

# Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth

## A National Agenda

### Highlights for Educators

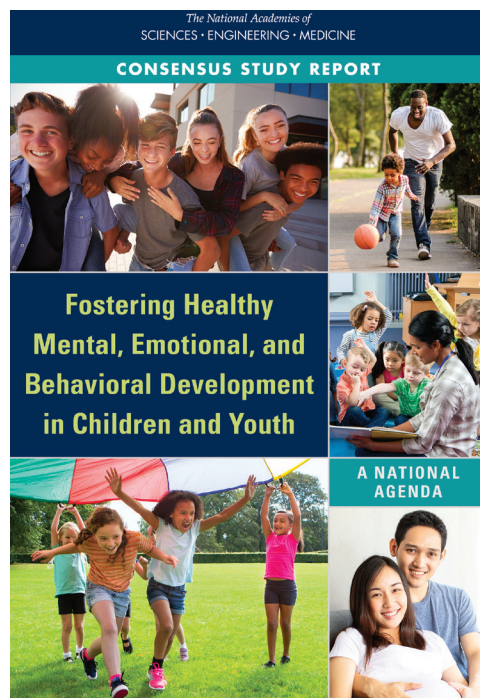
The school setting is a universal touch point for children. Aside from a child's home, no other setting has more influence on a child's mental health and well-being, and it is an ideal place to foster healthy mental, emotional, and behavioral (MEB) development. Rates of MEB disorder, including depression, suicide, and self-harm, have been increasing in the United States, and children, youth, and their families struggle with a range of MEB challenges. Despite decades of research that has identified effective interventions to promote healthy development and prevent MEB disorder, these benefits have not reached broad populations and served all of the children, youth, and families who need them. Educators and other professionals have daily opportunities at school to connect with children and families, identify problems, and offer supports. School is a critical place to provide effective interventions that reach large numbers of children and young people.

*Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*, a recent report from the National Academies of Sciences, Engineering, and Medicine, calls for a broad-based effort to improve MEB health for children and youth, organized under the rubric Decade of Children and Youth, led by the Department of Health and Human Services. The report committee conducted a review of the literature to identify existing efforts and additional opportunities in education to address MEB development. The report emphasizes the importance of efforts in multiple sectors of society and highlights the critical role of both promotion and prevention programs addressing a range of MEB needs in grades K-12.

#### PROMOTION OF MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH

The evidence for three preventive approaches—improving school climate, teaching social and emotional skills, and teaching contemplative or mindfulness practices—is increasingly strong.


The relationship between school climate and MEB outcomes has been well documented. Developing and sustaining a positive school envi-



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ronment can influence students' sense of social connectedness, promote engagement with school, and support both academic achievement and prosocial behavior. Researchers have built the case for universal interventions that focus on such objectives as supporting the health and wellness of teachers and school staff, and reducing unconstructive, discriminatory discipline practices. An example of such an intervention is School-Wide Positive Behavioral Interventions and Supports, which has been shown to significantly improve social-emotional learning and prosocial behaviors..

Teaching of social-emotional learning skills can be integrated into the overall curriculum in schools and also taught and supported in less formal school contexts. When teachers and school staff are trained to help students learn to manage emotions, set positive goals, express empathy, and establish positive peer relationships, positive outcomes for students include increased positive social behavior, prevention of conduct problems and emotional distress, and academic gains.

Teaching of contemplative practices such as mindfulness and meditation, as well as practices such as yoga, tai chi, and qigong, has also been associated with improved MEB and learning outcomes. These practices can also be taught formally or included informally; children and adolescents are likely to be more engaged in mindful awareness practices embedded into their routines, such as mindful eating, listening, and body scan prior to sleep, as these routines can serve as a cue to practice. While more research is needed to identify the specific mechanisms and program effectiveness, these interventions may help students be more attentive and aware of their emotions, which in turn leads to better regulation of emotions. Mindfulness approaches delivered in school settings are associated with positive effects on students' cognitive performance, resilience, and stress measures. Other possible benefits include strengthening of executive functioning and attention, as well as reducing depression, anxiety, stress, and negative behaviors.

## **PREVENTION STRATEGIES**

Interventions designed to prevent both specific behavioral conditions that affect individuals and problems that affect the broader school community and result from multiple conditions have also shown promise. While some school-based prevention programs have focused on a single disorder, researchers have also shown the effectiveness of targeting multiple outcomes and integrating both promotion and prevention in school-wide programs. Such approaches include social-emotional learning programs and cognitive-behavioral strategies.

## **DISRUPTIVE DISORDERS:**

Interventions to prevent disruptive behavior are most frequently delivered during the elementary school years and integrated into general school practices. There are a variety of evidence-based interventions aimed at preventing disruptive behavior. An example is the Good Behavior Game, which involves teams of students who compete to display the most instances of on-task and prosocial behavior during specified times. Another example of a classroom intervention is the Promoting Alternative Thinking Strategies (PATHS) program, which focuses on improving social and emotional outcomes for children and also on reducing aggressive and disruptive behavior.

## **ANXIETY AND DEPRESSION:**

Programs to prevent anxiety and depression are often delivered in the elementary or middle school grades, when these disorders begin to emerge. Both anxiety and depression prevention programs are commonly delivered in a group format with a focus on cognitive-behavioral strategies. Reviews of such programs have found small yet significant effects in reducing symptoms of the targeted disorder for participating students.

## **TRAUMA:**

Trauma and adverse childhood experiences can have profound impacts on the development of children and youth, and have been associated with poor academic performance and declines in school attendance, disciplinary referrals, and graduation rates. Programs such as the Mindfulness Stress Reduction Program that use cognitive-behavioral therapy for students showing signs of trauma and classroom-based interventions for schools in violent or highly stressed communities—providing skills training and resiliency strategies—have shown positive outcomes. Further research is needed, but schools may be an ideal setting for delivering interventions to children at risk of developing MEB disorders.

## **SUICIDE:**

Although rare, suicide of a student can have devastating repercussions on a school and may pose a risk of social contagion. Two school-based prevention programs have demonstrated effects on reducing suicide attempts. The first, Signs of Suicide, aims to increase knowledge and attitudes about depression, encourage individual and peer help seeking, reduce stigma around mental illness and help seeking, engage teachers and parents in gatekeeping activities, and encourage schools to expand mental health partnerships and services. The second, the Good Behavior Game, was not developed with the explicit aim of reducing suicidal behavior, but has been found to have multiple long-term benefits. Students who participated in the program in elementary school were found to have reduced suicidal ideation and attempts as young adults.

## **SUBSTANCE USE:**

Many young people begin to experiment with smoking, alcohol, and illicit drugs during the middle and high school years, so interventions focus on that period. A variety of approaches targeting specific substances, or substance use more generally, have been studied, with mixed results. Diverse strategies can be effective for substance use prevention, but strategies are not equally beneficial across different types of substances and ages. Prevention programs based in theories of social influence are more likely to be effective than other approaches, as are programs that begin in upper elementary school and continue into high school. Research also shows that multicomponent school interventions—approaches that go beyond health education curricula to address social determinants of health such as the school climate—may yield greater benefits. Peer interventions delivered in schools may also be an effective strategy for reducing the likelihood of using tobacco, alcohol, and illicit drugs.

## **BULLYING AND VIOLENCE:**

The negative effects of bullying and cyberbullying on students' social, emotional, and academic development are evident and there is growing evidence for the effectiveness of efforts to address bullying and support affected students. The most effective of these programs include multiple components and are implemented school-wide. Strongest results have been shown for school-based bullying prevention programs that are more intensive, include parents' involvement, and incorporate greater playground supervision.

Researchers have also found evidence that being the victim of bullying is related to both suicidal ideation and attempts, and that cyberbullying is more strongly associated with suicidal ideation than is general bullying. Given the relatively recent identification of cyberbullying, few studies have been conducted on its prevention. However, evidence suggests that general bullying prevention can also decrease cyberbullying and cyber victimization.

While schools are relatively safe places, there are occasional instances of school violence. A number of interventions that target substance use disorders also have beneficial effects on aggression and violent behavior. School-based youth violence prevention programs that include classroom curricula and peer mediation, conflict resolution, and behavior modification interventions generally show the most promise.

## OUT-OF-SCHOOL DISCIPLINE:

Many schools use out-of-school discipline measures, such as suspension and expulsion, for such common disruptive behaviors as defiance and noncompliance. These discipline policies often disproportionately affect African American youth, particularly males, and have negative impacts on students' development and academic progress. Strategies to improve school climate and social-emotional learning may reduce the need for out-of-school discipline. The use of restorative justice practices in schools offers another alternative to out-of-school discipline. These practices, which are based on practices observed in indigenous communities, foster dialogue among students involved in a conflict and encourage the participation of victims and offenders in resolving a conflict.

## SUPPORT FOR THE EDUCATION WORKFORCE

Teaching at all levels is stressful and emotionally demanding and researchers have started to focus on the development of teachers' social-emotional competence, their well-being, and the working conditions that support their job satisfaction and emotional and physical health. Effective supports are designed to help teachers develop the social-emotional competencies they need to manage the demands of teaching and regulate their emotions and behavior, which also strengthens their capacity to provide emotional support to their students.

While research in this area is limited, several programs and policies have been found to reduce teachers' stress and promote their well-being. Mentoring and induction programs for new teachers can improve their satisfaction, increase retention, and improve their students' academic achievement. Workplace wellness programs can reduce teachers' health risks, health care costs, and absenteeism. Mindfulness-based stress reduction programs can also reduce teacher stress and improve their coping skills. When teachers are less stressed, classroom interactions and student outcomes are often improved.

## CONCLUSION

Because young people spend so much of their time in school, this is a critical setting for efforts to both promote healthy MEB development and prevent MEB disorders. Research has shown that school-based interventions for promotion of MEB health and prevention of MEB disorders are both feasible and beneficial. Promising approaches include: strategies designed to teach students social emotional skills, including cognitive-behavioral and mindful awareness practices; strategies for promoting a positive school environment by influencing the behavior of teachers and staff; strategies that promote access to services for low-resourced populations and communities; and educational and skills-based strategies targeting multiple health-risk behaviors, such as bullying, substance use, and suicidal thoughts – particularly approaches that include multiple components and which are implemented school-wide.

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