



PROMOTING WELLNESS IN STUDENTS AS THEY RETURN TO THE CLASSROOM

By: **Dr. Rosario Pesce, PHD, NCSP**

This school year has been particularly challenging for students, families, and schools as schools have reopened in a more permanent manner this school year, following gaps in in-person learning over the past two school years due to COVID-19.

A comprehensive analysis conducted by CREP Reinventing Public Education found that:

- A significant portion of young people, likely 30 to 40 percent, have experienced negative impacts on their mental or social-emotional health during the pandemic.
- Students who learned remotely for long periods of time and historically marginalized students were more likely to experience these negative effects.
- Rates of anxiety and attempted suicides, already on the rise pre-pandemic, appear to have increased among all students, especially among girls.
- While some students fared well initially, or even fared better when learning remotely than they did in-person before the pandemic, these positive effects did not last long. Negative effects for students increased over time.
- The review also uncovered an urgent need for more effective social-emotional learning
- Opportunities and innovative approaches to expand student support.

In a [national survey in June 2020](#), 14 percent reported "**worsening behavioral health**" for their children. And a survey of more than 32,000 caregivers in Chicago found more frequent reports of negative concerns and behaviors, such as incidents of self-harm, suicidal ideation, expressions of loneliness, and less frequent reports of positive behaviors or expressions, such as making plans for the future and having positive peer relationships.

Among the priorities, in addition to addressing gaps in learning, are ensuring that students feel that their physical needs are supported in addition to their equally important mental health needs. Moreover, **school staff should also have their physical and mental health needs addressed as well.**

The National Association of School Psychologists, along with the American School Counselor Association, recently released a guidance document on School Reentry Considerations with a focus on mental health needs. Among the recommendations included are the following:

- School-wide universal social and emotional screenings
- Conducting triage to determine who needs crisis intervention support through a review of student and staff data
 - Such data might include those experiencing death or loss of someone close to them, those with significant disruption of lifestyle such as food, financial, or housing insecurity, those with a history of trauma and chronic stress or other preexisting mental health problems, those with exposure to abuse or neglect, and communities with a history of educational disruption.
- Students should be taught skills in validation by acknowledging that everyone has had a different experience from COVID-19, and not everyone in each school will be in the same place in recovery. Some might be disappointed, some had fun, some are grieving, some are exhausted from added responsibilities at home, some are scared, etc.
- It is important that students be allowed to process their experiences. Classroom meetings could be facilitated in collaboration with school-employed mental health professionals to share and process the experience of returning to schools. This may occur on a regular basis. As students share their experiences they will come to learn that they are not alone in dealing with the challenges of coming back to school. Such a setting could provide some guidance in methods of addressing some of the challenges students face.
- Psychoeducational, evidenced based classroom lessons can be used to address mindset and behavior standards such as learning strategies, self-management and social skills.
- Regular communication with families is essential to share policies, protocols, and procedures for student involvement and engagement. Connectedness to school often predicts students' success in learning and well-being.

Because COVID-19 disrupted and still influences the type of socialization to which student were accustomed, schools and families can help promote an intentional focus on social and emotional skill building, mental and behavioral health, personal safety, and self-regulation which may have regressed due to a lack of social interactions.

Events schools must recognize for potential higher rates of traumatic experiences for students and families:

- Parental substance abuse and use
- Exposure to domestic violence
- Child maltreatment
- Homelessness (and general worsening of poverty and economic gaps)
- Financial/food/occupational/housing insecurity
- Mental health issues or exacerbation of underlying issues
- Family separation (some were away and couldn't return; or not seeing loved ones)
- Grief/loss from the death of a loved one that could not be processed (either personal or affecting the entire school community)
- Racial violence or trauma



Spotlight: Shellie Coleman and Janice Oda Gray

Each quarter we feature an interview with a board member and an employee of Prevention Partnership. Read our interview with Shellie Coleman, Director of Youth Services, and Board Member Janice Oda Gray.

What is the most rewarding aspect of your work with Prevention Partnership?

Shellie: Working with the students and parents the programs are designed to serve.

Janice: The most rewarding aspect of my work with Prevention Partnership is the Impact our work has on mitigating substance abuse prevention in our communities. Substance abuse is a critical problem tied to many of the social ills that plague the community.

How did you first become involved with Prevention Partnership and what excited you most about working with Prevention Partnership?

Shellie: Al Orsello and I became colleagues in the 1970s when we were both associated with the Region 5 U.S. Office of Education Training Center, so of course when the opportunity arose in the late 90s to work with him again, I could not pass it up.

Janice: I came across Prevention Partnership through my sister, she was on the Advisory Board. I met VC League and was impressed by the work, dedication and commitment they shared for the organization, I wanted to be part of that and make a difference in my community.

What initiatives with Prevention Partnership are you most excited about?

Shellie: I am currently assigned to the South Side Chicago Substance Use Prevention Program and am really excited about the potential for providing much needed comprehensive services for students and parents in communities where I grew up – my family moved to Englewood a month before I turned 16.

Janice: Initially I was most excited about the HIV aids initiative for women of color, currently I'm excited about the work they do in the school system.

What's your favorite part of your role with Prevention Partnership?

Shellie: Having responsibility for the development and supervision of our next generation of Prevention Specialists; preparing them for their roles in the continued expansion and capabilities of The Prevention Partnership.

Janice: Serving on the Board making decisions that impact my community and event planning.

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With the help of donations and support, we are deeply committed to breaking the cycle of violence, teen pregnancy, drug addiction, and underage drinking that currently grips the community. Funding is vitally important in the fulfillment of our mission. We need your support whether it is monetary, network connections or introductions to charitable organizations. We understand the challenges these past years have caused. If you're able, just a small donation of even \$50 would go a long way.

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WHO WE ARE

Prevention Partnership is a minority governed, nonprofit organization located on the Westside of Chicago. We are focused on making the world around us a better, happier place. With the help of our tireless staff, we organize fundraisers, community-building events, and in-depth education and training sessions for our youth, parents & community residents.

WHAT WE DO

Promoting positive habits through education, prevention, and intervention.

Enabling individuals and communities to gain the power to persevere.

Our community based programs are designed, implemented, and evaluated utilizing the help of community coalitions composed of indigenous residents and organizations such as local government, law enforcement, youth, parents, media, youth serving and civic organizations, schools, health care, churches and other concerned civic groups and individuals.

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