

# Social, Emotional, and Physical Well-being.

Student, Staff, and Community

# What the research says...

S. Dennerly, Ph.D LICSW: Report for Boston Children's Hospital

For many children, academic achievement in their first few years of schooling appears to be built on a firm foundation of children's emotional and social skills. (Ladd, Kochenderfer, & Coleman, 1997; O'Neil et al., 1997). (Young Children's Emotional Development and School Readiness C. Cybele Raver)

Good nutrition, particularly in the first three years of life, is important in establishing a good foundation that has implications for a child's future physical and mental health, academic achievement, and economic productivity. (Feeding America Webpage).

Food insecurity thus serves as an important marker for identifying children with delayed trajectories of development. (Food Insecurity Affects School Children's Academic Performance, Weight Gain, and Social Skills: D. Jyoti, E Frongillo, S. Jones)

# Behavioral Health Defined

Terminology: “behavioral health” is now the preferred term for mental health. . .

Behavioral health is the scientific study of the emotions, behaviors, and biology relating to a person’s mental well-being, their ability to function in every day life and their concept of self.

Encompasses everyday struggles, including loss, grief, and relationship problems.

Also includes substance abuse.

# Behavioral Health Prevalence

Most families are touched by mental illness and behavioral health.

1 in 4 adults are experiencing behavioral health problems in the course of a year.

1 in 5 children and adolescents suffer from behavioral health concerns severe enough to cause problems in their daily life.

In the U.S. today, 1 in 10 children suffers from a serious behavioral health problem.

# BH and School Success

Students who struggle with behavioral health experience less school success. (Wagner, 2005)

Social and emotional health is a prerequisite for sustained academic performance.

# The Landscape: Behavioral Disorders

Source CDC Report 2013

Diagnosable BH Disorder: 1 in 5 children

ADHD: 1 in 14 children

Behavioral/Conduct Problem: 1 in 28 children

Anxiety: 1 in 33 children

Depression: 1 in 50 children

Autism Spectrum Disorders: 1 in 100 children (recent numbers 1-66)

# Schools Today

Students are experiencing higher number of BH disorders (diagnosed – biological, environmental, situational) including adjustment disorders.

Every day life stressors impacting students:

- ✓ Peer Relationships
- ✓ Family/home life stressors
- ✓ Academic pressures
- ✓ Health

# Behavioral Health Treatment

Boarding crisis in Massachusetts and across the U.S.

60-70% of those who need behavioral health care do not receive any services.

The wait time for a first therapy appointment can be 3-6 months.

40-60% of families who begin treatment end prematurely.

Most families attend 1-2 sessions in outpatient treatment.

Individual therapy is a luxury in many cases.

# Behavioral Health & Urban Communities

Urban neighborhoods tend to have higher concentrations of poverty and physical health issues.

Children and adolescents from low-income families experience higher rates of:

- Exposure to violence (community and family violence).
- School mobility that stems from residential instability.
- School drop out.
- Academic underperformance (“academic achievement gap”).
- Fewer resources and opportunities.

Less likely to receive behavioral health services.

# Current State of Affairs

The need for behavioral health services among children and adolescents is large.

Behavioral health system for children and adolescents is fragmented.

- ❖ Long wait lists for services
- ❖ Shortage of providers
- ❖ Community-based and wrap around services (CBHI), but not for all

Barriers to services include:

- ❖ Stigma
- ❖ Access
- ❖ Lack of adequate health insurance coverage
- ❖ Language and cultural differences
- ❖ Lack of coordination

# Summarizing the facts about the BH Landscape

BH disorders are common: 1 in 5 children.

BH disorders are 2-3 times higher in chronic physical conditions.

50% BH disorders begin by age 14; 75% by age 24.

60-70% of children do not receive needed BH services.

8-10 year is average delay before diagnosis and treatment.

# Impact on Teachers

N. Reilly, Ph.D.

15.7% (approximately half a million) move or leave the professional yearly.

40%-50% Leave in their first 5 years.

Reasons for leaving;

- Lack of knowledge with regards to student behavioral health needs.
- Lack of support for students with behavioral health needs.
- Lack of support and emotional safety for themselves.

# Physical Well-being

Factors impacting students, staff, and the community.

# Poverty National Level

*Feeding America Hunger in America 2014* report

- In 2013, 45.3 million people (14.5%) were in poverty.
- In 2013, 26.4 million (13.6%) of people ages 18-64 were in poverty.
- In 2013, 14.7 million (19.9%) children under the age of 18 were in poverty.
- In 2013, 4.2 million (9.5%) seniors 65 and older were in poverty.
- In 2013, the overall poverty rate according to the Supplemental Poverty Measure is 15.5%, as compared with the official poverty rate of 14.5%.
- Under the Supplemental Poverty Measure, there are 48.7 million people living in poverty, nearly 3 million more than are represented by the official poverty measure (45 million).

# Poverty Statistics State and Local

Census data: R.Cammaratta

**State** median household  
**\$66,135** (2013)

**Malden** median household  
**\$51,916** (2013)

Total individuals in poverty  
**State: 11.8% Malden 18.1%**

Individuals under 18 living in poverty  
**State: 15.7% Malden 24.4%**

Individuals 65 yrs. or older  
**State: 9.2% Malden 15%**

Families with children living in poverty

**State: 13.6%**

**Malden: 22.2%**

Female headed households living in poverty

**State: 36.1%**

**Malden: 32.6%**

Malden children living in poverty

**2000 1 in 8**

**2013 1 in 4**

# Food Insecurity

The **USDA** defines food insecurity as meaning **“consistent access to adequate food is limited by a lack of money and other resources at times during the year.”**

Acceptable shorthand terms for food insecurity are “hungry, or at risk of hunger,” and “hungry, or faced the threat of hunger.”

Food insecurity can also accurately be described as **“a financial juggling act, where sometimes the food ball gets dropped.”**

- Food insecurity exists in every county in America.
- In 2011, 4.8 million seniors (over age 60), or 8% of all seniors were food insecure.

# No Guarantee of 3 Square Meals a Day

- In 2013, 49.1 million Americans lived in food insecure households, including 33.3 million adults and 15.8 million children.
- In 2013, 14 percent of households (17.5 million households) were food insecure.
- 2013, households with children reported food insecurity at a significantly higher rate than those without children, 20 percent compared to 12 percent.

# No Guarantee of 3 Square Meals a Day

- In 2013, households that had higher rates of food insecurity than the national average included:
  - ✓ households with children (20%)
  - ✓ households with children headed by single women (34%) or single men (23%)
  - ✓ Black non-Hispanic households (26%)
  - ✓ Hispanic households (24%)

# Effects of Child and Family Poverty on Child Health in the United States : **Research by D. Woods**

Kids who live in neighborhoods that are poor are less likely to participate in sports or after-school activities.

Economic, social, health, and other factors converge in these settings to produce more severe, persistent poverty and deprivation that has a detrimental impact on the intellectual, emotional, and physical development of children

Children who are poor have higher rates of hospital admissions, disability days, and death rates.

They have inadequate access to preventive, curative, and emergency care and are affected more frequently by poor nutrition, single-parent families, dysfunctional families, and poor housing.

# A Growing Imbalance

| Indicator   | Children Who Are Poor | Children Who Are Not Poor | Ratio Poor/Nonpoor |
|---|-----------------------|---------------------------|--------------------|
| In fair or poor health  | 11.7%                 | 6.5%                      | 1.8                |
| In excellent health   | 37.4%                 | 55.2%                     | 0.7                |
| Days spent in bed in past year  | 5.3                   | 3.8                       | 1.4                |
| Number of short-stay hospital episodes/year/1000 children               | 81.3                  | 41.2                      | 2.0                |
| Deaths during 0 to 14 years of age                                      | 1.2%                  | 0.8%                      | 1.5                |
| % with blood lead levels $\geq 10$ $\mu\text{g}/\text{dL}$ <sup>†</sup> | 16.3%                 | 4.7%                      | 3.5                |

# Summary

Our success as educators is directly linked to the social, emotional, and physical well-being of the community we serve.

Each classroom, each school building, and this district must recognize the social/emotional and physical well-being of administrators, staff, students, and family members as a priority.

We must resist the urge to distract from our goals and become “bogged” down in the day-to-day operations of our educational landscape.

It’s time to shift our attention to what we need as human beings to be successful.

We must provide an environment that meets the social/emotional and physical well-being of all.