

# Connecting Social and Emotional Learning with Mental Health



## Introduction

In 1999, the U.S. surgeon general defined mental health as successful functioning that results in “productive activities, fulfilling relationships with others, and the ability to adapt to change and to cope with adversity” (*Mental Health: A Report of the Surgeon General*, 1999). The surgeon general’s report contributed to a heightened awareness of the role of mental health in promoting success in school, job productivity and retention, rewarding family life, and engaged community involvement, as well as identifying and treating social, emotional, and behavioral problems.

As knowledge of effective treatments for mental disorders has grown, so too has the field of mental health promotion and positive development. Studies completed during the last two decades have synthesized the state of mental health promotion and documented that universal mental health supports positively affect child and adolescent developmental outcomes.

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These findings are significant, because more than half of all lifetime cases of mental disorders begin by age 14, and three-quarters by age 24.<sup>1</sup> Positive mental health interventions also are often cost-effective, particularly in cases where multiple risk factors can be addressed by a single intervention.<sup>2,3</sup> This recognition of the critical importance of mental health has led to an emphasis on the roles schools can play in promoting mental health for all students, in addition to providing supports for those who are at risk or are already demonstrating mental health problems. Given schools’ unique ability to access large numbers of children, they are most commonly identified as the best place to provide supports to promote the universal mental health of children.

“While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of this important interplay between emotional health and school success, schools must be partners in the mental health care of our children”.<sup>4</sup>

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In recent years, a number of initiatives began to address students’ mental health in schools. The goal of these initiatives is two-fold: (1) to meet children’s needs prior to the development of significant mental health issues and (2) to allocate resources and support for children and adolescents with mental health needs to prevent problems from being exacerbated. Schoolwide interventions, when implemented effectively, have the ability to positively affect a number of critical school and life outcomes, including fewer classroom disruptions, greater student engagement in learning, and fewer special education placements.<sup>5</sup>

Schools and districts, both in the United States and internationally, are becoming more intentional in their focus on mental health promotion through the development of students’ skills and the creation of positive and engaging school climate.<sup>6</sup> Students’ involvement in school and community-based programs that focus on developing social and emotional skills has been linked to improved academic outcomes as well as overall success in school and life.<sup>7</sup>

The promotion of social and emotional development in schools supports aspects of mental health through the provision of related skills and the enhancement of environmental contexts that promote the health, academic, social, and emotional success of learners.

## Mental Health Promotion and Social and Emotional Learning

Promoting the mental health of all students requires schools to effectively address barriers to learning and to promote every student’s well-being. To accomplish these goals, schools and communities should do the following:

- Weave resources into a cohesive and integrated continuum of interventions that promote healthy development and prevent problems.
- Allow for early intervention to address problems as soon after onset as feasible.
- Provide assistance to those with chronic and severe problems.<sup>8</sup>

Mental health promotion focuses on increasing protective factors and decreasing risk factors in the general student population, not on the identification of specific risk factors. According to the World Health Organization<sup>9</sup> and Rickwood,<sup>1</sup> strategies often used to promote children’s mental health include the following:

1. Implementing supportive public policies
2. Developing safe, caring, and supportive environments
3. Providing direct instruction for students on skills and strategies
4. Creating infrastructure for community action
5. Coordinating with community agencies, schools, families, and students to create a common vision, language, and coordinated services to support healthy outcomes

The approach to education called social and emotional learning (SEL) comprises these strategies. Safe Schools/Healthy Students (SS/HS) projects are in a unique position to promote SEL through integrating supports provided by schools, community agencies, and other community-based partners.

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## Implementing Supportive Public Policies

SEL and mental health promotion can be bolstered in schools and communities through policies that support those efforts. At the broadest level, that support can occur through federal or state legislation. For example, the state of Illinois is at the forefront of states’ efforts to ensure that the social and emotional needs of children are recognized and addressed in schools. In 2004, Illinois became the first state in the nation to adopt student learning standards in SEL. (New York state followed suit in 2006.) The Illinois Children’s Mental Health Act, which called for the Illinois State Board of Education to create SEL standards, also required every district in the state to develop an SEL policy as part of its instructional plan; all 893 districts have complied. In 2006, the Illinois legislature allocated several million dollars to support the implementation of the standards.

At the school or district level, supportive policies often include the articulation of a school improvement goal that focuses on children’s social and emotional development. Such school-level policies ensure that addressing children’s social and emotional outcomes receives similar attention as do math and reading. At the district level, discipline policies or initiatives might include a focus on prevention and promotion rather than zero tolerance efforts (e.g., restorative justice, peer juries, community service, in-school suspension that includes skill building and problem-solving).

## Developing Safe, Caring, and Supportive Environments and Providing Direct Instruction for Students on Skills and Strategies

SEL is the process for helping children and adults develop the fundamental skills for life effectiveness. It teaches the skills needed to handle oneself and relationships and to work effectively and ethically. These skills include recognizing and managing emotions, developing caring and concern for others, making responsible decisions, establishing positive

relationships, and handling challenging situations effectively. These are the skills that allow both children and adults to calm themselves when angry, make friends, resolve conflicts respectfully, and make ethical and safe choices.<sup>10,11,7</sup> SEL provides prerequisite skills necessary for children to be active and successful learners in school and to have high-quality peer and teacher interactions.

(For additional information on SEL, please refer to the National Center’s Center Brief on Social and Emotional Learning, which can be accessed at <http://www.promoteprevent.org/Publications/center-briefs/Social%20and%20Emotional%20Learning2.pdf>.)

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Social and emotional programming can promote the mental health of all children by helping schools focus on addressing children’s skill development and creating a safe and caring school climate.<sup>6</sup> However, SEL does not replace the need for comprehensive systems and services for children at risk for or currently experiencing mental health difficulties. Rather, SEL programming addresses the foundation that promotes the success of all children and provides a framework to support early intervention and intensive interventions for children and youth.

Evidence-based SEL programs are implemented in classrooms and schoolwide to address the needs of all students, without any predetermination of risk. SEL programming may reduce the number of students who require early intervention, because participation in SEL programs fosters in children the skills they will need to cope with life’s challenges and helps teachers manage their classrooms in ways that promote interest and engagement, all within a caring school environment.

For those students who need additional support, the skills being taught in the classroom can be incorporated and reinforced within mental health interventions provided by school mental health professionals. SEL also equips the classmates of

these special needs students to be more empathic, compassionate, supportive, and effective in interactions with them.

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Schools can invoke SEL to help support the mental health of students as the schools help students to transition into or out of the building. Transitions can be especially challenging for many students. For students starting in a school, the environment of the school and skills of the other students can be as important as their own skills in making the transition a positive experience. For example, at one school that had been implementing SEL programming for more than 10 years, a new student who had joined the school was demonstrating behavioral problems. After a little while, another student spoke kindly to the child, saying that the school was a safe place and assuring the child “you don’t have to be that way here.” The student’s comment meant that the teacher did not have to intervene with the student to address the behavior.

## **Creating Infrastructure for Community Action and Coordinating with Community to Support Healthy Outcomes**

SS/HS initiatives can play a pivotal role in the implementation of SEL programming and the integration of those skills into the broader community.

In some SS/HS sites, mental health providers are trained in the SEL program being implemented in classrooms. This training, along with close communication with the classroom teachers, allows mental health providers to reinforce SEL skills and help children practice them as part of their intervention. (For an example of how one SS/HS site did this, see Adapting an Evidence-Based Intervention at <http://www.promoteprevent.org/Publications/EBI-practice/adapting%20intervention.html>.)

Fostering coordination between educators and mental health providers is another critical role facilitated by the SS/HS grant. Consultation from mental health providers to teachers on the implementation of universal programs, in addition to addressing specific mental health issues of identified or at risk students, has been documented to decrease teacher stress and to promote teachers' sense of efficacy in addressing students' issues.<sup>12</sup> Mental health providers also can help teachers establish classroom learning environments that promote their own and students' social and emotional well-being through the establishment of consistent expectations, working with students, staff, and families to develop skills and competencies, and assisting them in the development of strategies to help cope with stress more adaptively.

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At a systems level, SS/HS project directors can work with schools, community agencies, families, and other providers to create a common understanding of the social and emotional skills that all children across the developmental spectrum need to be taught and have reinforced.

For example, the project director at the West Chicago SS/HS site convened school representatives as well as community providers on its stakeholder's committee to discuss SEL skills and Illinois state SEL standards.

She then worked with the providers to map their services onto those skills. This created a broader set of outcomes for the project, building on individual program initiatives to create a unified framework designed to address the needs of the whole child through common understanding and language. It also helped to advance the infrastructure being developed to sustain the SS/HS initiative after the termination of the grant. In addition, individual agencies had a more coordinated vision of the project; this vision helped motivate them to identify resources within their own organizations that could be leveraged to support the broader effort. The example of West Chicago demonstrates how one site, by focusing on key skills that support students' social and emotional health, increased communitywide support for children and began the work of sustaining its initiative over time.

Addressing children's mental health is critical for school and life success. Social and emotional learning programming, when implemented with fidelity and integrated into the fabric of the school and community, provides students with the skills they need to be successful within an environment that promotes their physical and emotional safety and well-being.

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## Strategies for Connecting Mental Health with Schoolwide SEL Programming

### Strategies for Project Directors

- Create opportunities for networking and collaborating between community agencies and school personnel to ensure coordination of services.
- Assess existing efforts by schools and districts to promote students' social and emotional development, to ensure initiatives are meeting identified needs.
- Implement, with schools and districts, sustainable programming to address students' needs. For example, have teachers partner with school mental health providers to provide targeted SEL lessons rather than have the school mental health provider provide those services in the classroom without teacher engagement.
- Provide practical and easy-to-use ideas for teachers and school staff to promote children's mental health (e.g., greeting students in the hallway, talking respectfully to students and other staff, creating displays that celebrate the work of students, creating positively worded classroom rules with students).
- Celebrate successes focused on children and adults demonstrating SEL skills, through Web sites, newsletters, e-mail, letters, and so forth
- Review the initiative's logic model in terms of SEL competencies, assess gaps in services, and create a comprehensive vision for the skills and competencies for all students to develop as a result of SS/HS and the collaborative partnerships.
- Work with mental health providers to create consistency of language across settings. For example, if the school is using a problem-solving method, can mental health providers incorporate the same problem-solving method into their work with the student?

### Strategies for Principals

- Promote high academic standards and expectations.
- Ensure that everyone in the building is held accountable for upholding and modeling the rules and teaching and supporting respectful behavior.
- Ensure that every student in the school has an adult assigned to know and "watch out" for that student.
- Meet with key stakeholders to promote SEL as a framework for student success.
- Engage all staff in thinking through the curricular and instructional value of coordinated schoolwide SEL.
- Provide professional development and support for those implementing programming.
- Adopt school rules and policies that are fair and apply them equitably.
- Expand staff teams that address children's social and emotional needs to include community providers when appropriate to ensure coordination across school and community.
- Add a social and emotional learning goal to the School Improvement Plan.

### Strategies for Teaching Staff

- Teach, model, and reinforce SEL skills in and out of the classroom.
- Implement evidence-based programs that address social and emotional skill development and link those skills to academic content.
- Establish high academic expectations.
- Provide specific feedback on students' work rather than more global praise.
- Encourage cooperative learning and peer-assisted teaching.
- Encourage students in language arts or social studies lessons to discuss how characters or historical figures used problem-solving skills or expressed understanding of others' feelings.

- Communicate regularly with parents to let them know about SEL-related classroom activities.
- Create democratic classrooms.
- Share positive reports of student behavior and achievement with parents.
- Develop routines and rituals for the class.
- Create physically and emotionally safe environments for students.
- Be consistent with rituals, rules, and routines in the classroom.
- Develop supportive programming for at-risk students that provides opportunities for them to practice the skills in multiple settings.

One school formed an after-school club where activities were created that required demonstration of SEL skills (e.g., turn taking, frustration tolerance) without being overly didactic. In one instance, the students were invited to develop a newspaper, an activity that drew on all of their SEL skills in communication, relationship management, and problem-solving, and also created an opportunity for the students to be engaged in the school in a meaningful way.

### Strategies for Student Support Staff

- Provide coaching and modeling to school staff.
- Employ strengths-based approaches.
- Facilitate use of data to drive decision-making.
- Employ youth-guided and family-driven approaches.
- Collaborate with teachers to develop strategies for students who demonstrate social and emotional difficulties.
- Integrate elements of SEL programming into services.
- Connect with other relevant areas within the district to create a more comprehensive and less fragmented approach to addressing students' social and emotional development.

- Co-facilitate lessons and provide additional “booster” support for those students who might need additional time and practice to learn and demonstrate certain skills.
- With the teaching staff and community partners, provide resources for families that teach caregivers about SEL and strategies that they can use at home to promote the generalization of skills.

### Strategies for Community Mental Health Providers

- Connect with schools and districts to learn about ongoing SEL programming.
- Work with schools and districts to receive concurrent training on SEL programming to promote generalization of programming skills and language into the broader community.
- Reinforce SEL programming through the integration of the skills and language into work with individual children and families.
- Coordinate with school mental health providers to provide resources and professional development for teachers on the signs and symptoms of common mental health issues.
- Provide resources to families and children about typical developmental milestones and whom they may contact with concerns about their children's social, emotional, and physical development.
- Map how community health services are addressing the social and emotional competencies of children and ways that those services might support other ongoing efforts.

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## References

1. Rickwood, D. (2007). Conceptual framework for PPEI and applications in general practice: Overview of the literature. Monograph 1 in A. O'Hanlon, A. Patterson & J. Parham (Series Eds.), *Promotion, prevention and early intervention for mental health in general practice*. Adelaide: Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet). Retrieved September 2007 from <http://www.auseinet.com/files/resources/auseinet/framework.pdf>
2. Greenberg, M. T. (in press). School-based prevention: Current status and future challenges.
3. Greenberg, M. T., Domitovich, C., and Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention & Treatment, 4*, Article 1.
4. President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final Report* (DHHS Pub. No SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services.
5. Smith, B. H., Molina, B. S., Massetti, G. M., Waschbusch, D. A., & Pelham, W. E. (2008). School-wide interventions—The foundation of a public health approach to school-based mental health. In S. Evans, M. Weist, & Z. Serpell (Eds.), *Advances in school-based mental health interventions* (pp. 7-2:19). Kingston, NJ: Civic Research Institute.
6. Lynn, C. J., McKay, M. M., & Atkins, M. S. (2003). School social work: Meeting the mental health needs of students through collaboration with teachers. *Children & Schools, 25* (4), 197–209.
7. Weissberg, R. P. (2007, December). *Social and emotional learning for student success*. Paper presented at the Collaborative for Academic, Social, and Emotional Learning Forum, New York, NY.
8. Adelman, H. S., & Taylor, L. (2006). School and community collaboration to promote a safe learning environment. State Education Standard. *Journal of the National Association of State Boards of Education, 7*, 38–43.
9. World Health Organization. (1986). *Ottawa charter of health promotion*. Geneva: World Health Organization. Available for download at <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html>
10. Collaborative for Academic, Social, and Emotional Learning. (2003). *Safe and sound: An educational leader's guide to evidence-based social and emotional learning programs*. Chicago: Author.
11. Zins, J. E., Weissberg, R. P., Wang, M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press.
12. Anderson-Butcher, D., & Ashton, D. (2004). Innovative models of collaboration to serve children, youths, families, and communities. *Children & Schools, 26*, 39–53.



## Resources

The following links are examples of the types of resources available that provide information about social and emotional learning and promotion of children's mental health.

**Collaborative for Academic, Social, and Emotional Learning.** (2007). *Youth and Schools Today: Why SEL Is Needed*. <http://casel.org/downloads/Youth&Schools.pdf>

**Center for School Mental Health Assistance.** (2003). *Building Support for Evidence-Based Approaches in the Schools*. [http://csmha.umaryland.edu/cim/CI15\\_2003.pdf](http://csmha.umaryland.edu/cim/CI15_2003.pdf)

**Center for Effective Collaboration and Practice.** (2001). *Systems of Care: Promising Practices in Children's Mental Health*. <http://www.air.org/cecp/promisingpractices/Default.htm>

**Mind Matters**—A resource and professional development program to support Australian schools in promoting and protecting the social and emotional well-being of members of school communities. <http://online.curriculum.edu.au/mindmatters/>

**President's New Freedom Commission on Mental Health.** (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD. <http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>

**Prevention Research Center for the Promotion of Human Development.** Greenberg, M., Domitrovich, C., & Bumbarger, B. (1999). *Preventing Mental Disorders in School-Age Children: A Review of the Effectiveness of Prevention Programs*. Submitted to the U.S. Department of Health and Human Services, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. <http://www.prevention.psu.edu/pubs/index.html>

**School Mental Health Program.** *Gateway to a World of Resources to Enhance Mental Health in Schools*. (Provides links to many of the organizations involved in improving children's mental health.) <http://smhp.psych.ucla.edu>

### U.S. Department of Health and Human Services.

*Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. <http://www.surgeongeneral.gov/library/mentalhealth/toc.html>

*Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 2001. <http://www.surgeongeneral.gov/library/youthviolence/youthviolence.htm>

*Mental Health: Culture, Race and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 2001. <http://www.surgeongeneral.gov/library/mentalhealth/cre/>

**U.S. Public Health Service.** (2000). *Report of the Surgeon General's conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services. <http://www.surgeongeneral.gov/topics/cmh/childreport.htm>

**World Health Organization.** (2004). *Promoting Mental Health: Concepts, Emerging Evidence, Practice: Summary Report*. Geneva: author. [http://www.who.int/mental\\_health/evidence/en/promoting\\_mhh.pdf](http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf)