The Impact of Mental and Physical Wellness on School Success of Diverse Learners

Council for Exceptional Children 2011 Convention and Expo

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The Center for Health and Health Care in Schools
Session Objectives

• Define mental and physical health/wellness and describe their relevance for student academic performance

• Describe the ways in which mental and physical well-being are significant for academic success of culturally and linguistically diverse exceptional students

• Identify cultural, legal and socioeconomic factors which may impact mental and physical wellness, particularly for diverse exceptional students

• Recommend approaches or practices which can be adopted on the school level to support mental and physical wellness, and academic achievement, for diverse exceptional students
Who are “Diverse Learners?”

• Students with exceptionalities
• Students from minority cultural backgrounds
• Students who are not native to the U.S. or whose families are not native to the U.S.
• Students in the process of learning English
• Students in any of these groups who may also have exceptionalities
Changing U.S. Populations

Figure 1. Number of Immigrants Living in the U.S., 1995-2007

Source: Center for Immigration Studies analysis of March 1995 through 2007 Current Population Surveys (CPS). The CPS does not include persons in group quarters, such as prisons and nursing homes. Figures for 1995 to 1999 have been re-weighted to reflect the larger number of immigrants revealed in the 2000 Census.

Graph reproduced from Center for Immigration Studies, 2008
Shifts in our Student Population

Student populations becoming more diverse:

- 11% of students are English language learners (ELLs)
- 12% of students have an IEP (NCES, COE, 2010).
- From 1998-2008, % of Hispanic/Latino students doubled: now 22%
Demographic Data

• Fewer than half (49%) of children are from a Caucasian background (U.S. Census Bureau, 2011)

• 124% increase in ELL students from 1979-2003 (NCES, 2005)

• 1 in 5 students speaks a language other than English at home (NCES, 2009)
Implications for Schools and Teachers

• Changing student backgrounds; no longer uniform or homogenous
• Varied cultures represented in each classroom
• Impact of cultural and language diversity on the classroom
• Changing values for families, students, and communities
Impact of Mental and Physical Wellness

- What is mental health/wellness?
- What is physical health/wellness?
Definition of Child Health

- The extent to which individual children or group of groups of children are able or enabled to
  - (a) develop and realize their potential,
  - (b) satisfy their needs, and
  - (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments.

Assumptions

- Artificial separation of physical and mental health
- Learning is beyond the classroom
- Culture affects health
Physical Health

• Sleep
• Physical Activity
• Nutrition
• Environment
  – Physical
  – Social
  – Safety & Stimulation
  – Access to Primary Health Care
• Mental Health
Recommended Sleep

• 1-3 Years Old (toddler)
  – 12-14 hours with daily naps
• 3-6 Years Old
  – 10-12 hours with daily naps
• 7-12 Years Old
  – 10-11 hours
• 12-18 Years Old
  – 8-9 hours
Exercise

- Toddlers
  - 30 minutes structured physical activity
  - 1 hour unstructured physical activity
  - Limit inactivity to 1 hour (excluding sleep)

- Preschoolers
  - 1 hour structured physical activity
  - 1 hour unstructured physical activity
  - Limit inactivity to 1 hour (excluding sleep)
Exercise

• Elementary School
  – 1 hour or more moderate and vigorous unstructured physical activity 5-7 days week
  – Several 15 minute bouts of activity
  – Limit inactivity to 2 hours (excluding sleep)

• Middle & High School
  – 1 hour structured physical activity
  – 1 hour unstructured physical activity
  – Limit inactivity to 1 hour (excluding sleep)
Exercise

• Regular physical activity
  – Free play, biking, walking, etc.
• Team sports above 5 years of age
• Game exercise
  – Dance (Dance Dance Revolution™)
• Non-exercise
  – Inactivity
    • Television, video games, online computing
Physical Activity & Learning

• Physical health impacts emotional & social development.
• Promotes cognitive functioning
  – Increases brain arousal (Shepard, 1997)
  – Stimulates its development (Shepard, 1997)
  – Concentration (Caterino & Palak, 1997)
• Reduces curriculum time
  – (Hevert, 1952; Dwyer, et al., 1983; Shepard 1997; Taras, 2005)
Nutrition

• 1-5 Years Old
  – Family meals and snacks
  – Healthy choices fruits & vegetables
  – Variety of foods

• 5-11 Years Old
  – Nutritious breakfast, lunch & dinners
  – Healthy choices - fruits & vegetables, bread, whole grains cereals, lean meats
  – Nutritious snacks  - limit high fat, high sugar foods

• 12-18 Years Old
  – Three meals a day
  – Healthy choices - fruits & vegetables, bread, whole grains cereals, lean meats
  – Nutritious snacks - limit high fat, high sugar foods
Nutrition & Learning

• Nutrition fosters:
  – Growth
  – Brain development

• Nutrients promote cognitive functioning
  – Examples
    • Iodine deficiency - decreased intelligence
    • Iron deficiency – decreased psychomotor & cognition
Hunger

- Decreases
  - attention span, creativity
- Increases
  - absence, likelihood of dropout
- Psychosocial symptoms,
  - Anxiety, anger, fidgety, hostility, confusion, indecisiveness
- Physical symptoms
  - Headache, stomach ache, sleepiness
Hunger Impact on Learning

Increased hunger → Reduced Learning

Early childhood

School-aged

Adulthood

Lower future capacity

Fewer opportunities
Breakfast

Without:
• Slower memory recall
• Lower math scores
• Risk of repeating a grade
• Increased risk absence
• Higher risk of behavioral, emotional problems
• More likely to have been suspended, and have little or no friends

With:
• Increased attention
• Better concentration
• Increased & faster memory
• Improved math grades, attendance, & punctuality
• Enhanced vocabulary test scores
• Better standardized test performance
Culture and Health

• Cultures have different conceptions of health
  – Body image
  – Food

• Health practices may differ
  – Definitions or explanation of illness

• Cultures interact – health practices may change
Approaches to Support Physical Health

• Promote recess & physical education
• Provide & promote healthy eating & drinking water
• Access health status of students in the community
• Partner with community organizations
• Work with community cultural brokers
• Consider school health centers
Building Healthy Development In ALL Young People

• Prevention AND Promotion
• Mental health and physical health are inseparable.
• NOT simply the absence of mental illness
Definition: Mental Health

• A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life. (Merriam Webster)

• Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization)
In the US, 1 in 10 youth has a mental health problem that impairs them at home and/or school.
The Changing Face of U.S. Schools

Sources: US Census Bureau, 2007 American Community Survey (ACS) and analyses by the Migration Policy Institute, MPI Data Hub: Migration Facts, Stats and Maps.
Challenges Faced

• Pre-migration, migration, and post-migration exposure to traumatic events creates vulnerabilities

• Stigma related to seeking mental health care is a barrier in many ethnic communities

• Poverty rates are much higher for children in immigrant and refugee families than children in native-born families

• People with limited English proficiency (LEP) are less likely to seek care and receive needed services
The Role of Schools

• Of those children receiving mental health care, 70-80% receive that care in a school setting.

• Access is improved - availability of school-based professionals.

• Schools are familiar places - receiving mental health care in schools reduces stigma.

• Allows providers to address systemic, social, developmental, and clinical issues.
Mental Health and Educational Outcomes

Positive Outcomes Associated with School Mental Health Programs/Services

• Improvements in emotional and behavioral functioning
• Improved educational outcomes:
  – Fewer disciplinary referrals
  – Better attendance
  – Higher graduation rates
  – Improved teacher retention
  – Enhanced academic performance
• Healthier school climate
• Improved access to quality care
The Public MENTAL Health Pyramid
Caring Across Communities
Addressing the Mental Health Needs of Diverse Children & Youth

www.healthinschools.org
Lessons Learned

• Seek first to understand, then be understood
• Recognize & acknowledge culturally-bound beliefs
• Thoughtful process leads to successful outcomes
• Challenge the norm, seek new models of healing
• Trust is earned and reciprocal
• Partnerships matter
Concluding Thoughts

• Summary
• Concluding thoughts and next steps
  – For schools
  – For practitioners
  – For researchers

• Questions?
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