MENTAL HEALTH and INTERNATIONAL STUDENTS:
What Educators Need to Know

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Mental health issues are prevalent globally, and are one of the leading causes of disability at the workplace and even at school. While not adequately researched, it is well accepted by health care professionals that early intervention could be the key to reducing the burden of psychiatric disorders across an individual's lifespan. However, there are considerable limitations to implementing early strategies for care. Limitations can be related to individual or societal beliefs about mental health and treatment seeking, diagnostic uncertainty, or systemic issues that result in a lack of resources.

On the individual level, you as educators are in a unique position to have a positive impact on the mental health outcomes of your students. Why? For the very basic reason that a student or parent may not be ready to acknowledge the problem or may not be aware that there is a problem. Below are some key behaviours to look out for in your students; they likely indicate a mental health issue that would be classified as a “mood disorder” (e.g., a disorder primarily affecting the ability to regulate one's mood).

**Major Depressive Disorder**
Depression is the most prevalent of psychiatric disorders and can be seen in children from an early age, although symptoms typically present themselves in adolescence. It is characterized by mood dysregulation, a persisting sadness, or lack of interest, accompanied by negative changes in appetite, sleep, concentration, or energy, as well as the presence of agitation, slowed thought/movement, or suicidal thoughts. Take note if a particular student is:

- Frequently dispirited or despondent in facial expression, speech, or posture
- Becoming more aloof and withdrawn; avoiding social situations
- No longer participating in class activities
- Decreased confidence in school performance
- Incapable of focusing on tasks or taking longer to complete them
- Fidgety during lectures
- Often yawning during class
- Demonstrating a decreased quality of work

**Bipolar Disorder**
This disorder is characterized by episodes of major depression, as described above, as well as mania. This means a confirmed diagnosis can only be made once an individual goes through both “swings.” In some cases, it may initially appear that the individual has depression—until a manic episode occurs in late adolescence or early adulthood. Mania is characterized by an elevated “high” or hyper mood that is not reflective of one’s usual demeanour; this can result in impulsive conduct that leads to negative consequences. Typically, if the depressive episodes are more severe, the mania is less severe and vice versa. Notice if a particular student is:

- More happy, confident, or cheerful than usual; laughing inappropriately
- More sociable with classmates
- Unable to stop talking or talking so fast that s/he is difficult to understand
- Easily distracted by the slightest interruption
- Discussing new ideas or plans that seem unrealistic
- Frequently disrupting the class or being aggressive
- More active than usual; obviously restless during class
- Acting reckless and getting into trouble

**What Next**
If you think a student may be suffering from major depression or bipolar disorder, it is important to consult your school guidelines on how to handle mental health issues on the school grounds or in the classroom. Resources are also available for educators seeking additional information and tips for intervention. It is critical to respect family, cultural, and spiritual beliefs when educating students or their guardians about mental health. Above all, your contact with a student or parent regarding a potential mood disorder may be the vital first step in recognizing that there is a problem.

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2. Mental Health in schools – How teachers have the power to make a difference: http://bit.ly/1cRupFZ (requires Adobe Reader)

For easier access to these resources, view the article online: http://bit.ly/1900FCG
About the Author

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References


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