Improving Social, Emotional and Mental Health in Schools

Prevalence on mental health and suicide.
1. According to the *2020 Roadmap for Resilience, the California Surgeon General's Report on ACEs, Toxic Stress and Health*:
    a. The COVID-19 pandemic has led to a **prolonged period of stress, physical distancing, financial insecurity, and decreased healthcare access, heightening the risk of stress-related morbidity** and **mortality**.
    b. **With school closures, vulnerable children who face potentially dangerous home environments have reduced access to external support and mental health services.**
    c. Given that social connection is one of the evidence-based strategies for buffering stress and toxic stress, the implications of physical distancing has included substantial increases in mental distress and disorders across the population.
2. **Children at increased risk for suicide**
    a. According to the Centers for Disease Control and Prevention, in 2019 suicide was the second leading cause of death among children and adolescents ages 13 to 19 — and the leading cause of death among 13-year-olds. It is the 10th leading cause of deaths among all Americans.
    b. Based on the most recent Youth Risk Behavior Survey (YRBS) from 2019, 8.9 percent of youth in grades 9-12 reported that they had made at least one suicide attempt in the past 12 months. Female students attempted almost twice as often as male students (11% vs. 6.6%). From AFSP
    c. NPR reported in February 2021 that According to the CDC, between April and October 2020, hospital emergency departments saw a rise in the share of total visits that were from kids for mental health needs. Some were upwards of 250%. In one community over 500 children were sent to a local ER department since January 2021.
3. **Best practices for suicide prevention.**
    a. Consider improving the shared protective factors which include:
        i. Increasing mental health literacy in the school and district
        ii. Increasing connectedness and decreasing isolation
        iii. Normalizing the conversation around mental health
        iv. Make mindfulness a daily activity at school and at home
        v. Share feelings and improve social / emotional skills (see Exhibit A for standards alignment with Sharpen)
        vi. Do mental health and suicide screening following best practices
        vii. Consider models such as "Sources of Strength" that focus on strength based approaches
    b. Go to Sharpenminds.com/Chats and access other webinars featuring national experts and researchers in suicide prevention
    c. See attached resource guides

4. **Facts regarding Social Emotional Learning**
    a. The Collaborative for Academic, Social and Emotional Learning (CASEL) defined SEL more than 20 years ago.
    b. In December, 2020 CASEL updated their definition of social and emotional learning (SEL) as "the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions. SEL advances educational equity and excellence through authentic school-family-community partnerships to establish learning environments and experiences that feature trusting and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluation. SEL can help address various forms of inequity and empower young people and adults to co-create thriving schools and contribute to safe, healthy, and just communities."
    c. According to the Handbook of Social and Emotional Learning, a well-designed SEL program includes not only evidence-based curricula and instruction, but also clear goals, benchmarks, and tools for universal and targeted screening and progress monitoring (Durlak et al, 2015).
    d. There is broad agreement that today's schools must offer more than academic instruction to prepare students for life and work (National Research Council, 2012). The life challenges that students face have grown in intensity and adversity (Burke-Harris et al, 2020) and require individuals to become trauma-aware and to become mindful of the best practices for building child resilience. A known protective factor toward improving resilience is SEL.
    e. According to the 2013 Effective SEL Program Guide, programming begins in preschool and continues through high school (CASEL 2013). CASEL has identified five interrelated sets of cognitive, affective, and behavioral competencies. The definitions of the five competency clusters for students are:
        i. Self-awareness: The ability to accurately recognize one's emotions and thoughts and their influence on behavior. This includes accurately assessing one's strengths and limitations and possessing a well-grounded sense of confidence and optimism.
        ii. Self-management: The ability to regulate one's emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.
        iii. Social awareness: The ability to take the perspective of and empathize with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to recognize family, school, and community resources and supports.

iv. Relationship skills: The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.

v. Responsible decision making: The ability to make constructive and respectful choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others.

f. More reading:

i. CASEL 2020 Updated Framework and Priorities, 2020. https://www.the74million.org/article/niemi-casel-is-updating-the-most-widely-recognized-definition-of-social-emotional-learning-heres-why/).

ii. CASEL Guide 2013 - Preschool and Elementary Edition: https://casel.org/preschool-and-elementary-edition-casel-guide/

iii. CASEL Rating Frameworks: https://casel.org/rating-frameworks/

iv. Collaborative Classroom SEL Program: https://www.collaborativeclassroom.org/programs/caring-school-community/

v. Durlak, J., Domitrovitch, C., Weissberg, R., Gullotta, T. (2015). Handbook of Social and Emotional Learning: Research and Practice. Guildford Publications, New York, NY.

vi. Effective SEL Learning Programs: Preschool and Elementary: https://casel.org/wp-content/uploads/2016/01/2013-casel-guide-1.pdf

vii. National Research Council, Education for Life and Work: Developing Transferable Knowledge and Skills in the 21st Century, Washington, D.C.: National Academies Press, 2012.

viii. Rand: Investing in Evidence-based Social and Emotional Learning: https://www.rand.org/content/dam/rand/pubs/research_reports/RR2700/RR2739/RAND_RR2739.pdf

ix. School SEL Assessments. https://www.edutopia.org/blog/tools-assess-sel-in-schools-susanne-a-denham

5. **Other protective factors that improve mental health outcomes and build district resiliency**

   a. **Improving mental health literacy**

      i. "Mental health literacy is an integral component of health literacy and has been gaining increasing attention as an important focus globally for mental health interventions" (Kutcher et al, 2015).

      ii. "Schools are an ideal site for addressing mental health literacy in young people" (Mcluckie et al, 2014).

iii. "According to the World Health Organization (WHO), health literacy is key to improving health outcomes for both individuals and populations (World Health Organization, 2013).
1. Mental health literacy (MHL), a component of health literacy can be expected to have similar impacts (Kutcher, Wei, Coniglio, 2016).
2. Our understanding of MHL has evolved from its early development as a tool to enhance the recognition of mental disorders (Jorm et al, 1997) to a more complex consideration, consistent with the WHO's construct of health literacy as a social determinant of health and an educationally driven intervention with demonstrated positive impact on the health outcomes of individuals and populations, as well as a vehicle that can be applied to help transform health inequities (Nutbeam, 2008).
iv. MHL has been conceptualized as comprising four distinct but related components:
1. understanding how to obtain and maintain good mental health;
2. understanding mental disorders and their treatments;
3. decreasing stigma related to mental disorders;
4. enhancing help-seeking efficacy (knowing when, where, and how to obtain good mental health care and developing competencies needed for self-care) (Kutcher et al, 2015; O'Connor et al, 2015).
v. Thus, MHL provides the necessary foundation for mental health promotion, prevention, and care, and binds these essential components into a seamless construct focused on improving both mental health and mental health care outcomes rather than focusing singly on promotion of wellbeing (Jorm, 2015; Kutcher, Wei, Weist, 2015).
vi. More reading:
1. Center for Addiction and Mental Health (CAMH). (n.d.). Mental illness and addictions: Facts and statistics. Retrieved from https://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx
2. Dunstan, D. A., Falconer, A. K., & Price, I. R. (2017). The relationship between hope, social inclusion, and mental wellbeing in supported employment. Australian Journal of Rehabilitation Counselling. 23(1), 37-51.
3. Jorm AF, Korten AE, Jacomb PA, Christensen H, Rodgers B, Pollitt P (1997) "Mental health literacy": a survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. Med J Aust 166:182–186

4. Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. American Psychologist, 67(3), 231-243.
5. Jorm F (2015) Why we need the concept of "Mental Health Literacy". Health Commun 30(12):1166–1168. doi:10.1080/10410236.2015.1037423
6. Kickbusch, I., Pelikan, J. M., Apfel, F. & Tsouros, A. D. (Eds). (2013). Health literacy: The solid facts. Copenhagen: World Health Organization Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf
7. Kutcher, S., Bagnell, A., & Wei, Y. (2015). Mental health literacy in secondary schools: A Canadian approach. Child and Adolescent Psychiatric Clinics of North America, 24(2), 233-244. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25773321
8. Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present and future. , 61(3), 154-158. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/pmc4813415/
9. Kutcher, S., Wei, Y., Costa, S., Gusmão, R., Skokauskas, N., & Sourander, A. (2016). Enhancing mental health literacy in young people. European Child and Adolescent Psychiatry, 25(6), 567-569. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/27236662
10. Kutcher S, Wei Y, Weist M (2015) Global school mental health: considerations and future directions. In: Kutcher S, Wei Y, Weist M (eds) School mental health: global challenges and opportunities. Cambridge University Press, Cambridge, pp 299–310
11. Mcluckie, A., Kutcher, S., Wei, Y., & Weaver, C. (2014). Sustained improvements in students' mental health literacy with use of a mental health curriculum in Canadian schools. BMC psychiatry, 14, 379. https://doi.org/10.1186/s12888-014-0379-4
12. Nutbeam D (2008) The evolving concept of health literacy. Soc Sci Med 67:2071–2078
13. O'Connor, M., & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy. Psychiatry research, 229(1-2), 511–516. https://doi.org/10.1016/j.psychres.2015.05.064
14. Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. J. Lopez (Eds.), Handbook of positive psychology, 257-276.

15. Statistics Canada. (2012). Health at a glance. Mental and substance use disorders in Canada. Retrieved fromhttp://www.statcan.gc.ca/pub/82-624-x/2013001/article/11855-eng.htm
16. World Health Organization Regional Office for Europe (2013). Health literacy: the solid facts. http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf. Accessed 04 April 2016

b. Improving awareness of ACEs and childhood trauma
  i. Consider having all individuals in the district trained in trauma / brain science and how it impacts the developing mind. These are available through Sharpen, as well.
  ii. Best resources on this topic include:
    1. Harvard: Center on the Developing Mind
    2. American Association of Child & Adolescent Psychiatry
    3. International Society for the Study of Trauma and Dissociation
    4. International Society for Traumatic Stress Studies
    5. ACEs Connection / PACEs Connection
c. Improving racial equity / inclusiveness
  i. Consider attending Racial Equity Institute or other training programs
  ii. Sharpen has some professional development training immediately available, as well
d. Increasing mindfulness and Mindfulness Based Stress Reduction (MBSR)
  i. The "5 Minute Mindfulness" program is available through Sharpen and has been deployed through trauma-informed schools / Resilient Schools successfully for 5+ years in South Carolina
  ii. Be sure to follow best practices and learn from certified trainers and/or evidence-based models
e. Improving sleep
  i. Poor sleep is linked with poor health outcomes. Disordered or reduced sleep duration is associated with heart disease, hypertension, obesity, diabetes, cancer, decreased cognitive performance, depression, anxiety, inflammatory diseases, infection risk, and all-cause mortality.
  ii. In children, poor sleep is associated with impairments in neurocognitive development, social emotional skills, physical health, and family functioning. …
  iii. Interventions to support healthy sleep can decrease stress and improve health outcomes.
  iv. A consistent bedtime routine improves sleep, child mood, emotional behavioral regulation, mother's self-reported mood, school readiness, and literacy outcomes (especially when reading is part of the bedtime routine); it has been associated with decreased bedtime tantrums (and

associated improvements in marital satisfaction) and can be a buffer against parenting stress." (Source: Roadmap for Resilience p 103.)

Exhibit A – Standards aligned.

In this section, learn the standards alignment and also evidence-based models and frameworks deployed through the Sharpen system.

What Exactly is Sharpen?
[Sharpen](#) is the premiere social, emotional and mental health solution for your district. The Sharpen system is based on fifteen years of research and contains all the essential protective factors that ensure your faculty, staff parents and students have the tools they need to return to the school environment; ready to deal with the stress, anxiety and uncertainly that the past year has caused.

- Sharpen is aligned with CASEL and ASCA and offers tools that are suitable for students ages 4 and up.
- Sharpen engages, empowers and supports individuals, schools and communities by providing access to a vast library of evidence-based and results-proven social, emotional, behavioral and mental health content that assists with overall wellbeing.
- The Sharpen system seamlessly supports prevention and early intervention of treatment across multiple levels of care, so if any of your faculty or staff are struggling, they can be identified early, discreetly connected to care and supported throughout their journey.
- In collaboration with our partners, we can provide mental health screenings, tele-health providers and care coordination for any staff or parent connected to treatment.

ASCA Alignment.
American School Counselor Association (ASCA) National Standards identify and prioritize the specific attitudes, knowledge and skills that students should be able to demonstrate as a result of participating in a school counseling program. ASCA National Standards for Students serves as the foundation for The ASCA National Model: A Framework for School Counseling Programs. Representing more than 50 years of research, theory and practice, the below ASCA standards align with Sharpen in the personal and social development category, providing the foundation for personal and social growth as students progress through school and into adulthood.

Personal and Social Growth
Standard A: Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.

✔	PS:A1 Acquire Self-knowledge
✔	PS:A1.1 Develop positive attitudes toward self as a unique and worthy person
✔	PS:A1.2 Identify values, attitudes and beliefs
✔	PS:A1.3 Learn the goal-setting process
✔	PS:A1.4 Understand change is a part of growth
✔	PS:A1.5 Identify and express feelings
✔	PS:A1.6 Distinguish between appropriate and inappropriate behavior

✔	PS:A1.7 Recognize personal boundaries, rights and privacy needs
✔	PS:A1.8 Understand the need for self-control and how to practice it
	PS:A1.9 Demonstrate cooperative behavior in groups
✔	PS:A1.10 Identify personal strengths and assets
	PS:A1.11 Identify and discuss changing personal and social roles
	PS:A1.12 Identify and recognize changing family roles
✔	PS:A2 Acquire Interpersonal Skills
✔	PS:A2.1 Recognize that everyone has rights and responsibilities
✔	PS:A2.2 Respect alternative points of view
✔	PS:A2.3 Recognize, accept, respect and appreciate individual differences
✔	PS:A2.4 Recognize, accept and appreciate ethnic and cultural diversity
	PS:A2.5 Recognize and respect differences in various family configurations
✔	PS:A2.6 Use effective communications skills
✔	PS:A2.7 Know that communication involves speaking, listening and nonverbal behavior
✔	PS:A2.8 Learn how to make and keep friends

Standard B: Students will make decisions, set goals and take necessary action to achieve goals.

✔	PS:B1 Self-knowledge Application
✔	PS:B1.1 Use a decision-making and problem-solving model
✔	PS:B1.2 Understand consequences of decisions and choices
	PS:B1.3 Identify alternative solutions to a problem
✔	PS:B1.4 Develop effective coping skills for dealing with problems
✔	PS:B1.5 Demonstrate when, where and how to seek help for solving problems and making decisions
✔	PS:B1.6 Know how to apply conflict resolution skills
✔	PS:B1.7 Demonstrate a respect and appreciation for individual and cultural differences
✔	PS:B1.8 Know when peer pressure is influencing a decision
✔	PS:B1.9 Identify long- and short-term goals
✔	PS:B1.10 Identify alternative ways of achieving goals
✔	PS:B1.11 Use persistence and perseverance in acquiring knowledge and skills
✔	PS:B1.12 Develop an action plan to set and achieve realistic goals

Source: American School Counselor Association (2004). ASCA
National Standards for Students. Alexandria, VA.

CASEL Alignment.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) defined SEL two decades ago and leads the research in best practices.

CASEL'S SEL FRAMEWORK:
What Are the Core Competence Areas and Where Are They Promoted?

Social and emotional learning (SEL) is an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.

SEL advances educational equity and excellence through authentic school-family-community partnerships to establish learning environments and experiences that feature trusting and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluation. SEL can help address various forms of inequity and empower young people and adults to co-create thriving schools and contribute to safe, healthy, and just communities.

COMMUNITIES
FAMILIES & CAREGIVERS
SCHOOLS
CLASSROOM

SELF-AWARENESS
SELF-MANAGEMENT
SOCIAL AND EMOTIONAL LEARNING
RESPONSIBLE DECISION-MAKING
SOCIAL AWARENESS
RELATIONSHIP SKILLS

SEL Instruction & Classroom Climate
Schoolwide Culture, Practices & Policies
Authentic Partnerships
Aligned Learning Opportunities

CASEL Learn more: www.casel.org/what-is-SEL

The Sharpen system aligns with CASEL framework across all five SEL categories and includes programming for all circles of influence including: student, classroom, school, family and community. Sharpen's system can be deployed in the classroom setting or as a peer-resiliency model. The Sharpen system improves the below CASEL competency areas (Bauer et al, 2019; Fadel et al, 2019).

SEL Competency	Sharpen Category / Track	Module Name
Self-Awareness	Cope Improving Coping Skills	• Life Skills 101 • Why Feelings Are Important
	Nourish Mindful Eating	• Mindful Eating Through Senses • Hunger Cues • Fullness • Permission • Nourishment
	Nourish Building Body Esteem	• Ending Shame About Weight • Ending Fat Talk • Our Bodies Are Our Partner • Body Empowerment
	Heal Resilience	• Sharpen Logic Model
	Heal Grit	• You Got This • Keep On Pushin
Self-Management	Thrive 5 Minute Mindfulness	• ABCs of Mindfulness • Delaying Gratification • Understanding Mindfulness
	Heal Grit	• You Got This • Keep on Pushin • The Bus
	Thrive Stress Management	• Stress Management 101 • Stress and the Nervous System • Managing Stress
	Cope Financial Health	• Budgeting 101 • Credit Health

SEL Competency	Sharpen Category / Track	Module Name
Social Awareness	Thrive Practice Mindfulness (I am Mindful)	• Stevens Sources of Strength • Get in the Cut • DJ Moore Circumstances • What's Holding You Back?
	Heal Grit	• Keep on Pushin'
	Heal Substance Use Disorders	• Candace's Story
	Heal PTSD	• Veterans and PTSD
	Cope Community Connections	• One on One
	Nourish Building Body Esteem	• Ending Shame About Weight
	Nourish Nourishing Through the Arts	• Normal the Musical • We Have Apples • Maiya Project
Relationship Skills	Cope Improving Coping Skills	• Communication 101 • Communicating Through Conflict • Tips for Being Assertive
	Nourish Healthy Relationships	• Building Blocks for a Healthy Relationship • Communicating Through Conflict • Tips for Being Assertive • Vision Board Activity
	Heal Domestic Violence	• Warning Signs for IPV
Responsible Decision-Making	Cope Job Skills	• Interviewing Tips • Failing Fast
	Cope Find Your Voice	• I'm Not Ashamed • 3 Word Story • Speak Out • What is Beautiful • Real Convo

In addition to the ASCA and CASEL alignment, the Sharpen system follows these best practices through evidence-based programming and frameworks:

Disordered eating and obesity prevention. Through collaborations with over 50 national researchers and clinical practitioners, Sharpen has a library of evidence-based dietetics modules and educational content that has been used as clinical training tools for clinicians at medical schools and in master's level social work and psychology programs.

Trauma-informed. Working in collaboration with more than 15 agencies specializing in childhood trauma and resilience, Sharpen's system includes over 25 courses on childhood trauma, toxic stress, building resiliency and the neuroscience of stress and the brain.

Suicide prevention. Sharpen's co-Founder worked under the leadership at Office of Suicide Prevention for South Carolina Department of Mental Health for over 3 years leading the suicide prevention task force. The models within Sharpen follow the ZERO Suicide framework and feature American Foundation for Suicide Prevention leadership providing an overview of the Living Works and NAMI NH postvention curricula and best practices. Most importantly, the crisis-response system and connection to community organizations built within the Sharpen service increases connectedness and caring contacts as part of the ZERO suicide best practice framework.

Racial Equity. The system includes a series on building compassionate and diverse communities created in collaboration with residents from public housing and members of the police department. For their work developing this modular content over the course of 2 years, the Sharpen co-Founders received the Martin Luther King Jr. Humanitarian Award from the City of Spartanburg in South Carolina.

Substance use prevention. Built in collaboration with a local substance use treatment facility and individuals with lived experience, our team created a series of modules on substance use disorders and finding treatment. In addition, the protective factors within the Sharpen library are known as preventative measures in building resilience against substance use disorders, including opioid use disorders. These include (but are not limited to) early screening and identification; access to information about sexual trauma, assault and adversity; improving healthy coping skills; emotion regulation and self-control; delaying gratification and methods for nourishing the body. The substance use prevention program was delivered through live intervention over the course of several years in South Carolina schools, led by Sharpen CEO in collaboration with The Forrester Center for Behavioral Health in South Carolina.