

Mental Health/Mental Illness: Two Sides of an Elusive Coin

Mental . . . health.

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Placed together, these two relatively innocuous words carry a mysterious and contradictory power to unnerve. Often, when people hear mental health, they immediately leap to its opposite – mental illness. Robert Bly, when he talks about poetry, reminds his audience that the words we use drag centuries of history along with them: With the word “mental,” its definition encompasses disorders of the mind, and its compounds include not just *illness* but also other loaded words, like *asylum*, *cruelty*, *handicap*, and *hospital*. Even now, mental health issues infer a stigma that continues to shame family members into silence, seal records in legal proceedings, and keep counselors careful of how much they reveal about students and colleagues.

However, for Mariella Meinhold, a school psychologist at John Marshall High School in Rochester, NY, mental health immediately translates into achieving balance. “I guess mental health is just being able to meet the needs and the expectations in your environment,” Mariella says, “being able to think and act and cope with all the stuff that life throws at you, and being able to bounce back and gain a perspective that grows and changes developmentally with your ability to understand the world.”

That characterization may sound somewhat abstract or even a little clinical until you learn the demographics of John Marshall High School. It’s a tough, inner-city middle and high school, grades 7 through 12, plagued by poverty and crime, where on any given day the student population can shift dramatically between 900 and 1200 students, depending on truancy, illness, and population instability. “Some of our kids are amazingly resilient,” Mariella reveals. “They lose family members left and right, but yet they get up and out of bed every day and they come to school and they learn to read and they learn to get along with other people and they struggle with it.” For many adolescents who show up at school hungry or grieving a friend’s murder or forced to defend themselves physically, coping and achieving balance represent valuable, hard-won accomplishments.

22 School is one of the elementary feeder schools for John Marshall, and it's surrounded by gang members prowling for new recruits. Erminie Izzo, a school psychologist and counselor at 22 School, isn't shy about discussing the main challenges to mental health there. "We have a very high level of poverty. About 90-95% of our kids get free or reduced-price lunches. We are part of what they call the Rochester Crescent, and we have a very high crime rate. We have a gang presence here, and they are out to get our kids, and the gangs *are* getting them, as young as 8 years old, in our neighborhood. They're right around the corners from us, and our kids walk by them every day."

It isn't that John Marshall or 22 School are free of widely-discussed mental health issues such as depression, anxiety disorder, schizophrenia, bipolar disorder, and attention deficit hyperactivity disorder (ADHD). They certainly have those challenges, too. The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Text Revision, 2000) labels, which clinical psychologists use to identify mental health diagnoses, describe conditions that Erminie has to deal with on many of the days when she assesses children for special education placements.

22 School probably has more than its share of mental health issues that are impediments to learning, and the beleaguered elementary school deals with them by providing counseling within the building and by linking with outside agencies. "We have a number of programs that try to address these issues and mental health problems, but we don't do it in a clinical way," Erminie says. "We're a school -- K to 6 -- a bi-lingual school. It's really about our programs, more than it is about treatment. We do more of it in an educational way. We're skill-based."

One of their newer programs is Pathways to Peace, which uses former gang members who are trained to be program leaders. These ex-gang members meet with schoolchildren in small groups, talk about their experiences as gangbangers, and illustrate to the kids, using straight talk and graphic details, why gang life is the wrong path to choose.

But does Erminie really believe that gang problems, poverty, and crime are mental health issues? "Yes, I do. I believe they're all linked. You're talking about a whole individual, not about a piece of an individual. Not knowing where your next meal is going to come from tomorrow is going to depress you, okay? I think there's some linkage there. If you have mental health issues and you're dealing with poverty, you're not going to be able to get the support that you need outside. You're dealing with crime, you're also not going to get it.

Those are all stressors that can lead to mental health issues. In my experience in this building, they go hand in hand. They're all interwoven."

Matthew Rogers, Director of School Counseling for AuSable Valley Central School District, agrees with Mariella and Erminie about the prevalence of what he calls "situational mental health issues." He explains that the counselors and psychologists in his district "deal with situational depression and anxiety, the bereavement issues, the loss of a parent, things like that. These kids may not necessarily have mental health concerns. A parent has just died and they're depressed, and they're working through that.

"Or it's working kids through situations that cause anger or resentment or depression," Matthew continues. "Things are bad at home, mom or dad lost a job, and there's a lot of anxiety in that regard. A lot of our counseling is done in those day-to-day situational things that pop up. Kids breaking up with their girlfriend or boyfriend – that's traumatic. Having trouble with peers may bring about those situational mental health issues."

However, Matthew and his staff are also seeing more cases of diagnosed mental illness as well. "I don't know whether parents are more attuned to these issues and are getting their kids to mental health professionals sooner," Matthew says, "though I don't think it's over-diagnosed. I don't know if the mental health community is better able to diagnose. I can't put my finger on why it is, but we've seen an increase in mental health issues and diagnoses."

Instances of bipolar disorder, clinical depression, and schizophrenia have risen noticeably in the last few years, and AuSable's fairly remote location, about an hour south of New York State's border with Quebec, makes them the primary resource for parents. Matthew believes there is a distinct lack of mental health services for kids in his part of the Adirondacks. "There's a dearth of child psychiatrists and psychologists in this neck of the woods," he cautions. "I'm sure it's true in other rural areas as well. So there are waiting lists, and often you're referring them to some of the same old people. And sometimes, the local agencies are overwhelmed. You send a kid who you're worried about being suicidal – you send him to the emergency room, and unless they're presenting pretty heavy-duty, they're getting sent home and put on a waiting list. Not being able to get kids the help they need quickly is a real concern. It's frustrating. I really think that sometimes you have a kid who is in dire need, but sometimes it's hard to find him a bed." That lack of local resources means that at-risk students have to

travel outside the area for placements in facilities like St. Lawrence Psychiatric or Four Winds in Saratoga Springs.

But the lack of appropriate, local mental health facilities for school children is a problem that affects many more centrally-located and, for that matter, more affluent suburban school districts as well. Jon Romano, a 15-year-old student at Columbia High School in the East Greenbush Central School District, near Albany, was diagnosed as clinically depressed in 2003 and was also sent to Four Winds for treatment. Less than a year after that, on February 9, 2004, he smuggled a shotgun back into the high school, shot at but just missed two students, and then wounded a special education teacher. In the handwritten suicide note Jon left in his bedroom that morning, he mocked Four Winds and added them to the list of people and organizations he felt were responsible for what he was about to do: “Oh yeah, blame Four Winds. Those bastards were horrible. I faked my happiness to get out.” So, as school psychologists know all too well, even diagnosing a student and finding a treatment facility to accept him doesn’t guarantee that a deeply-troubled teenager will accept help when it’s offered.

But is it a situational or mental problem that pushes kids over the edge – or a lethal combination of both? Matthew Rogers suggests that, “Being an adolescent, you only have 16 or 17 years of experience behind you, and you haven’t had much time or experience to work your way through difficult situations appropriately. That lack of experience can lead to some inappropriate problem-solving which, taken to an extreme, will be a violent episode. If there’s that predisposition of a mental illness, that spark of bipolar disorder or depression or anything like that, it’s those situations that can trigger a violent episode quickly. It’s the kid who brings into school a mental health concern and gets picked on that day or gets kicked out of class by that teacher or suspended by that principal or has that girlfriend who breaks up with him. Any of those things can operate as that triggering event that sets off a pretty severe episode that can lead to violence. They can’t think of long-term consequences – they’re just not there yet.”

Extensive brain research during the last five years backs Matthew up. ACT for Youth, at Cornell University’s Upstate Center for Excellence, released a report in May, 2002, which showed that a teenager’s brain truly is different than an adult brain: “New findings show that the greatest changes to the parts of the brain that are responsible for functions such as self-control, judgment, emotions, and organization occur between puberty and adulthood. This may help to explain certain teenage behavior that adults can find mystifying, like poor decision-

making, recklessness, and emotional outbursts.” Dr. Jay Giedd of the National Institute of Mental Health advises that “Brain maturation does not stop at age 10, but continues into the teen years and even into the 20s.” So if the normal brains of all teenagers are still in the process of forming, that fact throws any relative definition of mental health out the window. Making a diagnosis of mental illness, when an entire age group is always at risk of acting outside of what adults think is normal or appropriate, becomes a matter of triage.

That’s what Michael Pritchard has been doing since he was a corrections officer in D-5, the maximum security wing of a juvenile hall in San Francisco, in the late 1970s – triage. Michael went from being a C.O. to winning the San Francisco Comedy Competition and doing stand-up on Johnny Carson’s *Tonight Show*. But after appearing on an Emmy-winning episode of *Taxi* and signing a major contract with NBC, Michael entered rehab. Then he took a long look around him and decided he didn’t really want to nurse John Belushi and Chris Farley through their dysfunctional adventures, or end up like them, and he started to work with schools. 25 years later, he has produced 11 educational specials for PBS, and he travels all over the country to deliver his form of compassion to teachers and students. But what he sees is a system in need of major repairs.

“You’re out there in the school systems, and they have refused to stand up to the politicians and the corporate executives and to tell them that working only with the brain, and using all of our skills and all of our abilities to teach a brain to regurgitate and do rote memorization exercises, is no test of a child’s genius.

“If that’s not true, why are so many of our kids entering the Ivy League with the highest levels of binge drinking, the highest levels of eating disorders, the highest levels of cutting, the highest levels of anti-depressant usage, and the highest levels of suicide attempts? But oh, by the way, did I mention that they’re really good at taking tests? They’re brilliant. They’re so good at it that, at Columbia University this year, 60 students were indicted for cheating on their ethics exam. PRESSURE! We’re talking to their brains.”

Michael especially likes the tough schools, where no one else can break through to the kids, like the urban high school in California where the Shoah Foundation showed *Schindler’s List* to the students and many of them laughed. “It was at the parts when he was indiscriminately killing people in the camp with his high-powered rifle,” Michael explains. “And they were

howling laughing, and not just a few. Spielberg even went and tried to talk to them, but these kids are so disconnected.”

Michael presents a unique mixture: he talks, and makes jokes, and lectures, and cajoles, and finds whatever cracks in the façade he can wriggle through to get these disaffected teenagers to feel something for someone else. Diagnosed or not, teenagers who laugh at sadistic scenes in movies or cheer when a classmate is beaten close to death in a parking lot after school are living embodiments of mental illness. The opposite of compassion may not be a valid diagnosis in the DSM-IV-TR, but it’s a pragmatic reality that is affecting our society and our world in ways that are far worse than the diagnosed mental conditions of a minority of troubled kids.

Michael eventually reached those teenagers, at the school where Spielberg failed to move them, and had them up and confessing in front of their classmates – talking about what hurt them and how it felt until the heckling finally stopped and everyone was listening. “Hilary Clinton says it takes a whole village to raise a child,” Michael reminds us. But he counters that, “We’ve got to raise the whole child for the village -- not just the brain that walks off the bus, but their character, their heart, their spirit, their soul. And as you listen to them, you can hear that they’re thirsty for their hearts to be explored.”

Erminie Izzo echoes Michael’s sentiments for 22 School: “The old saying, ‘It takes a village,’ is absolutely true. When you have a building like ours, to really make an impact, it takes not one or two individuals – it takes everybody working cohesively for these children. In fact, my two administrators in this building were teachers, and they know children. They understand how children develop. Their input is important to me. I may say something to them and they may look at me and say, ‘Wait a minute. Think about this.’ So the ability to be able to sit with them and conference with them is very critical.”

The compassionate, everyday work of educators, at all levels in the school culture, is the real work that makes a difference. How else can we model creative strategies for children who are swimming in an inescapable, electronic sea of destructive news and entertainment images, as well as coping with the normal challenges of family life and social realities – and whose brains are forming their notions of identity in the midst of it all?

Mariella Meinhold says she enjoys most the ordinary work of trying to understand each child. “What I do every day is get to know how a kid learns best, and try to help them

understand that, and try to help the parents understand that, so they can adapt materials and strategies to help their children, so that learning can come easier for them. I also help the teachers understand them better, too, and maybe that can help provide a key to help them learn better.

“Every time I sit down across the table from a kid, as I get to know them and watch them tackle a new problem and I hear them share with me what’s important to them and what they want to do – you know, I fall a little bit in love with each one of them, and they find a little place in me, and I really enjoy that communion. I really feel fortunate to have that opportunity. I think children are just amazingly wonderful organisms, and I’m grateful to the parents and to the school for letting me do what I do.”

Perhaps Mariella’s words point to the most effective strategy for responding to mental illness, and for helping to create mental health, that we educators can adopt.