Mental Health Promotion to Advance the Conditions for Learning in Schools & Early Care and Education: Summary of Convenings

Mental Health America

National Collaborative on Education + Health

The Working Group on Mental Health Promotion to Advance the Conditions for Learning in Schools and Early Care and Education was convened by the National Collaborative on Education and Health in 2016, and hosted by Trust for America's Health, Healthy Schools Campaign, and Mental Health America, with facilitation by RESOLVE and support from the W.K. Kellogg Foundation. This final report includes findings on:

- The science behind mental health promotion, social and emotional learning (SEL) and education;
- Making the case for mental health promotion and SEL in schools and early care and education to improve health and advance the conditions for learning;
- The current challenges and opportunities for communities, schools, early care and education and other stakeholders in mental health promotion and SEL; and
- Specific policy recommendations to promote mental health and the conditions for learning in schools and early care and education.

The National Collaborative on Education and Health

The mission of the National Collaborative on Education and Health (the Collaborative) is to identify opportunities for the health and education sectors, individually and together with others, to contribute to ensuring that all children, regardless of income, race, ethnicity, or geography, have the opportunity to be healthy and academically and developmentally successful, allowing them to reach their full potential as productive members of the United States. The Collaborative was launched in 2014 by co-chairs Healthy Schools Campaign and Trust for America's Health. The work of the Collaborative focuses on changes that support schools in creating the conditions for student health and academic success, with an emphasis on the K-12 environment. Focus areas that are timely and have the potential to make a significant impact in meeting the mission of the Collaborative are identified by a national steering committee and addressed through working groups. The Collaborative has focused on incorporating health and wellness metrics into education data systems; increasing access to school health services; addressing the causes of chronic absenteeism; preventing substance misuse; and promoting mental health.

The Working Group

In 2016, the Collaborative partnered with Mental Health America to explore how schools, early care and education and healthcare can collaborate to promote children's mental health and advance the conditions for learning in schools. With support from the W.K. Kellogg Foundation, a Working Group was formed and two convenings were held to pursue the following charge:

1) Learn about the bidirectional relationship between mental health promotion and the conditions for learning;
2) Highlight evidence-based mental health promotion strategies and interventions that can promote the conditions for learning, based on research about the science of learning;
3) Determine if and how schools and early care and education are currently utilizing mental health promotion strategies to improve the conditions for learning, and identify the challenges and key gaps;
4) Analyze how any identified gaps can be filled in a way that is feasible to those in the education sector;
5) Identify the policies, practices and resources essential to scale and spread the availability and use of school-based interventions and programs that promote mental health and the conditions for learning; and
6) Identify other changes essential to create a supportive environment for child mental health promotion (i.e., engagement of key groups and community leaders, as well systems change in healthcare, education, etc.).

This Working Group followed on the heels of a Working Group on Substance Misuse Prevention and Early Intervention in the School Setting, with recognition that interventions shown to prevent substance misuse also have demonstrated impact in improving mental health (e.g., social and emotional learning, media literacy, cognitive/behavioral interventions, and skills training, including academic, social, and resistance skills). The findings and recommendations from the Working Group on Substance Misuse Prevention and Early Intervention in the School Setting are available here.

The following sections detail the findings and recommendations from the two convenings of the Working Group.

THE PROBLEM

Compared to similar countries, America is losing ground in global life expectancy, spending the most on healthcare, experiencing the highest rates of mental health problems and performing poorly on educational outcomes. The science behind this public health issue is established – we know that genetic factors may combine with toxic stress and trauma to produce physical, behavioral and mental health problems. The evidence on how to prevent these problems is getting stronger – we know how to reduce toxicity by preventing adverse experiences and increasing resilience, which in turn reduces child maltreatment and school violence, while supporting academic success and positive social-emotional development. Despite the research base, the evidence-based interventions and strategies for addressing these issues have not been widely implemented in schools and early care settings.

THE CONNECTION BETWEEN LEARNING AND MENTAL HEALTH

Learning and Mental Health. Recent brain science has taught us that learning cannot be divorced from mental health. Mental health involves both cognitive and emotional components, but historically, cognition and emotion have been studied independently of one another, with the science of learning focused solely on cognition. As science evolved to study cognition and emotion together, research has shown that emotion can interfere with cognition and thus learning. Studies have found a relationship between emotion and memory; a relationship between attention, academic functioning, and mental health; and a connection between a toddler's vocabulary and later mental health. The relationship between mental health and academic success is reciprocal; a child's mental health influences his or her ability to learn (in both positive and negative ways) and success in learning influences his or her mental health.

The Conditions for Learning. This research has contributed to the development of the concept of conditions for learning. While curriculum and instruction are important, a number of other factors contribute to creating the conditions for learning for students, which allow them to benefit from the educational experience. Included in these conditions for learning are positive mental health and social and emotional skills, as well as a number of other factors related to mental health, such as community and school safety and access to necessary resources. Schools and early care and education can help to build the conditions for learning by integrating evidence-based interventions into their everyday operations that promote positive mental health and social and emotional skills.

When adequately invested in, evidence-based mental health interventions and positive school climate promotion can support academic goals and improve outcomes for students, teachers and administrators. Thus, while positive mental health is a good goal in and of itself, it is also central to the mission of teaching.

WHAT WORKS TO PROMOTE MENTAL HEALTH AND ADVANCE THE CONDITIONS FOR LEARNING

A number of evidence-based interventions have been developed and tested over the past several decades that can be integrated into different aspects of the classroom to promote children's mental health. These interventions are sometimes referred to as mental health promotion, social and emotional learning, and/or school climate interventions, and target different aspects of the classroom experience through varying theories of change, with the common goal of fostering resilience and positive mental health among teachers and students. Below are four examples of different types of interventions that have been shown to improve children's mental health and academic outcomes.

Good Behavior Game (GBG). GBG is a universal classroom prevention strategy of behavior management that centers on positive reinforcement. Teachers use GBG to help students develop skills such as teamwork and self-regulation. GBG is integrated into the school day, including instructional time, transition times, and lunch as a team-based competition in which everyone can win. Teachers give student teams positive reinforcement for meeting behavioral expectations, monitoring and managing their own behaviors and supporting the positive behavior of peers. GBG has been demonstrated to reduce aggressive, disruptive and off-task behavior in elementary school males, reduce smoking and use of mental health services in middle school males, and reduce alcohol use, tobacco use, illicit drug use and suicide attempts in young adult males (ages 19 to 21), along with increase high school graduation rates. A Washington State Institute for Public Policy cost-benefit analysis of implementing the GBG estimated for every dollar spent on GBG, there is $64.18 in societal benefits.

4Rs. The 4Rs program (Reading, Writing, Respect & Resolution) provides a curriculum for integrating SEL and language arts into Pre-K to middle school classrooms. Teachers follow a grade-specific curriculum that moves from Read Aloud lessons for younger audiences to Book Talks that encourage discussion and role-playing to Applied Learning where students practice skills related to a specific theme. The 4Rs also includes parental activities for children to participate in

at home. The 4Rs has been shown to lower teacher-reported aggression levels and lead to fewer student depression symptoms, decreased attention and hyperactivity problems, and increased social competency. Among those with the greatest behavioral risk, evaluations show significant improvements in attendance, academic skills, and standardized testing scores. A study by the Center for Benefit-Cost Studies in Education found that for every $1 investment in the 4Rs program, $11 of economic benefit is delivered.

Promoting Alternative Thinking Strategies (PATHS). The PATHS program is an SEL curriculum designed for Pre-K through elementary students. The program is based on evidence that children experience and react to emotions before they develop cognitive abilities to verbalize them. PATHS includes five SEL domains: self-control, emotional understanding, positive self-esteem, relationships, and interpersonal problem-solving skills. Each lesson is approximately 30 minutes and is incorporated into the classroom two to three times a week. At-home activities supplement classroom instruction. Research demonstrates reductions in teacher reported aggressive behavior, behavior problems, and depression and sadness among students. Improvements in students' self-control, vocabulary for emotion, standardized test scores, cognitive skills, ability to tolerate frustration and use of conflict resolution strategies, and classroom behavior and engagement were also documented. A Washington State Institute for Public Policy cost-benefit analysis found for every dollar spent on PATHS, there are $21.24 in societal benefits.

Positive Behavioral Interventions & Supports (PBIS). Unlike previously described programs, PBIS is not a packaged curriculum or intervention, but rather a framework for assisting schools in integrating behavioral interventions that enhance academic and social behavior outcomes. PBIS is a tool for school personnel to help them organize and improve implementation of evidence-based practices. PBIS, therefore, builds the capacity of school personnel to actively implement programs at the school, district and state levels. Research indicates PBIS contributes to decreased classroom disruptions and office discipline referrals, increased academic achievement and performance, and improved school climate and safety. According to a Washington State Institute for Public Policy cost-benefit analysis, for every dollar spent on PBIS, there is $13.49 in societal benefits.

MAKING THE CASE: LEVERAGING BRAIN SCIENCE TO IMPROVE HEALTH AND ACADEMIC ACHIEVEMENT

In order to make the case for systems-level change necessary to spread and scale effective mental health promotion interventions and strategies in schools and early care and education, it is essential to effectively communicate the science of what works to improve children's mental health *and* academic achievement.

Making the case can be challenging for several reasons. There are a variety of stakeholders that need to be educated and engaged; however, stakeholders are just beginning to realize the impact of toxic stress and trauma. Moreover, these stakeholders come from a variety of disciplines and background and do not share a common language or understanding of brain development. Lastly, stakeholders exposed to the latest brain science will need to re-conceptualize their roles accordingly.

When people think of mental health in schools and early care and education, they tend to focus on ensuring that children with mental or behavioral health concerns or diagnoses have access to individualized treatment, and think less about prevention and ways that the school can promote the mental health of all students. In general, mental health is not understood as a positive asset, i.e. something that can be developed and improved, but rather as the presence or absence of a disease condition.

There are also challenges in communicating the importance of mental and social-emotional health for learning. Many people believe that social-emotional skills cannot be taught, or that schools and early care and education should not be in the business of what they consider to be values education. In addition, the concept of the conditions for learning is relatively new, even for educators, and requires an understanding of education that goes beyond delivering and receiving course content, to an understanding that includes the social and emotional factors and school culture which set the foundation for that learning to occur.

MAKING THE CASE

Why Promote Mental Health in Schools and Early Care and Education?

Mental health and learning are deeply interwoven – strong mental health is a foundation for learning, and academic success impacts mental health. In order to maximize both, mental health and education must be integrated and continuously promoted throughout the life course from birth into post-secondary life.

What is Needed to Promote Mental Health in Schools and Early Care and Education?

Despite growing evidence on what works to promote mental health, these interventions are not widely implemented in schools and early care and education. Furthermore, when interventions are implemented, they are often layered on to existing programs, rather than being considered strategically, resulting in what the Working Group termed the "jumbled schoolhouse." The same is true in early care and education and in pediatric practices. Ultimately, evidence-based mental health promotion should be seen as essential as lunch or fire drills are for health, and seamlessly woven into each person's role.

Why Act Now?

A policy window is rapidly approaching as we transition to a new presidential administration and new Congress at the federal level; new governors and public health/mental health department leadership at the state level; and new school boards and other local health and education officials at the local level. The K-12 and early care and education sectors are increasingly acknowledging the need to support the whole child, including the importance of promoting physical and mental health and wellness. This has manifested itself in the Every Student Succeeds Act (ESSA), which recognizes the importance of school culture and social and non-academic factors in learning, and in the new Head Start regulations that place greater emphasis on mental health promotion. The healthcare sector is increasingly acknowledging the role of the social determinants of health (including education) and mental health in achieving the Triple Aim – improving health outcomes, improving patient care, and reducing costs. We are also seeing a movement towards value-based care and pay for outcomes approaches, requiring work across sectors to achieve dependent goals. Lastly, more healthcare systems are investing in their communities (e.g., community benefit resources shifting from charity care to community health), and partnerships between hospitals and schools and early care and education are increasing, which benefits all parties.

CHALLENGES, OPPORTUNITIES, AND POLICY RECOMMENDATIONS

The science tells us that social and emotional programming in schools can lead to improved academic performance and better mental health. Given this compelling case to promote mental health to advance the conditions for learning in schools and early care and education–including by implementing and scaling evidence-based social and emotional learning programs–the questions remain: what are the challenges that inhibit this from happening, and how might they be overcome?

Below is a list of major challenges, corresponding opportunities and policy recommendations that arose from the Working Group's two convenings.

Jumbled Schoolhouses, Early Care Settings, and Healthcare Settings

The Challenge: Because schools, early care and education, and pediatric practices are key venues for promoting a range of different social goals, each of these settings are asked to implement numerous different interventions, many of which are directly or indirectly related to mental health. Even when each of these interventions is evidence-based, the lack of coordination – due to a lack of personnel, financial and other resources, as well as the absence of comprehensive strategic planning–often leads to redundancies, inefficiencies, and gaps in supports provided to children. In addition, the group-based nature of these interventions may not be applicable to small early childcare or family child care settings, where only one or two children may be present.

The Opportunity: Use and coordinate needs assessments and asset mapping from education, health and other sectors as an opportunity to hit reset and reorient and integrate existing resources, programs, and organizational policies to meet identified mental health related needs and leverage identified assets. Create a continuum of social and emotional skill building and supports from early care through K-12 education that are integrated into the curriculum and daily routine, instead of adding programs on top of existing structures. This should be reinforced with educational policy changes, such as modifications to grading practices to assess incorporate teacher assessment of non-academic skills.

Policy Recommendations: The Every Student Succeeds Act (ESSA) contains a number of needs assessments, and each provides an opportunity to assess the mental health and risk and protective factors of the children and adults in the school, and to engage providers, parents, and other community stakeholders as partners in promoting mental health. Early care and education have quality assessments that provide a similar opportunity, and nonprofit hospitals are required to conduct community health needs assessments under the Affordable Care Act (ACA).

Policy and implementation guidance around ESSA, ACA needs assessments and early care and education quality assessments should encourage the inclusion of needs related to mental health and social and emotional learning; active coordination across various needs assessments conducted in a community; the assessment of not only needs but also assets and risk and protective factors; and the engagement of a broad array of stakeholders (including educators, providers, parents, and others) as partners.

Additionally, ESSA's requirements that school districts must coordinate with early childhood education programs and address the transition to kindergarten, as well as ESSA's establishment of new preschool development grants, should be leveraged to help establish a continuum of social and emotional skill building and supports from early care through K-12.

No One Can Do It Alone

The Challenge: No one institution has the means to effectively promote mental health on its own– schools and early care and education have limited funding, infrastructure, and resources to engage and tap community partners, and pediatric providers are often similarly limited by their full patient schedules and short face-to-face appointment times. Successful mental health promotion requires students, teachers, staff, parents, providers, and other members of the community to surmount differences in ways of doing business and collaborate and support one another. While healthcare does have increasing incentives to work with schools due to value-based payment and other policy changes, models are not being studied and scaled.

The Opportunity: Cross-sectoral collaboration between education, healthcare, and other sectors to better promote mental health – including through coordination of needs assessments and funding, data integration, joint program implementation, and overarching collective impact efforts – is critical. Promoting parent and family engagement in education, particularly in the realm of social and emotional learning, is also important. Family engagement can be promoted through policies to spread and scale evidence-based parenting programs. Lastly, it's crucial to develop better communication with parents about children's social and emotional development and mental health. For example, report cards and parent-teacher conferences could include comments from teachers on a child's social and emotional development.

Policy Recommendations: ESSA's requirements for "meaningful consultation" should include engagement of healthcare systems and other community stakeholders in the planning and implementation of preventive mental health interventions, including social and emotional learning supports and programs.

Federal programs and policies should support collective impact models that foster collaboration between early care and education, schools, health and other sectors to promote children's mental health - including programs such as Accountable Health Communities, Communities that Care, PROSPER and Communities in Schools.

At the federal and state levels, the implementation of education-related regulations and programs should be coordinated with health regulations and programs. For example, ESSA, the Child Care and Development Block Grant, and Head Start implementation processes should include consideration of Medicaid and other federal health programs and vice-versa, since the spending in each of these programs influences the other. New opportunities include the Medicaid free care policy change, the preventive services rule change and broadening definitions of Medicaid behavioral health services,[1] which provide opportunities for additional reimbursement for mental health services in

[1]New York State recently added 6 new behavioral health services to its EPSDT services, including crisis intervention and family/peer support services, via an amendment to its State Medicaid Plan. See Children's Behavioral Health and Health Services Transformation: Medicaid State Plan Provider Manual Draft, NEW YORK STATE OFFICE OF MENTAL HEALTH (March 2016), http://mctac.org/files/misc/175/spa-service-manual-draft.march2016.pdf?_sm_au_=iVVfWktrq70NsQQN.

school. These opportunities should be further leveraged to spread and scale a range of delivery models for mental health services in schools and early care and education.

Stronger incentives should be put in place for healthcare systems to partner with schools and early care and education, and promote mental health inside and outside the healthcare setting. This includes more robust evaluation of value-based payment models to determine their utility in enabling healthcare systems and payers to financially support social and emotional learning in education settings (e.g., Trillium Community Health Plan in Oregon funds the Good Behavior Game in schools). There should also be expanded coverage of evidence-based parenting programs (e.g., Medicaid covers Triple P—Positive Parenting Program—in Washington State), which can help establish a common vocabulary among parents, pediatricians, child care providers, and educators for understanding children's social and emotional development.

To provide overarching support, federal agencies – such as the Department of Education, Health and Human Services, and Substance Abuse and Mental Health Services Administration – should coordinate efforts to advance mental health promotion among children. Additionally, the Department of Education's regional technical assistance offices should provide guidance on how to maximize mental health promotion during implementation of ESSA and other legislation, as well as offer resources to address mental health related concerns. Other TA bodies should be similarly equipped so each stakeholder has the resources needed to support one another and promote mental health effectively.

It's Not My Job

The Challenge: Very few stakeholders are trained in mental health promotion, and those that do have training are seeing individual clients rather than promoting larger-scale mental health interventions. Moreover, stakeholders currently engaged in mental health promotion each understand mental health differently and use completely different vocabularies to describe it. Without common training and vocabularies, it is very challenging to create community partnerships to implement and reinforce mental health promotion interventions across sectors.

The Opportunity: Expanding mental health workforce training and capacity and increasing resources available to school counselors and other personnel responsible for mental health promotion are critical. Pre-service training (i.e. post-secondary education) should be enhanced so that stakeholders (teachers, staff, pediatricians, etc.) are equipped to promote mental health in reinforcing ways, and to collaborate with non-traditional partners. This will require the leadership of schools of education to value mental health and social and emotional learning, and collaborate with counterparts in schools of medicine and health within their universities. The pre-service mental health promotion curriculum should be reinforced through professional development activities, and job roles should reflect these changes, including greater expectations of collaboration across the community.

Policy Recommendations: Federal and state policies should support expansion of the number of school counselors and other mental health personnel in education settings, as well as additional staffing in early care and education to address behavioral health concerns. Needs assessments should assess workforce needs and capacity. The Civil Rights Data Collection (CRDC) survey will begin collecting data on access to instructional aides, support services staff, psychologists, social workers, nurses, and school administrators from every school for the 2015-2016 CRDC—presenting an opportunity to identify gaps in school staffing. Expanding the workforce—such as through partnerships with community colleges to train paraprofessionals and, where appropriate, recruiting parents and other community members to co-administer certain programs–-can also help address shortages.

Implementation of Title II of the Higher Education Act (HEA)—which aims to increase the number of highly qualified teachers and principals in schools and increase their effectiveness, including by reforming teacher and principal certification programs—should be coordinated with ESSA, the Individuals with Disabilities Education Act (IDEA), Head Start, and the Child Care and Development Block Grant. HEA reauthorization, IDEA, Head Start, and the Child Care and Development Block Grant should contain incentives for child care providers, educators, and educational leaders to be trained in evidence-based practices to support social and emotional development. Existing professional development funds from ESSA should be dedicated to ensuring that teachers, staff, principals, and superintendents have the necessary training and support. Other policy vehicles, such as the Workforce Innovation and Opportunity Act, should also contain incentives for educators and providers to gain the necessary competencies and training to prepare for careers in mental health promotion. For example, there could be advanced credentials for teachers in child and adolescent development, social and emotional learning, and similar topics. As a part of ongoing professional development, teachers should also receive practice-based coaching and mentoring, which has been found to have positive impacts on child outcomes, rather than one-off professional development days. Finally, professional development training schedules should rotate from year to year so a wider breadth of topics – including mental health and social and emotional learning – can be covered (instead of repeating the same topics each year).

To improve current coordination efforts to address mental health and develop a common understanding of the term, organizations representing educators, educational leaders, school staff, healthcare providers, early care and education providers, and other stakeholders should agree on and adopt a common framework for describing children's social and emotional development and delineate each stakeholder's role in the framework.

Where's the Money and the Wrong Pocket Problem

The Challenge: There is a lack of financial resources to seed and scale evidence-based mental health promotion strategies. While new funding streams would be ideal, it cannot be assumed that they will become available. Further, while the benefits of mental health promotion in schools and early care and education extend beyond the education sector to healthcare, justice, and the private sector, there is no infrastructure to measure or leverage the benefits of cross-sector investments in mental health promotion.

The Opportunity: If communities are able to coordinate and align cross-sector funding streams – including tapping into financing from the healthcare sector – then the most impactful interventions can be effectively implemented. Sources of funds from healthcare include health insurance reimbursement and hospital community benefit funds, including Medicaid payment for school health services enabled by the recent free-care policy change. Braiding funds across a range of sectors (healthcare, public health, mental health/substance abuse, child welfare, criminal justice, etc.) and reinvestment of savings in prevention/promotion, using strategies similar to those employed in justice reinvestment initiatives, are key to advancing mental health promotion in schools. Additionally, mental health promotion efforts are often undercapitalized, which can be addressed through innovative approaches such as Pay for Success financing or tapping into Community Development Financial Institution financing.

Policy Recommendations: Federal programs such as the Performance Partnership Pilot for Disconnected Youth (P3) and the Now Is The Time Project AWARE (Advancing Wellness and Resilience Education), serve as models for agency program and funding coordination and support collective impact efforts, and should be evaluated, improved, and scaled. Further, healthcare and other sectors should implement financing models that incentivize cross-sector investment by allowing for greater sharing in the benefits of mental health promotion. Models include the emerging wellness trust, which provides an opportunity to combine funds from diverse payers, Pay for Success and community benefit investment. Healthcare payment for mental health promotion in schools should be increased, and the free care policy change should be leveraged to scale up mental health services in schools (including via the Department of Education's *Healthy Students, Promising Futures* learning collaborative on this topic). Hospitals should be encouraged and even incentivized to apply community benefit dollars to mental health promotion in schools. As hospitals incorporate mental health into their Community Health Needs Assessments they will likely increasingly identify mental health illness as a top community concern – as this is already the case in hospital surveys. Lastly, there is a need to invest in research to develop better social costing methodologies (to understand the social costs and benefits of different approaches and understand impacts across sectors) as well as a need to invest in the infrastructure needed to coordinate cross-sector funding in communities.

Need for Improvement in School Connectedness and Climate, Including the Mental Health of Adults in Education Settings

The Challenge: Some schools suffer from poor school climate and a low degree of school connectedness among students, educators and other adults in the school setting, parents and community members. Adults in education settings (educators, support personnel, administrators, and others) may have unmet mental health needs, and experience substantial work-related stress, yet the well-being and health needs of adults in education settings are rarely identified or addressed.

The Opportunity: School climate and connectedness measures should generally assess all individuals in a school setting and their perspectives and well-being, providing all of those involved with an increased sense of agency and ensuring all voices are heard. Measuring and acting upon data from school climate and connectedness surveys can incentivize investment in mental health promotion programs and interventions that address the wellbeing of everyone in a school and improve school climate and connectedness.

Policy Recommendations: ESSA report cards and state plan non-academic measures, and other policies such as the recent Head Start regulations, should incorporate measures of school climate and connectedness among all individuals in a school setting. Schools and early care and education should have incentives for meaningful improvements in school connectedness and climate that can be spurred by these measures. Mental health promotion programs should be required and funded to address the mental health of adults in the school setting. Laws such as the Mental Health Parity and Addiction Equity Act or network adequacy regulations must be enforced so everyone has access to the mental health services they need.

Improving and Aligning Measures, Data, and Practices

The Challenge: Currently, school accountability frameworks focus on high-stakes testing in reading and math. Absent measures of mental health and social and emotional learning, schools do not have the incentive or the information to improve mental health and school climate. Since mental health effects are realized over a long-term, there are challenges identifying the right outcomes to evaluate programs in early care and education and schools.

The Opportunity: Mental health and social and emotional learning should be measured – and such measures should move beyond diagnoses to measuring assets such as behaviors and skills. The Working Group cautioned against prematurely linking such measurement to accountability structures (due to concerns of accuracy, equity and unintended consequences), rather states should iteratively experiment with measurement (and perhaps also incentive) structures until an appropriate system is found.

Healthcare outcome measurements and education reporting requirements should have common indicators (e.g., kindergarten readiness, third grade reading levels or absenteeism) to reinforce the benefit that efforts in each sector have in the other. Data must be shared and integrated between health and education to track these measures, identify the priority issues and implement evidence-based interventions in response.

Policy Recommendations: Federal, state and local policies should encourage or require experimentation with the measurement of mental health and social and emotional health and learning. Consistency in mental health and SEL measures across settings would reinforce a continuum and promote shared accountability across early care and education, schools and pediatrics.

CONCLUSION

Mental health promotion in the early years of life can improve lagging health outcomes and increase health equity in the United States. Mental health and SEL are critical to the mission of education and child care and create the conditions for learning. Evidence-based mental health promotion and SEL interventions can be woven into the daily workings of schools and early care and education to improve both academic and health outcomes. While a number of challenges exist to scaling these interventions, a policy window is open for acting on the recommendations identified by the Working Group. As communities begin to act on the opportunities and recommendations, stakeholders will be better equipped to collaborate and support the healthy social and emotional development of their children.

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