

(9/24/25) This continuing education resource is from the national
Center for MH in Schools & Student/Learning Supports at UCLA

Featured

(1) What the U.S. Secretaries of Education and of Health and Human Services are saying about mental health in schools

(2) Whole school approaches – essential to enhancing learning and promoting positive mental health

And, as always, you will find

(3) Links to more resources

This community of practice *Practitioner* is designed for a screen bigger than an iPhone.

For discussion and interchange

>U.S. Policy on Mental Health in Schools?

The following is an excerpt from the piece entitled *Children need natural sources of mental health* by Linda McMahon, Secretary of Education and Robert F. Kennedy Jr., Secretary of Health and Human Services. Published in the opinion section of the Washington Post (9/10/25).

“Illinois Gov. JB Pritzker (D) signed a bill this summer that requires every public school in the state to give its students an annual mental health screening. “We’ve got to overcome the stigma,” he said at the signing. But medicalizing the unique and sometimes unpredictable behavior of young children can create new stigmas that students might carry with them for life. We must make American children healthy again without treating them all like patients.

The Trump administration’s Make Our Children Healthy Again initiative seeks to eliminate threats to students’ health and restore good habits and health-focused policies. Instead of therapy and diagnosis, our schools must return to the natural sources of mental well-being: strong families, nutrition and fitness, and hope for the future....

Though mental health professionals carry out valuable healing work for minds in crisis, many seem to have forgotten the ancient truth that basic lifestyle choices and physical health should come first. Schools should not deliver children into the hands of “screeners” and therapists for treatment until they have directly addressed the unhealthy behaviors that many children have in America today.

What are these behaviors? Among them: Screen and social media addiction, which plagues America’s young people with effects that mirror those of substance abuse and depression. Food that is bereft of nutrients and loaded with harmful ingredients, which studies have shown affect the brain and nervous system to increase antisocial and violent behaviors. Regimented, indoor lifestyles that don’t provide exercise and sunlight — thus worsening anxiety, depression and chronic obesity....

Rather than subjecting students to yearly screenings and empowering a “longhouse” of therapists, schools should engage and rely on parents to raise their children with nutritious family meals and family interaction, outdoor play and role-modeling.

States can also reinforce healthy behaviors in ways that support and encourage parents to lead. Chief among these efforts is a rapid expansion of education choice in the states, which allows parents to choose learning environments that are healthy for their children and reflect their values. Congress has also made family engagement an important part of Title I funding to encourage states to invest in efforts like these.

In some cases, state policies are directly addressing the lifestyle issues at the root of mental health problems. As the school year begins, at least 31 states and D.C. have taken action to limit or

prohibit cellphone use so students can focus on school — in some cases, with a “Bell to bell, no cell” mandate.

On the federal level, we have focused the Make America Healthy Again Commission’s recommendations to President Donald Trump on restoring the basics of student health. The MAHA strategy includes reviving the Presidential Fitness Test for physical education, ensuring school lunches are nutritious and contribute to students’ mental health, and forming a Health and Human Services working group to scrutinize overprescription of pharmaceuticals for child mental health. If we are successful in crafting sound bodies for our students through promoting a good diet, expanding physical activity and limiting exposure to harmful environments, we will ensure sound minds without opening the floodgates to mass therapy.”

What’s your reaction? Send your response to ltaylor@ucla.edu

Here are the first two reactions we received:

- (1) “On the surface, it’s difficult to argue with many of the points made in this op ed. As a country we must ‘eliminate threats to students’ health and restore good habits and health-focused policies’. Of course ‘schools should engage and rely on parents to raise their children with nutritious family meals and family interaction, outdoor play and role-modeling’. And how can anyone disagree with ‘promoting a good diet, expanding physical activity and limiting exposure to harmful environments’. Lofty and noble aspirations can inspire. The problem arises in the details of how to accomplish these aspirations....

I firmly believe that local school staff know and understand the needs of their students better than anyone. Whether it involves engaging families, offering nutritious meals, or ensuring physical exercise, local staff know and understand the ‘harmful environments’ (and safety issues) that their students face on a daily basis. When school staff have data to document challenging problems their students face, they can turn to research to identify the most effective strategies for addressing those problems. But this work, on top of all the multitudes of things school staff are required to do, takes time and money. Why not implement educational policies (at both the federal and state levels) that provide financial support to schools who use data and research to implement and monitor evidence-based strategies that fit the needs of their students? Why not support research-based processes rather than tying money to a specific outcome? One size NEVER fits all. Give schools what they need to support student health - don’t tell them to do more with the little they have.

Our politicians need to listen to educators who understand student challenges and know how to implement research-based approaches. School staff are the ‘boots on the ground’. When properly funded, they can actually do something about these challenges.”

- (2) “While I agree that mental health screenings should be carefully planned with the end in mind, their op-ed dangerously misrepresents screenings — dismissing them as ‘medicalizing’ childhood, warning that routine checks could create stigma, and suggesting they exist only to deliver children into the hands of therapists. That framing is not just misleading; it is reckless.

The argument for ‘normal’ solutions and against screenings rests on a false choice. We do not have to choose between promoting healthy lifestyles and identifying children who are struggling. In fact, for many students, screenings may be the only safeguard against problems that otherwise remain invisible until they become crises. The most compelling reason for screenings is prevention.

Their argument also falsely assumes that all screenings exist only to seek a diagnosis. Screenings do not diagnose. They do not prescribe. They do not label children. What they do is flag potential concerns so that parents, school counselors, school social workers, and healthcare providers can intervene early....

Their notion that screenings increase stigma is completely backward. When schools make mental health checks as routine as measuring eyesight or blood pressure, they normalize conversations about well-being.... Schools can and should encourage healthy habits while also using screenings to ensure that students facing deeper challenges are not overlooked.

Their reliance on “strong families” as the solution ignores reality. Not every child grows up in a stable home. Poverty, violence, substance abuse, and neglect are real barriers for many families. In those cases, schools may be the only consistent and supportive environment children have....

They are concerned that screenings will funnel children into unnecessary therapy or overprescription of medication. In practice, screenings are short, non-invasive questionnaires. They are a guardrail, not a gateway — a way of identifying who may need further evaluation. ... A flagged mental health screen

simply prompts a conversation and, if warranted, a referral to a professional — always with parental knowledge and consent.

The challenges facing today's students — from rising rates of anxiety and depression to the lingering effects of the pandemic — demand a comprehensive approach. That means healthier school environments, yes, but also systematic ways of identifying and supporting students in distress....

Children deserve strong families, nutritious meals, fresh air, and hope. But children also deserve schools that are vigilant, compassionate, and proactive about their mental well-being. This is not either/or. It is both/and....

Let's be clear on another point in the op-ed: pointing to "school choice" as an option for struggling children is dishonest. Choice exists only for families who can afford to take advantage of it — those with money for transportation, fees, or the flexibility to navigate the system. For everyone else, the neighborhood public school is the only option. Pretending otherwise is a diversion from the urgent need to strengthen the supports all schools — and all children — deserve...."

LET US SHARE YOUR REACTIONS. Send to ltaylor@ucla.edu

And see the Center commentaries on Thursdays for a perspective on improving advocacy for mental health in schools.

For discussion and interchange

>Whole school approaches – essential to enhancing learning and promoting positive mental health

From: *Whole School Approach to Well-being in Childhood and Adolescence*

"The whole school approach presents a promising and compelling argument for enhancing wellbeing in schools by creating a supportive, inclusive environment that involves the entire school community. It is crucial to bear in mind that the success of the approach is contingent on effective implementation, commitment from stakeholders, sufficient resources, and a thorough understanding of the diverse needs of the school community.

Schools are privileged with an intimate understanding of their student populations, possessing the expertise required to discern the nuanced factors influencing each student's educational journey. They are not passive recipients of research findings but active architects of their students' well-being journeys. The majority of schools are dedicated to cultivating environments that prioritize the holistic development and well-being of their students.

They have the capacity to tailor interventions to their unique student body, acknowledging the diverse backgrounds, needs, and aspirations of the individuals under their care. This capacity to adapt and customize interventions based on their first-hand knowledge underscores the pivotal role that schools play in fostering the well-being of their students...."

From: *Schools to increase mental health support ...*

"...Our research looked in particular at one of the key purposes of the mental health support teams – to help schools set up or improve a 'whole school' approach to mental health support.

A whole school approach means that all areas of the school work together to put mental health and well-being at the heart of their school community. This contrasts to stand alone mental health activities that aren't grounded within the everyday school culture.

Well-designed and implemented whole school approaches can have positive effects on children and young people's well-being and contribute to the prevention and reduction of mental health problems. We also know that children are more likely to achieve at school if they feel like they belong, can participate and have autonomy, all fostered by the whole school approach. An example of a whole school approach is identifying and supporting children and young people early with mental health support. It can include 'global learning', where learning about mental health and wellbeing becomes a core part of schools' assemblies, clubs and project-based learning. However, these are just some of a number of combined approaches to a whole school approach.

In our research, children and young people in schools where mental health support teams had helped put whole school approach activities in place, told us that they were visible and felt seen.

Teachers reached out to them about their well-being, either in classrooms through emotional check-ins, or through special lessons focused on mental health attached to curriculum teaching. Feeling like there was somewhere to go, someone to talk to, and be heard, made a clear difference to children and young people.

However, we found that some schools were not including children and young people in their development of whole school mental health strategies. In one of the participating schools, mental health support team work was only known about by the child who had experience of the team. In this school, there was no discernible whole school work being undertaken in addition to direct support.

The key missing ingredient to really support children and young people's mental health and well-being is for them to feel that they have agency – some input – into the activities that help them. Feeling that they have agency and input into decisions that affect them is good for children's well-being. Also, involving children in developing activities like this can help them to feel valued and included. This in itself is good for mental health....

We worked with children and school staff to put together a guide to creating a whole school approach to mental health and well-being in schools. The set of resources include a structured classroom activity, introductory video and practical guide.

The classroom activity prompts a creative conversation with children about what well-being means to them, how their school supports their well-being, and what more the school could do. The guide includes practical suggestions about how to talk to pupils about mental health and well-being at school in a safe, supportive and inclusive way. It also offers ideas about how to use the information from the classroom activity to support pupils.

The activity itself asks children to reflect on where and how their well-being is supported at school, alongside a focus on the people, places and practices that might help them. The overall aim is to develop a child-centered, whole school approach, one which focuses on the things that matter most to children about their emotional well-being.

Whole school approaches could provide schools with a more holistic way of supporting children and young people's mental health and well-being. Involving them in all areas of design and implementation could help to keep well-being and mental health at the heart of schools."

Center Comment

As we noted in a 2012 article on *Whole Schools: In great part, the renewed interest in educating the whole student—and ensuring support for all students—largely stems from widespread recognition of significant gaps in how schools facilitate learning and development and address factors that interfere with student success.*

Yet today, most “whole school” approaches still lack a comprehensive system of student and learning supports. Without such a system, these approaches fall short of effectively addressing barriers to learning and teaching and are limited in their ability to reduce disparities in student outcomes.

In our work, we emphasize that truly whole schools must move from a two- to a three-component policy and practice framework as essential for closing opportunity and achievement gaps. That is, developing a whole school approach requires more than just improving instruction and governance/management. A whole school must improve how it addresses barriers to learning and teaching by developing student and learning supports into a third primary and essential component of school improvement.

We discuss this third component as a unified, comprehensive, and equitable system of student/learning supports. See our discussion of this in *Improving School Improvement*.

Instruction alone is not enough to help all students succeed. — Paul Reville

former Secretary of Education for
the Commonwealth of Massachusetts

>Links to a few other relevant shared resources

>>The School-to-Gang Pipeline: Examining the Impact of School Suspension on Joining a Gang for the First Time

>>Declining public school enrollment

>>Chronic Absenteeism in Washington's K–12 Schools: What Schools Are Doing to Reduce Absenteeism

>>Advice from teens to teens about dating: Implications for healthy relationships

>>Teen Perspectives on Romantic Relationships

>>The Impact on Peer Facilitators of Facilitating a School-Based Healthy Relationship Program for Teens

>>Introducing the Trump K-12 education litigation tracker

A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to Upcoming/Archived Webcasts/Podcasts

<http://smhp.psych.ucla.edu/webcast.htm>

9/24 Family Engagement is the Foundation for Attendance and Learning

9/24 Preparing students for career paths

9/25 Undocumented students? education and well-being

9/25 Understanding the IEP process

9/25 Inclusive family engagement

9/25 Exploring prevention through a social-ecological lens

9/29 De-escalating children in distress

9/30 Building a culture where teachers stay

10/1 Relationships: transforming student outcomes

10/1 Determining McKinney-Vento eligibility with care

10/8 System change: A schoolwide comprehensive model

10/9 Assistant principals as instructional leaders

10/14 Empowering students: a strengths based approach

10/16 Strategies for staff wellness /

10/21 Understanding loneliness and building social connections

10/22 Addressing challenging behaviors

10/23 Addressing bullying in the Individual Education Plan

10/28 Promoting self-confidence and self-esteem

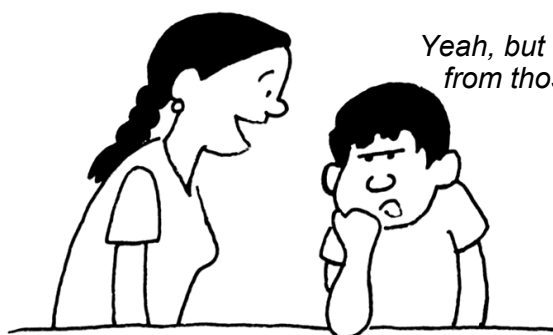
10/30 Understanding social anxiety

11/13 Principals supporting teachers in classroom instruction

How Learning Happens (Edutopia's updated series of videos explores guiding all students, regardless of their developmental starting points, to become productive and engaged learners.

Unpacking the Impacts of Structural Racism on Youth (Webinar recording)

*I see there's more controversy
about mental health in schools.*



*Yeah, but the arguments against mostly are coming
from those who aren't in schools every day!*

To Listserv Participants

- Please share this resource with others. (Everyone has a stake in the future of public education and this is a critical time for action.)
- Let us know what's going on to improve how schools address barriers to learning & teaching and reengage disconnected students and families. (We can share the info with the over 140,000 on our listserv.)

For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

Looking for information? (We usually can help.)

Have a suggestion for improving our efforts? (We welcome your feedback.)

We look forward to hearing from you! Contact: ltaylor@ucla.edu

**THE MORE FOLKS SHARE, THE MORE USEFUL AND
INTERESTING THIS RESOURCE BECOMES!**

For new sign-ups – email Ltaylor@ucla.edu

**Also send resources ideas, requests, comments,
and experiences for sharing.**

THIS IS THE END OF THIS ISSUE OF THE PRACTITIONER

Who Are We? Our national Center was established in 1995 under the auspices of the School Mental Health Project (which was established in 1986). We are part of the Department of Psychology at UCLA. The Center is co-directed by Howard Adelman and Linda Taylor.