

Sharing the Vision: Healthy, Achieving Students

What Can Schools Do?

James M. Caccamo

It was a beautiful spring day. The sky was a deep azure with not a cloud in sight. The cool breeze was gently flowing over two friends who were wading into the stream for a relaxing morning of trout fishing. Calmly and with rhythmic grace, the two cast their flies with great expectation.

Suddenly, one of the fishermen spotted a baby floating down the stream. He threw his rod on the bank and ran to pull the baby out of the stream. Placing the baby on the bank, he noticed another floating down the stream. In a panic, he rushed back into the water to retrieve that baby. When he had placed the second baby safely on the bank, he noticed a third and a fourth floating in the stream.

His friend, who was still fishing, quietly walked out of the water, gently placed his rod on the bank and began walking upstream. The fisherman who was frantically trying to save the babies yelled, "Where are you going? I need your help to save these babies." His buddy turned and said, "I am going upstream to stop the person who is putting the babies in the water."

The overall status of children in our country has been declining for many years. The Children's Defense Fund, the Child Welfare League of America, National Center for Children in Poverty, and the Center on Budget and Policy Priorities are but a few of a myriad agencies who maintain a national view on the status of children.

We have seen and read about the horrific killings of children in our schools. The Department of Justice and the Department of Education¹ have completed a manual to help teachers and school administrators deal with the evergrowing violence in our nation's public schools. Schools are becoming less safe, contributing to an overall decline in the mental health of students, parents, and staff.

Kansas Action for Children and the Citizens for Missouri's Children maintain a watchful eye on the status of children in their respective states. Both agencies publish a *Kids Count*^{2,3} data book that tracks the status of children by county. While some indicators have improved, many have shown little or no improvement.

In the Kansas City metropolitan area, the Partnership for Children began tracking the status of children in 1991. The Partnership for Children publishes an annual Report Card⁴ that evaluates the status of our children in 18 benchmarks. While some indicators have shown improvement (immunization rates, reduction of teen pregnancy, school dropout rate, reduction of teen violence), others such as child abuse/neglect, teen homicide, and substance abuse continue to climb at an astonishing rate.

The problem of the downward spiral of the status of children in our country, state, and metropolitan area has been increasing for many years.⁵ The question is: how do we alter citizens' behavior in order to bring a change in the downward spiral of the status of children? There are hundreds of not-for-profit children- and youth-serving

agencies working to improve the condition of children. Yet, their overall status continues to decline.

In a speech on building community, Senator Robert Kennedy said:

"Action on any one front alone will not succeed. Providing a man a job, while in my judgment the most important step we can take, will not improve the schools his children attend or assure that medical care will be available even though he can afford it. Building new housing without providing social services or transportation to get to work or accessible health services will result in one slum replacing another. Improving the quality of education or job training without any promise of a job at the end will not ease the dropout rate. But action on all these matters in concert will build a community."⁶

Senator Kennedy's statement demonstrates the complexity of social/community change needed to improve our community. If we expect not-for-profit children- and youth-serving agencies to improve the status of children, we will continue to see a decline. Make no mistake, these agencies are needed. They are successfully taking some of these children from the stream, but this is not enough.

Isn't it time we, as a society, walked upstream to see who is putting the children in the stream? Isn't it time we came to grips with what we must do to stop putting these children in the water?

We must bring about a rebuilding of our civil society so that citizens engage one another for the benefit of the community and our children. We must find ways to engage every citizen in improving the status of children in their family, children in their neighborhood, children in their faith community, and children in their broader community. Parents and other adults are key in rebuilding our society so that it is a place where our children can grow to become healthy, prosperous, contributing members of our society.

Coordinated mental health services, from prevention to treatment/intervention, must be a part of any system of change for our children and their families.

WHAT WE KNOW

There are many things we know that should help shape our thinking and action around what we, as a civil society, must do. Research,⁷⁻¹⁰ both empirical and applied, and our practice help to inform our thinking. We know that substance abuse severely damages our children and youth. There is a very high correlation between the number of people incarcerated and substance abuse. In Missouri, for example, the head of the Department of Corrections reported that 9 of 10 inmates in the correctional system were abusing alcohol or drugs at the time of their arrest.

We know there is a high correlation between children who were abused or living in abusive situations and their becoming abusive as adults. We know that children who do not feel connected to their school have a higher probability of becoming school dropouts. We know that the first five years of life have a significant impact on brain development. We know that poverty negatively affects a child's

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language development. We know that a sense of emotional connectedness to parents helps reduce adolescent health risk factors. We know that while poverty is a significant corollary to many risk factors in children, all children are at some risk. We know that coordinated mental health services, both preventative and therapeutic, make a positive difference for children, youth and their families.

We know that when asked "what are the things you need from adults to help you grow up healthy and safe," young people answer:

- Unconditional love from our parents;
- Adults to talk to who support us in a positive way;
- Things to do and safe places to go when we are not in school;
- Positive adult role models in our lives;
- Someone to take pride in what we do; AND
- Mutual respect.

We know that many of our children are in the stream of limited success. Academic mediocrity, school dropouts, behavior problems, serious emotional disturbance, gang membership, substance abuse, suicide, teen pregnancy, and other aberrant behaviors are prevalent in all communities. We know that working together, developing strong relationships with one another, leadership, and planning make a difference in reaching our outcomes for children and youth.

Finally, we know how to make things better for our children and youth. We know what has to be done, although we might not be willing to do it. Parents and other adults are key.¹¹⁻¹³ Remember, while children make up about 20% of our population, they make up 100% of our nation's future.

WHAT WE CAN DO

A coordinated mental health system of prevention, intervention, and treatment must be an integral part of what we do to help support our children and youth. This system must take advantage of both informal and formal networks to maximize the healthy development of all our children. Mental health, in the very broadest sense, is everyone's responsibility. All of us can do a better job of supporting our children.

Schools must understand that the quality of the youngster who graduates at age 18 is related to the quality of the child who knocks on the schoolhouse door at age 5. All the events that touch that child's life during his/her school career will impact on the quality of that youngster at graduation. The school is the most likely entity to take the leadership for developing the necessary relationships to surround children and their families with positive supports.

Keeping Babies Out of the Stream

Over the years, we have learned much about what our children and youth need to grow up healthy and become contributing members of our society. We believe it is incumbent upon each and every adult to work to meet the needs of our children. Why? Because all of us rely on our children and youth to take our great country into a prosperous and peace-filled future. More importantly, it is the right thing to do!

We believe the school plays a pivotal role in ensuring the healthy development of our children. The school is the only place where every child comes. The school is the only agency that has the strongest vested interest in ensuring that every child does their best. The school is the most likely

candidate to work as the catalyst to bring prevention, intervention, and treatment components into play. The school is the most appropriate location to ensure a coordinated mental health system.

If we are going to achieve a coordinated mental health system, schools must work to engage the family, the neighborhood, the faith community, and the workplace. These are important indigenous associations where our active engagement can have a positive impact on keeping our children out of the stream.

Family

When we speak of coordinated mental health programs in schools, please remember that coordinated mental health begins at home. One of the school's objectives should be to support the healthy development of our families. Coordinated mental health programs in schools will be limited in their success without a strong effort at supporting the family system from which the youngster comes. Strong developmental support directed at healthy development (making sure the baby doesn't get put in the water) far outweighs our efforts to provide treatment after the fact (taking the baby from the stream).

Common sense, intuition, history, and research tell us that parents have fundamental responsibility and must provide the primary care to their children. However, we know that to successfully parent, support from a broader community is necessary. Schools must become involved in finding ways to support parents in their most difficult and important job of parenting.

For schools, parent education such as Parents-As-Teachers and assisting parents in locating high-quality early childhood care and education would make a significant difference. Having qualified mental health professionals available to assist parents with parenting questions; providing parent education around issues such as discipline, rule setting, and ways to stay emotionally connected with their children; and working with parents to understand how to establish developmental assets in our children would also make a significant difference.

A coordinated mental health system in schools would also include focus on supporting dads in their efforts with fathering. We know that active, engaged fathers make a significant difference in the healthy development of our children.

Schools can make a difference in supporting their families.

Neighborhood

In order to achieve coordinated mental health programs in schools, neighborhoods and community engagement are absolutely necessary. Developing a civil society to surround our schools will help support positive mental health among children and adults. Schools can play a significant role in making this support network a reality.

There are numerous examples that demonstrate the impact that neighborhood support to schools has on our children and their families. One of the best examples is the Missouri Family Investment Trust's Caring Community effort.

In 1989, as a result of a Governor's executive order, the Family Investment Trust brought together the major departments of state government to form community partnerships

called "Caring Community."¹⁴ The focus of Caring Community is to provide support services to children and their families using the school as the hub. School-linked services provide parents necessary assistance in their neighborhood, usually by people trusted in the community.

The goals for Caring Community Partnerships include:

- parents working,
- young children ready to enter school,
- children and youth succeeding in school,
- children safe in their families and families safe in their communities,
- healthy children and families, and
- youth prepared to enter productive adulthood.

These goals provide focus to each Caring Community site. Governance of Caring Community Partnerships is shared with neighborhood and school. Service providers are at the table, as well.

Caring Community Partnership's outcome evaluation data supports the notion that community engagement makes a difference for the success of our children, their families, and our schools.

Sampson¹⁵ reported another example of how neighborhoods can make a difference in the overall health and mental health of our children. Simply put, communities who watch out for their children and each other have significantly fewer negative outcomes for children and youth. This is not surprising, but it is often overlooked as a part of a coordinated mental health program.

Faith Community

Faith communities have long been a strong influence in the lives of our children. Our belief has been that faith communities could do more for all children if they were invited to become more involved. The faith communities are an integral part of achieving a coordinated mental health system within a school. Building relationships with the faith communities in the school's neighborhood is a strategic way to help develop a coordinated mental health system for children and their parents.

We know that people who are actively engaged in a faith community are more likely to volunteer and more likely to continue as a volunteer after their initial experience volunteering. Schools can take advantage of this information and can invite faith communities that surround their schools to become more active in supporting children.

Workplace

How can a school engage businesses? There are many examples of successful efforts but one that I would point out is YouthFriends. This initiative began in Kansas City five years ago. It matches responsible, caring adult role models with children, using the capacity of the local public schools. This is not an initiative to work with at-risk children, but rather to work with all children.

YouthFriends recruits the adult role models from area businesses, police departments, and government agencies. They provide the screening and training and, working with a school district coordinator, places the adult with a child or several children. The adult spends a minimum of one hour a week with the youngster. Currently, there are more than 7,000 adults working with 15,000 young people in more than 15 school districts.

YouthFriends and similar programs help in many ways.

First, they engage businesses. They also help provide young people with more positive adults in their lives – a need frequently expressed by young people. These programs place citizens in schools, which improves outcomes for children and helps schools inform their patrons about the many good things going on in the schools. Finally, by adding adults into the schools, schools tend to be safer.

Another good way to engage the business community is to become an active member of the Chamber of Commerce. This relationship will assist the school in learning more about the business community and build the relationships necessary to bring businesses to the schools.

CONCLUSION

When people talk about achieving a coordinated mental health program for schools they are often referring to direct mental health services to at-risk, dysfunctional, or specifically diagnosed students. I have tried to present a different look that encompasses a broader vision of coordinated mental health services. A vision that says all children need the support of family, neighborhood, faith community, and workplace.

The school is the only agency that has the strongest vested interest in ensuring that every child does their best. The school is the most likely candidate to work as the catalyst to bring prevention, intervention, and treatment components into play. The school is the most appropriate location to ensure a coordinated mental health system. ■

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