Part I: A New Framework

Chapter 1: The Hidden Crisis in Mental Health and Education:

The Gap Between Student Needs and Existing Supports

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This chapter will describe selected mental health and educational concerns evident in U.S. middle schools today. We will also review selected promising attempts to solve the current problems.

The goal of this chapter is to review selected research on adolescents' mental health, youth development, and education, both in the U.S. and internationally, and to show how we were driven to develop RALLY to connect these related but frequently fragmented fields. We will elaborate on critical mental health and educational concerns, although the limited scope of this article precludes a detailed description of all the research findings on the connection between mental health, education, and youth development. Rather, we aim to provide a summarized selection of important data and concerns.

The Mental Health Crisis

Over the past decades, shifts in Western society have fractured children's traditional family and community supports, often without providing adequate replacements.[1] This has lead to an increased loss of social structures and a related decrease of social support in the most important contexts such as the family, school, and community. As a result, many children and adolescents have lost the structures they urgently need for their development of resiliency leaving many youth at risk for behavioral and emotional problems and accompanying feelings of disaffection and low self-esteem.[2]

It has been estimated that more than twenty percent of U.S. children and youth aged 9 to 17 suffer from significant social, emotional, and behavioral problems and are at risk for school failure.[3] Other estimates indicate that at least 1 in 5 children and adolescents in the U.S. have a mental health disorder such as depression, anxiety disorder, PTSD, etc.[4] Other industrialized countries show similarly high numbers of mental health problems among children and youth: for example, a 2001 Australian national survey found that of children ages 4-17, 14% of them have clinical mental health problems (specifically somatic complaints, delinquent behavior and attention problems).[5] In Europe, it is estimated that overall 10-20% of children and youth have one or more serious mental or behavioral problems with variations in young people's mental health by geographical location and several other demographic and social factors.[6]

The mental health problems of American youth greatly depend on social factors. For example, many urban youth are exposed to high stress in communities plagued by poverty, violence, and racism. Their psychological problems are thus likely to be more prevalent and severe than the numbers described above for the overall adolescent population.[7] In fact, there is

evidence of elevated social and emotional problems in low-income, urban youth.[8] In general, lower socioeconomic status (SES) has been strongly linked to mental health problems, as low SES is associated with a wide range of other risk factors.[9]

Behavioral and emotional disturbances in adolescence, such as depression, substance abuse, and conduct disorder, are associated with a broad array of other risks such as school failure and dropout, affiliation with peers involved in risky behaviors, teen pregnancy and chronic adult mental health problems.[10] Thus, mental health problems have a significant negative impact on adolescents, families, schools, and communities.

Given these statistics it has been estimated that between 12 percent and 22 percent of America's youth under the age of 18 need mental health services.[11] Research also indicates that early response to and treatment of mental heath problems can reduce the individual burden and societal costs of related problems later in life.[12] In fact, various effective treatment strategies exist for mental health problems (see following section). However, the needs of U.S. children and adolescents are often poorly met, and high rates of adolescents with social and emotional problems and associated learning difficulties do not receive services at all, according to the Surgeon General's Report.[13] In a recent large survey with parents asked about the mental health status of their children aged 3 to 17,[14] found that only 21% of children with mental health needs received services, thus leaving about 7.5 million children in the U.S. with unmet needs. In addition, ethnic minority status had a significant relation to lower access to mental health services. Similarly, other researchers reported that 15-22% of the children and adolescents in the U.S. have severe mental health problems, but that fewer than 20% of the young people with mental health problems currently receive appropriate treatment. [15] It is estimated that only about

one in five of children with mental health problems receive specialty mental health services.[16] Thus for every young person who receives treatment 4 to 5 go without. Imagine this kind of statistic for physical problems such as ear infections, appendicitis, or measles.

According to Tolan and Dodge, one reason for this service gap is that mental health specialists are currently able to meet the need of only 10% of all children with mental health issues.[17] In addition, these specialists are often focused on children with the most severe symptoms, thus neglecting any hope of preventive interventions for less severe, yet troublesome cases.[18]

According to the Report of the Surgeon General's Conference on Children's Mental Health the mental health service system in the U.S. is a fragmented patchwork and a hybrid system.[19] It has been often referred to as the "de facto mental health system" because of its lack of a single set of organizing principles.[20] Particularly for people with the most complex needs and the fewest financial resources, the system has failed to provide successful support.[21]

The data indicates that there is an overall youth mental health crisis in the U.S. that afflicts all social context and demographics, but is especially severe in poor areas of this country. The various social and emotional problems not only cause tremendous problems for the young people later in life, but also for society at large. This calls for renewed strategies to comprehensively provide services and an urgent need for implementation of more succinct preventative measures.

The Educational Crisis

RALLY focuses not only on risks and mental health problems, but also on students' academic outcomes, learning potential, and strengths. Academic success and learning potential are very important protective factors in life, because they provide later occupational opportunities and related resiliencies, for example feelings of self-efficacy and self-esteem. In fact, mental health is both an important input into student academic success and an outcome. A healthy child is much more likely to be academically successful and an academically successful child is more likely to be mentally healthy. Just imagine going to work as an adult and having the experience of incompetence every day without being able to change the workplace. Would that not likely lead to low self-esteem, frustration and possible depression and other mental health problems? In the United States, the emphasis on achievement has focused on ensuring that students reach specific baselines in core academic areas (see No Child Left Behind Act of 2002). However, many middle schools in the U.S. are not meeting these performance goals.[22] Furthermore, many students do not reach the standards in reading and math.[23] For example, 27 percent of students in 8th grade scored below the basic level in the 2005 National Assessment of Education Progress reading test.[24] In international comparison, the results of the Program for International Student Assessment (PISA) 2006 indicate that the average combined science and mathematics literacy scale scores for U.S. 15-year-old students to be lower than the OECD average of countries across the world (OECD = Organization for Economic Cooperation and Development).[25] Thus, American students are lagging behind international students.[26] Furthermore, there is a well-known achievement gap between children from poor and ethnic minority backgrounds and white middle class children in the United States.[27]

In contrast to the mental health crisis, which is still a silent one, all of these problems have been acknowledged, and different strategies have been implemented to improve the achievement problems. Huge resources from the federal government, the states and the localities in addition to foundation and donor moneys are going into fixing the education crisis. In addition, support is provided for practices that show successfully complement to the formal learning, such as tutoring, homework help, and afterschool.[28] Given that progress is extremely slow, despite two decades of major reforms and funding priorities and that drop-out rates and discrepancies between white students and students of color remain very high it is essential to ask the question whether the a comprehensive approach that addresses not only the education issues will be more successful.

What do we do with the silent, mental health crisis that so powerfully impacts the education crisis? How do we provide services to those 80 % who are not being served but have diagnosable mental health disorders and how to we intervene early in those many cases where mental disorder has not occurred, but mental health problems and increased distress is becoming visible?

Mental Health, Academic Success, and Youth Development

Research indicates that academic performance and learning potential are not independent from youth development and mental health.[29] Rather, academic outcomes are connected to a student's developmental resiliency and mental health. For example, a recent longitudinal study by Masten and colleagues showed that overt behavioral or emotional problems evident in urban samples of early adolescents predicted poor academic achievement in later adolescence, which in turn was associated with problems such as anxious or depressed mood in young adulthood.[30]

Likewise, Malecki and Elliot found a positive relationship between students' social competencies and academic skills.[31] A longitudinal study by Caprara et al. documented that early prosocial behaviors contributed to children's developmental trajectories in academic domains and academic achievement.[32] Students with behavioral and emotional problems are also more likely to drop out of school.[33] Thus, a one-dimensional focus on academic performance in school and afterschool programs does not achieve the best educational results and neither does it address the complex needs of students today. This means that the emphasis on both academic success and resiliency is particularly important to preventive efforts.[34] Today, systematic and evidence-based efforts to integrate developmental research and relationships into educational and health practice are still very young. Nevertheless, there is growing recognition that student's resiliency and learning potential are best promoted when taking a developmental perspective and when focusing on relationships.[35] Therefore, success of school-based prevention requires an integrated understanding of mental health, education and youth development from a developmental-contextual perspective.

In addition, there is also research evidence that both academic learning and mental health are linked to a positive school climate.[36] Similarly, research also indicates that positive student-teacher relationships show a direct impact on academic success.[37] Thus, only an integrated strategy that addresses the complex interplay between academic outcomes, student's growth and development, and school context, can be effective.

In conclusion, schools and all organizations serving youth are confronting problems and needs of immense scope for which they are largely unprepared. While teachers are under pressure to support higher levels of academic achievement, every day they encounter students

who face mental health problems, who are hungry, poorly clothed, and are living in unsafe and difficult environments.[38] Remember: every teacher can expect on the average 5 students with a mental health disorder, which does not include all the special education issues, such as dyslexia, information processing, or physical problems from asthma to eyesight. Of those 5 students, four will not have been diagnosed or received necessary treatment. This puts an enormous degree of pressure on teachers who are not trained to deal with these issues and even if they were, they could not handle the magnitude of problems at any given day.

One response from school districts had been to spend increasing portions of their budgets referring troubled or disruptive students to separate classrooms, "pull-out" tutoring, or private residential placements. But this strategy is also less and less available as mounting concern among policymakers, educators, and parents has pushed for an inclusionary education model. This model of keeping students in the least restrictive environment is also supported by decreased funding availability. The argument is that, too often, at-risk youth become "career" special education students who exhibit chronic behavioral and academic problems and either fail to return to the regular classroom or enter without the support mechanisms needed to thrive.[39]

Thus, there is a growing consensus that traditional strategies – such as special education programs or even individual on-site mental health professionals - are no longer sufficient to address the staggering needs and learning barriers of the children of our nation's schools.[40] Many educational, health and social services experts discuss the need for an integration of different sources, melded funding, and efficient student support teams in every school, but we are very far from having achieved those goals; policy makers are only beginning to connect funding streams

to serve these goals. Thus, the reality of collaboration in schools in an integrated system of student support that links to community agencies and medical, legal and other institutions.

Furthermore, there is a lack of common purpose, language and integration of the most advanced developmental research knowledge into daily practice. Translational research is in its infancy, putting the university systems at the service of applied research that helps solve he major societal problems like the one under discussion here. Meanwhile, just as the demand for new approaches has mounted and new theories and research are emerging the resources for meeting that demand are shrinking. School districts are faced with budget problems that limit the overall services they can offer. At the same time, the move toward managed care has put the institutions designed to support our most at-risk children, such as hospitals and community health centers, under great stress, as well. Clearly, the moment has come to develop renewed, cost-effective, and creative interventions that integrate education, mental health, and other community resources addressing the needs of at-risk youth and all other students. The solutions, we are convinced, will not come from:

1. By using traditional treatment modalities, such as one-on-one therapy conducted by a mental health professional to stem the mental health crisis

2. By addressing the education crisis alone

3. By focusing on school reform without changing the issues of school climate, engaged learning in-school and afterschool, and student-adult relationships and mentoring.

Stated positively, we have a chance now to apply our advanced developmental knowledge to marry progress in teaching and learning and mental health interventions to create true success. There is growing recognition that progress is possible.

Promising Progress

While schools will always and should always be primarily learning centers, they are also key settings for preventive practices, as they are compulsory and all students spend a significant part of their lives there. Students are more likely to seek out help when services in school are available[41] and many of the students who receive mental health services do so in their school.[42] Thus, the school is the institution where many developmental transformations take place.[43] Without preventive practices coordinated by schools or community workers, youth are unlikely to receive required help. Schools have recognized this important role and a wide range of responses have emerged for dealing with what is increasingly called barriers to learning of today's youth. Below, we will shortly describe just a few of these important and promising strategies.

Research demonstrates the impressive potential of programs in the positive *youth development tradition* that identify and strengthen resilience skills in at-risk youths before they have developed a degree of problems requiring intensive treatment.[44] These models focus, among others, on the promotion of competence, resiliency, and character-building instead of seeing youth primarily through the lens of problems, risks and pathologies.[45] For example, programs focusing on social-emotional learning (SEL) that aim to build assets have been successfully implemented in schools.[46] Several reports have described the evaluation outcomes of programs on positive youth development and the facilitation of resiliency [47] as well as

programs aimed to promote student's mental health.[48] In a way the U.S. and increasingly international agenda of afterschool programs for millions of kids is one large policy intervention using youth development principles, such as mentoring, asset building and engaged learning.

There is also established recognition that these and other programs need to consider the contextual factors in which students grow up.[49] Adolescent's learning and development is not an isolated process, but occurs in partnership with teachers, peers, the family, and the community.[50] For example, the Collaborative for Academic, Social and Emotional Learning recommends a strong emphasis on creating supportive learning environments that are safe, structured, caring, and participatory.[51] Furthermore, several other programs focus on changes in the school climate.[52] Introducing democratic school culture into the school has been proven to successfully facilitate student's resiliency.[53]

Other important attempts to address student's complex needs include, for example, the extension of the school day and optimization of afterschool services.[54] Research has also given evidence for the differential impact of extracurricular and community-based organized activities on positive developmental outcomes.[55] Furthermore, the New York Children's Aid Society attempts to create a full service community school in which academic, physical health and mental health resources, among others, are brought into a school to meet the full range of students' needs.[56]

In summary, these examples illustrate the critical importance of developmental considerations and an integrative focus, and it is very promising that there is growing recognition of the need to invest in adolescent's health, education, and development.[57] The dramatic social and economic transformations underway in countries, communities, families and individuals add

to the complexity of this challenge, but the goal remains of utmost importance and will be a key to the future health and equality of all societies.[58]

Nevertheless and despite the various important efforts described above, the gap between students' complex needs and comprehensive and effective systems of care is still not resolved; one of the problems is that the different strands addressing the mental health or educational concerns are frequently very fractured.[59] The positive youth development approach has the potential to contribute to defragmentation, as it is genuinely strengths-oriented and conceptualizes the role of the learner in partnership with adults. More importantly, however, this approach puts the development of youth at the center of learning and thriving thus acknowledging that specific methods and interventions will be more effective than others, depending on the development and strengths of students ages and stages. Education has always been essentially about a developmental process and so has mental health intervention. They require a detailed knowledge of what children and youth are capable of emotionally, cognitively and socially and how to support their growth to next level of competency. While there have been excellent maps that parents and teachers can use for early childhood and school-age, when it comes to the adolescent years, the developmental maps people use are not only vague and full of cliché's but are plain, especially for the middle school years. It is essential to introduce theories and research that work and that extend the developmental knowledge that have infused the knowledge about younger children and work again for older high school college youth into the whole phase from 10 to 16.[60] Unfortunately, youth development theory cannot guide this process easily, as the name is somewhat of a misnomer: Most of the youth development theories are about a stance—that assets are more important than weaknesses—but are not clear what and how

development actually occurs. There is a great research literature on adolescent development, a Society for Research in Adolescence, many national and international journals on the topic, but that is not the same as positive youth development. To state it provocatively: Positive youth development does not possess an accepted developmental theory or even theories. Instead it is at present a framework about resilience, the importance about mentoring and of choice and voice. None of these core concepts have been introduced in a truly developmental sense, i.e., how they evolve over time, how they differ at different times and how to distinguish between positive growth and negative problem pathways. This is, indeed, the next agenda for a field that is calling itself "developmental."

But what does an intervention look like that introduces a youth development perspective on academic resilience and success, partnership with youth in their learning and mental health support and prevention? What are the age-appropriate ways of working with 10 -to 16-year-olds and to engage their growth potential to increase health, learning, and social relationships with adults and peers? How can we be asset and resilience focused without robbing kids of their rights to have diagnosable problems and risks that lead to state-of-the-art treatments and interventions? And how do we perform this work across disciplines that speak very different languages (special educators, teachers, clinicians, social workers, youth workers, etc.) to reintroduce the "whole child" rather than only the "academic child" and to provide help and support in non-stigmatizing ways?

And, finally, how do we use the increased availability of youth development contexts such as afterschools civic and summer programs in schools and communities to increase educational success and reduce distress? These are the big questions that we ventured out to

address, leaving our safe Harvard classrooms and teaching hospital research center together with over 10 generations of education, social work, medical and psychiatric students.

Summary

- There is an overall youth mental health crisis and an educational crisis in the U.S.
- There is a growing consensus that traditional strategies are no longer sufficient to address the staggering needs and learning barriers of U.S. students.
- There is also growing recognition that we need to not only decrease symptoms and risks, but increase student's resiliency, development, and learning potential. These strategies need to be embedded in the child's ecology.
- Despite various promising and important strategies, service systems are still fragmented, and comprehensive systems of supports are still in their development. Furthermore, there is still a lack of integrated developmental considerations into practice.
- The RALLY approach aims to systematically introduce development and caring adult relationships into preventive practice and combines mental health, education, and youth development to promote student's resiliency and academic potential.

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