already a good communication system in place, will help identify these issues quickly and locate the right kind of help for the child.
- The second group includes students who are regularly or continuously experiencing significant environmental risk factors such as frequent changes in foster home placements, or bullying at school. Identifying the source of the underlying environmental factors the child is reacting to is the first step. If they are in the school implementing strategies to

## Working with Families of Children in Need of Mental Health Support:

A Tip Sheet for Principals and Building Administrators

---

eliminate or reduce them will not only relieve stress for the student but also foster an emotionally healthy environment for everyone in the school. When the underlying environmental factors are in the community, change can only occur when school leaders reach out to community and family leaders to collaborate on finding solutions. If the underlying factors are linked to the child's family situation, a supportive meeting with the family could be called for. If this is the case, the goals should be:

- helping them to see how what is going on at home is influencing their child's success at school; and
  - helping them find accessible and affordable assistance in the community to overcome their difficulties.
- The third group includes students who have, or are suspected of having, a diagnosed emotional or behavioral disorder such as depression, reactive attachment disorder, bi-polar disorder, attention deficit, or eating disorders. Positive relationships with individual families will be essential to help coordinate school-based interventions for these students with professional mental health treatment they may be getting (or need to get) in the community.

Students who need mental health support do not necessarily require special education<sup>1</sup>. According to the U.S. Department of Education, during 7 percent of children ages 6 through 21 identified as having an emotional disturbance and received special education.<sup>2</sup> It has been estimated that almost 21 percent of U.S. Children ages 9 to 17 had a diagnosable mental or addictive disorder associated with at least minimum impairment. Based on diagnostic criteria

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<sup>1</sup> Regulations for the Individuals with Disabilities Education Act (IDEA) define emotional disturbance as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;
- A general pervasive mood of unhappiness or depression; or
- A tendency to develop physical symptoms or fears associated with personal or school problems.

The term emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

<sup>2</sup> U.S. Department of Education, *Twenty-Seventh Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act 2005: Vol. I:*

<http://www.ed.gov/about/reports/annual/osep/2005/parts-b-c/index.html>

# Working with Families of Children in Need of Mental Health Support:

A Tip Sheet for Principals and Building Administrators

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used in mental health, 11 percent of children ages 9 to 17 had significant impairment and 5 percent had extreme impairment.<sup>3</sup>

<i>Students Who Need Mental Health Support</i>		
<i>Level of Need</i>	<i>Who Can Help</i>	<i>Communicating With Family</i>
<b>Temporary stress</b>	School counselor, sympathetic teacher, school nurse, peer support group at school, spiritual guide in the community	Phone call, note, or brief home visit
<b>Significant environmental risks</b>	School social worker, school psychologist, behavior specialists, other child serving agencies in the community	Face-to-face meetings at home, at school, or convenient place in the community
<b>Diagnosed emotional or behavioral disorders</b>	School psychologist, special educators, behavior specialists, psychiatric and neurological consultants, community mental health providers	IEP team process and other mental health service planning meetings held by community agencies

Anecdotally, we know that there are other children with mild or moderate social, emotional, or behavioral problems, and even some with severe mental health needs who are identified as other health impaired and learning disabled. For many of these children, school is the primary place where they can be connected to mental health services if their needs are identified.

## Factors to consider when working with families

A child's family is the group of individuals who support that child - emotionally, physically, and financially. It can include individuals of various ages who are biologically related, related by marriage, or not related at all. It can include children who are developing along a typical path or children who have a special need – including children with emotional, behavioral, or mental disorders.

The normal routines of family life are disrupted when a child has a mental health need. Demands from schools and other community agencies can add to the family's stress. Most healthy families make adjustments to weather brief disruptions. Persistent or severe disruptions can weaken the fabric of the family or even tear it apart.

Each family has a culture of its own - in addition to the external cultures it affiliates with. A family's values and culture influence how it approaches the tasks of daily living activities (food, dress, work, school) and can direct how a family faces the challenges of raising a child with mental health needs.

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<sup>3</sup> U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*. Rockville, MD: 1999

## Working with Families of Children in Need of Mental Health Support:

A Tip Sheet for Principals and Building Administrators

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### *Suggestions for Developing Communication with Families*

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- Ask the family which adult(s) have primary responsibility for the child's care and which adult will act as the primary contact for the school. These may not be the same person.
- Find out what time(s) are the best to get in touch with this person or the family. Agree on how messages will be sent. Receiving lots of calls at work may put a wage-earner's job at risk. Messages mailed to their home, sent with their child, or left with a neighbor may not get delivered in a timely fashion – or delivered at all.
- State that your intention is not to place additional burdens on the family. However, acknowledge when you may be putting an extra burden on the family. Work with them to figure out how the school can help prevent or minimize their stress while they help the school address their child's best interests.

### **Characteristics of good relationships between schools and families**

Good relationships between schools and families are built the same way relationships develop between any individuals. They depend on common interests, trust, and mutual respect. This is easiest to achieve when both parties have a lot in common—like level of education and income or belonging to the same ethnic group or religion. Families who do not speak English, have little education, or very low incomes may be less likely to feel they have much in common with school staff. Adults whose own school experience was unpleasant may be uncomfortable in schools or feel they cannot speak honestly with school personnel. Families from countries torn by war or governed by dictators may think school principals are agents of the state who should be feared. Principals who have good relationships with their school's community make an effort to learn about the history, cultures, social mores, and values of the families therein. They are careful not to interpret a quiet or obliging deference as indicating agreement and compliance or to assume a boisterous assertiveness style of communication is a sign of hostility or defiance.

By virtue of their position, principals have power and authority. Principals who have good relationships with families use their authority judiciously, sharing rather than wielding it. They endeavor to put families at ease and take care not to overwhelm them.

People sustain relationships when they share a common purpose or values. Graduation from high school is a goal most parents value and share with schools—even if they do not have a diploma themselves. Getting help quickly when their own child has a problem is also a goal families can share with schools. When students have extensive mental health needs developing individualized plans for appropriate and effective educational and mental health supports can provide the common ground for families and schools to build a positive relationship.

## Working with Families of Children in Need of Mental Health Support:

A Tip Sheet for Principals and Building Administrators

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Common ground where social and emotional development is concerned may not always be obvious. Some families may not be aware of the behavioral expectations of the school or the social skills being taught. They may not see how these apply to survival in the community or success in life. In some cases, the skills that are encouraged at school may conflict with the cultural values and practices of the family. Principals who build positive relationships with families learn where these cultural frictions might exist. They reassure families that they foster bi-cultural learning and are taking steps to help their children to learn and use the social skills of the dominant culture at school without undermining the cultural values and social skills valued and expected at home.

Compromise and dependability are also important in sustaining a relationship especially when its chief purpose is to solve a problem. Principals who are successful in engaging families of children who have mental health needs take a strengths-based approach to students and their families and know how to find “win-win” solutions when there are conflicts. They have a reputation among families, with their staff, and in the community for being reliable, dependable, and following through on commitments.

### Addressing problem behavior together

Families of students who have mental health needs have the potential to be powerful allies. When families are engaged with the school in determining how problem behaviors will be addressed, they are invested in the outcome and will do their part to implement whatever plan is developed. Functional behavioral assessments should be the foundation for developing an understanding of problem behaviors. Principals who successfully engage families invite, encourage, and support them to be a member of the team that conducts a functional behavioral assessment of their child. The common understanding that results from this assessment binds the family and the team together. Their shared goal becomes developing

*The family defines its own support network. It could, for example, include friends and relatives, members of the clergy, health care providers, professionals from other service systems who are working with the family, volunteers from community agencies, and anyone else the family believes could be helpful.*

individualized, positive behavioral supports and instructional plans that can change the behavior. Principals support this bond by welcoming individuals from the family’s own support network to help devise and implement the plan.

# Working with Families of Children in Need of Mental Health Support:

A Tip Sheet for Principals and Building Administrators

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## *Tips for working with families*

- Make your school a welcoming place for families. Decorate areas of the school visitors frequently use with pictures that will appeal to them. Stock your waiting areas with reading material that will interest them. Set up a family center, run by and for families, where they can meet, talk, and get information or help with things that concern them.
- Reach out to and get to know your school's community. Meet with groups of families in the community—when and where they normally congregate for social events. Ask a family with whom you have a good relationship to take you on a tour of the neighborhood and to introduce you around.
- Show your respect for the family and their values and culture. Use their preferred language or mode of communication. If necessary have a qualified, professional translator present.
- Focus on strengths. Establish a regular system for sharing good news. Show that you value their child and see her or his potential to succeed. A crisis is not the best way to meet a child's family for the first time. When there is a problem, avoid assigning blame and focus on understanding the family's perspective on the situation.
- Be creative and flexible. Accommodate the family's schedules and other needs when arranging for meetings and services. Work for win-win solutions.
- Be honest and use commonly understood vocabulary. If technical terms must be used, explain them and check to make sure they are well understood.

## Final thoughts

Schools where children feel safe and are happy are schools where teaching and learning thrive, expectations are high, and outcomes are excellent. Such schools enjoy support from the greater community, and the families of all students—including those who might need mental health services. Engaging families of children who need mental health services offers an opportunity for principals to demonstrate their leadership and achieve success for their school.

## Recommended Resources

Center for Effective Collaboration. *Addressing Student Problem Behavior, Parts I, II, and III*. [www.air.org/cecp](http://www.air.org/cecp).

Osher, D. Dwyer, K. Jackson, S. *Safe, Supportive and Successful Schools Step by Step*. Sopris West Educational Services. [www.sporiswest.com](http://www.sporiswest.com).

Peer Technical Assistance Network. *Learning From Colleagues: Family/Professional Partnerships Moving Forward Together*. Federation of Families for Children's Mental Health [www.ffcmh.org](http://www.ffcmh.org).

Policy Maker Partnership. *Mental Health, Schools And Families Working Together For All Children And Youth: Toward A Shared Agenda*. National Association of State Directors of Special Education. [www.nasdse.org](http://www.nasdse.org).