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This Practice Brief is the twelfth in a periodic series published by the National Center on Afterschool and Summer Enrichment (NCASE) to build awareness of research and promising practices in the field of school-age child care.

The goal of NCASE is to ensure that school-age children in families of low income have increased access to quality afterschool and summer learning experiences that contribute to their overall development and academic achievement. For more information, contact us at ncase@ecetta.info.

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Supporting and Promoting Mental Health in Out-of-School Time

Given evidence of trauma due to recent global and national issues, communities must consider all outlets and resources possible to address the needs of children and families. Out-of-school time (OST) programs foster socialization, relationships, and adaptive functioning. These programs are uniquely positioned to support and promote children's healthy development, inclusive of mental health needs instigated by trauma. Children are not the only recipients; parents and the OST workforce can benefit from mental health supports provided directly or indirectly in these environments.

This practice brief will explore some of the current mental health needs of school-age children, their families, and the OST workforce. In addition, this brief discusses the social and emotional constructs that promote resilience, as well as examples of mental health supports that states and local jurisdictions can consider for collaborative implementation.

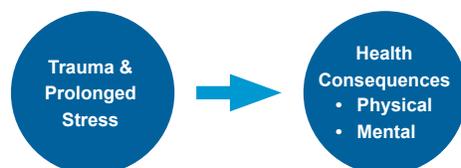
Global public health emergencies and national civil disturbances were abstract concepts to the present school-age gen-

eration, but in the past year they have become a reality for us all. These events have not only altered daily living conditions but induced trauma for many.

The experience of trauma and prolonged stress, directly or indirectly, can have immediate as well as lasting repercussions for both children and adults. In the article, "For Some Kids, This Last Year Qualifies As An Adverse Childhood Experience (ACE)," *Forbes* magazine captures the moment.¹ This article points out that children have

¹ Campbell, L. (2021, January 13). *For some kids, this last year qualifies as an adverse childhood experience (ACE)*. *Forbes*. <https://www.forbes.com/sites/leahcampbell/2021/01/13/for-some-kids-this-last-year-qualifies-as-an-adverse-childhood-experience-ace/?sh=267584e04935>

been immersed in negative experiences, such as racism and discrimination, neighborhood violence, death of a parent or loved one, food insecurity, and other adverse experiences due to the events of 2020.²



School-age children, who are more responsible for their own care than younger children, often identify with and express concern about real-world issues. This is due to their socialization with peers and adults in their community, which is critical to their development, especially their cognition and mental health. This age group experienced an explicit change to their daily lives, as most schools and thus OST programming across the country shut down by April of 2020 to mitigate the spread of COVID-19. Remote learning and engagement followed these closures. However, for children, in-person socialization and other supports are key to their mental health, as discussed further in the section on supporting children.

Parents and caregivers also experienced trauma and stress. In addition to their adult responsibilities and expectations, they may have experienced loss of income, forced remote working conditions, increased need for child care, and newly imposed education responsibilities. While research shows that 89.3 percent of parents seem to agree with the school closure policy, balancing responsibilities, learner motivation, accessibility, and learning outcomes are commonly mentioned struggles.³ These deviations from normalcy may have exacerbated or created mental health challenges.

Similar to teachers, OST professionals experienced a transformation in their daily activities. They had to adjust to remote engagement with children and/or in-person programming with intense health and safety protocols, while some individuals lost their jobs. These unexpected changes caused them concern for the well-being of the children they cared for daily and grief over the disruption to these once dynamic relationships. Losses and changes, such as those that affect one's work conditions, can create or increase mental health struggles.

Understanding Mental Health Issues

What do we know about mental health? The available statistics are generalized and broad. However, the following information gives us an idea of the magnitude of people in the United States who are affected by mental illness each year. According to the National Alliance on Mental Illness (NAMI):⁴

- » 1 in 5 U.S. adults experience mental illness each year.
- » 1 in 20 U.S. adults experience serious mental illness each year.
- » 1 in 6 U.S. youth aged 6–17 experience a mental health disorder each year.

These mental illnesses are diagnosable disorders such as depressive illness, substance abuse, psychotic disorder, and anxiety disorder, and they are found in both children and adults. According to a National Institute of Mental Health (NIMH) study, half of lifetime diagnosable mental illnesses begin before the age of 14, even though they are usually not diagnosed until 10 years later.⁵

² Campbell, *For Some Kids*.

³ Garbe, A., Ogurlu, U., Logan, N., & Cook, P. (2020). COVID-19 and remote learning: Experiences of parents with children during the pandemic. *American Journal of Qualitative Research*, 4(3), 45–65. <https://doi.org/10.29333/ajqr/8471>

⁴ National Alliance on Mental Illness. (2020). Mental health by the numbers. <https://nami.org/mhnstats>

⁵ Richardson, T., Morrisette, M. & Zucker, L. (2012). School-based adolescent mental health programs. *Social Work Today*, 12(6), 24.

Treatment for mental illness ranges from therapy to medication and includes self-care.⁶ The variation and intensity of treatment is specific to each individual. Encouraging progressive mental health at home, school, and work is especially important for individuals affected by mental illness. These environments must have ample social emotional supports and promote resilience. Improving the health, development, and wellness of children, their families, and other caregivers is a shared responsibility across all systems and sectors.⁷

In view of this collective responsibility, *How are states, municipalities and individual communities supporting the mental health needs of school-age children, their families, and the OST workforce?*

Supporting Children

Mental health promotion is the act of encouraging and increasing protective factors and behaviors that can help prevent possible diagnosable mental health issues that may lead to mental health disorders.⁸ In *Promoting Nurturing Environments in After-school Settings*, researchers identify four features of environments that encourage positive mental health.⁹

1. Minimization of toxic social and biological conditions
2. Reinforcement of diverse pro-social behaviors
3. Limiting opportunities and influences for problem behavior
4. Promoting psychological flexibility in the pursuit of one's values and goals



Further investigation has led to an understanding that the adoption of models such as the positive youth development (PYD) principles can create environments that embody these four features. But what is PYD?

“In the USA, PYD has been defined as voluntary education outside school hours aiming to promote generalized (not just health) and positive (not just avoiding risk) development of assets such as bonding, resilience, social, emotional, cognitive, behavior or moral competence, self-determination, spirituality, self-efficacy, clear and positive identity, belief in the future, recognition for positive behavior, opportunities for pro-social involvement and/or pro-social norms.”¹⁰

Most of the literature found on PYD implementation focuses on substance abuse and violence prevention. However, there is evidence that some programs address mental health through effective youth-adult partnerships. Successful youth-adult partnerships require flexibility, mentorship,

6 National Alliance on Mental Illness. (2020). *Mental health care matters*. https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_MentalHealthCareMatters_2020_FINAL.pdf

7 Iwasaki, Y. (2016). The role of youth engagement in positive youth development and social justice youth development for high-risk, marginalized youth. *International Journal of Adolescence and Youth*, 21(3), 267–278. <https://doi.org/10.1080/02673843.2015.1067893>

8 Youth.gov. (2020). *Promotion & prevention*. <https://youth.gov/youth-topics/youth-mental-health/mental-health-promotion-prevention>

9 Smith, E. P., & Bradshaw, C. P. (2017, May 29). Promoting nurturing environments in afterschool settings. *Clinical Child and Family Psychology Review*, 20, 117–126. <https://doi.org/10.1007/s10567-017-0239-0>

10 Bonell, C., Hinds, K., Dickson, K., Thomas, J., Fletcher, A., Murphy, G. J., Melendze-Torres, G. J., Bonell, C., & Campbell, R. (2015). What is positive youth development and how might it reduce substance use and violence? A systematic review and synthesis of theoretical literature. *BMC Public Health*, 16,(135). <https://doi.org/10.1186/s12889-016-2817-3>

authentic decision-making, and reciprocal learning.¹¹

For information and examples of creative partnerships, see the NCASE brief titled [How Partnerships and Innovations Support the Increased Need for School-Age Child Care During the COVID-19 Pandemic](#).

Other initiatives incorporate the four features of environments that encourage positive mental health. Community partnerships and afterschool programs that focus on mental health allow children to receive more comprehensive services.¹² Some afterschool programs weave together mental health and social and emotional development by integrating skills that target children's daily functioning into routine activities. This approach holds advantages over conventional school-based prevention and intervention and enhances the reach to children with unidentified mental health needs without losing instructional time.¹³ These programs are found across the country in states such as Oklahoma.

The [Oklahoma Department of Human Services](#) collaborated with existing community partners (Boys & Girls Clubs, YMCAs, Urban League, etc.) to develop Community HOPE Centers through CARES Act funding.¹⁴ The 27 operating HOPE Centers serve 1,689 of the most vulnerable Oklahoma children and their families, addressing new higher levels of adverse childhood experiences related to COVID-19. Each center is required to provide trauma-informed mental and emotional health professionals to work with children and program staff as well as a Department of Human Services employee to help families enroll in resources, such as Temporary Assistance for Needy Families, Supplemental

Nutrition Assistance Program, housing, and child care. Programming includes enrichment activities to relieve social and emotional distress, support and access for virtual learning and class work, as well as two meals and a snack each day to address rising food insecurity.

Supporting Families

Parenting is a responsibility that can be both tested and disrupted by unforeseen traumatic situations, such as a pandemic, civil unrest, or disaster. This responsibility is further tested in the presence of mental health needs. While parents with mental health needs are at a higher risk of involvement with the child welfare system, they benefit from comprehensive, individualized support for their families. Community supports and systems of care provide an array of services and supports for a specific population that is organized into a coordinated network. These services and supports are crucial for families with this need.

In the NCASE publication [The Demand for Both Coverage and Quality in Out-of-School Time](#), parents share what they value in a school-age child care program. Family engagement emerged as one specific theme.¹⁵ Some programs provide opportunities for family engagement through family activities, adult discussion, and support groups. Some offer special supports that may include access to family therapists and other mental wellness services. OST Initiatives or programs that extend these services beyond the children in their care offer families an opportunity to address the mental health needs of parents, siblings, and other connected family members or caregivers.

11 Ramey, H., & Rose-Krasnor, L. (2015). The new mentality: Youth-adult partnerships in community mental health promotion. *Children and Youth Services Review*, 50, 28–37. <https://doi.org/10.1016/j.childyouth.2015.01.006>

12 Ramey & Rose-Krasnor, *The new mentality*.

13 Hedemann, E., & Frazier, S. (2017). Leveraging after-school programs to minimize risks for internalizing symptoms among urban youth: Weaving together music education and social development. *Administration and Policy in Mental Health and Mental Health Services Research* 44, 756–770. <https://doi.org/10.1007/s10488-016-0758-x>

14 Oklahoma Human Services. (2020). *Oklahoma Community Hope Centers: A partnership initiative to better serve students and families*. <https://oklahoma.gov/okdhs/about-us/comm/chc.html>

15 Office of Child Care. (2020). *The demand for both coverage and quality in out-of-school time*. <https://childcareta.acf.hhs.gov/resource/demand-both-coverage-and-quality-out-school-time>

[ACT Now](#), a statewide afterschool coalition in Illinois, spotlights “WeGo Together for Kids,” which is “a collective impact community collaboration that facilitates the community schools’ efforts of West Chicago Elementary School District 33.”¹⁶ WeGo prioritizes providing mental health services for families they serve, subcontracting with three local mental health organizations to bring in dedicated community mental health staff. These bilingual community mental health clinicians provide prevention, early intervention, home and community-based therapy, crisis intervention, and consultation to students, families, and staff. The focus is on families most in need, and if no clinicians are available, a Family Liaison will work with the family to explore other mental health services and provide access and linkage to other community supports.

Supporting the OST Workforce

The OST space has been considerably upended during the COVID-19 pandemic, leaving the workforce to create innovative responses to the expanded needs of children and families. In this high-demand environment, staff are often left struggling to meet their own needs. The National AfterSchool Association (NAA) accurately states, “Today’s world brings a host of exhausting challenges that necessitate extra attention to the health and well-being of our field’s professionals.”¹⁷ In [The Afterschool Professional’s Guide to Self-Care](#), the OST workforce is reminded that “to ensure you provide youth with the best care possible and are responsive to their needs, it’s essential to place importance on your own well-being and self-care.”¹⁸ The resource shares signs of fatigue that afterschool professionals might experience, six elements



of self-care and practice strategies, and guidance on managing one’s mindset to cope with stress.

Dr. Jamie Freeny addresses this further in her NAA presentation “[Put Your Own Oxygen Mask on First](#).” In response to the question “Why is it important and appropriate—necessary, even—that we think about ourselves before we think about the children we serve?” Dr. Freeny explains, “What we do want to recognize is that how we present ourselves and how we show up affects everyone. So, if you think about it that way, you’re still prioritizing the needs of other people, but looking at it from a different lens.” She also stresses that it is a great way to model self-care for the children in the program.¹⁹

Supporting staff in self-care practices is an opportunity for programs to universally apply the guiding principles of a trauma-informed approach to the OST workforce. The Michigan Department of Education, in collaboration with the School Based Mental Health Professionals Coalition (consisting of Michigan Association of School Social Workers, Michigan Association of School Psychologists, and Michigan School Counselor Association), developed the

¹⁶ ACT Now! Afterschool for Children and Teens. (n.d.). Spotlight on afterschool: WeGo together for kids: A collective impact community school. <http://www.actnowillinois.org/spotlight-on-afterschool-2/>

¹⁷ National Afterschool Association. (2020). Put your own oxygen mask on first. <https://naaweb.org/professional-development/item/1433-put-your-own-oxygen-mask-on-first>

¹⁸ National Afterschool Association. (2020). *The afterschool professional’s guide to self-care*. <https://indd.adobe.com/view/b94ad2c8-b0ef-4f94-8c8d-c7b6bc1a1d95>

¹⁹ National Afterschool Association, *Put your own oxygen mask on first*.

[Pandemic Return to School Toolkit](#) to address the underlying long-term effect of the pandemic, including the impact of the collective trauma on children, families, and staff.²⁰ The struggle on the part of staff to meet their own needs, while responding to the needs of the community that they serve, is addressed in the [Self-Care and Self-Advocacy section](#). This section offers practical tools to foster resilience, self-assessments, and an outline of the supports that can be provided by schools and administrators.²¹

The New Jersey School-Age Care Coalition [offers weekly virtual meetings for OST staff](#).²² The content of the meetings varies but has included sharing resources to help learn, teach, and reinforce social and emotional learning (SEL) as well as how to support children and young people's mental health during the COVID-19 crisis. These meetings have a two-pronged effect: (1) they create connectedness during a time when peer isolation and anxiety are common experiences, thus providing health and well-being support for staff; and (2) they afford the time to strategize on programmatic implementation of best practices for SEL and the needed mental health supports for the children they are serving.

Next Steps

States, local jurisdictions, and OST programs are, or have the potential for, implementing practices that encourage positive mental health in school-age children, their families, and the OST workforce. Addressing the collective trauma of global events, including the pandemic, calls us to prioritize mental health needs and put resources in place to support these needs.

These strategies offer ways to support and respond to mental health needs at different levels: promoting resilience through positive youth development; adopting trauma-informed practices inclusive of all stakeholders; securing mental health and emotional health professionals; providing comprehensive services for families; and leveraging the power of partnerships and collaborative implementation. Additional approaches and tools may be found through the [National AfterSchool Association](#) and the [National Summer Learning Association](#).

It is hoped the agencies that fund, support, and provide OST programming will consider this array of options to meet the demand for mental health supports.

²⁰ Michigan Department of Education. (2020). *The pandemic return to school toolkit: A focus on physical and mental well-being for educators and families*. https://www.michigan.gov/mde/0,4615,7-140-74638_53593---,00.html

²¹ Michigan Department of Education. (2020). *Self-care and self-advocacy. The pandemic return to school toolkit: A focus on physical and mental well-being for educators and families*. https://www.michigan.gov/mde/0,4615,7-140-74638_53593_53604---,00.html

²² New Jersey School-age Care Coalition. (2021, January 16.). NJSACC afterschool conversations. <https://www.njsacc.org/2021/01/at-a-new-time-join-us-for-afterschool-conversations-with-njsacc-thursdays-11am/>

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