

Rural School Libraries Anchoring Community Mental Health Literacy

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Abstract: Across the United States, one in five children has or will have a serious mental illness. This project intended 1) to determine current efforts among rural school libraries and communities to promote mental health literacy, and 2) to determine rural school libraries' capacity to promote community health literacy. This project used a mixed method design, including activities such as a quantitative survey of mental health support administered to rural school librarians, counselors, and administrators; qualitative interviews and focus groups with rural school librarians, counselors, and administrators; environmental analyses of school libraries where best practices are happening.

Keywords: Mental health, School libraries, School librarians, Rural areas, Community support

1. Introduction

Across the United States, one in five children ages 13-18 has or will have a serious mental illness, and the average delay between onset of symptoms and seeking/receiving care is 8-10 years (National Alliance on Mental Illness, n.d.). Suicide is the second leading cause of death for 10-14 year-olds and 15-24 year-olds, nationally (Centers for Disease Control and Prevention, 2014). Rural communities lack accessible, acceptable, and appropriate mental health supports. Residents of rural communities report more "poor mental health days" than nonrural residents, but rural areas have less access to mental health providers than to other medical providers (Caruthers, 2016).

This paper reports on research from an Institute of Museum and Libraries Services grant-funded project intended to assess the capacity of rural school



libraries as anchors for community mental health literacy efforts. The overall project will include 1) assessing if and how rural school librarians are involved in school and community mental health efforts; 2) determining local best practices developed indigenously by school librarians and/or school personnel to promote mental health literacy; and 3) documenting how those practices came about.

1.1 Objectives

The objectives of this project were twofold. First, we wished to determine current efforts among rural schools and communities in Missouri to promote mental health literacy with a focus on roles or functions of school libraries and school librarians. Our intent was to determine what existing mental health literacy practices were currently be ongoing in rural schools and communities, particularly activities undertaken by school librarians in school libraries. We sought to identify how those practices were implemented and if they were effective. We were specifically looking for local best practices – those practices that emerge from local communities to respond to local community issues and/or are the most effective within their communities – and the “levers for change” that created those practices. Second, we wished to determine the current individual, organizational, and community capacity of rural school libraries to promote community health literacy. Our intent was to determine the capacities of rural school libraries to promote mental health literacy. We anticipate that different schools will have different capacities to develop, implement, and sustain any activities related to community mental health literacy. These capacities should inform the development of scalable strategies/initiatives to increase scalability and sustainability.

Libraries are traditionally viewed as providing information, as being nonjudgmental and available to all users. Some people with mental health issues have described the library as a “therapeutic landscape,” in that the space is familiar, welcoming, comforting, and empowering (Brewster, 2013). School librarians strive to make their libraries a place of refuge for marginalized students, including demonstrating an ethic of care through their instruction, collections, and facilities (Takahashi, 2017). Research on school librarian-school counselor partnerships indicate that these have been productive in developing a “spirit of community” (White & Wilson, 1997). Librarians are widely accepted as key stakeholders in efforts to improve literacy, but their potential role in advancing mental health literacy has not yet been fully defined (Harper, 2017).

2. Conceptual Framework

The persistent gap between mental health needs and resources for young people in this country is a public health crisis (Patel, Flisher, Hetrick, & McGorry, 2007). One in five young people struggle with mental illness before they turn 18, but the average delay between the onset of their problems and the provision of treatment is ten years (National Alliance on Mental Illness, n.d.). Most of the

young people who need mental health supports do not get them. However, most of those who do receive those supports find them at their schools (Green, McLaughlin, Alegría, Costello, Gruber, Hoagwood, & Kessler, 2013). Many schools serve as the de facto children's mental health system, and schools have been identified as an ideal context for mental health service delivery (Weist, 1997). The interdisciplinary field of Expanded School Mental Health has emerged as school mental health programs have been prioritized as a key public health strategy to improve children's mental health (Weist, Sander, Walrath, Link, Nabors, Adelsheim, & Carrillo, 2005).

School mental health programs are viewed as one of the more effective ways to address children's mental health needs and reduce barriers to mental health supports (Stephan, Weist, Kataoka, Adelsheim, & Mills, 2007). Nearly 15 years ago, The President's New Freedom Commission on Mental Health: Transforming the Vision laid the foundation for rapidly increasing and improving school mental health programs in the United States (Hogan, 2003). As emphasized by Weist and colleagues (2005), through their best practice principles for Expanded School Mental Health, school mental health programs should provide a broad continuum of culturally-responsive supports ranging from promotion, prevention, and intervention for all young people and their families. Effective programs are delivered via shared funding and responsibility, quality training and technical assistance, continuous improvement, and stakeholder engagement.

School mental health programs may be particularly important in rural communities where there is a significant need for accessible, acceptable, and appropriate mental health supports (Lee, Lohmeier, Niileksela, & Oeth, 2009). Research suggests rural communities have lower rates of mental health service utilization than non-rural communities, likely due to a lack of accessible mental health supports and greater stigma associated with seeking mental health supports (Smalley, Yancey, Warren, Naufel, Ryan, & Pugh, 2010). Rural school mental health programs are uniquely situated to address these challenges by 1) improving and increasing access to mental health supports and 2) improving community mental health literacy (Owens, Watabe, & Michael, 2013).

Mental health literacy is a key component of a public mental health approach (Miles, Espiritu, Horen, Sebian, & Waetzig, 2010). A public mental health approach prioritizes population-level investments in policies, practices, programs, and processes to address the full spectrum of mental health promotion, prevention, intervention, and recovery. Mental health literacy provides groundwork for mental health prevention, intervention, and recovery. MHL includes knowledge of and beliefs about mental health and mental illness, as well as information on how and when to seek help and/or advise others to seek help (Jorm, Korten, Jacomb, Christensen, Rodgers, & Pollitt, 1997).

Emphasizing mental health as a key component of overall health, MHL efforts can help reduce the stigma associated with mental health/mental illness and increase mental health promotion and prevention. School mental health programs can improve MHL among their student population and the broader community through classroom-based curriculum as well as direct/indirect psychoeducation geared towards parents and family members. These efforts may be particularly effective in rural areas where schools are often a central focus of a community.

A growing body of evidence shows the need for practical information on how state, regional, and local education agencies can support effective rural school mental health programs (Maras, Flaspohler, Milner, & Oram, in press). The children's mental health system is complex, multi-sectored, multi-disciplinary, and evolving. State and county agencies vary in their capacity to address children's mental health systems (Ringeisen, Henderson, & Hoagwood, 2003). Rural schools areas are especially vulnerable, as they often have fewer experienced staff members, high personnel turnover, and low levels of funding (Maras, et.al., in press). Inadequate and fragmented infrastructures at the state and national levels impedes the development of the kinds of high-quality training and technical support that make it possible to support communities in developing and advancing school-based mental health programs. Within and across states, these factors contribute to a widening disparity in access to child and adolescent mental health service. Moreover, these factors also exacerbate the prevailing emphasis on mental illness, which diminishes the broader impacts that a focus on public mental health might produce.

Public libraries have been dealing with mental health issues for years, primarily through the provision of consumer health information (Rubinstein, 2012). More recently, libraries have provided nurses and crisis intervention, as well as information and referral services for mental health issues (Johnson, Mathewson, & Prechtel, 2014). However, many school libraries have not had conversations around mental illness, even though they work with children and teenagers who suffer and need support.

School librarians can serve as community anchors for mental health literacy. In rural communities, public libraries, schools, and churches are community anchor institutions (Koutsky, 2016). Rural school librarians can play a role in making health information available, if they have training and support (Lukenbill & Immroth, 2009; White & Wilson, 1997). They can play a similar role for mental health information, particularly since school mental health has been prioritized as a key mechanism to address this public health crisis.

To date, there are no best practices for how school librarians can and should engage with state, regional, and local education agencies as part of a broader, systems-level initiative to improve children's mental health. The most common library-based approach is bibliotherapy. Bibliotherapy uses reading about

mental health to support the mental health needs of clients, though it is “not the solution for deep-seated psychological problems” (Cornett & Cornett, 1980). While bibliotherapy provides one potential support for students’ mental health, this approach underutilizes school librarians’ existing abilities and competencies, particularly as they relate to working with teachers and other school professionals to create a school community that supports mental health. Moreover, these approaches likely underemphasize key aspects of a public health approach to mental health.

3. Methodology

The overall project will use a mixed methods design. Project activities included a quantitative survey of mental health support administered to rural school librarians, counselors, and administrators; qualitative interviews and focus groups with rural school librarians, counselors, and administrators; and environmental analyses of school libraries where best practices are happening. These efforts led to the development of recommendations for a national mental health literacy action agenda. For this paper, we report specifically on the results of our focus groups with school librarians, the only part of the project that has been completed to date.

Data Collection. Focus groups were publicized at the meeting of the Missouri Association of School Librarians and conducted within three weeks of the conference via Zoom, a teleconferencing service that provides rough transcriptions of spoken words. Focus group participants were solicited via an email to the Missouri Association of School Librarians listserv, and upon indicating interest, school librarians were sent a document informing them of their rights as a participant and a participation time and Zoom link for participation. Five focus groups were held, each of which had between one and three attendees at a time. All attendees were practicing school librarians. Focus groups were moderated by members of the research team (Brendler & Townsend). After focus group participation, the focus group moderators reviewed, corrected, and anonymized the transcripts to ensure that participant privacy was protected.

Data Analysis. Focus group data was inductively analyzed separately by each member of the research team to create inter-rater reliability (Miles & Huberman, 1994). This inter-rater reliability was measured using Miles and Huberman’s (1994) calculation of reliability equaling number of agreements over number of disagreements plus number of agreements, with a goal of at least 80 percent reliability. During axial coding (Strauss & Corbin, 1998) the coded data was analyzed by all researchers to identify similarities and conflicting themes. The focus group data will be triangulated with the survey and interview data.

4. Results

The focus group data has indicated that most school librarians feel that they currently have limited resources available to support mental health literacy in

their communities. Most of the available resources are in the form of limited fiction about characters dealing with mental health issues and suicide screening in some middle and high schools.

School librarians feel ill prepared to select appropriate materials or to approach students who may need direction. Nearly all focus group participants mentioned the stigma attached to mental health issues and the potential for parental objections. They saw the obstacles to providing mental health resources to be a need for support and collaboration between teachers, counselors, administrators, and librarians and a lack of training on mental health issues. They were concerned about adding work to their already overburdened schedules, as well as the cost that providing such resources would add to their strained budgets. In addition, many felt nonfiction resources would not circulate well and were often outdated. Many were concerned that it would be socially unsafe for students to be seen in school with print resources on mental health.

Participants would like to see programs to increase community awareness of mental health issues, curated bibliographies that include digital resources and quality, high interest literature, better collaboration with school counselors, and more mental health training for faculty and librarians. In addition, they felt that they would need additional funding for both materials and staff. Providing this kind of service to their students and communities would require administrative support, as well as community involvement and buy in for the concept.

Our analysis uncovered four themes: Resources, Challenges, Desires, and Examples. Each of these themes contained subthemes that illustrated the larger theme. Due to space limitations, we do not present direct quotes from participants to highlight these themes.

4.1 Resources

School librarians indicated that they already had or had access to several resources to support student mental health, specifically their collections and their space.

Collections. School librarians note different uptake of mental health materials, particularly in differentiating between fiction and nonfiction. Several noted that nonfiction works on mental health were unlikely to circulate or be used. Reasons were that nonfiction items often had dated covers and sentimental titles that would deter users. Others noted the difficulty of finding age-appropriate materials for elementary (primary) school children. Another librarian noted that pamphlets in the library are often ignored or considered as “wallpaper” rather than active informational resources.

Some respondents noted that fictional books emphasizing mental health issues was a more viable venue for their students to seek information, due to widespread coverage of mental health topics in books nominated for state

prizes. Students in Missouri are encouraged to read and vote in book awards programs, and so they read books that include themes of mental health, challenges, and resilience. As such, there is a reduced stigma – everyone is reading these books, and so reading them does not automatically signal that a person has a mental health condition.

Space. Several librarians noted that the library space served students who needed a space different from their classroom space. Several middle and high school librarians reported that students use the space to find books or as a space to calm down. They noted that because students are in the space, they also share their concerns with the librarians. One elementary school librarian mentioned that her school counselor provides programming to support mental health in her library once a month, emphasizing the role of the library as a space for mental health support.

4.2 Challenges

Lack of training and empowerment to provide mental health support. Multiple respondents indicated that they did not feel confident in providing mental health support, often due to lack of training. One respondent had taken mental health first aid training at her public library, and she reported increased awareness of mental health issues. However, even she did not feel comfortable in an overt counseling role, preferring to send troubled students to school counselors rather than provide incorrect information. Some respondents indicated that they felt they would not have district support to provide mental health care to students, or they felt they would be blamed in the media for providing information on mental health issues. One librarian mentioned that a student council in her district lobbied for a speaker on teen suicide, and some months after having that speaker, a teen committed suicide. She worried that the community would view that suicide as a result of the speaker, rather than indicative of an endemic problem among young people in their area.

Mental health stigma in school communities. Some librarians indicated that students would feel stigmatized by their peers if they were seen checking out or reading a book related to a mental health topic. A book on bulimia, for instance, as their peers might look at the student with the bulimia book as having a mental health problem. One noted that students' peers might start "pointing fingers" when they identified that a student was reading a book about a mental health issue. Because of this stigma, some librarians suggested that e-resources, like e-books, may help students who want to maintain their privacy but still read about specific topics.

4.3 Desires

When asked what resources or materials librarians wanted to be able to better support students' mental health, their answers went in several different directions, pointing to increased knowledge, better resources, more support, and stronger partnerships.

Training and Guidance. Almost universally, school librarians feel they would benefit from increased training about mental health issues. Without this training, they did not feel empowered to help children with mental health support, and tended to defer to counselors. As mentioned above, some librarians worried that they would be blamed for providing students with incorrect information, or for providing information at all if the student then died by suicide. Librarians voiced support for resources that would indicate how to respond to a student in crisis, what to say and do with that student, and what the appropriate referrals would be.

Resources. Participants in all groups mentioned a desire for more financial and human resources. Not only did they need better books, e-books, and programs, they also needed additional staff to help provide resources. Several mentioned the idea of curated lists of fiction and nonfiction materials that could be used to help students in crisis, and some mentioned that these lists would ideally be differentiated by reading level. One focus group spontaneously mentioned the idea of sharing these lists across the district and through the library catalog, so that materials purchased at one school could be borrowed when needed at another school.

Support. Many of our respondents indicated having to take on teaching responsibilities on top of their existing library responsibilities. Two librarians mentioned that they had been assigned additional teaching duties on top of their librarian responsibilities, without the benefit of planning time or paraprofessional assistance. They noted that overwork was not limited to school librarians, as school counselors are often responsible for testing and other duties, while teacher morale is low due to constant budget cuts, layoffs, and having to do more with less.

Partnerships. While librarians felt less confident about being responsible for mental health support, they nonetheless were eager to point out opportunities where they could assist in programs to support students' mental health issues. While one librarian noted that she worked closely with her school counselor to provide informational resources, another said she didn't think her school realized that she could provide informational resources to support school counselors. A librarian in a district with comprehensive student mental health assessments noted that if counselors shared what the larger issues were for students in the school, she could help by dedicating part of her book budget to materials addressing those issues.

4.4 Examples

Some participants talked about examples or models they followed to support student mental health. One, for instance, mentioned that she had attended a mental health first aid training at her local public library, and brought some of those lessons home to the faculty at her school. Others mentioned how they saw

local public libraries compassionately addressing mental health issues among their patrons.

One librarian engaged in several of Harper's (2017) Ethic of Care strategies. In addition to providing a safe space for her middle school students, she worked to ensure that the space she provided allowed students to direct their own activities – whether that activity was reading, playing a game, or sitting quietly. She created a display of materials called “Tough Topics for Kids,” where she displayed books about mental health issues such as cutting and abuse. In her instruction sessions, she used examples of how to find topics like depression to demonstrate how to use call numbers. Finally, she engaged her book club in discussions of fiction books that deal with students facing challenges and learning resilience.

5. Significance

This project assessed the capacity of rural school librarians to support school and community mental health literacy and provides the groundwork to develop a scalable program to help school librarians in rural areas provide mental health information resources to students, teachers, and other school personnel.

In looking at the results of our focus groups, we see that rural school librarians in Missouri recognize that students need additional mental health support, but that they do not feel empowered to provide it due to lack of knowledge and lack of perceived warrant. School librarians want more training on mental health support, which can be accomplished in professional development modules or in pre-service instruction. Rural school librarians often feel isolated in their communities, and so bringing them together for training may also allow them to develop a support network they can draw on for information and support. The areas where school librarians indicate the greatest confidence are the areas that correspond to their domain – providing informational and recreational resources to students, providing a safe space for those students, and providing a caring listener for those students.

Our goal is to strengthen school libraries as essential partners in addressing their community needs. By assessing the capacity for school librarians to provide mental health literacy information and provide mental health literacy support, and through documenting local best practices occurring at area libraries, we were able to provide additional support for rural children's mental health, while at the same time allowing school librarians to do what they do best – working cooperatively with teachers and providing leadership to ensure a supportive educational environment for students.

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