

Looking Beyond Behavior:

Understanding Student Mental Health

This course gives you a clear, practical foundation for understanding student mental health, from what shapes it to how it shows up in your classroom, hallways, and school community.

You'll explore the factors that influence youth's well-being, recognize when a student may need support, and feel confident in your role as part of a broader network of care.

Whether you're a teacher, counselor, or school leader, this course helps you look beyond behavior and respond with knowledge and compassion.

Commented [FW1]: The other 2 courses don't have a subhead. It's just the main title. Also the titles are different in a few places. I think a combination (what I've written here) works!

Commented [AW2R1]: I like this. More concise. Updated working title in LMS.

Commented [AW3R1]: Changed formatting to match other courses.

Commented [FW4]: Taken from the module

What This Course Covers

Throughout the course, we'll build a shared foundation for understanding youth mental health, so you can recognize what students need and feel confident in your role as part of their support network.

Here's what we'll cover:

1. **What is mental health?**
Defining mental health and understanding why schools are uniquely positioned to support young students.
2. **What shapes mental health?**
Exploring the biological, psychological, social, and environmental elements that shape youth mental health and development.
3. **What helps and what harms mental health?**
Distinguishing risk factors from protective factors and understanding what helps or harms students' overall well-being.
4. **Common Mental Health Challenges**
Recognizing the prevalence of common mental health challenges — such as anxiety, depression, trauma, and ADHD — and why early identification matters.
5. **What Schools (and You) Can do to Support**
Identify warning signs, distinguish typical development from concern, and know when and how to refer students to get additional help.

Commented [MS5]: Audry, this section looks very similar to the course objectives. In the other courses, the information was written in a different style that felt less repetitive

Commented [AW6]: Updating the format to be consistent with the other 2 courses. Each course now has a short intro before the objectives, followed by "Here's what we'll cover." Following that, there are now headers above each of the objectives in all 3 courses.

What Is Mental Health?

Commented [FW7]: Remember to capitalize in LMS

What can shape our understanding of mental health?

Take a moment to think about your own understanding of mental health. Where does this understanding come from?

Consider the following:

- Upbringing
- Personal life experiences
- Friends, family, chosen family, or community
- Your work with youth
- Training and professional development
- Medical experiences
- Healing and therapeutic spaces

Commented [FW8]: Make sure these are bulleted in the LMS

Take a moment to reflect.

Many factors influence our own understanding of mental health. Let's take it a step further by reflecting on our own practices.

How does your understanding of mental health impact the way you work with your students?

Type your answer here...

Submit

Defining Mental Health

Mental health is your emotional, psychological, and social well-being. It's the mix of who you are biologically, how you think and feel, and the way you interact with the world around you.

These parts of you are always working together. ||

Your Biological Self

Your genes, brain chemistry, and physical health

Your Social Self

Your relationships, community, and environment

Your Psychological Self

Your thoughts, emotions, and the ways you cope with life's ups and downs

Your mental health affects how you handle stress, connect with others, and show up day-to-day. And this can shift depending on what's going on in your life.

We will explore these concepts further in the next chapter.

Commented [MS9]: If you change the design as Faith suggests, the colon works. But if you don't put the Your Biological Self etc. info underneath here, please switch to a period.

Commented [FW10]: Right now the page is a little all over the place. Can the graphic either be made to be horizontal or maybe the text can just be put plainly like it's written here?

Commented [AW11R10]: Changed formatting to horizontal orientation.

Mental Health Trends Across Development

Mental health challenges follow predictable developmental patterns rather than appearing at random. Knowing these onset windows gives you a clearer lens for spotting early warning signs and stepping in before difficulties have a chance to escalate.

Anxiety Disorders

Among some of the earliest mental health disorders to emerge, often beginning in childhood.

ADHD & Behavior Disorders

While signs often arise in the early elementary years, they can become more noticeable with the academic and social pressures of late primary or middle school.

Mood Disorders

Depression and other mood disorders tend to emerge in early adolescence.

Substance Use Disorders

Adolescents are more likely to be exposed to substance use and have a higher chance of developing substance use disorders.

Commented [MS12]: Faith, let's not say "Symptoms of" -- it makes it sound neurodevelopmental, like someone is born with depression and adolescence brings the symptoms to surface

Commented [MS13]: Faith, I don't think we should get into the limbic system and prefrontal cortex here -- too much info without having space to explain it. I would just stet unless you have other concerns I didn't see? Let me know

The Treatment Gap

About half of children and adolescents in the United States with a diagnosable mental health disorder **never receive treatment**. (Woolf, 2025)

Unmet Need

Many children with mental health challenges go undiagnosed and unsupported throughout their school years.

Who Bears the Cost

Several barriers — such as stigma, cost, and limited access — often hit communities with the fewest resources and the greatest needs the hardest.

Where Schools Fit

Since school is where children typically spend a large portion of their day, it's the ideal environment for recognizing, identifying, and providing resources for mental health challenges. (Sielaty et. al., 2025)

Commented [FW14]: The chapter 1 video script briefly discusses looking out for certain signs of distress in students. This isn't really covered in this chapter? I would maybe include more of that instead of statistics. I don't think the statistics need to be covered all that much.

Commented [FW15]: Source: <https://publications.aap.org/pediatrics/article-abstract/156/5/e2025070849/204637/The-Youth-Mental-Health-Crisis-in-the-United?redirectedFrom=fulltext>

Commented [FW16R15]: "Inadequate access to behavioral health care and insurance is a major contributor to poor mental health outcomes. Approximately half of children with mental health disorders receive no mental health services."

Commented [AW17R15]: Thanks for the reference!

Commented [FW18]: Move these to the center of the page

Commented [FW19]: Idk if we can say most?

Commented [FW20]: In the LMS, there's an unnecessary _ in between "many" and "children"

Commented [FW21]: Source: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12145534/>

Commented [AW22R21]: Added reference.

Schools Can Fill in the Gap

Youth are six times more likely to complete evidence-based treatment when offered in schools than in other community settings. This is why your role is crucial. You can help connect significant need to meaningful support.

Below are some examples of how early access to care impacts student progress:

Better grades and test scores

Social-emotional programs yield measurable improvements in academic outcomes, including better grades and higher standardized test scores.

Safer early classrooms

Pre-K expulsions are nearly cut in half when classrooms have regular access to a psychiatrist or psychologist.

Fewer absences and disciplinary referrals

School mental health programs decrease absences and disciplinary referrals.

A buffer against risk

A positive educational climate can buffer students from mental health risk factors they face outside school.

Source: Hoover et al., 2019

Commented [FW23]: Source:
https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/Advancing-CSMHS_September-2019.pdf

Commented [FW24]: The font needs to be bigger in the module. Right now it's so small, it's uncomfortable to read.

Commented [AW25R24]: Updating formatting.

How much more likely is it that youth with access to school-based health centers will seek mental health treatment?

Select the best response.

2 times more likely

Answer: Incorrect:

Not quite. The impact is much greater than that.

5 times more likely

Answer: Incorrect:

Close, but the research shows an even stronger effect.

10 times more likely

Answer: Correct:

That's right. Youth with access to school-based health centers are 10 times more likely to seek treatment, which is why your role in connecting students to support is so powerful.

Submit

Commented [AW26]: @Faith Wilkins - added this quiz question instead.

KEY TAKEAWAY

Your classroom is already a mental health setting.

Mental health is the **intersection of biological, psychological, and social well-being**.

Many students who need support never receive it outside of school, which means what you notice — and what you do next — genuinely matters.

Coming up next

In the next lesson, we'll explore on a deeper level what shapes mental health.

We'll take a look at the biopsychosocial model and discuss how educators can respond to these needs.

What Shapes Youth Mental Health?

The Biopsychosocial Model

The biopsychosocial model organizes the forces that shape a student's mental well-being into three interconnected domains.

Biological

- **Genetics**
- **Brain development**
- **Sleep**
- **Nutrition**
- **Physical health**

A student's genetic makeup can raise or lower vulnerability to certain challenges, and the developing brain is especially sensitive to disruption during childhood and the teenage years.

Psychological

- **View of self**
- **Methods for coping with stress**
- **Ability to build resilience over time**

A student who has learned to manage difficult emotions is better equipped to handle difficult periods of life.

Social & Environmental

- **Family relationships**
- **Friendships**
- **School climate**
- **Community support**
- **Social media and technology**

These external conditions can either add pressure or provide a buffer against stress.

Graphic designed by Julie Dang, based on Engel's (1977) biopsychosocial model.

Commented [FW27]: I'm wondering if the design can be a little different here? Maybe a chart with each element? I'm just not sure how clear it is that you need to click on each one to get info about it.

Commented [AW28R27]: Changed format.

Commented [FW29]: Put at bottom of page in LMS

Biological Elements

Biology sets the stage before a student ever walks into your classroom. Five biological factors shape mental well-being from the inside out.

Genetics

Inherited traits can raise or lower a student's vulnerability to mental health challenges.

Brain Development

The adolescent brain is still maturing, making it especially sensitive to stress and outside environmental input.

Sleep

Disrupted or insufficient sleep directly affects mood, attention, and emotional regulation.

Nutrition

What a student eats influences their energy, concentration, and overall physical and mental well-being.

Physical Health

Chronic illness or physical health challenges can compound psychological and emotional stress.

Commented [FW30]: Make the font bigger in the module

Commented [AW31R30]: Done.

Psychological Elements

If biology sets the stage, psychology shapes how a student performs on it. Three psychological dimensions matter most.

Coping With Stress

How a student responds when things get hard determines whether stress becomes manageable or overwhelming. Coping skills are learned — they're not fixed traits.

Building Resilience

Resilience grows through experience. Students who have had chances to navigate difficulties and recover from them carry that capacity forward.

Self-Perception

How a student sees themselves — their worth, their abilities, and their place among peers — shapes how they interpret and respond to the challenges they face each day.

Commented [FW32]: Make the font bigger in the module

Commented [AW33R32]: Done.

Social Elements

A student doesn't exist in isolation. The relationships and environments surrounding them can either amplify stress or help them respond to it.

Commented [FW34]: The change in structure is a little jarring, but I'm guessing it's because of the amount of copy

Commented [AW35R34]: Change to match structure.

Family Relationships

The quality of a student's home life — including how safe, stable, and supported they feel within their family — is one of the most powerful influences on their mental well-being.

Friendships and Peer Relationships

Peer connections provide a sense of belonging and social learning. Conflict, rejection, or isolation among peers can significantly increase a student's stress load.

School Climate

The overall tone of a school — whether students feel seen, respected, and safe — shapes daily experience. A positive educational climate can buffer students from outside mental health risk factors.

Community Support

Access to supportive adults, programs, and resources beyond the school walls extends the network of protection and comfort available to a student.

Social Media and Technology

Digital environments are now a constant presence in young people's lives. While they can be a source of connection, they can also lead to comparison, conflict, and exposure to harmful content.

Matching

Match each factor to its correct domain of the biopsychosocial model.

Drag each item to its matching pair.

A student rarely gets more than five hours of sleep on school nights. **Biological**

A student's older sibling was diagnosed with an anxiety disorder. **Biological**

A student tends to interpret setbacks as proof they are not smart enough. **Psychological**

A student has never been taught how to manage frustration. **Psychological**

A student's closest friend group moved to a different school this year. **Social & Environmental**

A student's school has a culture where asking for help is seen as weakness. **Social & Environmental**

Submit

Explanation (shown after submission)

Genetics and sleep belong to the biological domain because they involve the body's physical systems. Self-perception and the absence of coping strategies are psychological: They describe how a student thinks and what inner resources they have. School culture and peer relationships are social and environmental factors because they exist outside the student and shape the world they navigate every day.

Commented [FW36]: Questionable example of genetics? Should it be parent instead?

Commented [AW37R36]: Updated.

Everything Connects

When we think about youth mental health, it can be tempting to look for one clear reason why a student might be struggling. But usually, it's not just one thing.

The three domains of the biopsychosocial model don't simply stack on top of each other. They interact.

A change in one domain ripples into all the others.

The biopsychosocial model serves as a lens for seeing how a student's whole situation fits together.

Biological → Psychological

Poor nutrition or chronic illness drains a student's energy and concentration, making it harder to develop the coping skills and self-confidence that their psychological well-being depends on.

Social → Biological

Chronic stress from an unstable home environment activates the body's stress response over time, affecting sleep, immune function, and brain development in ways that compound over years.

Psychological → Social

When a student lacks the inner resources to cope with difficulty, they may pull away from the people around them. In doing so, they stand to lose the very relationships that could help them cope.

The same stressor, a different outcome.

Two students facing identical family stress may respond very differently because their biology, coping skills, and social connections are not the same. The interaction of all three domains is what explains the difference.

Commented [FW38]: Move this up in the page in LMS.
Weird spacing up top.

Meet Ravi

Ravi is a fifth-grade student who is usually energetic and enjoys participating in class. Recently, he has started **arguing with everyone, yelling when frustrated, and having difficulty staying in his seat.**

His teacher notices these behaviors are happening more often than they used to.

Take a step back.

Instead of just focusing on the behavior, consider the bigger picture. Seeing Ravi as a whole person can help us better understand what he truly needs.

Matching

Now let's apply the framework. Match each of Ravi's needs to the clue from his story that best reflects it.

Drag each clue to its matching need.

Ravi has started arguing with his peers. **Social Need**

Ravi yells when he's frustrated. **Psychological Need**

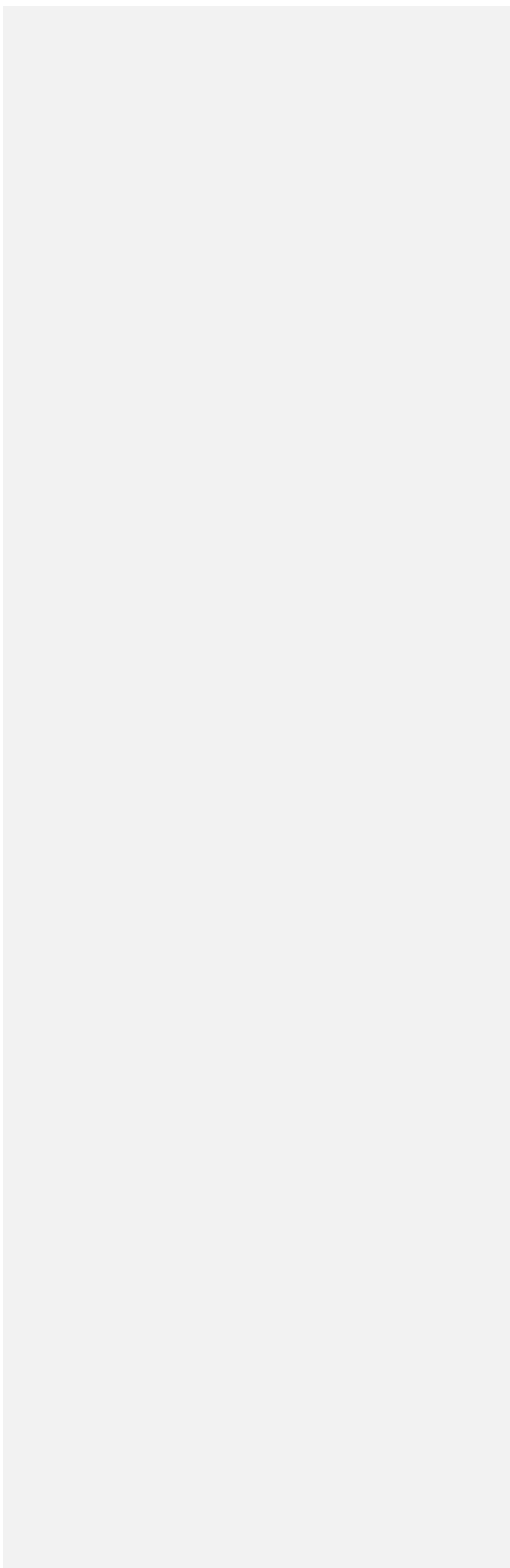
Ravi is usually energetic and has difficulty staying in his seat. **Biological Need**

Submit

Explanation after submission:

Great work! Ravi's high energy points to a biological need for movement. His frustration and emotional outbursts suggest a psychological need worth exploring. And the fact that he's argumentative with his peers points to a social need. The change in frequency of his behavior is a cue to look at what's shifted in his environment — at home, with peers, or in the classroom.

Commented [AW39]: Not able to bold due to formatting constraints.



Quiz

Select the best response.

Now that Ravi's teacher has identified his biological, psychological, and social needs, what is the most helpful first response?

Select the best response:

Have a private, curious conversation with Ravi. Ask open-ended questions to understand what's going on before drawing any conclusions.

Correct! A warm, nonjudgmental check-in signals to Ravi that he is seen and safe. Starting with curiosity opens the door to understanding what is really driving his behavior across biological, psychological, and social dimensions.

Share your concerns with the school counselor and ask them to take it from here.

Not quite. Looping in the school counselor may be an important step but handing it off entirely skips the teacher's own role. You are often the first and most consistent adult in Ravi's school day — your relationship with him matters and is part of the support.

Document the behaviors carefully and wait until there is a pattern before taking any action.

Not quite. Documentation is useful, but waiting for a pattern to fully emerge delays support. Early, low-stakes check-ins cost little and can make a big difference — especially given how long students often wait before receiving any help.

Adjust classroom expectations for Ravi, so he is less likely to become frustrated.

Not quite. Adjusting expectations without understanding the root cause is a workaround, not a response. It may reduce friction in the short term but doesn't address what Ravi actually needs biologically, psychologically, or socially.

KEY TAKEAWAY

See the whole student through the full lens.

Youth mental health is shaped by **biological, psychological, and social factors working together**.

Applying the full biopsychosocial framework means looking at all three domains — not just the most visible one — so you can truly understand what a student is experiencing and respond in a way that fits their whole situation.

Coming up next

In the next lesson, we explore the factors that help or harm student mental health — and how to tell the difference between the two.

Commented [MS40]: Only changing this to match the second lesson. And in searching, I realize there isn't any "Coming up next" in the Co-regulation course

Commented [AW41R40]: Thanks for the catch!

What Helps and What Harms Mental Health?

Risk and Protective Factors

Every student's well-being is shaped by a mix of biological, psychological, and social elements. But environmental factors also play an important role. Depending on the situation, these factors can either add stress or offer support.

This is the key distinction between **risk factors** and **protective factors**.

Risk factors

Things in a student's life that can increase the chance that they may struggle and make them more susceptible to mental health challenges.

Examples: family conflict, chronic stress, lack of sleep

Question

Protective factors

Answer

Things that help buffer stress and support healthy development.

Examples: a trusted adult, strong friendships, a positive school climate

No single factor determines a child's well-being. A student might be dealing with a lot at home, but one relationship with a supportive teacher or coach can make a real difference.

Let's take a closer look . . .

Commented [MS42]: Faith has already noted this with Audry, but the videos don't match up with where they've been placed in the LMS. Putting here to make sure this gets addressed.

Commented [FW43]: Remember to put ? in LMS

Commented [MS44]: In the LMS, this is in italics -- I would take this out of italics and make it roman.

Commented [AW45R44]: Done.

Commented [FW46]: I wonder if the page should be cut off here, since you're going over Risk Factors and Protective Factors in more depth anyway in the following pages. I don't see the need to repeat the definitions and examples.

Commented [AW47R46]: Kept definitions here. Removed definitions from the next several pages and referred to the content as examples of risk or protective factors.

Commented [MS48]: Faith, do you want to let them keep this more general? Stress can't be a risk factor for stress, and they seem to want to make this broader about well-being, not just mental health struggles. So you can adjust the top of the sentence -- Things in a student's life that can increase the chance that they may struggle.

Commented [FW49]: Can still see the tracked change in LMS

Examples of Risk Factors

Genetics or family history

A family history of mental health disorders can increase a student's biological vulnerability to similar kinds of challenges.

Poor sleep or nutrition

Inadequate sleep or poor nutrition undermines a student's physical and emotional resilience, making it harder to cope with everyday stress.

High stress or instability at home

An unstable or high-stress home environment adds significant psychological and social pressure that can easily spill over into a student's school life.

Trauma or adverse childhood experiences

Exposure to trauma or adverse experiences in early life can have lasting effects on a student's emotional development.

Bullying or peer exclusion

Being bullied or excluded by peers damages a student's sense of belonging and self-worth, negatively impacting their social well-being.

Poverty or limited resources

Economic hardship and a lack of community support limit access to the resources students need to thrive both mentally and academically.

Negative self-image or limited coping skills

A poor self-image or underdeveloped coping strategies leave students less equipped to manage stress and setbacks.

Commented [MS50]: Same question about "mental" here

Commented [AW51R50]: Changed to psychologically

Examples of Protective Factors

A strong relationship with a trusted adult

Having at least one trusted adult in their life gives students a reliable source of support, guidance, and reassurance when things get really hard.

Positive peer relationships

Feeling accepted and connected to peers builds a social safety net that helps students navigate stress and everyday challenges.

A safe and supportive school environment

A school where students feel physically and emotionally safe reduces daily stress and creates the conditions for healthy development.

Access to community support

Community services, mental health resources, and family support networks give students and their families the tools they need to manage challenges that extend well beyond the classroom.

Opportunities to build resilience

Learning how to manage setbacks and regulate emotions equips students with lifelong tools for handling stress and adversity.

Positive self-image

Students who feel good about themselves are better equipped to weather difficulties and stay motivated.

Extracurriculars

Participating in clubs, sports, or other activities fosters belonging, builds confidence, and connects students to a wider community.

How to know...

When you look at any factor in a student's life, ask yourself: Is this adding stress, or is it helping protect them from stress?

Matching

Match each factor to its correct category.

Drag each item to its matching pair.

Sleeping fewer than six hours a night on school days. Risk Factor

Being excluded or mocked by peers online. Risk Factor

A teacher who greets the student by name every morning. Protective Factor

A school counselor the student trusts and visits regularly. Protective Factor

A parent loses their job, causing financial stress at home. Risk Factor

Joining a sports team that gives a sense of belonging. Protective Factor

A close friend the student can talk to when things get hard. Protective Factor

Witnessing violence in the neighborhood. Risk Factor

Submit

Explanation shown after submission

Risk factors add stress in concrete ways. Financial instability at home, chronic sleep deprivation, online exclusion, and exposure to violence all increase a student's vulnerability. Protective factors buffer stress through real relationships and connections. A trusted teacher or counselor, a close friend, and a sense of belonging through activities can offset risk even when it comes from a different part of a student's life.

Protective Factors for Educators

When the well-being of school staff members is prioritized, it has a direct positive impact on the whole school. Staff who feel supported are more confident and consistent in their care for students.

Here are some examples of protective factors for school staff.

Staff Mentorship

Experienced staff mentors for newer colleagues build a culture of shared support — helping staff navigate difficult situations and feel less isolated in their day-to-day role.

Mental Health Training

Staff trained in mental health literacy are better equipped to recognize early warning signs, respond with confidence, and refer students to the right kind of support.

Access to Professional Support

Regular access to supervision, counseling, or employee assistance programs gives staff a safe outlet to process the emotional demands of their work.

Staff can't pour from an empty cup.

All school staff can contribute to reducing stigma — but they need to be mentally healthy first.

Meet Jayden

Jayden is a seventh-grade student who has been having difficulty concentrating and seems more withdrawn than usual. He often comes to school tired and has stopped spending time with friends during lunch.

His teacher knows that Jayden's family has been experiencing some changes at home. However, Jayden also has a strong relationship with his Science teacher and enjoys working with his classmate Andre.

Commented [MS52]: Add a name here? "... working with his classmate NAME" -- or it sounds like he likes working on group projects

Commented [AW53R52]: Added Andre.

Quiz

Which of the following are protective factors in Jayden's situation? Select all that apply.

Jayden has a strong relationship with his Science teacher.

Correct. A trusted relationship with a caring adult at school is one of the most powerful protective factors a student can have.

Jayden enjoys working with a classmate.

Correct. A positive peer connection is a protective factor. Even one meaningful relationship with a classmate can buffer the effects of stress.

Jayden's family has been experiencing changes at home.

Incorrect. Family instability adds stress to Jayden's life rather than buffering it.

Jayden often comes to school tired.

Incorrect. Chronic fatigue affects concentration, mood, and the ability to engage. It does not protect Jayden from stress.

Jayden often comes to school tired.

Incorrect. It Social withdrawal signals that Jayden is losing access to peer connection, which is a source of support.

Quiz

Which of the following are risk factors in Jayden's situation? Select all that apply.

Jayden has a strong relationship with his Science teacher.

This is a protective factor, not a risk factor. A trusted adult relationship at school is one of the most powerful buffers a student can have.

Jayden enjoys working with a classmate.

This is a protective factor. A positive peer connection helps buffer the effects of stress, even when other parts of life are difficult.

Jayden's family has been experiencing changes at home.

Correct. Family instability is a risk factor. It adds stress to Jayden's life and can affect his ability to cope at school.

Jayden often comes to school tired.

Correct. Chronic fatigue is a risk factor. It affects concentration, mood, and engagement, all of which make it harder for Jayden to thrive.

Jayden often comes to school tired.

Correct. Social withdrawal is a risk factor. Losing peer connection removes an important source of support and belonging.

Actions You Can Take Starting Now

You don't need a program budget to build protective factors. These actions are within your reach:

Check in by name.

Ask open-ended questions like, "How are you doing this week?" and follow up if something seems off.

Start class with a mood check-in.

Try a simple prompt like, "On a scale of 1–5, how are you feeling today?" to open the door to conversation.

Greet students at the door.

Use their name. Sit with a student who seems isolated. Small moments of connection are protective factors in themselves.

Act on any reports of bullying that day.

Don't wait. A swift, calm response signals to students that this space is safe.

Replace punishment with problem-solving.

Instead of detention or sending a student to the principal's office, pull the student aside, ask what's going on, and work with the student to find a solution.

Offer flexible deadlines.

Modify assignments or tasks when a student is visibly overwhelmed, grieving, or dealing with something at home.

Assign meaningful roles.

Give students jobs like leading a discussion, helping a peer, or presenting their work to build confidence and belonging.

Resource yourself.

Don't wait for a crisis. A quick conversation with your school social worker or psychologist can help you support a student more effectively.

Set limits on after-hours work, take breaks during the day, and ask for help when your own stress is building.

Submit

Pick two protective factors from the above list. What are some actions you could immediately start doing?

Commented [FW54]: These were mostly already covered on the "What Schools Can Do" page and it's mentioned that it'll be covered more in a later chapter. I would keep this page, since it's more detailed, and remove the other.

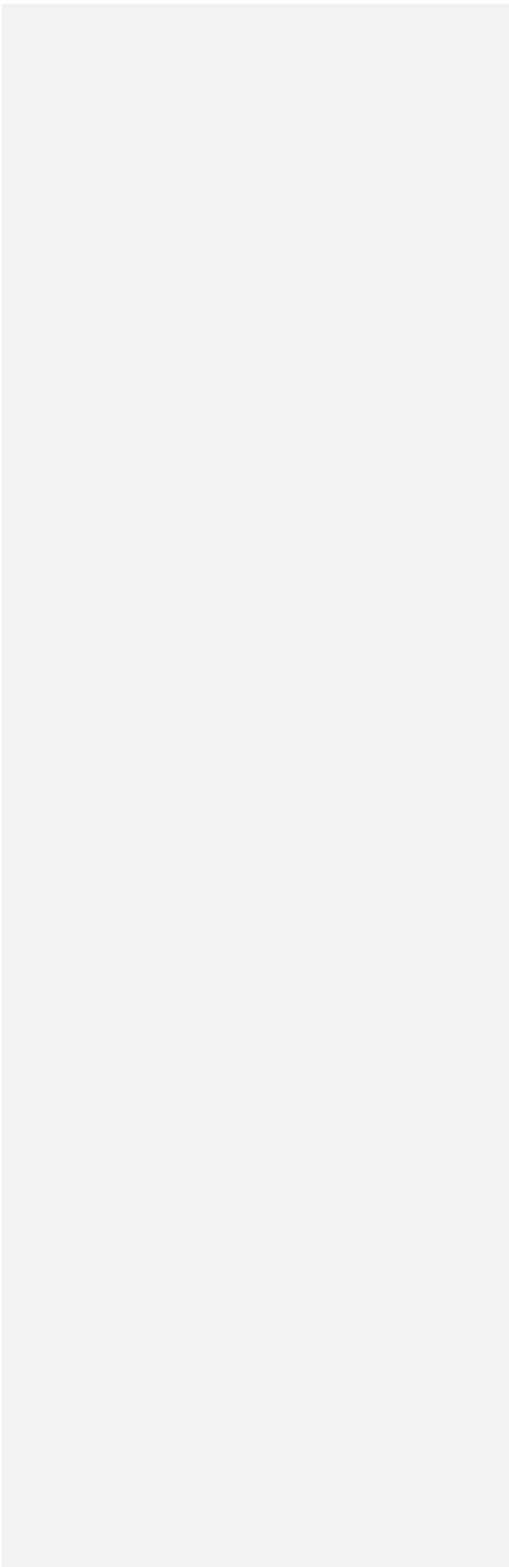
Commented [AW55R54]: That makes sense. Updating to remove repetition.

Commented [FW56]: Noting this page is in a different place in the LMS (before the Jayden questions)

Commented [FW57]: Spacing in the answers looks weird in LMS. Would consider aligning left rather than center

Don't overthink it. Small, consistent actions are the ones that stick.

Type your answer here...



KEY TAKEAWAYS

You're already part of the solution.

Every factor in a student's life either adds stress or absorbs it.

Protective factors — especially trusted relationships, safe spaces, and a positive school climate — can offset risk factors.

You are one of those protective factors.

Coming up next

In the next lesson, we'll walk through the most common mental health challenges students face — and explore how to recognize when everyday struggles might signal a mental health disorder that needs more support.

Common Challenges and When to Worry

Every student has hard days.

The question is knowing when those days become something worth paying attention to.

Hard days are sometimes a part of growing up — worry before a test, a low mood after a rough week, trouble focusing when tired. That's completely expected.

The shift happens when you start **noticing patterns** rather than isolated moments, like a student who's been off for days, or a reaction that seems much bigger than the situation calls for.

Commented [MS58]: This position makes it look like a title, but it reads like a sentence -- it looks better in sentence case with a period, so it connects with the first sentence of the paragraph. Maybe this should be in the text below and have a different title?

Commented [AW59R58]: Agree, updated formatting.

Signs That Something Bigger Is Going On

The questions below help us track if a student may need mental health support.

Is it atypical?

Is the reaction bigger than what the situation calls for?

What's the duration?

Has their behavior been off for weeks rather than days? Is it showing up across different settings?

What's the impact?

Is the student's change in mood or behavior affecting how they show up at school, in their friendships, or in their family relationships?

Is it across settings?

Does the student seem to be struggling in multiple areas of their life?

Is the student asking for help?

Does the student express they aren't feeling ok? Do they wish they could feel or do things differently?

When the answer is “yes,” it's time to pay closer attention.

When in doubt, reach out.

It's better to involve a counselor or school mental health professional and be wrong than to wait and miss a critical window.

When to Take Immediate Action

Some situations go beyond everyday concern and **require immediate action**.

Commented [AW60]: NEW LOCATION: Moved content which was placed later in the course to here. Reworded to emphasize help-seeking with self-harm, suicide, and disclosures of abuse. Provided link to CMI Suicide and Self Harm resource page.

Get Professional Help.

If you observe any of the following critical signs, **contact your supervisor and a mental health professional immediately**:

- Signs of **withdrawal, hopelessness, or self-harm**.
- Talking about **wanting to die**, great guilt or shame, or being a burden to others.
- Disclosures of **abuse, neglect, or unsafe home** situations.

Ensure the student's safety and connect them with the support they need.

Looking for more resources?

Explore suicide prevention resources to recognize warning signs of suicide and self-harm, and learn how to respond with care and support.

[**Suicide and Self-Harm Resources**](#)

Commented [FW61]: I think this can be in a box rather than the "Get Professional Help text

Quiz

Which of the following examples is an atypical behavior?

Select the best answer:

A student cries after getting a bad grade on a test.

Incorrect. This is a normal reaction to a specific stressor. It is not persistent or cross-setting, so it does not meet the threshold for concern.

A student is withdrawn and disengaged across multiple classes for several weeks.

Correct. This behavior is persistent, cross-setting, and getting in the way of daily functioning — three of the four key dimensions that distinguish a genuine concern from a typical reaction.

A student argues with a friend and is quiet for the rest of the day.

Incorrect. A brief reaction tied to a single event is not a concern on its own. The key is whether the behavior persists over time and shows up across different settings.

A student seems nervous before a big presentation.

Incorrect. Pre-presentation nerves are developmentally normal and situational. Without persistence, functional impairment, or a cross-setting pattern, this is typical behavior.

Submit

Common Mental Health Challenges

The three most common mental health challenges educators see in school-aged youth — and what they can look like in the classroom.

Anxiety

The **most common** mental health challenge in adolescents.

Students may appear restless, avoid participation, complain of stomachaches, or shut down before tests.

Anxiety often goes unnoticed because anxious students tend to comply rather than act out.

Depression

An estimated **14.7percent of adolescents aged 12–17 in the United States have experienced a major depressive episode in the past year.**

Signs include persistent sadness or irritability, withdrawal from peers, loss of interest in activities, fatigue, and difficulty concentrating.

Trauma

Adverse childhood experiences (ACEs) are potentially traumatic events that can lead to mental health challenges in children. According to the CDC, three in four high school students have reported experiencing one or more ACEs.

In the classroom, trauma can look like distractibility, irritability, hypervigilance, avoidance, or emotional outbursts that seem out of proportion to the moment.

While these three mental health challenges are common, they are often missed. Early identification by educators makes a real difference in outcomes.

Source: Centers for Disease Control and Prevention [CDC], 2026

Commented [MS62]: I wouldn't use a clock as a symbol for depression

Commented [AW63R62]: Thanks for the catch. Updating.

Commented [AW64]: Added new source.

Common Learning Challenges

Beyond mental health, many students also experience neurodevelopmental differences that shape how they learn, focus, and communicate.

ADHD

Attention-Deficit Hyperactivity Disorder (ADHD)

Attention-deficit hyperactivity disorder affects focus, impulse control, and activity level.

In the classroom, this might look like daydreaming, losing materials, careless mistakes, difficulty waiting, excessive talking, and/or difficulty communicating with peers.

Symptoms shift across development. While hyperactivity tends to be more prominent in younger children, inattention can become more central in adolescence.

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD)

Autism affects social communication, sensory processing, and behavioral flexibility.

Students may struggle with transitions, unwritten social rules, or sensory overload — and may have significant strengths in focused areas of interest.

Speech and Language

Speech and Language Difficulties

Challenges with expressive or receptive language can affect a student's ability to follow instructions, participate in class discussions, or express their needs — and are sometimes mistaken for defiance or inattention.

Learning Disorders

Learning Disorders

Learning disorders affect how students process information, which can impact their ability to read, write, and do math. Dyslexia is the most common learning disorder, characterized by difficulty with reading fluency and decoding.

These disorders are not indicators of intelligence — they reflect differences in how the brain processes certain types of information.

Looking for more information?

Commented [FW65]: Since this was already covered in another course and this course is primarily focusing on the other mental health challenges, I don't think it makes sense to include this page.

Commented [AW66R65]: Will provide a brief description here and share link to learning disorders course.

Commented [MS67]: I changed this because I didn't want to ignore dysgraphia, even if you don't cover it here

Check out the course "Supporting Every Learner," which dives deeper into executive functioning, neurodiversity, common learning challenges, and universal designs for all types of learners in your classroom.

Explore the “Supporting Every Learner” course

What does it look like at school?

Anxiety, trauma, and depression all hurt academic performance, but they show up differently. Knowing the distinction helps you respond to the right signal.

Commented [FW68]: Add trauma to this page

Commented [AW69R68]: Good catch! Thank you.

Commented [AW70R68]: Added trauma section.

Anxiety can look like...

- Struggling to *start* work because they want to know the "right" way first.
- Perfectionism, such as erasing and rewriting the same answer.
- Fixating on points lost rather than the overall grade.
- Frequent reassurance seeking: "Did I answer that correctly?"
- Having a hard time with presentations and class participation.

Commented [FW71]: For continuity, would have each box look the same. Like maybe they can all be in a dark blue box like "Depression"

Commented [MS72]: I would not bold this in the LMS

Commented [AW73R72]: Updated format.

Depression can look like...

- A visible decline in classroom engagement over time.
- Refusing to complete work or showing apathy.
- Faltering concentration; an inability to absorb material the way they used to.
- Fatigue and sluggishness.

Trauma can look like...

- Difficulty focusing due to the nervous system scanning for threat, not lessons.
- Irritability, such as snapping at peers or shutting down when redirected.
- Hypervigilance, such as watching the door, flinching at sounds, or being unable to settle.
- Avoiding or refusing certain classrooms, hallways, or even specific people.
- Experiencing big reactions to small corrections or changes in environment, scheduling, or classroom structures.

Sorting

Sort each classroom sign into the mental health challenge it most likely signals.

Drag each item into the correct category.

Anxiety

Freezes when called on and avoids class participation.

Frequent stomachaches before tests.

Excessive reassurance-seeking.

Commented [FW74]: This should be its own answer

Commented [AW75R74]: Agree. Updated.

Depression

Persistent low energy and withdrawal from friends.

Loss of interest in activities they used to enjoy.

Trauma

Difficulty trusting adults.

Strong reactions to small triggers.

Always scanning the room.

Submit

Explanation after submission:

Anxiety often shows up as avoidance and physical complaints. Depression looks like withdrawal and loss of energy or interest. Trauma can appear as hypervigilance, emotional shutdown, or strong reactions to triggers. All three are easy to overlook without knowing the signs.

Commented [MS76]: I would delete this -- this is the first use of "internalizing" in this lesson-- you don't define it until the next section.

Commented [AW77R76]: Thanks for the catch!

Externalizing vs. Internalizing

Not all mental health challenges look the same in a classroom. The distinction between externalizing and internalizing disorders shapes what you see — and what you might miss.

Externalizing can look like...

Behaviors directed *outward* toward others or the environment. Typically visible and disruptive:

- Restlessness, interrupting, talking frequently, or difficulty waiting their turn.
- Daydreaming, careless mistakes, difficulty organizing materials.
- Higher discipline referral rates.
- Argumentativeness and impulsiveness.

Internalizing can look like...

Distress directed *inward*, experienced privately. Often invisible to others and easy to miss:

- Withdrawal, fatigue, or quiet avoidance.
- Overthinking and often engaging in negative self-talk.

Trauma can look like...

- Behaviors that are both external and internal.
- Irritability or angry outbursts.
- Often appearing on edge or startling easily.
- Suddenly avoiding certain people or places.
- Withdrawing quietly from peers and school.

Commented [FW78]: Same note as before, would keep them all in the same type of box.

Matching

Match each description to the correct category.

Drag each item to its matching category.

Distress directed inward, felt privately by the student. **Internalizing**

Often missed because it does not disturb the classroom. **Internalizing**

More likely to be referred for support due to visible behavior. **Externalizing**

Distress directed outward that's visible and disruptive to others. **Externalizing**

Submit

Explanation shown after submission

Internalizing behaviors such as withdrawal, sadness, and overthinking are felt privately and easy to overlook.

Externalizing behaviors are directed outward. Students with these behaviors tend to get disciplinary referrals more often because they are hard to ignore.

Both are important to notice, catch, and support.

Scenario: Meet Sofia

Sofia is a sixth-grade student who is usually talkative, engaged, and quick to volunteer in class.

Over the past several weeks, however, she has started getting into arguments with classmates, yelling when she is redirected, and leaving the classroom when she becomes frustrated.

Her teacher has noticed that these changes are happening more frequently and are beginning to affect Sofia's schoolwork and relationships.

Quiz

Submit

Sofia's teacher has noticed several changes over the past few weeks. Which observation is **most** important to consider before deciding what kind of support she might need?

Select the best response:

Sofia's behavior is disruptive, so she likely needs a behavior intervention plan right away.

Not quite. Jumping to an intervention without gathering more information can miss the root cause. It's important to observe the pattern across settings and over time before deciding on a course of action.

The changes are happening across multiple areas of Sofia's life — her relationships, her schoolwork, and her classroom behavior — and have persisted over several weeks.

Correct. The fact that Sofia's changes are cross-setting (relationships, schoolwork, classroom), persistent (several weeks), and functionally impairing are key signals that this may be more than a hard day. These are exactly the dimensions to pay attention to before deciding on support.

Sofia has always been talkative, so her current behavior is probably just a phase that will pass on its own.

Incorrect. A student's baseline personality doesn't predict whether a change will resolve on its own. When changes persist over weeks and affect multiple areas of life, they deserve closer attention — not a wait-and-see approach.

Sofia is in sixth grade, so some emotional outbursts are developmentally normal and don't require follow-up.

Not quite. While some emotional reactivity is typical in early adolescence, the key question is whether the behavior is age-atypical in intensity, persistent over time, and impairing across settings. Sofia's pattern checks all of those boxes.

The teacher should wait until Sofia's behavior affects her grades before taking any action.

Incorrect. Waiting for academic decline means missing an earlier window for support. Functional impairment in relationships and classroom participation is already a meaningful signal — grades are just one piece of the picture.

KEY TAKEAWAYS

This is why you're here.

You are often the person who sees them the most.

The majority of a child's day is spent at school. So, a teacher is more likely to notice right away when something is off.

Noticing matters. It doesn't require a clinical degree. It requires paying attention — and knowing what to do with what you see.

Coming up next

In the next lesson, you'll see exactly how these challenges shape what happens in the classroom every day.

Where We Can Support: School,
Home, and Beyond

Commented [FW79]: Matches title of script & reads better, I think

Commented [FW80]: A lot of the info in this chapter is a repeat of info we received in previous chapters. Also, since this is geared towards educators, I'm not sure how helpful it is to go over the home and community portion in depth. I would maybe consider getting rid of this chapter & combining some info (I'll make a note of what) with the What Helps and What Harms chapter.

Commented [AW81R80]: Removed duplicative content. Changed to wording to support skills practices at school, home, and beyond.

Commented [AW82]: Left off here.

Beyond Grades

Mental health challenges do not stay in one corner of a student's life. They spread across many areas of a student's world. What you notice first depends on where you sit.

Academic

Mental health challenges affect grades, task completion, and concentration. Broader school outcomes include **grade retention, school avoidance, suspension, expulsion, and dropout.**

Relationships

When a student's behavior **gets in the way of relationships** with family or peers, that is a key signal that something more than a bad day is happening.

Attendance

Anxiety or depression can drive absences and lateness. School mental health programs have been shown to **decrease absences and discipline referrals.**

Long-Term Outcomes

Untreated challenges extend beyond school. Documented long-term outcomes include **substance abuse, incarceration, and unemployment.**

What Schools (and You) Can Do

When a student is struggling, effective support is layered. Here is what that support looks like across each area of a student's life.

How educators can support academics

- Make **adjustments or accommodations** in assignments or tasks.
- **Plan for student success** and provide opportunities for leadership and positive attention.
- Avoid punishment, sarcasm, or disparaging remarks that undermine engagement.
- Consult with your **school social worker or psychologist** when academic struggles may be rooted in mental health.

How educators can develop a sense of belonging

- Promote a **positive educational climate** that buffers students from mental health risk factors — reducing the pull toward avoidance.
- Ensure classrooms have **regular access to a psychiatrist or psychologist**.
- Take student concerns seriously and **address bullying**, which drives school avoidance.
- Build **positive peer and teacher relationships** as a protective factor for attendance and mental health.

How educators can support well-being

- **Stop using punishment, sarcasm, or disparaging remarks** — these techniques worsen behavioral outcomes. Consequences or problem-solving with a student is not punishment. It is supporting them in learning from and changing the behavior.
- Integrate **mental health into everyday conversations** to reduce stigma and help students recognize signs in themselves.
- Support **staff well-being** — when staff are mentally healthy, it has a positive impact on students.
- Ensure staff are **trained in mental health issues**, so they are more confident in identifying and responding to behavioral concerns.

How educators can support positive relationships

- Assign **mentors for vulnerable students** to ensure every student has a consistent, caring adult connection.
- Promote **positive peer relationships** and address issues like cyberbullying that damage social bonds.
- Create **peer mentorship programs** that extend the circle of support beyond the classroom.
- Offer **extracurricular activities** that build belonging and connection outside of academic settings.

How educators can support positive futures for youth

- Implement **mental health awareness programs** that build lasting literacy and reduce stigma over time.

Commented [MS83]: Taken from module

Commented [MS84]: This is all true, but it implies what's below will talk about reinforcement at home and the broader community — maybe drop that out so that the focus is just on the layers at school.

Commented [AW85R84]: Removed.

Commented [AW86]: Reworded headers to focus on skills/ what educators can do vs. protective and risk factor content knowledge.

Commented [FW87]: In LMS, remove the "in" before academics

Commented [MS88]: just cyberbullying? is that more the problem these days and not bullying in general?

Commented [AW89R88]: Typo.

- Connect students and families to **caregiver resources**, which helps families recognize signs and know when to seek help.
- Use **referral pathways** early — consult support staff and initiate referrals before challenges escalate.
- Recognize that a **positive educational climate** built by all staff is a long-term protective factor.

Partnering with Caregivers, Parents, and Families

Caregivers carry deep knowledge of their children — their history, their strengths, what has worked before, and what has not. That knowledge is irreplaceable. True partnership with caregivers means honoring what they already know, while bringing our professional perspective to the table.

This looks like:

- **Listening first.** Before sharing concerns or strategies, ask what they are noticing at home. Families who feel heard are far more likely to stay engaged — and that engagement is a protective factor for the student.
- **Working with families, not around them,** strengthens every layer of support. When school and home are aligned — sharing information, building consistent routines, and reinforcing the same messages — students benefit from a more stable, coherent circle of care.
- **A family's involvement can shift the balance** between risk and protection. Even small increases in connection, communication, and caregiver confidence can meaningfully reduce a student's vulnerability.

Connecting Caregivers to More Supports

Commented [FW90]: This page should go after the Expanding the Circle of Support page

The Child Mind Institute's Family Resource Center

Those looking to help children who are struggling with mental health, behavior, or learning challenges can find resources on our Family Resource Center online to:

- Review common topics.
- Access parenting guides.
- Read helpful articles.
- View video resources.
- Check out our *Thriving Kids* podcast.

[Explore Our Resources](#)

Connections in the Community

Along with family relationships, community connections and the presence of trusted adults outside school are among the most powerful protective factors available to any child.

- **Help students and caregivers access professional support** by sharing information about therapists, counselors, and community mental health centers when additional care may be helpful.
- **Encourage involvement in supportive activities** by helping students explore after-school programs, sports, arts, and mentorship opportunities that match their interests and strengths.
- **Help students and caregivers identify trusted people and communities** by exploring relationships with peers, mentors, faith communities, or support groups that can offer belonging, encouragement, and ongoing support.

What if conditions are hard?

When home or neighborhood conditions are unsafe, students experience social isolation. So **the supportive relationships and resources available at school become even more important.**

Meet Joy

Commented [AW91]: NEW CONTENT: Added knowledge check.

Joy is a junior in high school whose grades have dropped noticeably over the past month. She has stopped eating lunch with her friends. And she seems distracted and emotionally flat in class.

When her teacher tried checking in one-on-one, she minimized her concerns and said she was "fine." A colleague has noticed she sometimes arrives late, appears tired, and has been avoiding group work she used to enjoy. A friend of Joy's approaches her teacher after lunch, saying she's "really worried" about Joy and thinks she may have seen scars on her arms.

Commented [FW92]: The other questions are worded in this way. Changed for continuity.

Rank

What actions would you take first to support Joy's safety and access to help?

Drag to reorder from first (top) to last (bottom).

1. Act immediately. Report the concern to the school counselor or administrator right now. Do not wait.
2. Work with the school counselor to conduct a safety check-in with Joy and document all observations.
3. Coordinate with Joy's other teachers to build a full picture of her behavior across settings.
4. Contact Joy's parents to share concerns, listen to what they are seeing at home, and involve them in next steps.
5. Connect Joy and her family with a community mental health provider or crisis service for ongoing support beyond school.

Commented [FW93]: Missing Answer & Explanation

Reflection

Commented [AW94]: NEW CONTENT: Updated reflection.

Think about the people and resources available to you, such as counselors, administrators, or support staff. Think about the resources available to families. What about community resources?

Which areas feel the most resourced? The least?

How can you strengthen your work with caregivers and community members?

Take a moment to reflect below.

Type your response here...

Submit.

KEY TAKEAWAY

Working Together

No student is supported by one person alone. This chapter showed that effective support is **layered** — built across school, home, and community — and that every layer matters.

- **At school**, educators can create safe spaces, adjust for student needs, reduce stigma, and know when to loop in support staff.
- **At home**, caregivers are experts in their children — their insight and involvement strengthen the whole system.
- **In the community**, connections, mentors, and services extend the circle of care beyond the school walls.

When any layer is missing or strained, the others become more important. **You are one of those layers** — and that matters more than you might think.

Coming up next

You now have a clear picture of where support comes from and what gets in the way.

Next up, we are going to make it personal. You will build a **customized plan for supporting mental health in your own classroom** — grounded in what you already do well and focused on what you can strengthen starting now.

Your Role in Student Mental Health

Now It's Your Turn

Let's build a plan that's personalized to you, your students, and your classroom.

Here's what we'll do:

1. Revisit the key **signs and symptoms** to watch out for.
2. Identify how to **create an environment** where mental health can thrive.
3. Walk through a clear, **actionable path** for supporting a student in need.
4. Help you feel confident knowing when and how to **refer a student** to mental health support.
5. Provide resources you can **share with caregivers and family members**.
6. Bring **all your reflections** from this course together into one final, personalized plan.

1. Look Out for Signs and Symptoms

Anxiety — Watch for perfectionism (e.g., erasing and rewriting answers, fixating on lost points), reassurance-seeking, difficulty initiating tasks, frequent nurse visits, avoidance of class participation, and behavioral outbursts that seem out of proportion to the situation.

Depression — Look for a decline in academic performance, increased absences or lateness, withdrawal from friends and activities, apathy toward schoolwork, fatigue, and difficulty concentrating. A student who used to engage but now seems flat or oppositional may be signaling more than a bad week.

Trauma — Pay attention to distractibility, fatigue, irritability, or sudden avoidance of certain people or places. A student who startles easily, withdraws from peers, or stops talking about the future may be exhibiting a trauma response. These signs are easy to misread as defiance or disengagement.

Three red flags that always warrant action.

1. Concerns appear **across multiple settings**.
2. Student expresses **hopelessness or extreme distress**.
3. Behavior **impacts safety, learning, or relationships**.

Commented [FW95]: Is this a checklist? Otherwise not sure of the function of crossing out each one.

Commented [AW96R95]: Updated format.

Commented [FW97]: Off center

2. Build an Environment for Well-Being

Remember the protective factors we discussed? Let's build on that.

So far, we have reviewed what school, family, and community members can do to support. We've also reviewed protective factors that can be put into place to help create safe, positive environments for students to thrive.

Consider these additional steps you can take to build an environment where students' mental health can truly flourish.

Start talking about it. Integrate mental health into your classroom curriculum, reduce stigma by increasing conversations, and help students recognize symptoms in themselves. A simple check-in can mean more than you realize.

Avoid punishment. Stop sarcasm or negative remarks. Punishment is not accountability for students. Negative comments can shut a struggling student down fast. Instead, make adjustments or accommodations in assignments, plan for success, and give students leadership roles and positive attention.

Consult with your team. When you need backup, consult with your school social worker or psychologist. Supporting well-being isn't about having all the answers — it's about creating a classroom where students feel seen, safe, and supported.

Support staff in recognizing symptoms. Help colleagues recognize warning signs and know how to make referrals. When staff are trained in mental health issues, they feel more confident supporting students.

Take concerns seriously. Pay attention to student concerns, address issues like cyberbullying, and promote positive peer-teacher relationships. The sense of safety that comes along with feeling listened to becomes a protective factor for the student's well-being.

Access your own supports. All school staff can contribute to positive discussions and reductions in stigma. But staff need to be mentally healthy themselves — when staff well-being is emphasized, it has a direct and positive impact on student outcomes.

Connect to mentors, extracurriculars, and awareness programs. Consider staff mentors for vulnerable students, peer mentorship programs, extracurricular activities, and school-wide mental health awareness programs as further ways to build a supportive learning environment.

3. Set a Pathway Toward Support

When you notice something, work through these steps before deciding what to do. The goal is a deliberate response, not a reactive one.

1. **Name the observable behaviors.** Stick to what you can describe.
2. **Consider typical development.** Could these behaviors be explained by age-appropriate stress, a bad week, or a known life event?
3. **Look for warning signs.** Has this change in behavior lasted over time? Is it impacting others? Is it happening across multiple settings?
4. **Identify what you still need.** What information is missing? Have you heard from other teachers or reviewed attendance? And have you spoken with the student, their caregivers, or trusted members of their community about what might be going on?
5. **Choose the appropriate next action.** Based on your answers, continue **monitoring**, provide **classroom support**, consult **support staff**, or initiate the **referral process**.

Commented [FW98]: Maybe there should be a short expansion on when to do each one (monitor, classroom support, etc.)

4. Know When to Refer

Remember these **signals to refer** a student for mental health support:

- **Sudden changes** in behavior, mood, or academic performance.
- **Withdrawal**, hopelessness, or self-harm.
- **Disclosures** of abuse, neglect, or unsafe home situations.
- **Persistent** anxiety, sadness, or anger that interferes with daily functioning.
- **A student who directly asks for help** or expresses that they are not okay.

Commented [AW99]: Note to self needs to be updated here and in the downloadable resource

5. Take Your Own Reflections to Heart

You've just read through a set of concrete strategies that are within your reach as an educator.

Take a moment to consider all of your reflections and how they are supporting your practice as you conclude this course.

- How does **your understanding of mental health** impact the way you work with your students?
- When a student needs more support than you can provide, **who can you involve at your school?** Think about the people and resources available to you, such as counselors, administrators, or support staff.
- **Pick two protective factors** you could start using right now.

Commented [AW100]: Note to self needs to be updated here and in the downloadable resource

Putting It All Together

Create your personalized plan for student well-being.

Use the template below as your personal guide to apply what you've learned. We will share a series of reflections tied to each topic in this course so you can turn your ideas into real, tangible steps for your classroom.

Download The Template

Commented [FW101]: I'm a little confused by this page. Didn't we already go over this? I would consider just providing the downloadable version.

Commented [AW102R101]: Make sense. It's too repetitive. I'm going to summarize what has been accomplished throughout the course, and then provide a downloadable template containing all the detail.

KEY TAKEAWAY

See It, Name It, Act on It

Every skill in this course points to one moment: when a student's behavior shifts and you have to decide what it means — and what to do about it.

Remember

Ask whether the pattern is persistent, cross-setting, and interfering with functioning. Then work through the steps to choose the right responses for the students in your care.

It starts with you and continues with the right support.

Commented [MS103]: I don't feel like the five steps are what you do when you are deciding what to do in a certain situation. This seems to misrepresent the course

Commented [AW104R103]: Ah, this is a typo from steps that were included before. Thanks for catching. Removing this.

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Commented [FW105]: The other courses don't include reference pages.

Commented [AW106R105]: Keeping. We will eventually need to add references for all courses to make them CE approved.

Commented [AW107R105]: Updated with current references.

Quiz

How do the different elements of the Biopsychosocial Model affect each other?

Select the best response.

Biological factors like genetics are the primary driver, while psychological and social factors play only a minor supporting role.

Incorrect. This elevates one domain above the others. But biological, psychological, and social factors are equally interacting contributors.

Biological, psychological, and social factors overlap and interact to shape a student's overall well-being.

Correct. The Biopsychosocial Model shows all three factors as overlapping circles; none operate in isolation.

Social factors like peer relationships only matter once biological and psychological needs are already fully met.

Incorrect. This suggests a strict sequence of importance, but the model shows these factors interacting simultaneously rather than in a required order.

Psychological factors such as thought patterns operate independently of a student's relationships or biology.

Incorrect. This treats psychological factors as isolated, but the model frames all three domains as overlapping and mutually influencing one another.

Submit

Quiz

Which of the following are risk factors that can negatively affect a student's mental health?

Select all that apply.

Chronic sleep deprivation and poor nutrition.

Yes, this is a risk factor.

Ongoing family conflict or instability at home.

Yes, this is a risk factor.

Negative self-perception and limited coping skills.

Yes, this is a risk factor.

All of the above.

Correct, all three are risk factors. Chronic sleep deprivation and poor nutrition (biological), negative self-perception and limited coping skills (psychological), and family conflict or instability (social) all increase a student's vulnerability to mental health challenges.

Kenji is a seventh-grade student who has been increasingly withdrawn. His grades have slipped, he rarely participates in class, and his teacher has noticed that he eats lunch alone most days.

Quiz

Consider the protective factors we reviewed in this course.

What are the most helpful protective factors Kenji's teacher can put into place right now?

Select the best response.

Make small adjustments to Kenji's assignments and look for opportunities to give him positive attention and a leadership role in class.

Correct. These are exactly the kinds of protective actions we've talked about: making accommodations, planning for success, and creating opportunities for positive attention and leadership. Small, consistent moves like these can make a real difference for a student like Kenji.

Commented [FW108]: The other course exams do not call back to the course, specifically.

Keep Kenji's situation private from all other school staff to avoid singling him out.

Incorrect. Keeping concerns isolated from the support team works against Kenji.

Use direct feedback and high expectations to push Kenji to re-engage with class.

Incorrect. Pressure without support can make the situation worse. .

Remove Kenji from group activities until he shows he is ready to participate.

Incorrect. Exclusion removes the very connections that can protect Kenji.

Submit

Quiz

Which four things signal that a student's behavior may reflect a bigger need rather than typical development?

Select the best answer.

1. Atypical behavior for the student's age.
2. Gets in the way of school performance, relationships, or usual activities.
3. Is present across multiple settings.
4. Has continued over time.

Correct. Signs and symptoms that qualify as a bigger need meet this criteria.

1. Atypical behavior for the student's age.
2. Is **not** getting in the way of academics, relationships, or usual activities.
3. Is **only** present in one setting.
4. Has **only** occurred once.

Incorrect:

1. **Typical** behavior for the student's age.
2. Gets in the way of school performance, relationships, or usual activities.
3. Is **only** present in one setting.
4. Has **only** occurred once.

Incorrect:

1. **Typical** behavior for the student's age.
2. Is **not** getting in the way of academics, relationships, or usual activities.
3. Is present across settings.
4. Has **only** occurred once.

Incorrect:

1. **Typical** behavior for the student's age.
2. Is **not** getting in the way of academics, relationships, or usual activities.
3. Is **only** present in one setting.
4. Has occurred several times this week.

Incorrect:

Submit

Commented [FW109]: The question should look like this, where each numbered response has its own line. Right now, they're all jumbled together and it's confusing to read.

Commented [AW110R109]: Updated format.

Commented [FW111]: Will the answer just say "Incorrect" or is there missing copy?

Commented [AW112R111]: Missing copy. I'll add.

Commented [FW113]: Missing responses

Matching

Match each behavior to whether it reflects typical behavior or warrants concern.

Drag each behavior to its correct match.

A student forgets their homework twice in one month. **Typical Behavior**

A student has a bad day after a conflict with a friend and seems withdrawn for the afternoon. **Typical Behavior**

A student has been avoiding the cafeteria, the bathroom, and class presentations for six weeks. **Warrants Concern**

A student pushes limits and argues with a teacher once after a stressful exam week. **Typical Behavior**

Grades have dropped steadily and teachers in three different classes report the same fatigue and apathy. **Warrants Concern**

A student startles at small sounds, avoids certain hallways, and has stopped talking about the future. **Warrants Concern**

Submit

Explanation shown after submission:

The key criteria for warranting concern are persistence (lasting several weeks, not just a bad day), intensity (outside what you would expect for their age), presence across settings (not just one class or one day), and functional impact (getting in the way of learning, relationships, or safety). A single difficult moment is part of development. A pattern that crosses settings and lingers is a warning sign.

Remember the common mental health challenges?

Consider these common mental health challenges when answering the next question:

Anxiety

Depression

Trauma

Consider these common mental health challenges when answering the questions below.

Commented [FW114]: This part seems unnecessary

Quiz

A student who frequently visits the nurse, avoids giving presentations, and asks repeatedly whether they answered a question correctly may be struggling with which mental health disorder?

Select the best answer.

Depression — the student is withdrawing from activities and showing signs of apathy.

Incorrect. Depression can involve withdrawal and apathy, but the specific pattern here — nurse visits, avoidance of performance situations, and reassurance-seeking — aligns more closely with a different disorder.

Anxiety — frequent nurse visits, avoidance of performance situations, and reassurance-seeking are classic classroom signs.

Correct. The course identifies frequent nurse visits or absences, difficulty participating in class or giving presentations, and reassurance-seeking as observable signs of anxiety in students.

Trauma — the student is avoiding certain people and appears easily startled.

Incorrect. Trauma symptoms include sudden avoidance of specific places or people and being on edge or startling easily. The signs described here — nurse visits and reassurance-seeking — are more characteristic of a different mental health challenge.

Submit

When a student shows changes in behavior, there are five steps educators can take to get more support and resources for that student.

Rank

Review the steps below and place them in order.

Drag to reorder the steps from first to last.

Name the behaviors. What are you seeing or hearing?

Check for typical development. Could these behaviors be explained by age-appropriate stress, a bad week, or a known life event?

Look for warning signs. Are the behaviors persistent, intense, present across settings, or interfering with functioning?

Identify what you still need. What information is missing? Have you heard from other teachers, reviewed attendance, or spoken with the student?

Choose the next action. Monitor, provide classroom support, consult school support staff, or refer to mental health services.

Submit

Correct Response:

1. Name the behaviors.
2. Check for typical development.
3. Look for warning signs.
4. Identify what you still need.
5. Choose the next action.

Quiz

Many young people with a diagnosable mental health disorder do not receive treatment, and delays in getting help can last around 11 years. Which of the following best explains why schools are so important in closing this gap — and what you can do about it?

Select the best answer.

Schools can help by referring students to outside therapists, because the real work of closing the gap happens in clinical settings — not classrooms.

Incorrect. Referrals matter, but they're only part of the picture. Many students never make it to a clinical setting at all due to several barriers, including cost, stigma, and logistics. Youth with access to school-based health centers are more likely to seek treatment, which means what happens inside school is a critical part of closing the gap.

Schools can bridge the gap because they're where students spend most of their day — and educators can notice concerns and get help, often years before they might otherwise receive it.

Correct. Barriers like cost, stigma, and logistics keep many families from seeking outside help. Because students spend so much time at school, educators are uniquely positioned to spot early signs, reduce stigma through supportive relationships, and connect students to school-based or community resources.

The most important thing educators can do is make sure students feel comfortable enough to bring up mental health concerns on their own.

Incorrect. Creating a safe environment is valuable, but students in distress rarely self-identify or ask for help directly. Educators play a proactive role — noticing behavioral changes, naming what they observe, consulting with school support staff, and referring students to services. Waiting for a student to come forward can mean years of unmet need.

Submit

Your course is complete!

You may now close this window.

Thanks again for showing up — for yourself and for your students.