Vermont Department of Mental Health Mental Health Minute

Summer 2022

Current Topic: School Engagement

Engagement in school can be an important indicator for later life successes. There are many factors that are associated with school engagement at the individual, family, and community level, and two emerging areas of interest relate to adversity and resilience.¹

Adverse experiences occurring in childhood are potentially traumatic events that can disrupt typical development and may have lasting effects into adulthood. (For more information about the types of adversity click here.)

Resilience is the ability to cope with and overcome challenges and stressful events. Resilience is a skill that children develop as they grow and learn to manage stressors positively.

Better understanding the associations between school engagement, adversity, and resilience can help inform local policies and programming to support and improve school engagement among Vermont youth. (A prior Mental Health Minute showed the connection between adversity and resilience.)

Why is This Important?

It is well established that childhood adversity is related to poor physical and mental health outcomes in adolescence and adulthood.² Studies show that resilience may help children lessen the potential negative effects of adversity.³ We are beginning to understand how resilience and adversity interact or independently relate to important outcomes along the life course, like school engagement,¹ that set the stage for a strong transition to adulthood.

Fostering children's resilience may help protect against the harmful impacts of childhood adversity. It is important to note

that adversity is not destiny; resilience and having supportive adults can lead to positive life experiences and outcomes. The Department of Mental Health, the Vermont Child Health Improvement Program (VCHIP), and the Agency of Education are working together to improve our understanding of how adverse experiences and resilience are related to school engagement for Vermont's children 6 – 17 years old. We are interested in promoting policy and programming that contribute to and enhance resilience and foster engagement in school.

What do Adversity and Resilience Look Like in Vermont's Children (6 – 17 Years)?

We used the National Survey of Children's Health ⁴ (NSCH, 2018/2019 combined), which gathers information from parents about children's health, access to healthcare, and family and social context, including nine adverse experience items (a response of 'somewhat often' or 'very often' to questions indicates experiencing adversity). Figure 1 shows

that 15% of children 6 – 17 years old have had three or more adverse experiences; about one out of seven children have experienced high levels of adversity during childhood which may result in negative future outcomes such as chronic health problems, mental illness, or substance misuse in adulthood.

We used the following NSCH question to assess resilience of

Fig 1: Percent of Children with Adverse Experiences

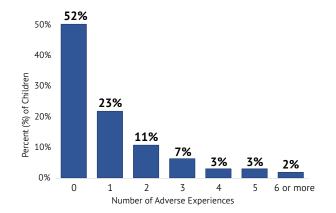
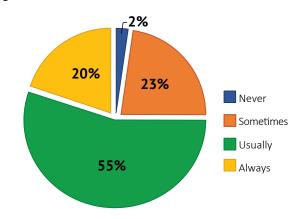


Fig 2: Percent of Children Who Demonstrate Resilience



children 6 – 17 years old: "How often does this child stay calm and in control when faced with a challenge?" Figure 2 shows that 25% of children 6 – 17 years old 'never' or only 'sometimes'

exhibit resilience when faced with a challenge; one out of four children may lack the resilience needed to overcome adverse experiences and have positive future outcomes.

What Does School Engagement Look Like In Vermont's Children (6-17 Years)?

Survey questions assessed children's emotional (cares about doing well in school) and behavioral (does required homework) school engagement. Table 1 shows that over 80% of Vermont's children 6 – 17 years old either 'usually' or 'always' cared about doing well in school or did their required homework. When put together, 79% of Vermont children are highly engaged in school, meaning they both care about doing well in school and do their homework.

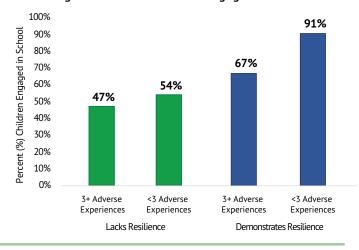
Table 1: Percent of 6-17 year olds engaged in school

Cares About Doing Well in School	
No (Sometimes or Never)	14%
Yes (Usually or Always)	86%
Does Required Homework	
No (Sometimes or Never)	16%
Yes (Usually or Always)	84%

How are Adversity and Resilience Related to School Engagement?

Vermont children 6 – 17 years old with three or more (3+) adverse experiences have less engagement in school, while children that demonstrate resilience have more engagement in school. In addition, Figure 3 shows how demonstrating resilience helps to ameliorate, or lessen, the negative impact that adverse experiences have on school engagement. Children 6 – 17 years old who <u>lack resilience</u> are about six and a half times more likely to <u>not engage</u> in school, compared to children who demonstrate resilience, even after taking into account the importance of their adverse experiences, age, race and ethnicity, and socioeconomic status. Of all these factors, resilience is most strongly associated with school engagement.

Fig 3: Percent of Children Engaged in School



What Can We Do About It?

These findings that resilience can be both a strong predictor of school engagement and a positive buffer for children who experience higher levels of adversity can bring hope to those children and families, and the people working to support them. Resilience can be learned and strengthened at home and in schools with a supportive environment, direct teaching of social skills and how to identify and express emotions, and opportunities to practice those skills in everyday situations.

When children and youth are supported to take safe risks, see mistakes as opportunities to learn from their experiences, develop flexible thinking, connect and support others, and practice self-care, they are more likely to develop a sense of competency, belonging, and meaning. Programming such as Social Emotional Learning curriculum, trauma-responsive schools, and classrooms grounded in a Multi-Tiered System of Support can be effective in these areas.

References & Notes

These results come from data before the Covid-19 pandemic and will be re-assessed when 2020/2021 data are available.

- 1 Bethell, C.D., Newacheck, P., Hawes, E., Halfon, N. (2014). Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience. Health Affairs (Millwood). 33(12):2106-15.
- 2 Hughes, K., Bellis, M., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effects of multiple adverse childhood experiences on health: A systematic review and meta-analysis. Lancet Public Health, 2(8), 356–366.
- 3 Liu, S. R., Kia-Keating, M., Nylund-Gibson, K., & Barnett, M. L. (2020). Co-occurring youth profiles of adverse childhood experiences and protective factors: Associations with health, resilience, and racial disparities. American Journal of Community Psychology, 65(1–2), 173–186.
- 4 Child and Adolescent Health Measurement Initiative, (2022). 2018-2019 National Survey of Children's Health (NSCH). Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org.

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