

SOCIAL & EMOTIONAL LEARNING

Implications for Enhancing Children's Mental Health

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The 2013-2016 cycle of the Minnesota 4-H Foundation's Howland Family Endowment for Youth Leadership Development is dedicated to understanding social and emotional learning and its contribution to closing the achievement and opportunity gaps. This series of issue briefs, funded in part by Youthprise, is designed to help people understand, connect and champion social and emotional learning in a variety of settings and from a variety of perspectives.

Over the past decade, schools and other youth-serving organizations have become increasingly focused on social and emotional learning (SEL) as a way to help young people develop skills that contribute to academic achievement and career and college outcomes. This focus is supported by strong empirical evidence indicating that SEL programming leads to significant improvements in these areas.¹ But SEL is about more than just improving academic achievement—it is also a powerful mechanism for improving children's mental health. Focusing on helping young people develop SEL skills provides a strength-based, developmental approach to addressing the high rates of mental health challenges and increasing young people's resilience so that they are better equipped to handle future challenges.²

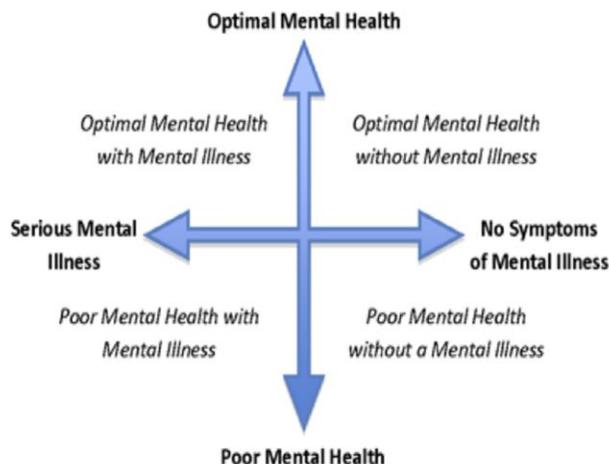
CHILDREN'S MENTAL HEALTH

Increasingly, professionals in the United States have begun conceptualizing children's mental health (CMH) through a public health lens. In contrast to medical practice, where intervention happens at the individual level, public health practice focuses on the population level. Public health approaches to children's mental health emphasize promotion and prevention *for all*, not just for those who are sick. These approaches focus on interventions that are interdisciplinary and inter-professional in order to make use of many types of research, theories, and best practices. They rely on identification of *determinants*—factors that enhance or detract from health and wellbeing. And, importantly, they are driven by thoughtful engagement of communities in order to understand mental health issues as people define them—one size does not fit all. Using this public health lens helps us draw connections between CMH and SEL and also identify potential changes in practice that could strengthen children's outcomes.

Extension's Children, Youth & Family Consortium (CYFC) has focused on children's mental health for many years. CYFC uses an approach that emphasizes interdisciplinary, collaborative engagement with scholars, practitioners, and communities and encompasses multi-level change. This broad perspective has led toward an understanding that mental health does not reside "solely within the child, but within the web of interactions among the individual child; the family; the school, health and other child service systems; and the neighborhoods and communities in which the child lives."³ All interactions within this web can influence a child's state of mental health. One important area of intervention in this public health

approach includes educating professionals, and CYFC aims to educate all professionals (not just clinicians) to attend to the mental health needs of all children (not just those with diagnoses). Providers of children’s mental health services *aim to maximize health*, as good health is viewed as a public good – it improves quality of life, prevents suffering, and helps children thrive.

Critical to this work is an understanding of the term “children’s mental health.” In 1999, the U.S. surgeon general defined mental health as successful functioning that results in “productive activities, fulfilling



Source: CMHA Ontario (nd); adapted from Health and Welfare Canada, 1988, Tudor, 1996, and Keyes, 2007.

relationships with others, and the ability to adapt to change and to cope with adversity”.⁴ Still, the term mental health is often confused with the term mental illness. These two are *not* opposite ends of one spectrum. Everyone has a state of mental health, and that state changes throughout life. Sometimes a child’s state of mental health includes a diagnosis (approximately 20% of children and youth have a clearly identified need for mental health services, although only one-third of these children actually receive services).⁵ As illustrated in the figure to the left, the mental health/illness continuum⁶ describes

mental illness and mental health as *two dimensions* creating four quadrants; children can experience good mental health with a diagnosis, and poor mental health without a diagnosis. Importantly, children both with and without mental illness can reach an optimal level of mental health.

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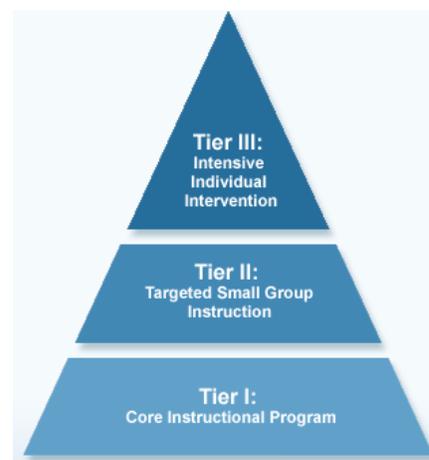
Through *social and emotional learning*, young people learn skills needed for managing emotions and behaviors, maintaining healthy relationships, and navigating life’s challenges. The Collaborative for Academic, Social, and Emotional Learning (CASEL) defines social and emotional learning as “the processes through which children and adults acquire the knowledge, attitudes, and skills they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging social situations constructively”.⁷ The CASEL framework of core competencies includes self-awareness, self-management, social awareness, relationships and responsible decision-making, as depicted in the diagram to the right.



These SEL skills are fundamental for life effectiveness, and allow individuals to calm themselves when angry, make friends, resolve conflicts, and make safe and ethical choices. Recent emphasis on SEL teaching strategies *aims to maximize learning*, but increasingly these competencies are viewed with a broader lens that encompasses goals related to good citizenship, healthy relationships, and responsible decision-making. Clearly, the five skills depicted in this model are also essential to good mental health.

TEACHING SEL TO ENHANCE MENTAL HEALTH

Public health interventions often use a three-tiered approach to allocate resources most efficiently and effectively to address different needs in a community. When children’s mental health is considered through this public health lens, it becomes clear that efforts to promote mental health and prevent mental illness should be targeted towards all young people, not just those who qualify for a diagnosis.⁵ Tier I includes programs and systems that support all young people. Tier II consists of early intervention efforts directed at small groups of children coping with challenges to their mental health or showing early signs of mental illness. Tier III includes clinical treatment for youth needing more intensive and individualized supports to develop and maintain mental health; often these individuals have a mental health diagnosis. It is important to note that in this framework, Tier II and III interventions build on and are provided *in addition* to Tier I interventions. While SEL programming is typically viewed as a universal Tier I activity, these activities also benefit children in need of the more intensive services of Tier II and III.



Most children are represented within Tier I. At this level, all young people should be supported in developing SEL competencies, which serve to promote mental health. Fortunately, social and emotional competencies are not fixed entities that individuals either possess or lack. These skills can be learned and can improve over time, especially when intentional supports are provided and young people can practice SEL skills. Since virtually all children attend school, schools are often identified as the best place to provide Tier I supports that promote the mental health of all young people.⁷ Increasingly, schools are implementing initiatives to support students’ mental health. These initiatives aim to accomplish two goals: “to meet children’s needs prior to the development of significant mental health issues and to allocate resources and support for children and adolescents with mental health needs to prevent problems from being exacerbated.”⁷ In fact, several epidemiological studies have concluded that schools are the de facto mental health system for students in this country, since 70% of students receiving any type of mental health care do so through their schools.⁵ When implemented effectively at the Tier I level, school-wide mental health interventions can increase engagement in learning and decrease the number of students requiring special education services⁷.

The smaller groups of children within Tiers II and III benefit from universal social and emotional teaching, and may also require additional supports at the classroom or school level. These children are more likely to thrive in classrooms where all children gain SEL skills identified within the CASEL model above. Competencies such as “social awareness” and “relationship skills” aim to teach children to understand differences, learn empathy, cooperate, and take the perspectives of others. Classrooms where students have these skills will be more supportive environments for children with specific needs. It is important to note that children with mental health needs do not necessarily lack the social and emotional competencies reflected within this model. These needs can even promote such skills. For example, a child may demonstrate enhanced skill in self-management as a result of managing an illness. Or, a child may have diagnosed illnesses or levels of stress that overwhelm their ability to fully cope at times. Ideally, a practitioner can use the presence of children with different needs in the classroom as a way to promote the growth of SEL competencies for all.

One way to conceptualize how SEL programming benefits children’s mental health is by utilizing the public health language of *promotion*, which cuts across all three Tiers and focuses on wellbeing rather than risk or illness. It is “based on the premise that the emotional and social wellbeing of everyone in a community can be enhanced through promotion activities that build the community’s capacity to support

mental health”⁸. SEL programming that aims to optimize social and emotional competencies for all children builds the skills and supports required to move children toward “optimal mental health” and away from “poor mental health” in the mental health/illness continuum above. This includes children with diagnoses. While SEL activities often focus on increasing individual skills, Tier I interventions can also address classroom climate, social norms, behavioral expectations, and other competencies in order to promote both an optimal learning environment and healthier relationships. Because mental health is not a state “solely within the child” as mentioned above, but instead is affected by interactions between the child and the environment, using SEL teaching strategies to create safe, supportive and engaging environments is critical for mental health promotion. A child’s environment includes settings outside school; children interact not only with teachers but also with providers in clinic settings, after-school programs, community centers, and other settings where SEL teaching strategies can be used.

The public health concepts of *risk and protective* factors also have relevance for teaching SEL to enhance mental health. The presence of stressors such as community violence, abuse or neglect, financial insecurity, or parental incarceration can compromise a child’s coping strategies and contribute to poor mental health. Some children experience more of these risk factors than others, and for some these experiences may be traumatic. A “traumatic” experience is defined by the nature of the event and also a child’s response to it, and these experiences can lead to “traumatic stress” when exposure to traumatic events overwhelms the child’s ability to cope”^{9,10}. Research suggests that approximately 25% of American children will experience at least one traumatic event by the age of sixteen¹¹. For children in the classroom experiencing traumatic stress, teaching the social and emotional competencies in the model above is vital to good learning and healthy growth. Research has shown connections between traumatic exposure and the regulation of affect and impulses, memory and attention, self-perception, interpersonal relations, somatization, and systems of meaning¹². These risks can be counterbalanced when practitioners are aware of the varied needs of children affected by trauma, and use a trauma lens when teaching new skills. Each SEL skill is a protective factor for a child, and can help improve internal regulation, healthy peer relationships, and ultimately healthy development.

Finally, the public health concept of *resilience* offers a common understanding and emphasis for social and emotional learning as well as children’s mental health. The goal of providers in both arenas is to promote resilience, a “universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity¹³.” Resilience is not inherent within a child but is influenced by relationships, experiences, and skill-building. A child who learns to cope with difficult situations, whether these are friendship struggles, bullying, trauma, significant illness, or academic challenges will be able to cope with other adversities when they come along. This includes but is not limited to dealing with learning challenges and being able to persist against the odds.

CONCLUSIONS

- Using a public health lens helps illuminate connections between SEL and CMH
- All children have a state of mental health that is changeable and independent of mental illness
- Schools are one place to teach SEL, but other practitioners can teach these skills too
- Strong SEL skills contribute to good mental health for all children
- Using the theories and expertise of SEL and CMH practitioners leads to concurrent benefits (academic achievement, career and college readiness, healthy relationships)
- SEL is a *process* of learning skills, attitudes and behaviors; mental health is a *state* of well-being that changes throughout life and can be influenced by social and emotional skills
- The public health concepts of promotion, risk and protective factors, and resilience offer common language that creates common ground and invites further exploration of the connections between SEL and CMH

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