Student Health Matters

SIMPLE STRATEGIES TO SUPPORT CHILDREN’S PHYSICAL, MENTAL AND SOCIAL WELL-BEING, AND HELP STUDENTS THRIVE
Student Health Matters

Throughout our history, the AFT has maintained strong commitments to children’s health. That resolve is evidenced through work on community schools; access to a school nurse and other school health professionals; green building and green cleaning; rigorous nutrition standards and best practices in school meal programs; and more. To enhance and coordinate this work, AFT Secretary-Treasurer Lorretta Johnson advocated for a new Children’s Health, Safety and Well-Being program.

Priority 1: Mental health
Mental illnesses affect more children than physical health problems—but schools are poorly staffed to address these needs. On a recent survey, less than 20 percent of AFT members reported that their school’s policies and programs adequately and appropriately address students’ mental health. Without adequate care coordination, kids with mental health disorders are more likely to drop out, use and abuse illicit substances, and engage in risky and self-injurious behaviors. Many respondents felt “uncertain” in their abilities to handle “student behaviors that appear out of control and stem from what I assume may be mental illness,” in the words of a member in St. Paul, Minn. Beyond safe and responsive staffing, many respondents seek skills training to better understand how to handle students’ mental health needs and their impact on behavior.

Priority 2: Equitable access to care
A record-high 92.9 percent of children have health insurance today, and nearly all children have a usual place where they receive care. Still, too many children visit the emergency room with severe needs. Good health lays the foundation for school attendance and sustained academic success. Yet many children lack access to high-quality healthcare in schools.

Survey respondents stressed the value of whole family approaches, especially for mental health, that make sure children and their parents receive appropriate services. More than half of respondents want to expand the role of full-time, trained staff to address children’s diverse, complex and chronic health concerns.

Priority 3: Food security
Food insecurity plagues too many children. Research links poor nutrition and hunger to poorer physical health, impaired social skills and mental health issues. In school, food insecurity manifests as delayed mental proficiency, higher likelihood of repeating a grade, and slower math and reading progress.

While the Healthy Hunger-Free Kids Act of 2010 took a bold step forward in the fight for children’s nutrition and hunger, the nation must invest in 21st-century kitchen equipment as well as full-time positions and training for food service workers. In addition, survey respondents value nutrition education and access to healthful foods. AFT members also support structures that ensure all children have regular, nutritious meals.

The realities of youth mental health

Mental health disorders among children are defined as serious changes in ways they typically learn, behave or handle emotions. Mental illnesses can re-emerge throughout an individual’s life.

1 in 5 school-age children has a mental health disorder.

Top 5 disorders:
- ADHD: 8.5%
- Major Depressive Episode: 8.1%
- Substance Abuse: 6.9%
- Behavioral/Conduct Disorder: 4.6%
- Autism: 1.1%

Half of all chronic mental illnesses begin by age 14.

40% of people with one mental health disorder also meet the criteria for at least one additional mental disorder.

The Average Age of onset for mental disorders:
- Anxiety: 6 years
- Behavior/Conduct Disorder: 11 years
- Mood Disorder: 13 years
- Substance Abuse: 15 years

About Suicide

90% of all suicide victims have a diagnosable mental health disorder.

50% of all suicide victims have a diagnosable mental health disorder.

Suicide is the 3rd leading cause of death among adolescents.

About Grief

3 in 10 children will lose someone close to them before age 18.

10% of children show sustained, prolonged grief up to 3 years after a parent’s death.

A strategy to help our students

Educators and school staff can help our children do more than survive. We can help them THRIVE!

Teach students about mental health.

Help build protective factors and resilience.

Reduce risk factors.

Identify early warning signs and intervene.

Voice your concerns to appropriate school staff.

Eliminate barriers to student well-being and school success.

Half of all chronic mental illnesses begin by age 14.

6 Warning Signs for mental health issues:
1. Drop in school performance and grades
2. Severe out-of-control, risk-taking behaviors
3. Severe mood swings and difficulty with peers
4. Difficulty concentrating or sitting still to the point of physical danger or school failure
5. Significant weight gain or loss
6. Trying to harm oneself, commit suicide or making plans to do so

60% of high school students with a mental illness drop out of school by age 14.

Students with mental illness are 3x more likely to be suspended or expelled for behavioral reasons and may miss an average of 18-22 days during the school year.

Have questions? Want more info?
Visit go.aft.org/ChildHealthMatters or email childhealth@aft.org.
Good health can lead to good grades

Healthcare access goes to the heart of the achievement gap.

One-fifth of educators are uncertain in their ability to handle children’s health problems, few receive training in this area more than once a year.

7 million U.S. children are uninsured.

5.2 million of these children qualify for Medicaid but are NOT enrolled.

Limited access to caregivers is linked to lower childhood vaccination rates, increasing students’ risk of contracting and spreading diseases like measles and whooping cough.

Schools can fill gaps in access to care

Wraparound services help students stay healthy and stay in school. We can help students THRIVE!

Transform school capacity.

With the help of a local pediatric hospital, health department or nongovernmental organization, a school-based health center can improve access to health services and prevent emergency room visits. Learn more about how to get started or expand current efforts with the School-Based Health Alliance Blueprint at bit.ly/Blueprint_SBHA.

Honor school health staff.

Fight for appropriate staffing to address all children’s needs. Full-time positions and safe ratios are imperative for school nurses, counselors, social workers, behavioral therapists, psychologists and more.

Repeal and replace.

Your state and/or district may be using outdated language that restricts Medicaid reimbursement for school health services. Learn more at go.aft.org/childhealth_fcr.

Illuminate what is hidden.

Thanks to the Affordable Care Act, many more children now have health insurance. Show support for this groundbreaking legislation and urge Congress to advocate for more progress. Find out if your school can be part of getting more kids covered at InsureKidsNow.gov.

Vouch for the ACA.

School funding formulas often rely on “average daily attendance” figures that obscure trends in chronic absenteeism. To better learn students’ needs, ask who isn’t in class and why.

Engage community partners.

Adopt the community schools model. Providing wraparound services can lower hospitalization rates, improve immunization rates and reduce high-risk and disruptive behaviors. Learn more at go.aft.org/commschools.

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One in three children is covered by Medicaid or the Children’s Health Insurance Program.

About 30% of public schools have a part-time nurse.

25% have no nurse at all.

While school-based health centers offer physical, mental and social services, only 12.5 percent of school districts have one.

EACH YEAR 5-7.5 million students are chronically absent from school.

Up to 9 in 10 students in need of special education services for severe emotional disturbances do not receive these services.

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Poor nutrition can equal poor performance

Many of our students come to school hungry for more than knowledge.

Combat food insecurity

School meal programs help fight hunger and improve nutrition. We can help students THRIVE!

Teach the value of nutrition.

Find resources for classrooms, cafeterias and gardens at bit.ly/MyPlate_USDA and ShareMyLesson.com. Nutrition education encourages students to select and eat more healthy options, and reduces consumption of calories and fats.

Harvest the fruits of farm labor.

Farm-to-School programs that unveil the farm-to-tray process for students boost consumption of healthy foods, drive local economic growth and establish lifelong habits.

Redesign school cafeterias.

Visit SmarterLunchrooms.org to learn more about research-based low- and no-cost strategies to promote nutritious eating and reduce plate waste.

Invest in modern school kitchens.

Implement strategies to bring the new equipment, full-time positions and appropriate training that school food service workers need to implement ambitious goals to end child hunger and improve nutrition for all.

Value national nutrition standards.

The 2010 Healthy, Hunger-Free Kids Act set science-based dietary guidelines for meals and snacks in schools—a historic step forward for children’s health. More than 80 percent of schools are meeting the standards. Tell your congressional representative about your success.

Encourage robust meal participation.

Boost the number of students eating breakfast! Also, find out if you work in one of the 50 percent of schools that can use the USDA’s new Community Eligibility Provision to offer free, nutritious meals to all students.

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**Sources**

**Student Minds Matter**


**Student Healthcare Access Matters**


**Student Nutrition Matters**
