

**Health Education Rationale**

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PBH 645: Teaching Methods In Health Education

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When starting to understand and address mental health within health education it is important to consider the audience of the evidenced-based curriculum. This includes the population that struggles socioeconomically. This disadvantaged population is typically not given the resources and proper self-management techniques that are applicable to their environment, and it would be beneficial to incorporate mental health into the curriculum to solidify the demand for creating individuals who are able to maintain a healthy mental health status by utilizing coping even when struggling socioeconomically. This sets the stage for exploring how mental health education and how it can play a crucial role in addressing disparities and promote the well-being among individuals facing economic hardship.

The mental health unit is critical to students of low economic status because of several underlying challenges that are faced by this population. These challenges can include that they are more susceptible to mental health issues than other populations, a lack of resources, lack of support, negative stigma around mental health, and a lack of self-efficacy. Within the unit these gaps are able to be filled with functional information to aid in students' skill-based practice of real-life situations. An example of this in a YRBS report in Monroe County in 2019, 32% have had a depressive episode and ceased doing activities they otherwise enjoy and "38% have difficulty concentrating, remembering or making decisions because of mental and emotional challenges". This is a substantial percentage of students that are experiencing mental health challenges, with one of the root sources being poverty. The Monroe County Joint Community Health Needs Assessment had recognized that "Persons who experience the persistent toxic stress of poverty also experience physical, cognitive, and social emotional impacts on their health and well-being" (pg. 16). When they are given the choice of a basic need over or preventative sources people will primarily seek the need. In education there is a civil duty to

supply students with coping strategies and transferable skills in the context of mental health, so they are able to be resilient against their current socio-economic status. Within a skill-based learning approach to an evidence-based curriculum students will be armed with skills to grow a positive mental health status despite their socioeconomic status.

The evidence-based curriculum that I found is founded by the Child Mind Institute, this includes a curriculum that is meant to teach students coping skills to assist in the regulation of their emotional status and mindfulness. Their curriculum focusses on coping strategies. These are broken into 6 different categories to be able to differentiate between the variation in approaches to be able to add to their coping toolbox. These categories include understanding feelings, relaxation skills, understanding thoughts, social problem-solving, managing intense emotions, and mindfulness. This is applicable to my demographic of those of lower income who tend to lack emotional support in their homelife. This curriculum is meant for the student to “learn and control {their emotions} by noticing and labeling their feelings earlier, before the wave gets too big to handle” (Miller 2023 pg. 1). This is independent of the support in the home life that may be lacking. The curriculum includes “practices [that] are derived from research and literature on internalizing disorders, trauma, resilience, and social-emotional learning” (Adam 2022). It has methods that are proven to work in the social emotional learning of students. As mentioned previously it is likely that people will put their needs first and put their mental health on the backburner. In this case the coping skills are essential to increasing the overall quality of life of the student that is living at or below the poverty line. This article also nods to the idea that “parents may also minimize negative feelings, notes Dr. Samar, because they want their kids to be happy” (Miller 2023 pg. 2), which also goes to show how the curriculum could be effective because of the acknowledgement of these factors. The curriculum is based on “a large-scale data

collection [with] effort focused on the generation of an open resource for studying child and adolescent mental health”, (O’Connor 2017). This relates to National Standard 7- students demonstrate observable health and safety practices and all 3 NYS Health Education Standards Performance Indicators: Personal Health and Fitness; NYSHE 1B- Demonstrate the necessary knowledge and skills to promote healthy development into adulthood, A safe and Healthy Environment; NYSHE 2B- Demonstrate personal and social skills which enhance personal health and safety, and Resource Management; NYSHE 3C- Demonstrate the ability to work cooperatively when advocating for healthy individuals, families and schools. This Overall, the goal is for students to have the coping strategies and skills to have self-efficacy, self-management, heightened sense of self-worth, and be able to advocate for themselves despite the life circumstances that they were put in, socioeconomic status.

The effect that this mental health curriculum will have on the behaviors of students with low socioeconomic status is that they will have skills to handle their emotions, cope, and express themselves with maturity. One of the skills that is aligned directly from the NYS Guidance document is self-management with a sub-skill of stress-management. These skills are best integrated into this curriculum because of the focus of gaining comfortability with personal emotions, feelings and thoughts that may be stressful and overwhelming. This is where the direct skill practice is pushed into the content of each module. The focus of the curriculum is centered around student personal growth the Self-Determination Theory is what will be used within this unit. It is a theory that if a student is intrinsically motivated and feels competent in the area of change towards positive mental health, they are likely to promote those choices towards mental well-being. It focuses on giving students to skills to be able to engage confidently with situations that may be uncomfortable. This is attainable because of the functional information through the

skill-based approach to health education opposed to the traditional strategy. The skill-based approach is engaging to students, and their self-efficacy, because they are practicing the skills in each module in varying situations so that the skills are transferable. An example of this would be in the module of managing intense emotions where the objective is “to help students recognize and manage big and uncomfortable emotions without giving into the urge to act impulsively” (Child Mind Institute). Students are using their self-management skills to keep their mental status under control because they are gaining the skills to normalize feeling intense emotions and reflecting before reacting. In gaining the ability to advocate for themselves in a mature manner students will have the intrinsic motivation to continue with this behavior. Through continued practice students will feel more competent with the skills and more apt to use the skills in the future. In a final assessment students will be given situations that they have to role-play their ability to utilize their skills that they had learned during the models; Understanding Feelings, Relaxation Skills, Understanding Thoughts, Social Problem-Solving, Managing Intense Emotions, Mindfulness to show that they are able to advocate for their own mental health. In this exercise students will use skills that were identified in all six of the models and apply the concepts to the real-world scenarios effectively.

The Whole School, Whole Community, Whole Child (WSCC) model provides the framework for promoting mental health and well-being of students in different aspects of their lives. Mental health is a crucial part of the WSCC model because it shows that mental health and well-being is a fundamental part of increasing the quality of life and emotional growth and success of students. This connection to the curriculum lies in the integration of various components of the WSCC model including physical activity and education, nutrition, health education, counseling, health services, and family engagement. Mental health is embedded within each of those components.

While honing in on the Health Education component as it relates to mental health it incorporates all of the aspects that are covered within the Child Mind Institute curriculum on mental health. This involves coping skills, self-management, stress management, emotional regulation, and skills to build self- efficacy all the pieces that are built into the 6 different modules. These close connections between the WSCC model, the Mental Health Skill-Building Curriculum, and the students are essential, especially to those students facing socioeconomic challenges. This model ensures that, regardless of socioeconomic status, students will have an equitable access to the resources that they need within the school system and in the community. That is done through building the culture in the classroom that fosters self-advocacy to get the help that is needed for them to succeed.

The Mental Health Skill- Building Evidence-based Curriculum that I have chosen from the Child Mind Institute “is designed to be delivered through six modules adapted for graded K to 12”(Child Mind Institute). For example, within the earlier years of education students are taught the basics of the coping skills and strategies. In understanding feelings module K-2 students may be working on recognizing different emotions and the physical tells to go with those emotions, whereas a 10<sup>th</sup> grade class would identify the rate intensity of the emotions and differentiate between them in order to discuss those feelings and emotions responsibly and maturely. The instruction is scaffolded to where the skills are transferable and built upon in a sequence that is logical and rational.

Overall, it is evident that there is a need for mental health intervention within all ages of students. The implementation of the evidence-based skill-building curriculum, particularly for students that are facing socioeconomic hardship, is beneficial to their specific challenges because of the approach that enables the situations and scenarios used to be tailored to the student

population and their unique needs. Integrating coping skills, self-management skills, and sub-skills of stress management is a critical component of learning with direct correlation to the NYS Standards and the Guidance document to ensure that the education being received by students is of high quality, despite the socioeconomic status. In conjunction with the standards, at the state and national levels, and the Whole School, Whole Community, Whole Child (WSCC) model sets up the framework to a successful curriculum by intertwining the components of each. That is important to ensure that students are getting equitable access to the resources/skills that they need to be mentally and emotionally successful. The overall goal is to create students that advocate for their own mental health literacy, and who have the skills, efficacy, and intrinsic motivation to do so.

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