

EDUCATION WEEK

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EDUCATION AND THE WHOLE CHILD

To Boost Learning, Start With Emotional Health

By Jane Isaacs Lowe

Ask any teacher to identify these students: The child who should be focusing on a math lesson, but instead is wondering whether her parents will fight again tonight, with words and hands. The student with chronic asthma who routinely misses school and whose grades suffer as a result. The group of friends who cannot play outside because it is not safe in their neighborhood.

Sadly, these scenarios are not new, and the bad news is that things are getting worse. The U.S. Census Bureau recently announced that the number of Americans living in poverty was the highest on record, with the number and proportion of children in poverty increasing. Our nation is already feeling the jarring effects of this spike.

The institution that will continue to bear the brunt of this impact is our schools, and not just because they are constantly having to do more with less. To put it quite simply, schools are where our children spend much of their time. And the number of children in our schools dealing with hunger, illness, violence, instability, homelessness, and other issues related to poverty is on the rise. A **recent study** in the *Journal of School Health* found that, in California, emotional health among students is steeply declining.

Schools cannot—and should not—be expected to manage these issues themselves. On the other hand, they cannot afford to ignore them either.

But there is good news, specifically that some schools are entering into promising partnerships to address students' physical and emotional health even as educators focus on teaching and learning. These innovative partnerships are critical as we face the possibility of even more difficult times ahead.

It can be tempting to think that health and education are separate issues, given that these two systems often exist in silos. But evidence has shown that when it comes to the success of our children, both are equally important. Much has been documented about the impact of poverty and how it affects children's ability to learn. Findings from the California Healthy Students Research Project released earlier this year noted that academic success isn't just about instruction: It's about

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"Academic success isn't just about instruction: It's about safe campuses, good nutrition, and mental and physical health."

safe campuses, good nutrition, and mental and physical health. The health community knows that children's health begins not in a doctor's office, but where they live, learn, and play.

Often masked are emotional-health factors that play an essential role in a student's success—these conditions are not as easy to spot as physical ailments like chronic asthma or malnutrition. Issues like a student's ability to feel safe, resolve conflicts, self-regulate impulses, and trust adults all have a relationship with attendance and disciplinary problems, which in turn affect academic outcomes. But the barriers to emotional health are prevalent. A **1998 study** by the federal Centers for Disease Control and Prevention found that nearly two out of three individuals they studied had been exposed to adverse childhood experiences, including alcohol abuse, violence, or other maltreatment, which affected them into adulthood.

How can we expect children to learn and achieve when they are dealing with illness or trauma? Social innovators are asking that question and putting forth promising solutions.

One solution with momentum is the value of recess as an integral part of the school day—and not just because it is often children's favorite "subject." A study in the journal *Pediatrics* found that children who received just 15 minutes of recess per day were better behaved and more focused in class than those who received none. And elementary school principals nationwide overwhelmingly agree that recess is linked to academic achievement.

Schools across the country are investing in recess by partnering with a nonprofit called Playworks, which supports a full-time, trained staff person—often an AmeriCorps member—to facilitate recess in schools in low-income communities. Playworks staff members are not everyday recess monitors nor are they physical education teachers; they help kids play new and classic games, teach them to resolve conflicts safely, and encourage healthy physical activity at recess and throughout the school day.

The schools they serve are plagued by behavioral issues, with students growing up in unsafe neighborhoods and a majority qualifying for free or reduced-price lunches. But when researchers examined the climate in schools that partnered with Playworks and compared it with the climate in a control group of schools, they found that such important factors as feeling safe, being able to solve problems, and knowing that an adult cares were much stronger in Playworks schools. Teachers in these schools report that students are more focused and engaged in class, and principals report that disciplinary issues plummet. A simple partnership between schools and Playworks is making a difference.

Another partnership with promise works by addressing students' health needs in school-based health centers. When a child is anxious, sick, or upset, that can manifest itself by the child's acting out in class. To counter such a situation, schools across the country are partnering with the **Center for Health and Health Care in Schools**, or CHHCS, another nonprofit organization, to address both physical- and mental-health issues.

Community-based health-care organizations sponsor the centers and staff them with professionals who are licensed to diagnose and treat medical problems. The centers work cooperatively with school nurses, coaches, counselors, classroom teachers, and school principals and their staffs to ensure that the health center is an integral part of a school. And while they undoubtedly play an important role by delivering basic medical care to students, they also

contribute significantly to the emotional development of the young people they serve, exposing them to caring adults who can help them solve problems in healthy ways.

The result is not only better physical and emotional health for the students, but also better academic outcomes. **Researchers saw** that students who received care through school-based health centers not only had better attendance and fewer disciplinary issues, but they actually saw increases in grade point averages—particularly for students who sought out mental-health services. School-based health services significantly reduce the number of students who have to leave school before the day is over because of not feeling well and ensure that students get more learning time. And, according to a **2003 CHHCS survey**, eight in 10 parents support the idea of providing health services in school. These partnerships are ensuring that students are getting the care they need and can focus on learning.

The reality is that today's students are dealing with far more than school-related challenges. It's encouraging, then, against that backdrop, that we are seeing positive results from these partnerships. Schools cannot be expected to deal with these issues on their own, but it will take leadership from schools to make partnerships like these a priority.

Our shared vision is for our children to thrive academically, physically, socially, and emotionally. Through partnerships, we can make that vision a reality, even in the toughest of times.

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