Creating Policies to Support Healthy Schools

Executive Summary

Initiatives focused on improving aspects of students' well-being in schools—such as addressing childhood obesity, preventing bullying, and restricting schools' use of exclusionary discipline—are gaining momentum. However, such efforts are often implemented in silos, without recognition of their interconnections. To advance the common goal of improving social, health, and academic outcomes for all students, coordinated efforts that integrate multiple components of healthy school environments are needed. The Centers for Disease Control and Prevention's Whole School, Whole Community, Whole Child (WSCC) model presents a framework illustrating the interconnected nature of 10 elements of a healthy school environment: health education; physical education and activity; nutrition environment and services; health services; counseling, psychological, and social services; social and emotional climate; physical environment; employee wellness; family engagement; and community engagement.

Although state laws and regulations address many elements of the WSCC model, these policies are fragmented and are not yet integrated to best support the whole child.

This study was built on the need to better integrate the WSCC framework in policy and the recognition that policymakers prioritize issues they see as critical given finite resources. The study aimed to identify policy opportunities to promote the overall WSCC framework through interviews and focus groups with state policymakers (e.g., state board of education members, state legislators), educators (e.g., teachers, school administrators, school health professionals), and students.

Key Findings

- **Across stakeholder groups, emotional and mental health and school climate and culture emerged as key priority issues that are foundational to healthy schools.** Although stakeholders discussed a broad range of topics related to healthy schools and touched upon every component of the WSCC model, all three stakeholder groups identified emotional and mental health and school climate and culture most frequently as priority areas. Stakeholders also noted that addressing other student needs (e.g., nutrition, physical activity and others) often requires addressing mental health issues first.

- **Many stakeholders viewed other elements of healthy schools as less pressing or already addressed.** Stakeholders suggested that while all students would benefit from support addressing mental health, social-emotional skills, and school climate, other student needs (e.g., safety, food insecurity) can vary dramatically by school and district.

- **Schools struggle to address student trauma, according to educators and policymakers.** While many in both groups focused on the impacts of poverty, immigration status, and community violence on youth, several educators emphasized that students, regardless of their socioeconomic level, have significant emotional and mental health needs and may experience trauma. Several students also referenced traumatic events such as school shootings and student suicides, although they never used the term "trauma."

- **Educators and policymakers focused on stressors outside of school, while students emphasized school-related sources of stress and anxiety.** Policymakers cited addiction issues as a challenge for students and their family members, and educators frequently emphasized the impact of parents' mental health or chronic health issues on students. Both educators and policymakers drew explicit connections between parental addiction, or other types of parental hardship, and student attendance. In contrast, many students attributed high levels of stress and anxiety to demanding academic environments.

- **All stakeholder groups emphasized the need for increased availability of trained and qualified school personnel to provide support for students' emotional and mental health needs.** Educators and policymakers mentioned the need for more funding to hire additional support staff such as counselors, social workers, and mental health professionals. Educators and students said support staff should be able to dedicate more of their time to working directly with students instead of spending time on paperwork and administrative tasks. However, students said they are often more likely to seek emotional support from teachers than from other school support staff, because they find teachers more approachable, or easier to connect with based on their existing relationships. Policymakers and educators stressed the importance of training teachers how to address students' social and emotional needs and interact with students who have experienced trauma.

- **Educators and policymakers view social-emotional skill development as an important step to address student needs.** Educators and policymakers viewed social-emotional skill development as critical to developing students' "coping strategies" for effectively dealing with their own mental health issues, as well as "what's going on in the world nowadays." They cited gun violence, fear of deportation, and other forms of community trauma as concerns for students today. Though policymakers and educators discussed the importance of social-emotional skills for academic, career, and life success, this surfaced as the highest priority topic for educators in particular. Students mentioned social-emotional skills only once, in the context of "life skills" that could help them better cope with stress. Stakeholders noted that social-emotional skill development could also help improve school climate and student relationships.

- **Stakeholders recognize the impact of teacher stress and anxiety on students.** Educators, policymakers, and students identified teacher stress and anxiety as an issue that impacts teacher relationships with students and other staff. Policymakers noted that teachers become frustrated when they do not have the necessary training to meet the breadth of students' needs. Educators highlighted the stress teachers face as a result of making low salaries while their job duties continue to increase. Policymakers and educators said teachers need more professional development and training to fully address the breadth and depth of student needs. Students and educators noted that teachers experience stress and said their relationships with students suffer when they do not feel supported by their administrators.

Recommendations and Next Steps

The findings from this study have clear implications for advocates working to promote any aspect of healthier school environments. Although students, educators, and policymakers touched upon nearly every aspect of healthy schools as defined by the CDC's Whole School, Whole Community, Whole Child framework, only a handful of topic areas emerged as areas of need. Specifically, all stakeholder groups focused on mental health and school climate as clear leverage points in need of additional policy attention that can provide the foundation for achieving healthier schools more broadly. To this end, we offer healthy schools advocates and policymakers the following recommendations for using the findings in this report:

- **Identify the linkages between mental health and/or school climate and other aspects of healthy schools.** Just because stakeholders are focused on these two elements of healthy schools does not mean that advocates working to improve nutrition, physical education, or health services in schools cannot make progress in those areas. Instead, consider mental health and school climate as entry points for demonstrating the interconnected nature of healthy schools. For example, given connections between nutrition, physical activity, and behavior, momentum around reforming school disciplinary policies may also be a platform for increasing attention to standards related to school meals, recess, and movement in the classroom.

- **Recognize that students, educators, and policymakers discuss mental health and school climate differently, and tailor messaging appropriately.** Although the stakeholder groups all coalesced around these topics, specific priorities varied. For example, while policymakers shared high-level concerns about student mental health—discussing, for instance, the negative effects of social media use, and the research surrounding adverse childhood experiences— educators zeroed in on specific types of trauma that students may experience and the need for training in trauma-informed practice. Students, on the other hand, emphasized the need for supportive relationships and increased awareness, among both teachers and other students, of mental health issues to reduce the stigma associated with seeking help. Build buy-in from these groups by focusing on each group's priorities and adopting their language when describing these domains.

- **Build coalitions across healthy school domains.** Stakeholders clearly understood the interconnections between healthy school domains; however, they also described the uncoordinated nature of these issues (e.g., school climate and school health) within their schools. Given policymakers' need to prioritize among competing issues, due to limited time and resources available to address all issues simultaneously, healthy school advocates are better positioned when they bring a unified message, rather than competing to prioritize any given domain.

Introduction

The notion of educating the whole child, in which students and their accompanying needs become the center of education structures and mechanisms, is far from novel. In the early 20th century, education reform pioneer and philosopher John Dewey first challenged the traditional notion of education by suggesting that its purpose needed to extend beyond rote academic learning to one in which individual students' strengths are identified and their needs are addressed (Dewey, 1907). Yet, over a century after Dewey launched the progressive education movement, debate remains regarding the role of schools in addressing students' needs. At issue is how schools, challenged by limited financial resources and time, can become environments that address students' numerous social, emotional, and physical well-being needs while still providing a standard academic education.

Policymakers tasked with providing the guidelines under which schools must operate thus face critical barriers to shifting how schools can move beyond academic learning. With finite resources, most prioritize what is viewed as the primary purpose of education (academic achievement) over other issues, despite the known interrelations between achievement and well-being (Tyack & Cuban, 1995; Centers for Disease Control and Prevention, 2018b). This prioritization changes, however, when crisis events bring certain elements of childhood well-being into everyday conversations (Tyack & Cuban, 1995). For example, in response to growing concern about rising rates of childhood obesity and the potential role of school-provided nutrition as a factor, Congress passed the Healthy, Hunger-Free Schools Act of 2010. It renewed federal attention toward, and expanded federal funding for, school meal programs, authorized the U.S. Department of Agriculture to update school meal standards and create new standards for all food products sold on school grounds (i.e., outside of the National School Lunch and National School Breakfast programs), increased access to healthy food choices for low-income children, and expanded school district wellness policy requirements (Piekarz et al., 2016).

In response to various high-profile school shootings in the 1990s, and increasing rates of youth suicide in the 2010s, policymakers identified bullying as a key factor. By 2015, all 50 states and the District of Columbia had approved legislation requiring schools to address this behavior. More recently, a landmark study (Fabelo et al., 2011) demonstrated a significant association between exclusionary discipline (e.g., suspensions and expulsions) and later involvement in the justice system ("school-to-prison pipeline"). This study, and others that have followed, also shed light on discipline disparities, noting that certain student populations, including black students and pupils with disabilities, are disproportionately impacted by exclusionary policies. In response, a growing number of states have enacted new laws restricting schools' use of exclusionary practices.

Although each of these policy movements addressed a critical and imminent need for students in schools, they did so in siloed and often contradictory ways. For example, current state anti-bullying legislation often focuses on setting up school-based disciplinary consequences for children who engage in the behavior (U.S. Department of Education, 2011), while school discipline reform is establishing new limits on how discipline can be applied. Further, neither school discipline policies nor anti-bullying policies recognize the critical role other factors of student well-being, such as nutrition and physical activity, play in a student's propensity to engage in bullying or other behaviors that schools need to address (Putnam, Tette, & Wendt, 2004).

It is critical to understand and acknowledge the interdependent nature of all elements of a student's well-being, how such factors relate to academic achievement and overall ability to succeed, and the school's role in promoting such factors. In 1987, the Centers for Disease Control and Prevention (CDC) first launched the Coordinated School Health (CSH) framework, which emphasized the importance of addressing child well-being in school settings. The CDC, in partnership with ASCD (formerly known as the Association for Supervision and Curriculum Development), released the Whole School, Whole Community, Whole Child (WSCC) model in 2014, which expanded on the CSH approach to emphasize a strong alignment of health and education policy and practice. As shown in Figure 1 below, the WSCC model places the child at the center, and challenges educators to ensure that every child is safe, healthy, challenged, supported, and engaged—the five tenets of the whole child (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015; Centers for Disease Control and Prevention, 2018a). The model emphasizes that the health and education communities must coordinate policy, process, and practice to improve student learning and health. The new model updates and expands upon the CSH framework to better integrate, and promote greater alignment between, student health and learning. Finally, the WSCC model emphasizes the importance of leveraging community input, resources, and partnerships in supporting students (Chiang, Meagher, & Slade, 2015).

Figure 1. The Whole School, Whole Community, Whole Child (WSCC) Model

The WSCC model presents a comprehensive, integrated view of the conditions for learning in schools; however, it is not yet reflected in state-level policies (Chriqui et al., *forthcoming*). Although state laws and regulations address many elements of the model, these policies are fragmented and are not yet integrated to best support the whole child.

This study aimed to identify policy opportunities to promote the WSCC framework which addresses this fragmentation. We engaged key stakeholders, including state policymakers (e.g., state board of education members, state legislators), educators (e.g., teachers, school administrators, school health professionals), and students in semi-structured interviews and focus groups with the following goals: 1) determine their respective and overlapping priority areas within the WSCC model and 2) explore their understanding of the connections among WSCC components.

Methods

The stakeholders who participated in this project, and the methods used to learn about their perspectives, are described below.

Sample

This study included three groups of stakeholders representing different levels of the educational system: state policymakers, educators, and students. As shown in Figure 2, our sample members reside in 27 states/territories.

Our sample of 23 policymakers consisted of 19 state board of education members[a] (two of whom were also district superintendents), three state legislators, and one legislative staff member. The 23 policymakers reside in 15 states/territories.

Our sample of 14 educators consisted of four principals, four teachers, three school nurses, and three school social workers. They reside in 11 states/territories.

Lastly, our sample of 27 students, all youth delegates to National 4-H, ranged in age from 14 to 18 years old. They reside in nine states/territories.

Two partner organizations, the National Association of State Boards of Education (NASBE) and National 4-H, helped coordinate logistics for focus groups (described below) and facilitate recruitment efforts. Several other professional organizations—the National Conference of State Legislatures (NCSL), American Federation of Teachers (AFT), National Association of Secondary School Principals (NASSP), and the U.S. Department of Education's School Ambassador Fellowship Program—helped facilitate recruitment by referring us to potential key informants.

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[a] Two individuals included here were other attendees at the conference where policymaker focus groups were conducted. They both worked at education nonprofit organizations. Although we did not turn away anyone who wanted to participate in the focus groups, only policymakers were contacted for follow-up interviews.

Figure 2. Geographic Representation of Study Sample
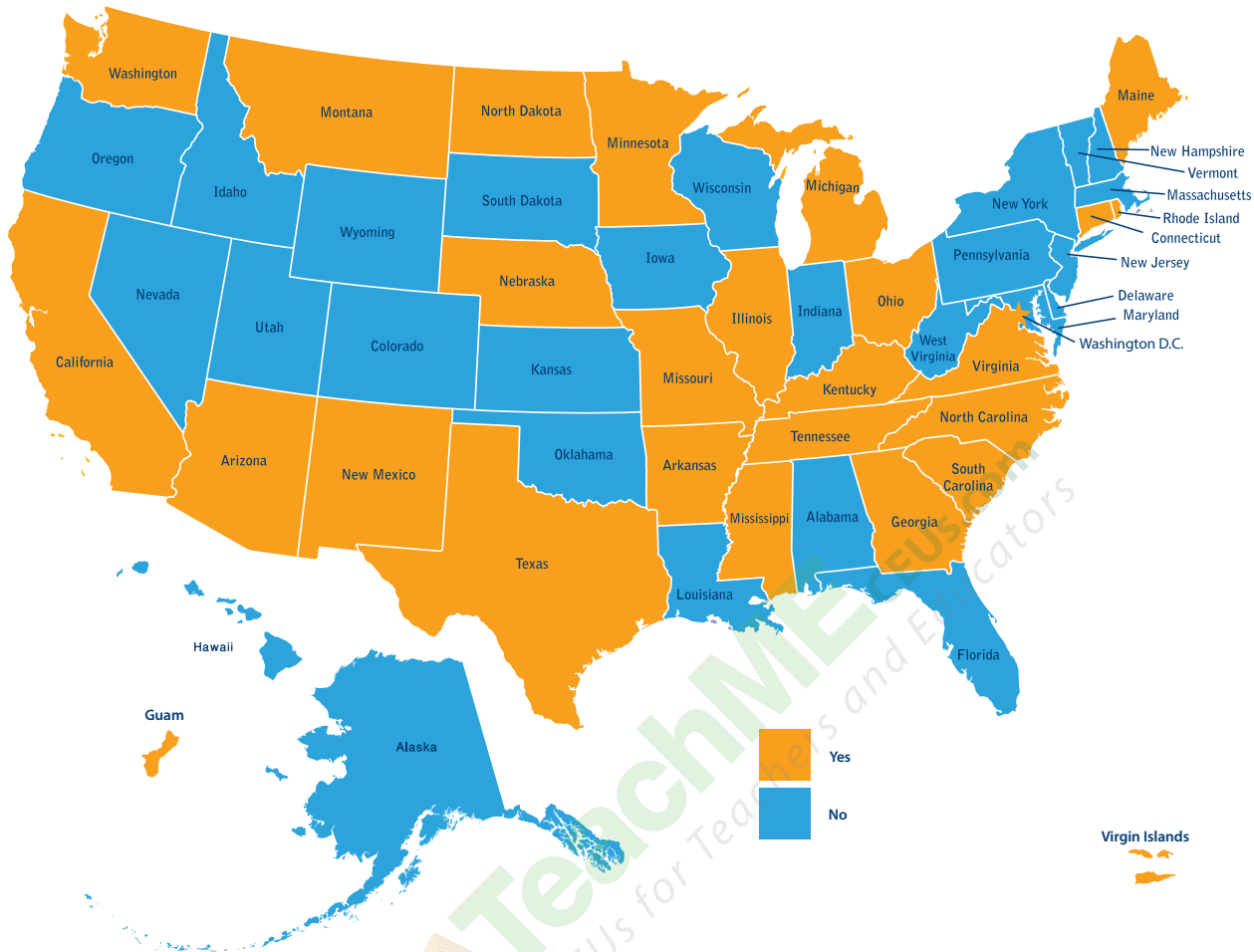
Data collection procedures

The Child Trends research team conducted in-depth, semi-structured focus groups and interviews to learn about stakeholder conceptualizations of healthy schools—including (1) the most essential elements of a healthy school, (2) their perspectives on the most critical school health issues that need to be addressed, (3) how those issues are related to other aspects of school health, (4) current policy opportunities, and (5) barriers and facilitators to successful policy implementation. Data collection occurred between November 2017 and April 2018. Policymakers participated during the earlier part of that period, with the last policymaker interview completed in early February 2018, shortly before the school shooting at Marjory Stoneman Douglas High School in Parkland, FL. Students and educators all participated in the weeks and months following that event (mid-February through April 2018).

For policymakers and students, the data collection occurred in two phases. First, the research team conducted a series of initial one-hour focus groups with each stakeholder group, where each session included 11–14 participants divided into small groups of 4–6 for activities and discussion. These focus groups included a small group activity that involved asking participants to create a visual representation of a healthy school (see Figure 3) as well as a large group discussion to flesh out observed themes.

Figure 3. Policymakers' Visual Representation of What a Healthy School Looks Like Today (green) and What It Could Look Like in the Future (pink)

The research team conducted phone interviews to expand upon initial findings from the focus groups. The research team also conducted phone interviews with educators. Student interviews tended to be shorter, lasting 15 to 30 minutes, whereas policymaker and educator interviews were longer, lasting 30 to 60 minutes. Participants (and their parents, if applicable) provided written consent/assent prior to the focus group discussions and verbal consent/assent prior to the telephone interviews. All interviews, except those conducted with state legislators and legislative staff, were audio-recorded with participant consent/assent and transcribed from the recordings shortly after they took place.

Analytic approach

The research team used both an inductive (emergent) and deductive (*a priori*) approach to analysis, by creating an initial coding scheme based on the content of the earliest focus groups and interviews, and then mapping that coding scheme onto the WSCC framework and revising it to ensure coverage of all key topics. Although stakeholders responded to a range of questions, the findings presented below largely reflect responses to the following questions, designed to elicit stakeholder priorities regarding healthy schools:

- What do you think are the most important elements of a healthy school?

- What elements of healthy schools do you think are most pressing/need the most attention right now?

- If you could make one change in your school/enact one policy/introduce one piece of legislation aimed at promoting healthy schools in your state/district, what would it be/include?
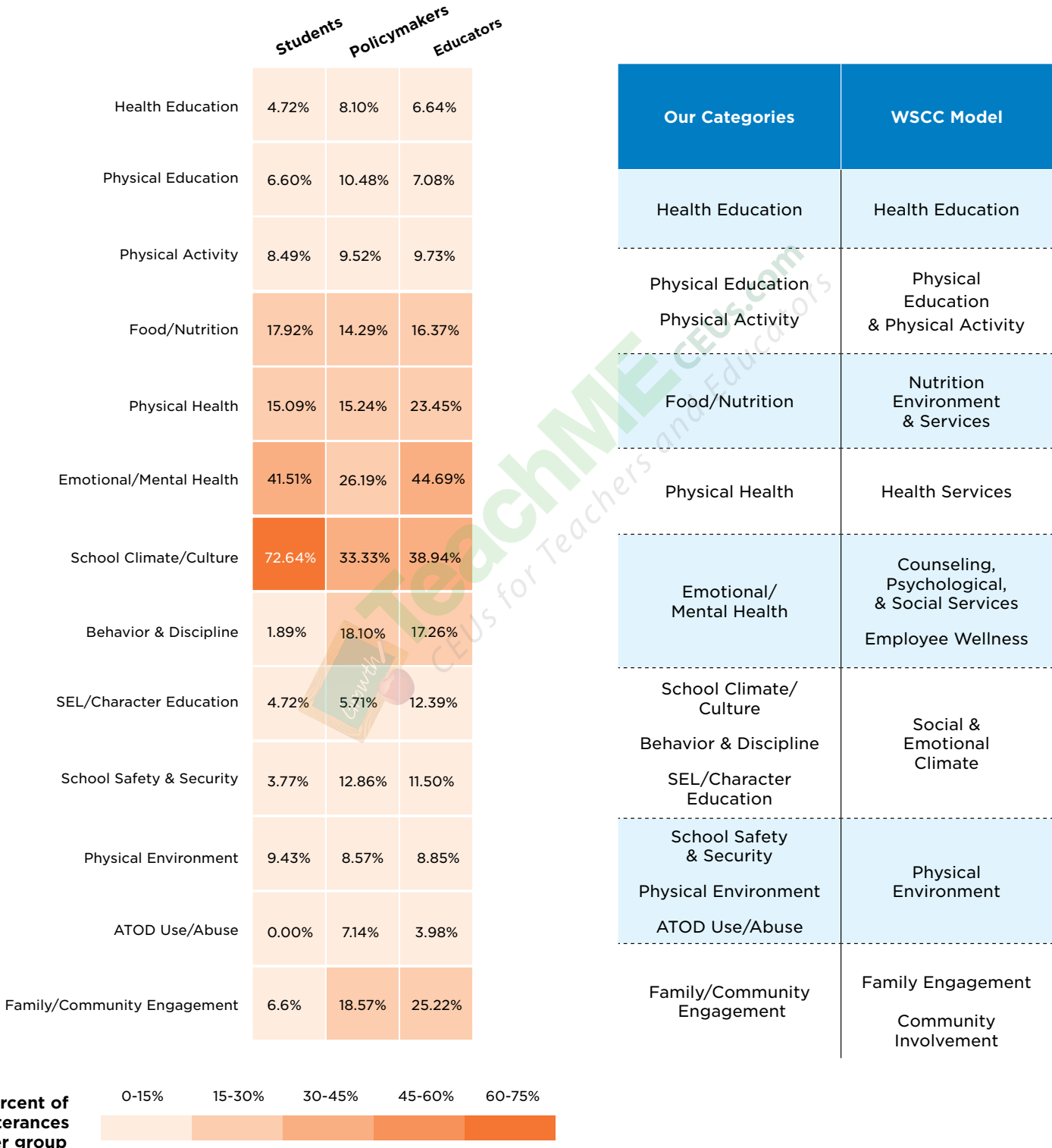
Follow-up interviews included member-checking questions, both to test the research team's interpretations and conclusions based on the focus groups, and to provide participants an opportunity to add to those interpretations. For instance, we asked, "At the focus group, it sounded as though many people thought X. What do you think about that? How well, if at all, does that reflect your own thoughts or experiences?" We also asked, "At the focus group, not many people talked about Y. Why do you think that is?"

Results

Snapshot of topics discussed by stakeholders

Stakeholders discussed a broad range of topics related to healthy schools, touching upon each component of the WSCC model. Figure 4 presents topic frequencies by stakeholder group, reflecting instances where stakeholders raised a topic organically and instances where the research team introduced a topic for member-checking purposes. Frequencies are presented as the percent of total excerpts (i.e., coded chunks of text) that address each school health topic by stakeholder group. Note that percentages sum to greater than 100 because each excerpt typically addresses more than one topic. As is evident from the figure, the three stakeholder groups emphasized both overlapping and distinct topics. All three groups discussed emotional and mental health, and school climate and culture, more than any other topics; however, the time spent discussing these topics varied by stakeholder group. For instance, students very clearly focused on school climate and culture, and emotional and mental health, nearly to the exclusion of all other topics—with 73 percent of student excerpts including some reference to school climate and culture, and 42 percent including some reference to emotional and mental health. The only other topics that students discussed with any frequency were food and nutrition (18 percent of excerpts addressed this topic) and physical health (15 percent). On the other hand, policymakers discussed culture and climate in 33 percent of their excerpts, and emotional and mental health in 26 percent of their excerpts, and spent the rest of their time discussing quite a few other topics (e.g., family and community engagement, 19 percent; student behavior and discipline, 18 percent; physical health, 15 percent; food and nutrition, 14 percent). Finally, educators were similar to policymakers, in that they emphasized school climate and culture (39 percent) and emotional and mental health (45 percent), but also addressed numerous other areas of school health (e.g., family and community engagement, 25 percent; physical health, 23 percent; student behavior and discipline, 17 percent; food and nutrition, 16 percent). Despite the timing of the student focus groups, less than a week after the Parkland school shooting, school safety and security was one of the *least* frequently discussed topics among students (only 4 percent of student excerpts included mention of this). Moreover, this topic was discussed about *as frequently* by policymakers (13 percent) as by educators (12 percent), even though policymaker interviews concluded prior to that event, and educator interviews began after.

Figure 4. Heat map showing the percent of total excerpts (i.e., coded chunks of text) that address each school health topic, by stakeholder group. For example, 73 percent of all student excerpts address some aspect of school culture and climate. Note that percentages sum to greater than 100 because each excerpt typically addresses more than one topic.

	Students	Policymakers	Educators
Health Education	4.72%	8.10%	6.64%
Physical Education	6.60%	10.48%	7.08%
Physical Activity	8.49%	9.52%	9.73%
Food/Nutrition	17.92%	14.29%	16.37%
Physical Health	15.09%	15.24%	23.45%
Emotional/Mental Health	41.51%	26.19%	44.69%
School Climate/Culture	72.64%	33.33%	38.94%
Behavior & Discipline	1.89%	18.10%	17.26%
SEL/Character Education	4.72%	5.71%	12.39%
School Safety & Security	3.77%	12.86%	11.50%
Physical Environment	9.43%	8.57%	8.85%
ATOD Use/Abuse	0.00%	7.14%	3.98%
Family/Community Engagement	6.6%	18.57%	25.22%

Our Categories	WSCC Model
Health Education	Health Education
Physical Education / Physical Activity	Physical Education & Physical Activity
Food/Nutrition	Nutrition Environment & Services
Physical Health	Health Services
Emotional/ Mental Health	Counseling, Psychological, & Social Services / Employee Wellness
School Climate/ Culture / Behavior & Discipline / SEL/Character Education	Social & Emotional Climate
School Safety & Security / Physical Environment / ATOD Use/Abuse	Physical Environment
Family/Community Engagement	Family Engagement / Community Involvement

Percent of utterances per group

0-15% 15-30% 30-45% 45-60% 60-75%

As noted in the methods section, topic codes were initially created from the qualitative data itself, and subsequently mapped onto the WSCC framework. As a result, although the topic categories used for the stakeholder analyses incorporate all the categories from the WSCC model, the two sets of categories do not align perfectly. For instance, whereas the WSCC model uses a single category to capture all aspects of school climate, our research team used three separate categories to address different aspects of school climate. And, whereas the WSCC model has a standalone category for employee wellness, our research team included employee wellness as part of the emotional and mental health category, because stakeholder comments about employee wellness focused specifically on stress and anxiety rather than other aspects of wellness.

Below is a brief description of each topic category used in the stakeholder analyses. These descriptions are not comprehensive but instead provide an overview of the types of content coded under each category:

• **Health education:** Formal health education related to nutrition, active lifestyle, sex education, or other relevant topics (but not including social-emotional learning (SEL) because that was coded as a standalone category).

• **Physical education:** Access to formal physical education at different grade levels and across schools; frequency of physical education; amount of time for physical education; physical education learning standards.

• **Physical activity:** Access to/amount of time for physical activity at school (e.g., throughout the day or week), and issues related to recess.

• **Food and nutrition:** Availability of, and healthy options provided in the context of, school breakfast, school lunch, and non-mealtime food/beverages sold or served at school (e.g., vending machines, classroom parties, etc.); amount of time to eat/timing of lunch; hunger/food scarcity; access to healthy foods in the community.

• **Physical health:** Chronic health conditions (e.g., asthma, diabetes, food allergies); concussions/ head injuries; eating disorders; illness; obesity; hygiene/basic needs (e.g., cleanliness, clothing-related needs); pregnancy/sexual health; sleep; vaccinations; vision-related needs; dental needs; abuse/neglect.

• **Emotional and mental health:** Attention deficit disorder (ADD); attention deficit/hyperactivity disorder (ADHD); depression; loneliness; stress; anxiety; suicide; trauma; social-emotional skills.

• **School climate and culture:** Social-emotional climate; school culture; sense of community/ unity; positive vibes; bullying; harassment; discrimination; stigma (e.g., for seeking mental health services, or receiving free or reduced-price lunch); aggression; fighting; supportive relationships (among students, between students and staff/faculty, and also among the adults in the building); student engagement. Also includes references to school uniforms.

• **Behavior and discipline:** Attendance; disruptive behavior; classroom management; school-wide routines and procedures; exclusionary discipline; multi-tier systems of support, including response to intervention (RTI) and positive behavior support (PBIS); supportive discipline approaches (e.g., restorative practices).

- **SEL and character education:** Explicitly teaching SEL or character education—either as a standalone class, or informally, by integrating it into other content areas.

- **School safety and security:** Safety concerns, including violence at school, internet safety, and transportation safety, as well as security measures such as arming teachers, metal detectors, and buzz-in systems. Also includes emergency plans and procedures, and risk assessment plans and procedures.

- **Physical environment:** Physical aspects of the school building and campus, including: aspects related to accessibility; air quality; water quality; chemical hazards; cleanliness; rodents and pests; gardens; material resources (e.g., books, paper, technology); maintenance (e.g., leaks, broken bathroom stall locks); infrastructure (e.g., ability to withstand an earthquake); and available space/portables (i.e., temporary building structures on school grounds). [Excludes physical aspects of the school building that are specific to safety and security, such as metal detectors, which were coded under school safety and security.]

- **Alcohol, tobacco, or other drugs (ATOD) use and abuse:** Alcohol, tobacco, marijuana, methamphetamine, opioid, or other drug use/abuse.

- **Family and community engagement:** Engaging parents, families, and/or the broader community, including both the reasons for doing so and methods for engaging these individuals/groups. (Excludes community partnerships, which were coded under emotional and mental health or physical health, depending on the type of partnership discussed.)

State-level policymaker perspectives

State-level policymakers covered a lot of ground in their responses to questions about priority areas, referencing both traditional school health topics and other topics included in the WSCC model. They discussed broad social determinants of health (e.g., poverty), specific health issues (e.g., chronic disease, opiate addiction), and a range of issues related to the learning environment in schools (e.g., exclusionary discipline, school safety, school climate). Despite the breadth of perspectives, policymaker priorities coalesced around the emotional and mental health needs of students. Policymakers also discussed school climate and culture extensively. Although only a few policymakers explicitly identified school climate and culture as a priority, others repeatedly introduced this topic into the conversation and described a healthy school climate as fundamental to healthy schools. Across multiple priority areas, policymakers emphasized personnel availability, qualifications, and professional development.

Emotional and mental health

State-level policymakers raised concerns about students and families struggling with addiction, students who have experienced or are experiencing ongoing trauma, and worrisome trends that seem to link increases in certain mental health issues (depression, anxiety) with increases in the use of technology and social media, particularly. Related to these concerns, various policymakers discussed the need for more school-based addiction and mental health counselors and more professional development opportunities for these support staff. For instance, one state legislator noted, "Our state has underfunded not just the number of counselors in our schools, but also professional development opportunities. We don't curtail intentionally, but we don't provide sufficient funding." When asked what one policy she would enact, given the opportunity, a state board of education member said, "Well, the policy would be that it's mandated that school districts

have addiction and mental health counselors on staff. And then the other part of it is that there's actually resources to pay for that." Another state board of education member echoed this, adding that "We need to do something huge to get more people going into mental health as it relates to education. Because we need more specialists in the schools."

In addition to ensuring the availability and accessibility of support staff, policymakers discussed the need for more training for teachers. One noted that teachers need more training to readily identify warning signs related to bullying, suicide, and other issues. Several policymakers discussed the need for more training to address and support students who are dealing with emotional or mental health challenges. One state legislator noted, for instance, that teachers rarely receive coursework in trauma-informed instruction. A state board of education member shared that it would make "a huge difference" if teachers were provided with training on how to "just interact" with students who have experienced trauma. Overall, one state board of education member effectively summed up the sentiments expressed by policymakers regarding students' emotional and mental health needs: "I don't think we have very good systems. And sometimes it goes beyond a teacher's level of expertise. And that's, I think, where teachers get frustrated because they don't know where to go or what to do."

Social-emotional skills. In the context of discussing students' emotional and mental health needs, several state-level policymakers raised the idea of "resilience" or referred to students' social-emotional skills. For instance, referring to trauma that students may have experienced, one state board of education member said, simply, that we need to help students "work through that so that they can all be resilient." Other policymakers more directly addressed students' social-emotional skills, such as this state board of education member who shared concerns about rising suicide rates among teenagers:

> What we are really, really driving at is the fact that our suicide rates have gone up. Looking at the data, since the introduction of the iPhone, there's been some really interesting social and emotional trends…. We all have our Facebook and Snapchat presence where everything in our life is wonderful and beautiful and our families are all smiling and enjoying Christmas dinner together, but then—and kids do the same thing at their level—the next post can just be an absolutely vicious, heartless attack….
> As superintendent, when I'm subject to those, it's hard to absorb those. *But when you're a troubled teenager and you don't have the tools or the confidence, that's just really hard* (emphasis added).

Beyond mental health concerns, policymakers discussed SEL (social-emotional learning) as a means of prevention and as a means of reducing the use of exclusionary discipline in schools. For instance, one state board of education member noted during a focus group discussion that although there are systems currently in place to address bullying once it occurs, we need to move toward preventing bullying in the future. This policymaker suggested that the way to do this is by helping students develop social skills and learn how to communicate with one another in a healthy way. To reduce the use of exclusionary discipline, one state legislator emphasized a desire to eliminate suspensions and expulsions for students under age 8 and

suggested that the way to do this is to provide professional development on SEL to all teachers and school staff. "In schools where SEL is in place, they hardly have office referrals anymore because teachers have learned other techniques for dealing with students," she said. "They understand that the student who keeps getting up isn't being difficult, but is anxious." This legislator pointed out that teachers are not always equipped to address the social and emotional needs of children and, therefore, more teacher training is needed in this area.

A state board of education member echoed this sentiment, highlighting the need for more teacher training:

> I don't think that… teachers are prepared when they go into the classroom, through colleges and teaching institutions that exist, to provide a child everything that they need….They get so hung up in doing discipline, that we don't get to address the social-emotional problems, the other issues that the children need to be successful later on in life.

Overall, policymakers discussed students' social-emotional skills—and the need for schools to deliberately develop these skills in students—again and again, not only in the specific ways described above, but also more generally, as an element of healthy schools that needs to be addressed alongside others. Policymakers clearly communicated the perception that social-emotional skills are fundamental to preparing students to learn, pursue college and careers, and ultimately grow into successful adults.

School climate

State-level policymakers repeatedly mentioned school climate and culture in conversations about healthy schools. A few identified this as an area in need of attention right now, whereas others discussed it as something more fundamental to healthy schools and thus important, but perhaps not pressing. Policymakers highlighted three specific aspects of school climate as critical to healthy schools: relationships between students and caring adults, school leadership, and teacher wellness.

Among the few policymakers who identified school climate and/or culture as an area in need of attention right now, each had a unique rationale for why this is a priority. For instance, one state board of education member expressed concerns about the ability to retain effective teachers and emphasized building a positive school culture to address this problem. In response to our question about one policy that she would enact to promote healthy schools in her state, this policymaker said: "I think that it would focus on the way [school] leaders…can retain teachers by, again, building positive school culture, building teacher leadership, which trickles to a positive place for students." A state legislator identified school climate as a priority for a very different reason—a perception that, increasingly, students need a safe and supportive place to counteract the turbulence in their lives and in society more generally. She cited myriad societal issues, including families struggling with drug addiction, and anger and hostility being expressed through politics, and said, "A school needs to feel like a very safe place for kids…a place that's embedding [in children] a belief in themselves and in their communities, [where] people care about them and are there to help them succeed."

Relationships between students and caring adults. State-level policymakers viewed the relationships that students form with caring adults at school—whether teachers, support staff, or administrators—as central to healthy schools. In part, that seems to be because these relationships play an integral role in providing that safe and supportive environment as a buffer against the stressors in students' lives. For instance, one state board of education member said:

We have so many forces, not to be negative, but things coming into play on students today who come to school that we need to change, we need to rethink the way we do school. Relationships that students have with their faculty and at school, the relationships in the building really create the community for the whole child, for the whole school, and create a healthy school.

Similarly, another policymaker spoke of the need for schools to provide support to students who might not receive it elsewhere. "For some students that's the only adult that cares for them, at school."

On the other hand, policymakers also emphasized caring relationships as an important mechanism for identifying students' physical and mental health needs. A state board of education member said:

Teachers are the staff members in our schools that are closest to students on a daily basis, so, of course, they have relationships with their students and the quality of those relationships in and of itself can define a healthy school environment.... I think they are also in a unique position to watch the child change over time. So, if there is an improvement in health or a degradation in health, they have that unique opportunity to see the child almost daily where even a physician or any kind of health worker, they just may even see them once a year. So, I think in monitoring the physical health of students, they also play a role. I would also add that the mental health of students is also something that teachers pay close attention to and have their finger on the pulse [of], both for the individual student and in the aggregate.

School leadership. State-level policymakers overwhelmingly felt that the administrators in the school building play a central role in creating healthy schools. "Well, culture trumps pretty much everything, and culture is established by the adults in the school. And, obviously, the teachers are not the most significant person; the most significant person is the leadership." Although some policymakers discussed relatively small steps that school leaders take to set the tone in the building (e.g., communicating a sense of pride in the school),others discussed the importance of thoughtfully and intentionally "building healthy relationships and a healthy culture and a healthy climate," and communicating a clear vision of what it looks like to address the needs of the whole child. For instance, in response to a question about the role of *teachers* in creating a healthy school, one state board of education member said:

Well, I would definitely agree that teachers are a component, they're a stakeholder in promoting healthy schools. But I also would subscribe or promote the fact that they need a leader who is a leader to promote a healthy school culture in multiple aspects, not just academic, but with the culture of the school, the awareness of students' mental health needs, developmentally appropriate pedagogy, [and] culturally relevant pedagogy. So, yes, teachers are critical because the teacher makes the difference in the classroom; but the leader makes the difference in the building.

Policymakers also said the quality of school leadership can greatly affect the quality of the teachers, which in turn influences student outcomes. For instance, when asked what one policy he would enact to promote healthy schools in his state, one state board of education member said:

It's not a policy, but I would take control over who the principals are because my outstanding principals do create outstanding cultures and great places for kids.... Everybody likes to talk about how important teachers are, and they are. They're absolutely critical. But I

know if I get the right principal in a school, healthy teachers will show up there. Somehow it happens. They get attracted. They hunt them down. They find them. And unhealthy teachers figure out a way to leave [because] they don't fit and that just ripples out across the student body and the connections with the community, and it is the pivot point.

Another important way that policymakers perceived school leadership as having an impact on school climate, and ultimately on students, is through leadership support of their teachers. Policymakers clearly articulated that when teachers feel supported by their administrators, it improves the school climate:

The principals set the tone for the building [with] their policies, the way they support their teachers, or don't support the teachers. Their priorities become very important in the individual classrooms. If you have a principal who is supportive of mentoring, supportive of their teachers and what they need—who takes time to find out what the individual problems are, [and] give those teachers the support they need—the building feels more like a family than an institution.

Teacher wellness. Although policymakers did not emphasize the idea of "teacher wellness" to the extent that educators did (below), several policymakers said teacher wellness "trickles down," in that teachers are better able to demonstrate care and support of students, and are more likely to stay in the classroom, when they themselves feel supported. Policymakers highlighted specific aspects of administrative support for teachers that are critically important for healthy schools—namely, promoting opportunities for teacher leadership within the building, and ensuring that teachers have the resources and training they need to effectively meet their students' needs. Although these factors are not typically considered components of teacher wellness, policymakers perceived a connection between teacher leadership opportunities and job satisfaction. They also perceived a link between teachers having the resources to contribute effectively and feeling a sense of professional self-efficacy.

Only one policymaker discussed the need for administrators to promote teacher leadership, but this state board of education member emphasized the point several times, arguing that teacher leadership opportunities are critical for retaining effective educators. "Our teacher leaders whose needs for leadership and excelling and excellence aren't met in the classroom, they leave the classroom…. We've got to promote teacher leadership…so they stay, which promotes a positive culture of the building," the board member said.

Several policymakers discussed the need for administrators to ensure that teachers have the resources, professional development, and other supports needed to effectively meet the needs of their students. One state board of education member said teachers feel supported when they "feel like they have resources and that they have training and that there's a place to go to get answers or brainstorm answers…. Otherwise, they can't do their job and the end result is…teachers are frustrated and that doesn't work."

Another policymaker also said the availability of resources to address students' myriad needs has an impact on teachers:

> I know from my experience—not on the state board but as a practitioner—when we moved into one district in putting in school-based health centers that addressed issues of physical health, some mental health, dental, and vision, some of the schools were really, you walk in and get that sense of this is a strong, caring environment. Yet, adding that component really was a win-win for the school because teachers so often were frustrated with kids [whose health needs] they couldn't address.

Educator perspectives

Like policymakers, educators discussed a wide variety of topics covering all elements of school health, including physical activity, physical health, food and nutrition, and emotional and mental health. Educators' conversations touched on issues ranging from the importance of students having access to free breakfast to the impact of mandated recess times on staffing, scheduling, and playground equipment. However, they did not identify all of these topics as priorities.

Educators named emotional and mental health as a clear priority and said supporting students' social and emotional development is a key focal point within this broader topic. They also spoke frequently about specific mental health issues facing students and their families, and the need for schools to support and respond to students' needs. They frequently discussed school climate and culture, but did not identify this as a priority. Instead, they said school climate and culture is a critical element of creating and maintaining a healthy school environment. Educators also discussed several topics related to mental health and school climate, including the availability of support services, staff training, and creating positive relationships between students, staff, and administrators.

Mental health

Educators frequently spoke about trauma and its effects on students. While many mentioned students experiencing trauma due to living in poverty, experiencing homelessness, or worrying about deportation, a few said that students at all socioeconomic levels experience trauma. School shootings, suicides, and parents struggling with addiction or other mental illnesses, for example, can cause trauma for all students, several educators said. Additionally: although the stressors facing students at opposite ends of the socioeconomic spectrum can look very different, students may very well experience the resulting stress in similar ways. For example, while one single mother may work two or three jobs to make ends meet, another may be a high-powered professional who also works long hours. As a result, one child might have to stay with different relatives after school and the other may have a full-time nanny, but neither child feels connected to their parent. "We can't underestimate those different pressures," one principal said. "They're different but they result in the same kind of emotional stress on our students and their families."

Educators also suggested how schools can support students who have experienced or are experiencing trauma. Many said that school staff and teachers need more training, both in-service and pre-service, to better understand the impact of trauma on students and to help implement trauma-informed strategies and policies. However, one teacher also noted that even after her school did trainings on trauma-informed practices, she felt that other school policies contradicted what she saw as a trauma-informed approach that is meant to make students feel more comfortable and able to learn.

Having classes and knowing that, OK, overnight there was a lot of gun violence, it's on the news, you know about it. But then when they come the next day, I'm more of a soft, like, "OK, school's now a safe place. Come on, you have your ear buds in, you're working, you're quiet." And then I feel, in my mind, I'm being trauma-informed. But then it's counterintuitive to what the school expectation is. "There's no ear buds in class, there's no putting your hood up while you're doing your work," which may be a comfort for some students. So, it's been very hard for me to balance school expectations with being trauma-informed. And so, it's confusing not only to myself as an educator, but then to the students as well.

Several educators emphasized the need to focus on prevention and "recovery...back to a state of 'normal,'" in addition to intervention—both in terms of traumatic community events such as school shootings as well as individual mental or emotional health issues.

Educators frequently highlighted specific mental health issues such as anxiety, depression, and suicide. Some noted that instances of anxiety disorders, depression, and ADD/ADHD among students have steadily increased, though they did not always agree on what has fueled this change. A few educators suggested explicit connections between anxiety, trauma, or parental hardship and attendance. As one school nurse explained:

There's several students in my school that had parents that have an addiction issue. They are late for school chronically.... So, mom will get up early, go to the clinic, get [a] dose [of] medication, come home and sleep. That's what methadone does to you. And then get her children up to get them to school an hour late. They're chronically late.

One school social worker noted that, especially with younger students, attendance and lateness often result from parents who struggle to have the "strength" to get their children to school. This "all ties back into schools having those added support people in their districts to be able to help these families that are struggling."

However, another social worker said that she and the nurse at her school closely track attendance and would like to create a program for students who are chronically absent. It would focus on "the importance of attendance, of how to organize your day so you can get here, and some type of coping skill. Because obviously, if they're missing, it's a coping skill of the anxiety about being at school."

Social-emotional skills. Educators clearly identified emotional and mental health as a priority, with many speaking extensively about the need to build social-emotional skills, or "coping skills," and provide support for students experiencing trauma. These skills are most likely to have an impact on students' health and wellness, they said. Many educators discussed coping skills for students experiencing personal or community trauma as well as those with specific mental health diagnoses. "I know SEL is recently coming to the forefront but not fast enough, especially in light of things that are happening in society and in schools," a special education teacher said. This educator went on to say that we need to explicitly teach and support the development of "coping mechanisms" to help students deal with challenges they encounter in and out of school.

Others spoke more generally about students needing coping and social-emotional skills to equip them to navigate peer relationships, social media interactions, and their own feelings and stress levels. Several educators highlighted relationships between emotional and mental health and elements of physical health, such as exercise and nutrition. As one principal said, "How do we see

the stress and the anxiety and the depression and the anger manifest? Well, we see it manifest in destructive behaviors. How would resiliency and positive coping manifest? I think they manifest in exercise and healthy living and those kinds of things." One teacher said the food and physical activity, or lack thereof, that students have access to "contributes to how they're behaving...so it becomes this revolving issue."

Despite educators identifying strengthened social-emotional skills as one of the most pressing needs, they also described significant challenges to addressing this need. Many said schools and districts focus so heavily on test scores, academics, and accountability measures that not enough resources are made available to spend on SEL. One principal identified accountability measures as a key determinant in how resources are allocated and prioritized, stating:

> We're held accountable for kind of superficial things, like graduation rates. We value test scores over so much. So, because all of your outcomes are these very superficial, low-correlating-to-success pieces, then your input becomes just as shallow.... Now, what if we were being held accountable for how well you prepare students for life, and success had to deal with how well a kid did two to three years after [leaving school]? Well then, your inputs would change.... How well can they overcome adversity? What are their resiliency factors? We would start putting in resources that would actually help them be prepared.

Along with accountability measures that focus solely on academics, many educators noted that teacher training programs limit their teaching scope to academic subjects, providing little to no training on topics such as SEL. As one special education teacher said, teachers "coming out of college are not equipped to teach social skills. They're not. It's not their verification area. And looking at the college prep programs, they're barely touching on that." Educators also cited the significant challenge of trying to address students' social-emotional needs and teach coping skills without adequate training and preparedness, even if their schools do implement an SEL program. The same special education teacher said her school purchased an SEL curriculum but it went largely unused because there was "no training provided to any teachers, no feedback, no monitoring of the program, no evaluating of the program. It's just there."

Educators said a variety of limited resources create obstacles to addressing social-emotional skills in school. Of these resources, educators most frequently mentioned a lack of time, with many explaining that subjects not tested for accountability are often cut down or completely removed from the school day. Some also mentioned a lack of money for hiring staff, training, and providing therapeutic tools. But as one teacher pointed out, time is unique in that it is "one thing...you can't create more of and you can't get it back once you lose it."

Additionally, many educators noted that there are often "environmental factors that are causing a lot of difficulties for students and hindering the development of their coping skills or causing some trauma and triggers for them." In such cases, educators said, there might be a limit to what schools can do given that they only have students for a portion of each day.

School climate

Several educators linked social-emotional skills with a positive school climate. Many participants stressed the importance of empathy and listening skills in fostering a respectful, positive climate. While most educators did not specifically mention school climate as the most pressing issue area, they often described it as a central element of healthy and supportive learning environments. One principal said:

> It's the individual's feeling that they belong and that they have a place there. And so that starts with how they're treated and ends with how they're treated. It's all about how you treat people. And that's where your principal and the leaders of the school say, "This is OK here, and this is not," and you stick with it. It's not OK to talk to each other this way; it's not OK for teachers to do it. And then you model that and you make sure that it's happening …. And so, when that becomes kind of the norm people feel more valued, and if people feel valued they're likely to perform better because of that sense of knowing that they have that place there.

Several other educators echoed this perspective, saying students as well as staff must practice social-emotional skills such as empathy to create a positive climate. Many educators agreed that staff and administrators should model positive interactions and respectful relationships for students, who often learn by example. "I think kids are always watching how we react," one teacher said. "It filters [down to] how the administration interacts with the staff, how the administration interacts with each other, how the teachers interact with each other…. And then it filters on down to the students."

One principal said teachers at her school had completed extensive trainings on nonviolent communication "so, that we are modeling, and then we are actually teaching directly to our students how to communicate with one another in a nonviolent way. And it's really being empathetic and identifying what that other person's need was that they were trying to [have] met."

Educators also said teamwork and collaboration among staff are integral to a healthy school, as are opportunities to model these skills for students. While some participants talked generally about needing a "comprehensive team approach" among staff, several educators specifically mentioned the importance of collaboration between clinical and instructional staff. Several support staff members said teachers resist letting their students leave class to receive clinical services, but that building relationships between clinical and instructional staff and ensuring teachers understand the role of clinicians could alleviate this problem. One principal said school climate involves collaboration among staff at all levels, citing an example of a custodian helping a student who was misbehaving:

> [The student] wasn't acting as he should, and I had him step back [into] the hall. Well, when I stepped back into the hall, my custodian had already gotten him a breakfast because he realized the child hadn't eaten. His whole morning was topsy-turvy, and one thing it's because he hadn't had breakfast. And so it just warmed my heart to know that… somebody was already taking care of that friend… and was sitting down and talking to him in the foyer. It's that kind of atmosphere that we've got to build in our schools, that everybody's here for the same reason, and that's to ensure that the kids are ready to learn. And we do whatever it takes… It's everybody.

Educators frequently discussed relationships in the context of healthy schools, particularly emphasizing relationships between school administrators and school staff, and linking these to a school's ability to meet students' needs. Participants said that having school administrators who are supportive and respectful of teachers and other staff "makes all the difference in the world in caring for our students. Not having an [administration] that's supportive kinda cuts you off at the knees [because] … you feel like you can't do your job effectively." A few participants mentioned that teachers may also need support from the school administration related to self-care. "You make sure that the kids have what they need to handle the academic load, and the teachers as well," one principal said. "So, it's kind of understanding the ebbs and flows of a school year—when to push, when to pull back." He said he addresses this in his school by adding a day off for teachers in the fall and making self-care a focus of professional development.

Educators identified various sources of teacher stress, including the increasing amount and variety of demands placed on them, being "on the front line" dealing with challenging students, and needing to work a second job due to low salaries. Regardless of the source of stress, many educators emphasized its negative impacts on students, ranging from teachers losing patience with students to leaving the profession due to "a lack of…self-efficacy," which some educators said was connected to statewide teacher shortages.

Relationships between staff and students. In addition to strengthening ties between staff and administrators, participants highlighted the importance of building relationships between staff and students. While many educators described positive relationships between staff and students as a key part of creating a healthy school and a supportive climate, several also said that developing strong relationships with students can help staff identify subtle "warning signs" that a student is experiencing personal or family challenges. As one teacher said:

> If we have a healthy school environment where we're concerned about all the kids…
> no one's slipping through the cracks. You know that the kid's able to get lunch,
> or you know when he's not having lunch… You'll hear about the family problems.
> They're moving. They feel comfortable telling you that they don't have their work
> because it's in a box somewhere. A healthy school environment will lend it to you.

Another principal explained that while certain events make it clear that a student needs support, "there's the [students] that you might not know their story. And that's where you say, 'Huh, this person's having [a] drastic change in grades,' or they quit the cross-country team or whatever. Those are also hints that you need to maybe delve deeper and seek some interaction with them." If staff can identify problems earlier and connect the student with the services they need, some educators believe that they may be able to prevent bigger issues later. Indeed, many educators said they would like schools to be more proactive and engage in more prevention efforts, but that this is not always feasible given limited support staff, limited funding, and limited time.

Support staff and access to services

Many educators highlighted the need for more support staff in schools, including counselors, social workers, psychologists, and nurses. With so many students dealing with mental health issues or experiencing trauma, educators emphasized that they need the funding to hire more support staff to meet the level of student needs in their schools. Many participants specifically mentioned that they don't have enough full-time support staff or that the support staff they do have spend much of their time focused on administrative tasks. As one principal said: "I share a social worker with other schools. I share mental health counselors with other schools. In the

context of a time where up to 25 percent of my kids are diagnosed with an anxiety disorder of some sort.... So, I got a big piece of toast and a little bit of jam, and I'm trying to figure out how to cover it all."

Some educators said their staff must triage student needs or that they don't have enough support staff to address both prevention and intervention. Participants noted that they would need more funding to hire more support staff. A school nurse said that not having resources to hire qualified staff for support positions could mean that improperly trained staff would be making decisions about student care. "In our school district, a lot of the elementary schools do not have access to a medical provider in the school. The school secretary is making decisions on when a student might need an asthma inhaler." Even if states have laws that delineate which staff can legally administer medications to students, for example, schools often end up with unauthorized staff filling those roles if funding is not appropriated to hire the required staff.

Limited availability of support personnel within schools means that teachers and other school staff often need to make referrals and create partnerships with outside organizations or government agencies to direct students to the appropriate type of care. However, several participants said schools should provide wrap-around services to address students' emotional, mental health, and sometimes physical health needs. Even schools that have community partnerships would prefer to provide those services within the school building, they said, because it streamlines the process and increases the likelihood that students will ultimately receive what they need. As one principal said:

> Even with all of the supports, we know we're
> missing kids and we're missing families because...
> you've got to get them out to the Advantage behavioral center to do an intake
> before they can start seeing them. That get[ting] them out there falls apart. It doesn't
> get done.... And so, we're looking to figure out ways... to bring all those services here.
> So, when I've got the parent and the student in the building and there's crisis and we
> need to intervene or we're aware of something, it'd be a one-stop shop in here.

A few educators felt that models such as community schools, multi-tiered systems of support (MTSS), or Response to Intervention (RTI) might more effectively coordinate and deliver services to students based on their identified levels of need. Many participants also recommended offering school-based services beyond mental health to help parents and families, not just students. The services described ranged from linking them with free laundry and showers to food pantries and attendance information.

Student perspectives

Students discussed a wide range of topics related to healthy school environments, dividing the topics into what they described as the "tangible" (such as healthy food choices or physical activity) and the "intangible" (such as positive vibes and supportive relationships with adults and peers). They said tangible issues have a huge impact on the health of the school environment and the school's impact on the greater community. For example, one student said that the soy burgers

served at her school did not properly fuel students' bodies. Another said she was concerned about the negative impact her school's use of Styrofoam plates for meals was having on the environment. Students also said that intangible topics, such as establishing supportive relationships with peers and adults, are more difficult to address but, ultimately, are more pressing at this time. They cited emotional and mental health, as well as school climate and culture, as priorities for creating healthy schools. In particular, students emphasized the importance of strong adult-student relationships and said these pave the way for positive emotional and mental health as well as a positive school climate. Peer relationships are important as well, students said, noting that both types of relationships affect their emotional and mental health and their perception of the school climate and culture. However, they did not identify peer relationships as a priority for creating healthy schools.

Emotional and mental health

Stress and anxiety. Students said that often stress and anxiety stemmed from academic pressures, regardless of whether they were high-achieving or struggling in class. High-achieving students felt significant pressure from their peers, especially when making comparisons about who is the smartest or who makes the best grades. One student described the pressure of competing with her peers: "I have a lot of anxiety, and I stay up until at least midnight three times a week working on homework, because it takes me a while to do things because I work through and I read it a few times. And then there's other kids that can read it once and then get through it." On the other hand, students struggling to catch on to academic content felt pressure to succeed and frustration that they might learn better if their teacher adapted to different learning styles. "Not necessarily all the teachers recognize that students have different ways of learning. And sometimes it's just very difficult for some people that may be slower on catching up on some terms," one student said. "I feel like if more teachers could be more aware…of different learning styles and learning disabilities, that would be something I'd like to change in my school."

The strength of a teacher-student relationship and awareness of emotional and mental health, as well as the rigors of a particular learning environment, could make the difference in whether a student felt stressed and anxious or challenged and supported. Another student identified large class sizes as an obstacle to receiving one-on-one attention from a teacher, as well as a significant source of stress for students and teachers: "For my grade, there's packed classes, so the teacher can't really get around to everyone. So, if there was less people in the class, I feel like [students] would have more time to understand the stuff they're learning, then they wouldn't be so stressed out and it would really help more with mental health as well." Across the board, students said they wanted a high-quality, challenging educational environment, without the stress they commonly experienced in pursuit of academic success.

Relationships. More than anything else, students talked about the importance of having caring and invested teachers, or, more broadly, someone they trusted to talk to. Teachers, rather than counselors, were most often identified as students' go-to source for support or advice. They expressed a strong preference for confiding in teachers because, in their eyes, counselors were too busy with paperwork to provide the level of attention needed to cultivate a deeper relationship. Students also shared an interesting perspective on genuineness and whether adults in their school sincerely cared about their needs or whether their behavior simply reflected their job description. One participant said, "When you go to a counselor, it's almost like they have to care, they're being paid to care. And then the teacher, it's like… that's not the purpose of their job. That shows that they're really going out of their way, and that they really do genuinely care, and it's not just

because it's their job." Another participant rationalized that the number of counselors versus teachers likely explained why students preferred to seek a teacher's support, "[One] guidance counselor can be very biased coming into a situation, even if they are a guidance counselor. But … we have 13 to 14 teachers who have different opinions and you can feel which one you're most comfortable with. Because not everyone is comfortable talking to one guidance counselor." Other students shared that their schools did not have counselors, but that teachers filled the role by fostering strong relationships with students and providing emotional support, in addition to academic support.

Students acknowledged that more of their peers increasingly struggled with stress, anxiety, and depression. But they also experienced vulnerability when trying to navigate emotional and mental health issues with peers, they said, because they feared they would be judged for seeking help. Students wanted more support and understanding from their peers but said adults seemed better equipped to provide support when needed. One participant said:

> At least teachers at my school are gonna wanna talk to you and be friends with you regardless [of whether] you change from freshman year to junior year …. And so, I think teacher-student relationships are far more important than peer relationships just because if you do have a serious problem, whether it's abuse at home or even just a small problem like someone hurt your feelings. The only person who can genuinely do something about that or is gonna know what to do about that or the next step to take is gonna be an adult.

Despite recognizing adults as the best resource to provide emotional and mental health support, one student said that the way teachers and counselors coordinated support services often put students in an even more vulnerable position with their peers.

> I just think pulling a kid out in class … makes them vulnerable, because it shows everyone else that they're going to talk to the counselor. And there's not really a coverup for that. If you have a physical illness and the nurse calls you, you can be like, 'Oh, my stomach hurts,' or, 'Oh, I fell.' But there isn't really a coverup for going to the counselor, you know? They would pull them out in the middle of class, the counselor would. And I honestly believe that made it worse, because that's basically screaming, 'I have a problem,' like, 'I'm struggling.'

Mental health education. Students said that though a trusted adult could make a difference to a student's emotional or mental health, all stakeholders involved—students, parents, teachers, and counselors—could benefit from more education about emotional and mental health issues. Most students expected their schools to focus on physical activity and nutrition, but they felt that mental health education was completely neglected. One said: "Kids don't know that it's extremely healthy for you to talk out your problems with someone you can trust …. With all of the shootings and things like that … it just shows if you don't talk things out, it can mentally affect you in the long run."

Another student stressed the importance of earlier education about emotional and mental health issues for students as well as for parents. Another lamented that teachers treated students differently if they were diagnosed with a mental health concern, and felt that teacher education about emotional and mental health could help ensure that they treat all students fairly. "Their mental illness does not define them as a person and it shouldn't change your opinion [of] them. You should treat them just like every other student but be aware [of] the fact that they need some more emotional support than the others and that's OK. I think everything starts with education and awareness."

Students felt that even school counselors could benefit from better training on how to support students with whom they may not have close relationships. One student recounted a time she sought help from her counselor:

> I talked to one my friends and she was saying how she didn't feel safe at home … so, I brought it up to the school counselor, and it was limited to what she could do to help. It was a tricky position to be in, and then I really didn't know what else to do and I just kind of felt alone in that issue … I didn't know what to do to be a supportive friend for that.

> Another student said, "[One] time, I got a panic attack and the only thing [the counselor suggested] was paint something or draw something. I mean, I don't feel like that will help me. I had to help myself to calm down."

> Students seemed to share a feeling that if students, parents, teachers, and counselors better understood emotional and mental health issues, they might respond to those issues more appropriately, which would help foster more trusting relationships.

> Although students described physical activity and nutrition as a critical focus of healthy schools, they felt that schools already focused on these areas. They also said that in many cases, nutrition and physical activity could not be addressed successfully without shifting greater attention toward mental

health concerns and how those issues are interrelated. Several students noted that physical health is closely related to mental health and said students needed a better understanding of this and support to address emotional and mental health concerns. This support would involve coping mechanisms as well as life skills to address stress, anxiety, and depression. One student explained:

> I really believe one of the biggest problems America is having with teenagers is obesity. And I really think that, yes, the lack of physical activity is a problem. But I really think that stress-eating and depression and things like that, all really add up to a bigger problem than just the physical aspect of it. So, I really think just going back to that emotional support, if you have that emotional support, you're more likely to have a life full of happiness. You'll know healthy stress relievers and you'll be able to have adults that can [share] … "I went through this and this is how I dealt with it."

Students explained that kids know the benefits of exercise and healthy eating, but often encountered humiliating experiences in their physical education classes (such as their grades being tied to how fast they could run a mile). They also mentioned struggling with a lack of strong relationships either at home or at school to support healthy food choices and needing help to develop strong self-esteem.

School climate and culture

Caring and invested teachers and administrators have a significant impact on students' emotional and mental health, participants said, and on their perception of their school climate. Students identified adult-student relationships as a priority, despite the impact of peer relations on their perception of school climate. Students described an ideal school climate as being friendly and

welcoming, full of "positive vibes," "unity," "understanding," and "an attitude of wanting to be there."

Relationships. Students described administrators as the key to setting the tone and providing supportive relationships for both teachers and students. One student described her school's recent change in leadership:

> I know for my school, personally, it's the principal that basically runs everything. But sometimes our principal doesn't really like doing … interactive stuff with her students. … We got a new principal this year, but the last one, she would go into the classes. …She was interested in her students and their well-being. She went up to you. She asked you how you were. She made sure you were OK that day. And this [new] principal, she stays in her office. She does paperwork. That's all she does the whole year.

Students felt that personal feedback from teachers as well as administrators made them feel valued and acknowledged. One student described how important it was to feel she had a voice in her own educational experience:

> We have [a] quarterly reflection [where] they ask us what we liked about the semester, what we didn't like, and things that we can change. … My principal … reads every single one, and she makes a note and she gives it back to us. And she lets us know personally, 'I really appreciated that.' And you know that she read it, because she wrote you a note on it, responding to what you just said.

Students also pointed out that teachers' behavior influences the level of trust students feel and whether they see teachers as someone they can talk to. One participant explained, "I understand people have bad days, but … I think that if teachers were aware that students pick up on so much— the way you talk, the tone of your voice, your body language. We, as teenagers, pick up on that. And we can tell when you're mad at us, or we can tell when you don't like us."

Another student presumed that teacher frustration stemmed from a lack of support. "Some of the teachers don't get enough support; they're angry, they take out their anger on us."

Students said that a school's positive or negative climate often trickles down from the tone set at the top, the level of support teachers receive from their administrators, and the quality of relationships between adults in the building.

Structural elements. While caring administrators and teachers clearly made a difference in students' perceptions of their school's climate and culture, students said their school's structure either hindered or fostered a positive school climate. Students expressed feeling siloed by grade or achievement level, and most commonly identified academic tracking practices as an obstacle to getting to know more of their peers. One student described the separation this practice creates, saying:

> Our school is split up into support, regular, medium, honors, [and] AP classes … They categorize you in these classes. When I was in elementary school in a different county, our classes weren't split out like this. We were all mixed in. … I was in second grade and I could read, but my friend could not. And so …instead of reading my own books, I would help him read. And that was just something that I did, and that's how we became closer friends. But now, in high school, we're split. And these AP students … create this idea in their heads that they're better, or that people

who aren't in AP classes are slower or dumb. And these are words they've used, so I'm not trying to put anyone down, but that's what they do. And I think that the separation is creating this separation within our schools ... between people.... Students don't like the idea of crossing over the different cliques. But, I think the separation created those cliques, in a way, because you tend to hang out with people you're in classes with.

Another student shared that academic tracking created separation not just between students of different levels, but between students and their teachers or administrators. "They divide us into honors and regular, [and] I think the honors students ... get more help from teachers. The teachers and principals listen to what they have to say. Because they have higher expectations."

Although students perceived academic tracking as the cause of cliques and silos, they also identified some structures within their schools that helped to foster stronger adult-student relationships, resulting in a more positive school climate. One student described her school's "smart lunch" program, which divided a 90-minute lunch period into three sections. In one section, students were assigned to a teacher with whom they could work on homework and tackle academic challenges before having to go home. The other two lunch sections allowed students to take a mental break and provided the freedom to choose whether to hang out with friends or to have some quiet time to themselves. This structure ensured that students had at least one adult from whom they could seek support; however, this didn't limit students' ability to seek support elsewhere. "Teachers are assigned kids, but it's not like you can't go in for help from a teacher if you're not assigned to them."

Another student described a different system, also designed to build strong teacher-student relationships:

> Once a week, we have this thing called "seminar," which essentially, it's like an accountability classroom, I guess. And you stay with that teacher from your freshman year to your senior year, and you meet with them once a week .... You have assignments, but regardless of those assignments, that teacher is specifically in that classroom for you. So, hopefully, you would make a bond with them, and they're allowed to get you out of class if you need to be out of class. They're your go-to person. And I really think ...it's really effective.... I know that if I need someone, I have someone.

Bullying. Students did not identify peer relationships as a priority for healthy schools, but did share that peer relationships had a significant impact on the school climate. It is possible that students did not label this as a priority because, aside from desiring more teacher support to address bullying, students felt a sense of responsibility to drive change in their peer relationships. They did acknowledge bullying as an issue and said this is one issue that they did not always feel that teachers addressed well. Students said bullying could result from something small—like a student's clothing, or the ability for students to choose their own lockers, which tends to lump groups of students together—or from something more serious such as seeking help for a mental health concern. Students from large and small schools discussed the difficulty of navigating these challenges and the importance of having trained professionals to help, because, as one participant said, "bullying leads to depression, which leads to suicidal school students."

Student engagement. While students identified bullying as an issue with which they needed adult support, they also shared a desire for an attitude shift among their peers. "We kinda take it for granted," one student said. "We have the attitude of, 'Oh, we have to go to school today.' If we could get to more, 'We get to go to school today,'" then the school's climate and culture might improve significantly.

They also said that creating unity among students cannot necessarily be done through policy; every student has to bring a positive attitude to the table. They explained that while teachers and administrators can influence a positive school climate with encouragement, smiling, and developing strong relationships with students, creating "positive vibes" among the student community requires individual-level introspection and commitment on behalf of students who affirm: "This is going to be a good day;" "I'm going to be respectful;" and, "I'm going to support people today."

Cross-stakeholder analysis: priority topics

While there was significant overlap in priorities across stakeholder groups, there were also key differences in the way each group discussed each topic. Emotional and mental health, along with school climate and culture, surfaced most frequently across all three stakeholder groups as priority areas to address to create healthy learning environments. Though these two broad areas came up the most overall, each group prioritized them slightly differently.

For educators, school climate and culture was seen as crucial to a healthy school environment, although it was not an explicit priority area. Instead, emotional and mental health was the top priority for educators.

Policymakers generally prioritized emotional and mental health as well, but some also viewed school climate and culture as a priority. Many policymakers also prioritized elements that cut across issue areas such as professional development, qualifications, and training for teachers and school staff.

Finally, students overwhelmingly emphasized relationships—especially with teachers, but also with peers—and discussed ways in which these relationships influence emotional and mental health as well as school climate and culture.

Emotional and mental health

Educators and policymakers frequently mentioned trauma and the need for training on trauma-informed practices. While many in both groups focused on the impacts of poverty, immigration status, and community violence on youth, several educators emphasized that students, regardless of their socioeconomic level, have significant emotional and mental health needs and may experience trauma. Several students also referenced traumatic events such as school shootings and student suicides, although they never used the term "trauma."

Many educators and policymakers also spoke extensively about social and emotional skills in the context of mental and emotional health. They often mentioned the need to develop students' "coping strategies" for effectively dealing with their own mental health issues as well as "what's going on in the world nowadays," including gun violence, fear of deportation, and other forms of community trauma.

Though policymakers and educators discussed the importance of developing social-emotional skills for academic, career, and life success, this surfaced as the highest priority topic for educators in

particular. Students mentioned social-emotional skills only once, in the context of "life skills" that could help them better cope with stress.

Policymakers cited addiction issues as a challenge for students as well as family members, and several educators and policymakers drew explicit connections between student attendance and parental addiction, or between student attendance and anxiety. However, educators more frequently emphasized the impact of parents' mental health or chronic health issues on students, with several framing the topic as an equity issue. In contrast, many students attributed high levels of stress and anxiety to demanding academic environments.

All stakeholder groups emphasized the need for increased availability of trained and qualified school personnel, such as counselors, social workers, and mental health professionals, to provide support for students' emotional and mental health needs. Educators and policymakers mentioned the need for more funding to hire additional support staff. Educators and students said support staff should be able to dedicate more of their time to working directly with students, instead of spending time on paperwork and administrative tasks. However, students said they are often more likely to seek emotional support from teachers than from other school support staff, because they find teachers more approachable, or easier to connect with, because of their existing relationships. Policymakers and educators stressed training teachers to better address students' social and emotional needs and to strengthen their ability to "just interact" with students who have experienced trauma.

School climate and culture

All stakeholder groups identified school climate and culture as a crucial element of a healthy school, at times equating a healthy school with a healthy school climate. Social-emotional skills and relationships within the school building surfaced among members of all groups as important aspects of school climate and culture. For instance, educators discussed ways in which social-emotional skills can influence school climate, by highlighting the importance of both students and staff treating everyone in the building with empathy and respect. They also noted that staff and school leaders should model this behavior for students through positive interactions.

Students focused somewhat more on the impact of peer relationships on school climate, highlighting the need for more bullying prevention and for students to be less judgmental of their peers; they also emphasized that individual students' attitudes and actions play an important role in the larger school climate. Students uniquely highlighted academic tracking as a practice that creates divisions among peers and contributes to a culture that is not equally supportive of all students. However, at least one educator and one policymaker discussed the practice of separating special education students from their peers and the effect this has on school climate.

All stakeholder groups cited the role of school leaders in creating a school's climate. Policymakers and educators said school leaders set the tone in the building and, as a result, have a strong impact on school climate.

Policymakers, educators, and even students said there is a "trickle-down" effect in schools, such that when teachers feel supported by their administrators, students end up feeling supported by their teachers. Students did not speak extensively about the role of school administrators; however, several said that students notice when administrators are genuine and that this is evident when they take the time to interact directly with students.

Educators, policymakers, and students also identified teacher stress and anxiety as an issue that has an impact on teacher relationships with students and other staff, though they did not necessarily characterize the source of teacher stress in the same manner.

Policymakers noted that teachers become frustrated when they do not have the necessary training to meet the breadth of students' needs. Educators highlighted the stress teachers face as a result of making low salaries while their job duties continue to increase. However, policymakers and educators said teachers need more professional development and training to fully address the breadth and depth of student needs. Students and educators mentioned that teachers experience stress and said teacher relationships with students suffer when educators do not feel supported by their administrators.

Broader school health topics

As noted earlier, stakeholders discussed a broad range of topics related to healthy schools beyond those identified above as priority areas. They articulated several reasons, outlined below, why emotional and mental health, including social-emotional skills, and school climate, should take precedence over more traditional school health topics (e.g., nutrition, physical activity):

1. Some stakeholders shared that more traditional school health issues have received more attention in the past, or sufficient progress has been made in those areas, and it is now time to shift attention toward the priority areas identified above. One student said, "At my school, physical health is a big thing, so I'm not worried about that. What worries me at my school is mental health; a lot of kids don't know where to go or who to talk to when they have a problem." An elementary school principal echoed this idea, saying that in her state, health education, physical education, and healthy meals have all been addressed through legislation: "It's already in place. So, like in [my state], I know it is. I can't speak for other states. But for us, we're there, it's the way we do business and this next piece is the social-emotional piece."

2. Stakeholders also suggested that certain issues need to be addressed first, before others can gain traction. For instance, a high school principal said mental health issues must become a priority so students are able to make healthy choices and sustain healthy lifestyles:

   > We have a student that's going through depression. One of the coping mechanisms could be eating right, exercising, and things of that nature. But I'll never get to that. I'll never sustain those good decisions, and behaviors, lifestyles, and practices if I don't deal with the depression first, the anxiety first, the high levels of stress first. And I think some of those pieces are leading to barriers in making healthy lifestyles. I think it's centering themselves in a good place, which will lead to sustained healthy decisions and choices and lifestyles, versus saying, 'Hey, we want to promote running' without the context of dealing with the psychological impediments to that.

   Similarly, a state board of education member emphasized that school culture needs to be addressed first, before we can effectively address other aspects of healthy school environments. "A healthy [school] culture is a very effective prevention tool," he said. "Simply doing a lot of prevention activities in a culture that has toxic elements will not be very effective."

3. A state board of education member recommended that social-emotional skills be prioritized over issues related to diet and exercise because the former are more closely tied to long-term success:

> The research that's come out that really links the social-emotional wellness to the ability to learn and the ability to succeed just is so much stronger. Because, of course, people can have bad nutritional practices and never exercise and still go out and get a job and be able to support themselves and their families. There's other kinds of consequences for it, but …. If you don't have strong social and emotional skills, if you don't have an environment where kids feel safe to learn, then getting to that successful adult is much more of a struggle as opposed to, like I said, people having bad nutrition habits or bad activity habits.

4. The same policymaker also suggested that the educational system should prioritize helping students develop social-emotional skills because they are *skills* and can be very challenging for students to hone without adequate support. She argued strongly that, whereas a person can potentially improve their physical health by making better choices for themselves given some basic knowledge about what is healthy and what is not, it's much harder for a child to solve their own emotional problems without first developing the requisite social-emotional skills:

> Another dimension of it is that, for the physical health, so nutrition and activity kinds of physical health education, there's a lot of ability for a person to make decisions that can change that, like a person can decide to eat healthier, a person can decide to exercise more. The social-emotional wellness seems different in that we're talking about a lack of skills in the person, so that person can't solve that problem on their own. So, it seems like a different type of need…. If a person has a hard time managing their anger or a child has some kind of trauma-informed background that leads them to act in a certain way, them solving that problem on their own … it just seems less likely. It seems like it more needs to be a system kind of solution.

5. Finally, several policymakers made a strategic argument for prioritizing social-emotional wellness over other components of school health. One state board of education member considered what issues could garner broad buy-in from both ends of the political spectrum and noted that because soft skills and drug prevention both relate to career readiness, these could be areas "where you could get broad agreement and you might be able to gain some traction." Another state board of education member made a slightly different point, noting that needs vary widely from school-to-school and district-to-district. Although safety may be a pressing issue for some schools and food insecurity may be a pressing issue for others, this state-level policymaker said, "If we want a policy that would probably hit all schools, it would be the social-emotional issue… [because] if you're trying to have an impact at a state

level, if you're only addressing a subset of the schools in terms of safety, you're not gonna have that state-level impact." She went on to say that she has observed positive movement in education in recent years, and that we need to ensure that this continues:

> I feel like things have been changing in the last maybe 10 or 15 years towards more focus on the individual child and awareness of his emotional skill. And whether that's completely been integrated in the college prep program for teachers or in the way schools are administered, I think those are the things we're in the middle of and some people are doing it really well, and some people aren't doing it as well. But I feel like we're in a slow transition. And that's why it's important to use the policies that get made at the state level; they're gonna help either solidify the direction we're moving [in] or take us back in another direction.

Discussion

To understand how stakeholders are thinking about healthy school environments, and to identify their respective and overlapping needs and priorities, we conducted in-depth, semi-structured focus groups and interviews with a diverse set of state-level policymakers, educators, and students. Across stakeholders, there was broad agreement that school climate and culture is the backbone of a healthy school. Additionally, despite the breadth of topics the three groups discussed, there was broad consensus that students' emotional and mental health is an area in need of attention. The fact that the three groups converged around emotional and mental health, broadly speaking, suggests that this area should be prioritized to improve the health of schools.

Given their unique lenses, it is not surprising that policymakers, educators, and students had somewhat different perspectives about why it's important to address students' emotional and mental health needs. Their views also differed about which specific emotional and mental health needs require the most attention. For instance, policymakers shared concerns about broad societal trends, such as the opioid epidemic, mental health problems associated with increased use of social media, and the impacts of trauma and adverse childhood experiences. Educators also emphasized trauma, but they discussed specific examples of the kinds of trauma experienced by students in their communities and the need for school staff to receive training related to trauma-informed practice. Students, on the other hand, focused primarily on stress and anxiety related to academic pressure, and on stigma associated with seeking mental health support.

Stakeholders articulated various ways that emotional and mental health intersects with more traditional school health topics. For instance, several noted that emotional and mental health issues can lead to unhealthy eating or serve as impediments to physical activity. Others discussed various strategies for identifying and/or addressing students' emotional and mental health needs (e.g., ensuring that caring adults are available to provide emotional support, helping students develop social-emotional skills so they can cope with emotional challenges, and hiring school leaders who prioritize addressing students' emotional and mental health needs along with their academic needs). They said each of these strategies could also have a positive impact on school climate. In addition, although stakeholders said teacher stress can trickle down and have a negative impact on students, there was also a perception that when resources are not available to meet students' needs, teachers may experience stress. Thus, there is a potential connection between addressing students' emotional and mental health needs and improving teacher wellness.

Further, stakeholders consistently emphasized not only the role of mental health professionals in addressing student needs, but also the importance of better equipping teachers to address

students' emotional and mental well-being. Stakeholders expressed a desire to establish a culture of health in schools rather than relegating students' emotional and mental well-being to health professionals.

The overlaps between emotional and mental health and other elements of healthy schools suggest that addressing students' emotional and mental health needs could serve as a "leverage point" for promoting the WSCC model as a whole. It could improve integration of multiple components of healthy school environments, which are currently siloed, to advance the common goal of improving social, health, and academic outcomes for all students. In other words, intervening to address students' emotional and mental health needs has the potential to concurrently and subsequently trigger change across other elements of the WSCC model. At the same time, there is no single strategy that will magically elevate all schools to the ideal level of health; however, focusing on emotional and mental health may simultaneously address an area of greatest need and provide the leverage to improve multiple aspects of school health.

To some extent, recent news events clearly influenced our conversations with stakeholders. It is likely not a coincidence that the number of educator quotes touching upon trauma was high and that educator interviews all took place in the weeks and months following the Parkland school shooting. Interestingly, however, the comments that directly addressed the shooting were not necessarily about trauma. For instance, one principal brought the event into the conversation to talk about challenges to helping students grow socially and emotionally:

> I was really struck with the whole, the reaction to the shooting in Florida, listening to our politicians and some of those folks that were in powerful positions. Some of the rhetoric that they used after that incident where our children and people who were grieving were listening, I really was struck, like, "How do I help my students slow down enough to be perceptive enough to understand what their words might do to somebody else?" And so, we are, in my opinion, lacking the models for our young people to really hear multiple sides of the story, and being aware of what we say and do and how it affects somebody else.

It is worth noting, too, that policymakers also discussed trauma during their focus groups and interviews, which had all concluded just prior to the Parkland shooting.

Limitations

We spoke with stakeholders from across the country and in U.S. territories to explore their perspectives on school health. Despite their geographic diversity, participants were a self-selected group who likely chose to participate given their interest in this topic. The perspective of student participants may not reflect the "typical" student perspective. Student participants were all in high school; therefore, the perspective of students at lower grade levels is not reflected here. Additionally, student participants were all youth delegates to a National 4-H conference, and their focus on anxiety related to academic pressure, for instance, may have limited generalizability beyond students who share certain characteristics with youth delegates to National 4-H (e.g., other students who actively seek out youth development opportunities). Moreover, most of our policymaker participants were state board members, with only three state legislators and one legislative staff member. The views of governors, chief state school officers, and executive-level secretaries were not reflected.

Recommendations and Next Steps

The findings from this study have clear implications for advocates working to promote any aspect of healthier school environments. Although students, educators, and policymakers touched upon nearly every aspect of healthy schools as defined by the CDC's Whole School, Whole Community, Whole Child framework, only a handful of topic areas emerged as areas of need. Specifically, all stakeholder groups focused on mental health and school climate as clear leverage points in need of additional policy attention that can provide the foundation for achieving healthier schools more broadly. To this end, we offer healthy schools advocates and policymakers the following recommendations for using the findings in this report:

- **Identify the linkages between mental health and/or school climate and other aspects of healthy schools.** Just because stakeholders are focused on these two elements of healthy schools does not mean that advocates working to improve nutrition, physical education, or health services in schools cannot make progress in those areas. Instead, consider mental health and school climate as entry points for demonstrating the interconnected nature of healthy schools. For example, given connections between nutrition, physical activity, and behavior, momentum around reforming school disciplinary policies may also be a platform for increasing attention to standards related to school meals, recess, and movement in the classroom.

- **Recognize that students, educators, and policymakers discuss mental health and school climate differently, and tailor messaging appropriately.** Although the stakeholder groups all coalesced around these topics, specific priorities varied. For example, while policymakers shared high-level concerns about student mental health—discussing, for instance, the negative effects of social media use, and the research surrounding adverse childhood experiences—educators zeroed in on specific types of trauma that students may experience and the need for training in trauma-informed practice. Students, on the other hand, emphasized the need for supportive relationships and increased awareness, among both teachers and other students, of mental health issues to reduce the stigma associated with seeking help. Build buy-in from these groups by focusing on each group's priorities and adopting their language when describing these domains.

- **Build coalitions across healthy school domains.** Stakeholders clearly understood the interconnections between healthy school domains; however, they also described the uncoordinated nature of these issues (e.g., school climate and school health) within their schools. Given policymakers' need to prioritize among competing issues, due to limited time and resources available to address all issues simultaneously, healthy school advocates are better positioned when they bring a unified message, rather than competing to prioritize any given domain.

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