

Students sad, distressed?

Most kids can be all right if schools provide the right supports and don't overpathologize.

It is widely recognized that the pandemic has increased the number of students experiencing emotional, learning, and behavioral problems. *Schools clearly must meet the challenge.* However, serious errors will be made if the main responses reflect only thinking in terms of *treatments* for emotional problems.

We were pleased to see the following from the Research and Training Center for Pathways to Positive Futures at Portland State University:

*Beyond Psychotherapy and Medication: Wellness, Well-being and Fun Interventions
Should be Part of Robust Systems of Care for Youth and Young Adults*

<https://www.pathwaysrtc.pdx.edu/>

Here's an excerpt:

“Amid these discouraging reports, one hopeful theme is the potential of interventions other than psychotherapy or medication to provide substantial mental health benefits. In particular, interventions that directly promote wellness and well-being include a range of activities that are likely to be attractive to young people, and that are unlikely to be perceived as stigmatizing or to have negative side effects. What is more, these kinds of interventions do not need to be delivered by mental health providers, so making them available will not put additional demands on the already overstretched workforce. A promising approach called “social prescribing” is being tried in the United Kingdom, with primary care health workers giving young people prescriptions to participate in activities including surfing, roller skating, gardening and dance, with the aim of improving mental and physical health, wellbeing and social connectedness.

Evidence for the effectiveness of some of these interventions among youth and young adults is well developed. This is particularly true of interventions that promote different types of physical activity, which have been shown to have positive outcomes across a variety of mental health conditions. ... The potential of these kinds of interventions to help address the mental health crisis among young people argues strongly for broader implementation and further research.”

We also note that one of the U.S. Department of Education's grants to help area K-12 schools with mental health was given to the College of St. Scholastica. Over a five year period the \$3.9 million grant will assign graduate students in the occupational therapy program to work alongside the school's counselors, social workers and teachers to help students learn coping skills for use in everyday life.

<https://www.css.edu/about/news/3-9-million-awarded-to-occupational-therapy-program-at-st-scholastica/>

Finally, in planning the right way to respond to what has been dubbed “the mental health crisis,” as our Center has cautioned, here are five assumptions to avoid:

DON'T ASSUME THAT

- (1) the majority of students are suffering from ailments that require mental health treatment
- (2) just adding a few more personnel is the best approach in addressing the many needs of students
- (3) teacher and parent identification of youngsters experiencing problems is inadequate and therefore the school should develop a universal screening program

(4) referring students to a mental health provider should be the first step in helping them address MH concerns

(5) a multi-tiered model (MTSS) is a sufficient intervention framework to improve how schools (and communities) help students.

(See also *Myths Schools Live By and are Suffering from Related to Addressing Learning, Behavior, and Emotional Problems* <https://smhp.psych.ucla.edu/pdfdocs/winter23.pdf>)

As always, send all requests for resources, TA, and coaching and any comments or questions to Ltaylor@ucla.edu .