Approximately 1 in 6 children experience a mental health disorder each year.

Nearly half of children in the U.S. have experienced at least one adverse childhood experience.

**Adverse Childhood Experiences**

Also known as ACEs, these potentially traumatic events happen during childhood and may impact long-term health and well-being. These events (emotional, physical or sexual abuse; emotional or physical neglect; household violence; substance abuse in the household; household mental illness; parent separation or divorce; incarceration of household member) were identified by a study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente in 1997. Since then, references to ACEs have evolved to include other experiences that may fall within the broad definition of trauma.

**Trauma**

While all ACEs are potentially traumatic, trauma is defined broadly and may include many different experiences throughout a student's childhood and adolescence, including community or school violence, natural disasters, economic instability, global health crises or racial injustice. The Substance Abuse and Mental Health Services Administration defines trauma as, “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

**Toxic Stress**

There are several levels of stress, including positive and tolerable stress, which are important as children develop healthy responses to everyday stressors. Absent proper resilience and protective factors, toxic stress or prolonged exposure to trauma and frequent activation of the stress response system can negatively impact child development, learning readiness, and long-term health and well-being.

**Resilience and Protective Factors**

Resilience is the body’s ability to combat the effects of trauma and stress. The presence of ACEs, trauma or stress, without the presence of resilience, can negatively impact a student’s development, ability to learn and overall well-being. Research shows that stable relationships with supportive adults — including parents, teachers or caregivers — are critical to the development of resilience for children. Within the education system, safe and supportive school environments are an important protective factor in building resilience and addressing the impacts of childhood trauma.

**Executive Functioning**

These skills are sometimes called the air traffic control for the developing brain, as they help individuals manage multiple tasks and responsibilities at once. The presence of trauma and stress can impact the brain’s ability to manage multiple tasks, such as planning, paying attention or remembering instructions — skills that are critical to school readiness and success. Some ways to develop executive functioning in the classroom include establishing routines; modeling social behavior; creating and maintaining supportive and reliable relationships; making room for play, exercise and social connection; teaching children how to cope with stress; and providing opportunities for children to direct their own actions.

**Mental Illness/Disorders**

Mental illness, or mental health disorders, refers to a wide range of diagnosable conditions, including disorders that affect mood, thinking and behavior. The complex relationship between mental health and mental illness is not often well-defined. As the CDC describes, poor mental health does not mean the presence of a mental illness, and mental illness does not mean that there is a total absence of mental and social well-being.

**Behavioral Health**

Though often referred to interchangeably with mental health, behavioral health refers to a broader scope of experiences and behaviors, including substance use and addiction.

**Mental Health**

Mental health is a part of overall health and well-being and includes emotional, psychological and social well-being. The National Association of School Psychologists describes mental health as “not simply the absence of mental illness,” but also encompassing “social, emotional, and behavioral health and the ability to cope with life’s challenges.” The mental health and wellness of students has an impact on learning, development, relationships and physical health.
70% of K-12 students who receive mental health care do so in a school-based setting.

27 states and the District of Columbia require or encourage teacher training and professional development in student mental health and trauma-informed practices.

Whole Child Approaches

These approaches recognize that students bring varying experiences with them into the classroom. Understanding students' experiences in school, as well as at home and in the community, is critical to fully supporting the students in their academic success. The common thread across various whole child models is the integration of physical health, mental health, family and community engagement, and academic development. Two approaches within whole child models related to student mental wellness are trauma-informed approaches, and social and emotional learning.

Social and Emotional Learning

According to the Collaborative for Academic, Social, and Emotional Learning, “social and emotional learning is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.” Similar to trauma-informed approaches, social and emotional learning is a model of instruction or classroom culture, not necessarily a specific curriculum or program.

Trauma-Informed Approaches

To address trauma in the classroom, schools can use trauma-informed approaches to identify, assess and address trauma and understand its impact on students, teachers, staff and families. These strategies can be used in the classroom environment and may be a part of teacher preparation and professional development.

Positive Behavioral Interventions and Supports

PBIS is one example of a multietiered system of support. School-wide PBIS begins in tier one by identifying schoolwide behavioral expectations and processes for school discipline consistent with those expectations. Tier two includes increased instruction, supervision and academic supports geared toward a smaller group of students who could benefit from additional support. Tier three is intended for a small group of students based on their specific needs and may include wrap-around supports specific to those students.

Multi-Tiered System of Support

MTSS is an intervention framework that includes evidence-based practices targeted to specific student needs. The three tiers within this approach are universal prevention practices used with all students; targeted prevention given to some student groups based on identified need; and intensive, individualized prevention given to few students based on individualized needs. This intervention model brings together academic, behavioral, social and emotional supports to benefit student mental wellness.

Resources

- Glossary of School Health Professionals
- Education Policy Approaches to Trauma-Informed Practices
- Student Mental Health Snapshot

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