



September 8, 2014



Please forward this to a few colleagues you think might be interested. The more who join, the more we are likely to receive to share.

hat do you think about this? Children's MH Crises Plummet in Summer and Rise in the School Year by Peter Gray (2014) in "Freedom to Learn"

http://www.psychologytoday.com/blog/freedom-learn/201408/the-danger-back-school

Excerpt:

"Imagine a job in which your work every day is micromanaged by your boss. You are told exactly what to do, how to do it, and when to do it. You are required to stay in your seat until your boss says you can move. Each piece of your work is evaluated and compared, every day, with the work done by your fellow employees. You are rarely trusted to make your own decisions. Research on employment shows that this is not only the most tedious employment situation, but also the most stressful. Micromanagement drives people crazy.

Kids are people, and they respond just as adults do to micromanagement, to severe restrictions on their freedom, and to constant, unsolicited evaluation. School, too often, is exactly like the kind of nightmare job that I just described; and, worse, it is a job that kids are not allowed to quit....

... children, especially teenagers, are less happy in school than in any other setting where they regularly find themselves and increased schooling, coupled with decreased freedom outside of school, correlates, over decades, with sharply increased rates of psychiatric disorders in young people, including major depression and anxiety disorders.

...I have been wondering about the relationship of children's mental health to the school year. It occurred to me that an index of that relationship might be the numbers of psychiatric emergency room visits by school-age children that occur each month. Do they decrease in the summer, when (for most kids) school is not in session?

In a rather extensive search of the published literature, I found only one publicly available set of data on this—in an on-line article dealing with children's emergency psychiatric visits at Connecticut Children's Mental Center in Hartford... an interactive graph in the article shows the number of such emergency visits for every month, for every year from 2000 through 2013. Even a quick glance at the graph made it obvious that, every year, the number of visits dropped in the summer and rose again in the school year. ...

Someone might argue that the seasonal variation in mental health crises reflects the weather, not the school year. However, that argument falls on its face when we look at the other months. The month with the highest rate of children's mental health ER visits is May, and May is generally a beautiful month, weather-wise, in Connecticut, but it may well be the toughest month of school. May is the month of final tests, due dates for papers, and the crunch to make it through the rest of the curriculum. ..."

istserv Participants: What's your reaction?

To kick off the discussion, we asked several colleagues to comment; here are some responses:

(1) "Like so many articles written nowadays, it's not fashionable to be thoughtful; click-throughs are what count. So the headlines are designed to get an emotional reaction. The title "A Possible Explanation for Variation in Children's Psychiatric Admissions Throughout the Year" would be

more accurate, but it wouldn't have any sizzle. My major criticism is the author seems to imply that all schools are horrible and all students respond to schooling in the same way. Although I don't have the references at hand, I have read that mental health crises tend to spike near the end of school and then again at the beginning of school. But the explanation was that students responded differentially to the change in the calendar based on many factors. So, in May, some students were anxious over the loss of the only positive element in their lives - their schools. That's where they had fun things to do, lunch to eat, teachers that seemed to be happy to see them, friends, and a respite from the violence in their neighborhoods. They were facing three months of nothing, could not bear the thought, and became suicidal. Students that had family vacations, summer camps, sporting activities, etc. looked forward to the summer and thus had no need of the mental health center. In August, students with academic or social difficulties were seeing a loss of their freedom, nine month of continuous failure, parental upset about grades, punishment for poor school performance, bullying, etc. and could not bear the thought. I'm pleased the author was calling for more data, and I'm hoping he is open to more complicated explanations than "school is bad-it makes kids crazy." I believe things are a lot more complicated than what the headline implied. In contrast, Bronfenbrenner used an ecological approach to suggest changes to prevent the elementary-to-middle school transition slump, found the changes weren't all that difficult to make, and saw good results from treating students as people with individual differences and a wide variety of previous experiences and neighborhood conditions. That involved casting a wide net to bring in data before jumping to conclusions about what needs to be done. I don't see much of that going on nowadays. BTW-After participating in the study, the schools went back to doing things the way they always have. The transition slump predictably returned."

(2) "An interesting blog. My initial response would be to somewhat agree. However, after giving it more thought, I think there's more to this than simply linking school attendance with mental health visits. While there may be a correlation between attending school and visits to mental health clinics, I'm not sure we can establish a causation between these two variables. There are plenty of stressors in schools that can impact children's mental health, but there also are stressors outside of the school environment that have an equal, if not greater, impact. Many of these "non-school" stressors aren't brought to the attention of mental health clinics during the summer months simply because children are not being monitored or supervised as closely during those months as they are during the school year. Therefore, there may not be anyone to recognize the symptoms or or bring them to the attention of caregivers for possible intervention. So, lack of awareness may be contributing to the lower mental health visits in summer months. Another factor to consider is that during the summer months, children may be able to better cope with the non-school stressors simply because these problems aren't being exacerbated by the added pressures and demands of school. Please don't misunderstand, I do believe school can be a very stress-provoking environment for children (as noted in the blog) and can result in mental health problems for these children. I also believe many of these stressors could be eliminated or prevented. At the very least, there could be a continuum of supports put in place to give these children some help and to teach them coping skills. But to say school is causing more visits to mental health clinics is quite a stretch, given what we know about the barriers to learning and achievement. So, in conclusion, I would agree there is a correlation between the stresses created from attending school and visits to mental health clinics, but to establish a causal link we would need more proof. What we can say with certainty, however, is this: If there are external factors (i.e., non school related) creating stress for children (e.g., poverty, hunger, abuse, disability, etc.), then these children may be at risk for developing mental health problems or exacerbating existing problems when exposed to additional stresses that can result from the demands of education (i.e., academic, social, environmental, etc.)"

(3) "Schools are designed to perform a variety of functions for society. In addition to teaching reading, writing and mathematics, they are designed to acculturate children. As the nuclear family's role has diminished and as church attendance has decreased, society has asked that schools occupy the roles formally played by these other institutions. Schools today are expected to teach children not to have sex, not to smoke, how to drive, how to swim and how to behave in dealing with other people. The situation described by Dr. Peter Gray in his article 'The Danger of Back to School' is

indeed horrible. I agree that school rules may be too structured and too regimented but I disagree that the evidence that he collected leads to the conclusion that he has drawn, 'The available evidence suggests quite strongly that school is bad for children's mental health. Of course, it's bad for their physical health too; nature did not design children to be cooped up all day at a micromanaged, sedentary job.' I believe that I could gather the data that Dr. Gray did and come up with a different conclusion. One need only go into a kindergarten or 1st grade class and see what amounts to organized chaos. Many children are running around the classroom, hitting or biting other youngsters. For many, it is the first time they are interacting with other children. Part of the job of their initial teachers is teaching these young people how to deal with others in a proper manner. They are providing the structure that in some cases hasn't been done by a single, overwhelmed, working mother. Of course, the children rebel at this structure. Regarding the increase in stress caused by school, that is the theme of Dr. Gray's article, I dispute the conclusion based on his evidence. If one looks at his data, one would notice that the months with the HIGHEST number of visits to his clinic are March and October. It would strike me that the months of August and September when children are entering a new grade or a new school would create great anxiety in children. Why school events in March and October would justify this increase clinic visits? Why does June (105) with students having to take promotional examinations and being notified that they weren't graduating or being promoted create more stress than May (185)? With regard, to Dr. Gray's statement, 'Of course, it's bad for their physical health, too; nature did not design children to be cooped up all day at a micromanaged, sedentary job.' Some young people only physically exercise on the school playground or in the school gym. The evidence shows that many spend their day in front of television sets or playing games on computers or tablets. For many youngsters, school is work and if we were to measure the decrease in stress levels in adults when they are away from work or on vacation, we would see a similar decrease in stress. I believe that Dr. Gray needs to correlate his data with other variables."

NOW WHAT CAN YOU ADD? What insights and experiences do you have about the relation between children's mental health and schooling? Can you suggest alternative explanations for the data? In general, how might schools best address mental health concerns?

Center Note: As you know, in our work we stress developing a unified and comprehensive system to address factors that interfere with students' well-being. A critical facet of this is our focus on engaging all students and re-engaging those who have become disconnected. From an intrinsic motivation perspective, this calls for (1) enhancing student's feelings of (a) self-determination (choice, decision making), (b) competence, and (c) relatedness to significant others and (2) reducing threats to such feelings. The mental health implications are many.

See and share, for example, the following resources on student motivation/engagement:

>Intrinsic Motivation, Student Engagement, and the Work of Deci and Ryan http://smhp.psych.ucla.edu/pdfdocs/deciinforesource.pdf

>About Motivation - http://smhp.psych.ucla.edu/pdfdocs/practicenotes/motivation.pdf

>Engaging and Re-engaging Students and Families http://smhp.psych.ucla.edu/pdfdocs/engagei.pdf

equest About creating a climate of readiness & commitment for developing a unified and comprehensive system of learning supports

enter Response:

To help with this, we added to our System Change Toolkit a one page guide that includes resources related to the indicated tasks. See:

>Creating Readiness and Commitment for Developing a Unified and Comprehensive Learning Supports system." http://smhp.psych.ucla.edu/summit2002/readiness.pdf

http://shinp.psych.defa.eda/summe200

Here is an excerpt:

Developing a climate to support the type of systemic changes required in establishing and maintaining a unified and comprehensive system of learning supports involves a fundamental set of systemic change interventions and an unwavering focus on the motivational impact of the interventions. Intervention tasks include:

>creating initial readiness of key stakeholders to put aside old ideas and move forward by using introductory material to underscore the imperative, the frameworks, and the initial work and findings of trailblazers (see System Change Toolkit – http://smhp.psych.ucla.edu/summit2002/resourceaids.htm)

>establishing an operational infrastructure (e.g., a high level steering body, an administrative leader, and a leadership team) prepared to create readiness and move the process forward

>preparing a design document and strategic plan using a process that involves high level administrators and staff

>widely circulating and publicizing ("social marketing") the design and plan and establishing a process for discussion and approval by a critical mass of stakeholders

>expanding school improvement policy and planning to include the component for addressing barriers to learning and teaching as primary and essential

>identifying subgroups among those who are intended adopters – for example,

- (A) those who are highly motivated to move forward
- (B) those who are somewhat motivated to move forward
- (C) those not really interested
- (D) those who are upset by the proposed changes

>beginning next steps with groups (A) and (B)

>interviewing groups (C) and (D) to clarify the reasons for their reactions and discuss with the Steering Group what should be done

>ensuring appropriate capacity building, supports, and protections for those making systemic changes (e.g., policy is translated into appropriate resource allocations, including leadership, staff, space, budget, time) Because the three most important process consideration are motivation, motivation, and motivation, each of the above tasks need to be carried out with an ear and eye on motivational impact and with an understanding of readily anticipated factors that interfere with motivation for pursuing system changes. Benchmark indicators can help with this, but are insufficient (see http://smhp.psych.ucla.edu/summit2002/AssessingReadiness.pdf).

Immediate intervention steps should be taken whenever motivation is a problem.

istserv Participants:

What more would you add about creating a climate that supports comprehensive learning supports? What would you need to move forward in your district? Send your responses to ltaylor@ucla.edu

enter featured resources >Brief guidance resources to address back to school concerns

One of the major arenas of student and learning supports that schools must address each day involve supports for transitions. The Center has extensive resources related to this arena. See, for example, the Center's Online Quick Find on *Transition Programs/Grade Articulation/Welcome* – http://smhp.psych.ucla.edu/qf/p2101_01.htm

A special transition concerns that arise as the school year begins are *school adjustment* and *engagement*. In the preceding discussion, we listed some resources related to engagement. Here is a sample of Center resources related to school adjustment:

- >Back-to-School Anxiety http://smhp.psych.ucla.edu/pdfdocs/backtoschanx.pdf Highlights (1) What is normal anxiety when entering a new school year?
 (2) When is anxiety excessive? How can you tell? (3) What can be done to support students as they return to school?
- >Fidgety Students http://smhp.psych.ucla.edu/pdfdocs/fidgetypn.pdf
- >Students in Distress http://smhp.psych.ucla.edu/pdfdocs/distresspn.pdf
- >Addressing School Adjustment Problems http://smhp.psych.ucla.edu/pdfdocs/practicenotes/schooladjustmentproblems.pdf
- >Common Behavior Problems at School: A Natural Opportunity for Social and Emotional Learning – http://smhp.psych.ucla.edu/pdfdocs/practicenotes/behaviorsocialemot.pdf

Please share relevant resources ideas, requests, comments, and experiences!

Send to ltaylor@ucla.edu

Note: Responses come only to the Center for Mental Health in Schools at UCLA for possible inclusion in the next week's message.

We also post a broad range of issues and responses to the *Net Exchange* on our website at http://smhp.psych.ucla.edu/newnetexchange.htm and to *Facebook* (access from the Center's homepage http://smhp.psych.ucla.edu/

For Recent Previous Postings, see http://smhp.psych.ucla.edu/practitioner.htm