Coddling millennial snowflakes pt. 2

Social Emotional Learning in Public Education

At its convention in Washington, D.C. (2016), America's "largest, richest, brass-knuckled labor union,"[1] the National Education Association, recently passed two new mental health-related resolutions.[2] While addressing mental health in public education isn't new, the burgeoning "field" of mental health in schools is.

In general, mental health researchers name five key competencies.[3] While allegedly fostering them, "safer schools" aggressively nurture a culture of shame. For example, to atone for human violence toward the planet, "well" children are shamed into Earth servitude. Kids whose families enjoy affluence, while less fortunate counterparts merely scrape by, are made to feel discomfited. Should a shy girl decline to share a school restroom or shower with an anatomic boy identifying as female, it's the girl who's labeled "at risk" for demonstrating "intolerance."

Given the unexpected outcome of our 2016 Presidential election, edu-clinicians at all levels pulled out all stops by extending recess periods, offering yoga, meditation, and mindfulness work (K-8). Up to and including college level, schools staged "cry-in's," "group screams," and "walk outs." Some provided nap- and crying- rooms equipped with therapy dogs, coloring books, Play-Doh, and healthy snacks. Disappointment, students learn, is to be coddled and/or acted out in civil disobedience.

Social Emotional Learning (SEL) [4]

Through school-linked services (i.e., afterschool programs; wellness, health, and family resource centers), school-

community coalitions advocate for social-emotional learning in classroom settings.[5] SEL teaches skills for setting personal goals aimed at working well with others, feeling sympathy/empathy, identifying problems and, while making ethical choices, initiating help-seeking and help-giving behaviors.

Schools are not in the mental health business, yet they are deemed essential partners in the two-fold mission (1) to promote mental health of youngsters and (2) to reshape thinking about mental health.[6]

- Promote Mental Health

With upsurge of SEL, one might reasonably expect augmented resilience. To the contrary, well over half of students in urban schools suffer learning, behavior, and emotional problems.[7] In reality, personal pathology is rare.[8] Notwithstanding, at great expense, onsite mental health clinics continue to pop up; and the vast majority of American schools extend access to mental health services beyond special education to all students.

Because the same entities purporting to promote "mental health" also normalize categories that traditionally qualified as disorders—i.e., homosexuality and bi-, pan-, trans- gender identification/ fluidity—it's no wonder nearly three-quarters of schools studied reported social, interpersonal, or family problems as most frequent for boys and girls alike.[9]

Reshaping Attitudes Toward Mental Health

With appearance of suicide education in the 1980s, mental health services have continued to multiply.[10] The expressed intent is school-community intervention to (1) nurture overall child development and (2) curtail obstacles to learning. To "reshape feelings" at the national level, health professionals promote urgent, large-scale, systemic reform initiatives.

In 2002, President George W. Bush created the New Freedom Commission on Mental Health. Congress appropriated funds for early mental health screening but, truth be told, personal pathology is by no means the primary obstacle to learning. Low-bar standards, trumping academics with unmanageably exhaustive behavioral objectives, permissive policies, experimentation with flavor-of-the-month strategies, politically correct nepotism, and countless unnamed variables no doubt fuel the problem.

Mental Health Screening

DSM-1V[11] criteria for mental illness lack clear, empirical support data, and dubious diagnostics force answers likely to yield false positives. Under auspices of "gun violence," President Obama quietly unleashed a cache of federal dollars toward ordering mental health testing for youngsters. With no evidence supporting reduced suicide attempts or mortality as a result of its extended use,[12] the Columbia University-based program called TeenScreen was used to detect depression in students at risk of suicide, anxiety disorders, and drug/alcohol abuse. Last month it was announced, "The National Center will be winding down its program at the end of this year."[13]

All too often, voluntary, informed, and written parental permission for administering mental health screening is bypassed. Even for religious reasons, parents in Nebraska and West Virginia are denied the right to refuse screening.[14] Flexibility as to who administers and scores tests should raise further concern. There are reported instances of underhanded methods used to coax kids into "voluntary" participation.

An inadequately trained administrator is tempted to view common emotional and behavior problems as "symptoms" to be designated as disorders.[15] Comprehensive search for some "hidden" anomaly suggests need for mental illness to be

"ferreted out and captured like a rabid animal."[16] Once "caught," the culprit is tagged, but applying labels from the constantly expanding list (i.e., attention deficit hyperactivity disorder, oppositional defiant and/or adjustment disorders, learning disabilities, and depression) tends to skew public policy. Case in point: Since 1995, the number of children diagnosed as bipolar has increased by forty percent. Predictably, there are increasingly more referrals than can be served.

Diagnosis and Remediation

Assessments invite misdiagnoses coupled with expensive, sometimes unwarranted interventions.[17] In actuality, "connecting kids with treatment" is code for prescribing psychotropic drugs, resulting in dangerous, "off-label," prescriptions (not intended for pediatric use), over- and/or mis-medication. Remarkably, in 2012, multiple prescriptions for children exceeded spending on antibiotics or asthma medications.[18]

Most pscho-active medicine is no more effective than placebos yet, when used by minors, antidepressants pose calculable risk. Disturbingly, the Bush commission linked mental health examinations with "state-of-the-art" treatments using specific medications (e.g., antidepressant and anti-psychotic drugs) for specific conditions.[19]

As drug coercion becomes a condition for public school attendance, noncompliant parents fear they will face charges and/or unwelcomed intervention of Child Protective Services. Despite protest, the NEA continues to urge affiliates to support legislation at all levels (community, state, and national).

Follow the Money

There's good reason why schools typically don't assign high priority to mental health services. Simply put, school-

financed student support services do not reflect the school's essential mission. Nevertheless, the Federal Department of Education and Centers for Disease Control persistently advocate for federal initiatives that advance "full-service" schools.[20]

Among the top five funding sources is Medicaid. Wraparound mental health services effectively rob from Peter to pay Paul. Given the political-pharmaceutical alliance that operates for monetary gain, conflict of interest is to be expected. By way of example, TeenScreen advisory board members served in leadership positions for at least two entities heavily funded by drug-company "educational grants."

Cradle-to-Grave Monitoring and Intervention

Results of routine, comprehensive mental health screening for every child, preschoolers included, are integrated with electronic health records. Longitudinal national electronic databases, including treatments and personal family information, can be accessed by insurance companies, federal and state agencies, special interest groups, and eventual employers. Even fictional "mental disorders" follow a child for life. Without parental consent, DNA data collected on newborns through KIDSNET in Rhode Island are linked to educational databases.[21]

In conclusion, the late President Ronald Reagan got it right: "The most terrifying words in the English language are 'I'm from the government, and I'm here to help.'"

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Footnotes:

1. Forbes magazine.
2. Resolution B-66 advances competencies relating to decision-making, self and social awareness/management skills. Resolution C-5 showcases comprehensive school health, social,

and psychological programs/services, pre-K through higher education. Education Reporter, Number 367, August 2016. 3-4.
3. Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011.
4. Http://smhp.psych.ucla.edu (Accessed 19 November 2016).
5. Greenberg et al., 2003; Hawkins, Kosterman, Catalano, Hill, & Abbott, 2008.
6. E. Marx and S. Wooley with D. Northrop (Eds.). Health is Academic: A Guide to Coordinated School Health Programs (New York: Teachers College Press.1998).
7. University of California at Los Angeles, 2003.
8. Howard S. Adelman, Ph.D. and Linda Taylor, Ph.D. "Mental Health in Schools and Public Health." Public Health Reports 2006 May-June 121(3). 294-298.
9. Foster et al., 2005.
10. Education Reporter, Apr.-May 1987.
11. Diagnostic and Statistical Manual of Mental Disorders.
12. Education Reporter, Number 309, October 2011. 1,4.
13. Teenscreen shuts down. (Accessed 12 December 2016).
14. Education Reporter, Number 359, December 2015.
15. Adelman, 1995a; Adelman & Taylor, 1994; Dryfoos, 1990.
16. Alliance for Human Research Protection, The Brown University Child and Adolescent Behavior Letter, 8-01-04.
17. Lyon, 2002.
18. Education Reporter, Number 316, May 2012.1.
19. Education Reporter, Number 316, May 2012.1,4.
20. For example, grants programs for the Integration of Schools and Mental Health Systems.
21. Howard S. Adelman, Ph.D. and Linda Taylor, Ph.D. "Mental Health in Schools and Public Health." Special Report on Child Mental Health, Volume 121, May-June 2006. 294.