Child and Adolescent Social-Emotional Development Within the Context of School

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Children and adolescents exposed to violence may develop mental health problems, impacting their ability to develop appropriate social-emotional skills. Limited development of social-emotional skills has been associated with poor performance in school. A review of the literature was conducted to better understand social-emotional development in children and its role in a child's ability to function in the school setting. The developmental psychopathology framework is used to illuminate the dynamic relationship between children and their contexts. Specifically, the context of school is explored to identify its role in providing services that address the needs of children and adolescents with social-emotional limitations.

Keywords: Adolescent mental health; social-emotional development; schools; child maltreatment; exposure to violence

Introduction

Children and adolescents with mental health problems are at risk of developing negative outcomes later in life. Difficulty in school is one of those outcomes that are often overlooked. The development of academic difficulties is multifactorial. A direct correlation between childhood maltreatment (abuse, neglect) and/or exposure to violence in the home and/or community has been identified as one of the risk factors that can lead to school failure (Henry, 2000; Wallach, 1994). However, there are many children who endure such adverse circumstances and are still able to fare well in school. The aim of this paper is to explore social-emotional development in children and how it impacts on their academic outcomes, while also exploring the role schools play in working with children and youth who have social-emotional (mental health) issues in an effort to improve their academic outcomes. We propose a theoretical model in which social-emotional development in children/youth is influenced by multiple environments (home, community and school). Schools can play a consistent role in children's lives and meet their social-emotional needs, through professional co-operation between educators and mental health specialists. Schools that recognise the ways in which social-emotional development impacts on academic outcomes can identify students with social-emotional difficulties and provide services that will address these issues, potentially mediating and/or improving academic outcomes.

This paper will examine developmental issues encountered by youth, why the school environment is appropriate for identifying youth with social-emotional needs, and the school's potential to provide students with needed services that will facilitate academic success. Additionally, we will focus on services available to children in schools as a means of understanding and recognising the school environment's role in addressing the social-emotional needs of its students. Within the school context children with social-emotional needs are often identified as having a 'serious emotional disturbance' (SED). The educational outcomes of students labelled with SED will also be explored. Lastly, we will discuss the school's limitations in providing services that address the social-emotional needs of its students.

Literature review

Theoretical framework

The developmental psychopathology framework understands youth as being in dynamic relationships between the developing individual and their internal/external contexts. We found this framework to be helpful when attempting to understand factors that support or inhibit social-emotional development in children and the ways in which social-emotional development influences school performance. The school setting has the potential to provide services that may have a positive impact on overall academic achievement as well as the emotional development of students. However, it is critical to note that teachers would have to play an expanded role in the lives of the students they teach in order for social-emotional needs to be addressed in schools.

Within the developmental psychopathology framework, development is understood as being comprised of multiple age and stage relevant tasks. Piaget's stages of development (ERIC, 2001) demonstrate that as children develop they acquire skills that afford them the opportunity to progress through the different stages. However, if children are not able to attain the skills necessary at each stage, they will fail to progress. For example, a child who is unable to acquire 'concrete mental operations' such as basic reading will be unable to develop abstract thinking skills (formal operations),
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Social-emotional development: the early years

Social-emotional competence is defined as cooperative and pro-social behaviour, initiation and maintenance of peer friendships and adult relationships, management of aggression and conflict, development of a sense of mastery and self-worth and emotional regulation and reactivity (Squires, 2002). Young children (aged 0–3) depend on their relationships with adults (parents, caregivers) to teach them about themselves and the world they live in. According to Vygotsky, ‘learning is a shared-joint process in a responsive social context’ (Gindis, 1999). Child-adult relationships have a more significant impact on a child’s learning than educational toys or pre-school curricula (Thompson & Hoppold, 2002). Parent/caregiver relationships often provide children with an understanding of their behaviours based on the parents/caregivers response to them. Children depend on these responses from parents/caregivers to help them identify and interpret their own feelings. Parents play a significant role in their child’s environment, and can promote development of a social-emotional competent child (NIMH, 2000). Settings that support a child’s social-emotional development consist of responsive, nurturing environments that will, among other things, properly prepare children for academic achievement. The emotional climate in the home plays a role in a child’s emotional growth, and when conflict, abuse and stress are present, emotional growth is often impaired (Thompson & Hoppold, 2002). Additionally, environments that are abusive, troubled or coercive place young children at risk of poor social-emotional development.

There are many reasons that a child may demonstrate social-emotional difficulties. Barbarin (2002) identifies four possible risk factors that impair a child’s functioning. These factors are: 1. Childhood history of early deprivation and trauma; 2. Family instability/conflict; 3. Involvement in the child welfare system; and 4. Neighbourhood danger/limited resources. Applying the developmental psychopathology model to these risk factors allows us to view children in a new way. Although children are at risk for poor social-emotional development due to their similar experiences (e.g. abuse/neglect), it is the contexts they develop in that will often determine their outcomes (multifinality). Children’s environments are complex and consist of many contexts such as school, home and community. All of these contexts have an impact on development and must be taken into consideration when identifying factors that inhibit and/or support social-emotional development. Too often research only focuses on the negative outcomes of young people who are at a disadvantage in developing the skills needed to negotiate their environments (Becker & Luthar, 2002), the developmental psychopathology approach allows for identification of factors that lead to positive outcomes.

Exposure to community violence and violence in the home interferes with a child’s normal developmental pathway, placing him/her at greater risk for emotional distress (Sieger et al., 2004; Huth-Bocks, Levendosky, & Semel, 2001). Studies have also found that abused and neglected children suffer from intellectual, cognitive and academic impairments (Huth-Bocks et al., 2001). Children living in turbulent environments where violence is present may be unable to seek out help. As children reach pre-school age, the school becomes an environment in which children spend a majority of their time, making it a good setting in which to identify and
provide services to children with social-emotional difficulties.

**Social-emotional development in school**

Children do not leave their home/community problems at the school door. It is for this reason that we need to understand how social-emotional development plays itself out in the school setting. Young children require healthy social-emotional development in order to be prepared and ready to learn once they enter school (Klein, 2002). Children who have limitations in their social-emotional development often demonstrate poor social, emotional and academic success. One in five students in America’s public schools has significant mental health needs (Doll et al., 1993). Students are not only at risk for academic problems due to their mental health issues, but often demonstrate difficulties with social skills such as getting along with peers and following school rules, placing them at additional risk for the development of academic difficulties (Wallach, 1994). For example, a child who is unable to effectively manage anger may become easily agitated when trying to learn new concepts/skills, which may result in the child becoming verbally or physically aggressive towards peers and/or teachers. This may in turn lead to suspension or expulsion, resulting in missed school days and the child will inevitably fall behind in coursework (Birnbaum et al., 2003). This often results in a cycle that is difficult to break. The student will continue to become frustrated at his/her inability to learn the material presented, leading to more anger and subsequent aggressive behaviour, which causes the child once again to be disciplined for his/her actions. Unfortunately, one consequence of the discipline is absence from school, which leads to further academic gaps. School expulsion and suspension can be decreased if social, emotional and mental health support for students at all times in all schools is advocated by the health care community (Lippincott-Williams & Wilkins, 2004). Therefore, one must be aware of the underlying issue of poor anger management (poor social-emotional development) and address the issue in order to break the cycle in support of academic achievement.

Children exposed to violence will not only exhibit behavioural problems, they are also more likely to demonstrate deficits in standardised test scores and lower grades (Delaney-Black et al., 2002). Children who have experienced maltreatment exhibit significant difficulties with the negotiation of all aspects of the school environment. According to Cicchetti and Toth (1995), children who have been physically abused demonstrate aggressive, non-compliant and acting out behaviours, and function poorly on cognitive tasks. Neglected children demonstrate anxious and inattentive behaviours, are often unable to understand their schoolwork, lack initiative, and are dependent on their teachers for assistance, approval and encouragement. Moreover, children who perform poorly in school may be labelled ‘delayed,’ placing them in a lower academic track (NIMH, 2000). It then becomes difficult for them to be promoted, often leading to low levels of competence, inhibition in their ability to engage in the learning process, and higher rates of school drop-out (Farmer & Farmer, 1999). Finzi et al. (2001) argue that in order to break the cycle of abuse and neglect, special intervention programmes are needed to help children handle their emotional distress and social maladaptation while simultaneously needing a change in their caregiving environment.

Exposure to violence and/or maltreatment may also result in post-traumatic stress disorder (PTSD). Adolescents diagnosed with PTSD exhibit lower levels of scholastic performance across six areas of achievement and report difficulty remembering things and paying attention in class (Saigh, Mroueh, & Bremmer, 1997). Children exposed to high levels of community violence are more likely to have poor school attendance and grades, and are more likely to demonstrate deficits in standardised test scores (Sieger et al., 2004). Although Sieger and colleagues (2004) describe the performance on standardised tests as a demonstrated deficit within the neglected children, the framework of developmental psychopathology would place the deficiency within the context of a broken family or insufficient school environment. Additionally, children who are physically and/or sexually abused or neglected are at significant risk for poor academic performance, grade repetition and disciplinary problems (Eckenrode, Laird, & Doris, 1993). These situations indicate that children are having difficulty in school, yet their school performance may not be reflective of their academic ability. In fact, it is often reflective of current or previous issues occurring in the home and/or community that are negatively impacting their ability to achieve in school. Therefore, it is imperative to recognise that such behaviours may be symptoms of a deeper problem. Recognising school difficulties as symptomatic of underlying issues should prompt school officials to investigate the cause(s) of such issues and then provide the appropriate assistance or services to best serve the needs of their students.

It is well documented that problems of social-emotional functioning often occur in conjunction with academic problems (Barbarin, 2002). Social-emotional development is not separate from academic achievement; instead they are dynamic, interrelated areas that are necessary for children to develop and be successful in many contexts, specifically school (Klein, 2002). Social and emotional competence is directly related to school readiness, and a child’s school readiness is critical to their transition to kindergarten, early school success and even later accomplishments in the workplace (NIMH, 2000). Children who do not obtain the skills needed to develop social emotional competence are at greater risk of falling behind in school, and have greater chances of behavioural, emotional, academic and social developmental problems.

**School context**

In order to address social-emotional development within the school context, we must recognise how social-emotional development is viewed, defined and approached. Behaviours and mental health diagnosis in the school context often utilise the broad category of serious emotional disturbance (SED). SED is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:
• An inability to learn that cannot be explained by intellectual, sensory or health factors;
• An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
• Inappropriate types of behaviour or feelings under normal circumstances;
• A general pervasive mood of unhappiness or depression; or
• A tendency to develop physical symptoms or fears associated with personal or school problems (National Information Center for Children and Youth with Disabilities, NICHCY, 2004).

It is important to note that this is not a specific diagnosis listed in the DSM-IV, but a broad spectrum of symptoms and behaviours that can be seen in the school setting. This definition was developed in accordance with the Individuals with Disabilities Education Act (IDEA) in an effort to identify children and youth with psychiatric disabilities (including behavioural and emotional problems) in the school setting in order to provide them with the services needed to be successful in school (NICHCY, 2004).

Identifying the school context as being able to provide services that will assist with social-emotional development has the potential to influence good academic outcomes for children who may be exposed to violence. As early as 1975, the federal government recognised the need to provide services in schools to children with disabilities in order to assist them in their ability to achieve academically. Since that time, providing services is no longer just an option, but a federal mandate as recognised by IDEA. Although the causes of serious emotional disturbance (SED) have not been sufficiently identified, children with SED often have difficulty in meeting academic standards, developing social skills, self-esteem, self-control and self-awareness (NICHCY, 2004; Becker & Luthar, 2002; Mazza & Overstreet, 2000). Children with SED are often described as demonstrating aggressive behaviours, and lacking age appropriate social skills. These behaviours frequently (mis)place them in special education classes, further alienating them from normal developmental peer involvement. Weist and Albus (2004) explain the purpose of expanded school mental health (ESMH) programmes in providing comprehensive mental health services, including assessment, case management, therapy, and prevention to youth in general and regular education initiatives, a partnership that reformed a citywide delivery of health and human services connected with schools, found that school-linked mental health services were more than merely linked but were integrated into the core of school for students, creating greater gains in academic achievement and other school outcomes (Honing, Kahne, & McLaughlin, 2001). There is a clear acknowledgement that mental health programmes and services may be needed to enable students to benefit from instruction (Adelman & Taylor, 2000).

The above information demonstrates negative outcomes on an adolescent’s ability to achieve academically and beyond the school setting when battling SED. More importantly, the group’s findings are critical to better understand how the school’s ability to prepare students academically overlaps with their role to serve the social-emotional needs of their students. Moreover, an evaluation for the Annie E. Casey’s New Futures initiative, a partnership that reformed a citywide delivery of health and human services connected with schools, found that school-linked mental health services were more than merely linked but were integrated into the core of school for students, creating greater gains in academic achievement and other school outcomes (Honing, Kahne, & McLaughlin, 2001). There is a clear acknowledgement that mental health programmes and services may be needed to enable students to benefit from instruction (Adelman & Taylor, 2000).

The Chesapeake Institute for the US Department of Education (1994), Office of Special Education and Rehabilitative Services Office of Special Education Programs, issued a National Agenda for Achieving Better Results for Children and Youth with Serious Emotional Disturbance. This group found that:

• Students with SED receive lower grades than any other group of students with disabilities;
• High school students with SED have an average GPA of 1.7 (4-point scale);
• Only 42% of youth with SED earn a HS diploma (vs. 50% of all youth with disabilities and 76% of youth in the general population);
• Forty-eight percent of students with SED drop out of high school (v. 30% of students with disabilities and 24% of all HS students);
• Twenty-two percent of students with SED are arrested at least once before they leave school;
• Fifty-eight percent of youth with SED are arrested within five years of leaving school, as opposed to 30% of all students with disabilities.

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The Chesapeake Institute findings also speak to the need to identify children with social-emotional issues early in their school career in order to provide services that will support their academic success. Appplying the developmental psychopathology approach to these students helps us recognise that not all students labelled SED need to be placed in special education classes, because not all such students experience significant school difficulties that warrant special education placement. Similar to IDEA, we need to provide...
services that are based on the student’s individual needs, not on a specified diagnosis.

Current school services

More recently, there have been increased efforts amongst schools to collaborate with mental health professionals and agencies (Weist & Albus, 2004). Despite these efforts, literature demonstrates youth are often inappropriately served and/or lack appropriate available services within the school setting (Talbott & Fleming, 2003; Slade, 2003). The health care system and educational system have a history of addressing similar [social-emotional] issues in isolation of each other (Papa, Rector, & Stone, 1998). The lack of communication among these systems makes it difficult to provide students with the appropriate services. A study conducted by Slade (2003) found that most schools in the US are ill prepared to counsel adolescents about mental health problems or to appropriately refer them for treatment. He also found that schools are not well organised to address the mental health needs of adolescents. Findings by Talbott and Fleming (2003) render a discussion regarding the capabilities of the school to provide an environment that promotes healthy social-emotional development. Most schools may not currently have the resources and programs in place to meet the social-emotional needs of their students. However, as discussed above, it is federally mandated for public schools to serve these needs. Adelman and Taylor (2000) found that schools employ or contract with relatively few mental health practitioners. A sample of 482 school districts of varying sizes in 45 states indicate that 55% report having counsellors; 40.5% have psychologists; 21% have social workers; and 2.1% have psychiatrists. Therefore schools must continue to reach out and collaborate with organisations in the community that do have the resources and programs that can serve the youth, until schools can provide these services. In addition, teachers and para-professionals who work directly with children should be given professional development opportunities to gain knowledge of social-emotional needs of children, and how best to recognise these needs.

Lehman et al. (2002) found that educational systems functioning in the absence of a coordinated community system are relatively ineffective in providing support structures for youth that empower them to be full participants in mainstream society. Not only are services lacking within the school system itself, but little if anything is being done to refer youth to services in the community so that their mental health needs can be met. A recent study found that in order for youth to receive effective mental health services, schools must begin to provide consistent programme implementation, multiple interventions (individual and group therapy), the integration of mental health lessons into the general classroom curriculum and developmentally appropriate programme components (Ringeisen, Henderson, & Hoagwood, 2003). Additionally, the development of these programmes must include teachers, parents and students themselves (Ringeisen et al., 2003).

Another issue for the school to consider regarding the social-emotional needs of children is that many of the mental health services provided through schools are accessible to younger children and are less likely to be available to adolescents and young adults. A recent report by Ford (2003) found that emotional and behavioural problems have more than doubled in the past 25 years; however, only 1 in 4 children actually receives treatment. This report speaks to the benefits of providing mental health services to children and adolescents, and recognises that there is a huge gap between the services needed and the services delivered, specifically at the high school level. In addition, Cicchetti and Rogosch (2002) note, ‘Because resilience is an ongoing dynamic process rather than a static characteristic of children and adolescents, prevention programmes promoting resilience, especially amongst youth immersed in adversity, likely need to be long term and geared toward assisting high-risk youth across successive periods of development’ (p.16). Services that will promote healthy development within the school setting need to be ongoing. Many children are identified as having academic difficulties early in their school career, but services are scarce at the middle and high school levels. Adolescence is an ideal opportunity to provide mental health services because this is a point at which students are undergoing multiple physical and psychological changes. Slade (2003) addressed the importance of early adolescence as a developmental period in which it is possible to prevent mental health problems, to improve their severity, to prevent new problems from occurring, or prevent the development of comorbidity. Adolescence is an important stage for all children, it is an opportunity to provide mental health services to youth who may have had a need but never received help, while also providing an opportunity for youth who have developed a new need for mental health services later in their academic careers.

Services at the high school level are extremely important in supporting adolescents in their developmental trajectory towards adulthood. The presence of a mental illness has been shown to have a large impact on school completion (Vander-Stoep et al., 2003). Nineteen percent of 20–24-year-olds in the US have not completed their high school education. The proportion of students who do not complete school due to mental illness (social-emotional problems) has not been adequately addressed (Vander-Stoep et al., 2003). Approximately 42,000 adolescents in the US per year who have been identified as having a mental illness enter adulthood without completing high school, being unprepared for the transition to adulthood and employment (Vander-Stoep et al., 2003). As the numbers above demonstrate, lack of appropriate services is not only detrimental to an adolescent’s academic success, but also to their adult livelihood.

Role of schools

Children and adolescents spend a significant part of their day in school. This makes the school environment a common point of entry in which to provide services to children across many age groups (Farmer et al., 2003). Often the number of children who are in need of mental health services exceeds the number of children who actually receive these services (Weist, 1999). The school setting is a good avenue to identify children in need of services and provide them with the services they have a right to receive. This is especially important for children who may not have regular access to a doctor or other health care provider.
Schools are important partners in providing formal services such as counselling and informal services such as positive social interaction in order to improve a child’s social-emotional well being, while simultaneously improving their academic performance. Children require a secure/trusting relationship with their primary caregivers to allow them to create positive relationships with their peers and a successful adjustment to the formal demands required by school (Espinosa, 2002). Teachers may be viewed as alternate attachment figures making them a valuable component in altering maltreated children’s understanding of appropriate relationships. Espinosa (2002) recognises that teacher-child relationships have a significant influence on a child’s adjustment to kindergarten in addition to their academic performance. This makes the school environment a key context in which to provide protective factors (such as positive relationships) in an effort to counter the effects of abuse, neglect and/or violence.

It is important to recognise the significance of contexts in optimising adolescents’ striving for autonomy. This support should occur in accordance with the developmental needs of adolescents as they mature. An environment, such as schools, that supports youth as they develop needs to consider their social-emotional needs. Youth who have social-emotional difficulties often require assistance while still in high school, in addition to help during their transition period from high school to higher education and/or to adult independence (Lehman et al., 2002). Providing adolescents with environments that promote their skills and abilities will foster success in their ability to negotiate their developmental tasks while simultaneously resulting in academic achievement.

An adolescent's environment, specifically the school context, may serve as a source of resilience (Valenzuela, 1999). Skills that adolescents acquire in school can serve as a foundation for success for the future in higher education and employment opportunities (Cicchetti & Toth, 1995). Therefore children who are not able to attend school regularly, and/or do not attend a specific school consistently, may not have the opportunity to forge such relationships. In addition to relationships formed with adults, the school context provides opportunities for children and adolescents to develop appropriate social skills with their peers. Peer interaction provides children and adolescents with an opportunity to evaluate themselves, develop an understanding of themselves and others, while also providing a space in which to explore behaviours, beliefs and values (Farmer & Farmer, 1999). Children who have difficulty or are unable to appropriately socialise with peers often experience peer rejection, which places them at further risk for problems in the future (Farmer & Farmer, 1999).

Instruction in school also plays a role in a student’s academic achievement and development. The stimulation offered by the school curriculum influences a student's achievement and motivation to learn. In addition to the school curriculum, classroom instruction also depends on class size and teacher approach. Studies show that the academic needs of children with emotional and behavioural problems can most realistically be addressed in a small, highly structured classroom environment, with unwavering teacher support (Farmer & Farmer, 1999). Because so many children with social-emotional difficulties demonstrate behavioural problems, the approach a teacher takes in working with them plays a significant role in their social-emotional development and their academic achievement. Therefore, we must also take into consideration a teacher’s behaviour management strategies, instructional strategies, engagement and content when trying to better understand how the school environment impacts on a child’s ability to learn (Weist & Albus, 2004).

Lastly, we must look at a classroom teacher’s support in the school setting from other teachers and administrators to ensure that they have the support needed to implement a teaching approach that is conducive to the social-emotional development of the children they serve. Teachers need to be provided with support in their efforts to work with youth experiencing a social-emotional crisis due to past and/or present violence in their homes and/or neighborhoods. The support teachers receive from other teachers can serve as a mechanism that enables teacher support of youth (e.g. praise, encouragement), increasing the likelihood of a pathway that leads to academic success. Academic success can serve as a protective factor for youth that are at risk for school failure, dropping out, delinquency and incarceration (Noam & Hermann, 2002). As discussed previously, not all youth who have had adverse experiences will be at risk for school failure or delinquency; however, making services available to all youth allows those in need to access them. Therefore, teacher support and guidance such as in-service training and workshops are instrumental to making appropriate services available and accessible to students. Ongoing professional development enhances school staff’s ability and commitment to address the educational, emotional and behavioural needs of students (Cheney, Osher, & Caesar, 2002).

Future directions

Many of the effective mental health interventions have not been developed or tested within the school context (Ringeisen et al., 2003). This limits our knowledge of approaches that can be effective within the school environment. Unfortunately, there is a shortage of school personnel who can focus their efforts specifically on student mental health, creating a shortage of services that are offered within the school setting. For children and adolescents who do receive these limited services, they often are not identified as in need of mental health services until a crisis situation occurs (Ringeisen et al., 2003). This situation leads to service delivery that may not be appropriate or adequate, once again having a negative impact on a student’s ability to be successful in school. Professional development is needed to better prepare teachers and school personnel to work with children with social-emotional difficulties. In order to provide teachers with this support, more funding is needed to conduct teacher education, provide in-services, workshops, etc. The lack of federal and state funding provided to initiatives such as No Child Left Behind (NCLB), is an indicator that securing funds for mental health will be a difficult task. Additionally, social-emotional development in teacher education
Programmes should be emphasized. If we are to see improvements in the academic outcomes of children and youth with social-emotional difficulties, funds must be allocated for these programmes and services. School personnel should not be solely responsible for providing mental health services. Mental health professionals (psychologists, psychiatrists) should also be aware of the academic difficulties caused by poor mental health. Therefore, it is important for mental health professionals to move beyond developing and testing clinically focused treatments and make progress into the study of interventions that are relevant to the contextual needs of a dynamic educational system (Ringiesen et al., 2003). This will mean working with school staff (teachers and administrators) in order to devise effective services. Collaboration among school personnel and mental health professionals creates many tensions due to differences in philosophies, poor communication, scheduling conflicts, limited resources, and poor knowledge by mental health staff of school regulations and procedures (Waxman, Weist, & Benson, 1999). However, collaboration is necessary in order to develop and implement effective programmes and services that are specific to the individual needs of students with social-emotional difficulties. It is important to acknowledge these issues as they impede a child’s ability to receive effective services. Therefore, schools need to be aware of these issues and generate strategies that will facilitate collaboration amongst teachers and mental health professionals.

Lastly, teachers and school personnel need to be aware of the sensitivity of information they may receive from children and adolescents regarding home environments that may be abusive or neglectful. When dealing with children/adolescents with mental health issues in a public domain such as school, issues such as confidentiality, anonymity, and disclosure of information arise. Schools will need to provide the appropriate resources to prepare teachers and to provide them with the support needed to cope with sensitive information such as the disclosure of physical or sexual abuse and provide the appropriate avenues and support to deal with such sensitive information.

**Summary**

Many children and adolescents exposed to abuse, neglect, and community violence are at risk of travelling pathways that lead to social emotional difficulties. These limitations have the potential to negatively impact an adolescent's ability to negotiate their roles as students, resulting in academic difficulties. Although not all children who are exposed to adverse conditions will experience academic limitations, mental health services provided within the school context are key in serving as a protective factor (amongst many) to prevent negative school outcomes for children at risk for academic difficulties due to social-emotional issues.

The primary role of children and adolescents is that of student, and this role must be supported in order for them to be successful in school and later in life. Mental health plays a major role in their ability to function in their student role as well as negotiate the school environment. Failing to provide students with access to effective mental health services has resulted in young adults who do not fair well in school (poor grades, high dropout rates, etc) or in their ability to have a successful transition into adulthood. Schools have the potential to meet the mental health needs of students experiencing social-emotional difficulties. In order for this to occur, greater emphasis must be placed on policies and programmes that serve the mental health needs of children and adolescents. Funding for such efforts must be increased in order to provide training to teachers, mental health professionals in the school setting, evaluation of the effectiveness of current policies and programmes and to develop new programmes and policies that best serve the social-emotional needs of students, which in turn, we are arguing, would serve the academic needs of a multitude of children in the schools.

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