john w. gardner center for youth and their communities

research brief

December 2019

SAN MATEO AREA TEEN MENTAL HEALTH STUDY

Kristin Geiser, Kendra Fehrer, Jaymes Pyne, Amy Gerstein, Vicki Harrison, Shashank Joshi

A collaboration between the Gardner Center, the Stanford Center for Youth Mental Health & Wellbeing, and Peninsula Health Care District

Adolescence is a time of significant growth and development. It is also a time of great vulnerability. According to national indicators of adolescent health and well-being, mental health is one of the most significant health issues young people face. Some studies suggest that close to half of all American youth ages 13-18 meet the criteria for a mental health disorder and half of those with a disorder, or about 25% of all youth, experience symptoms that are severe enough to disrupt their daily lives (Merikangas et al., 2010). Since mental health is linked to other aspects of health and well-being, undiagnosed and untreated mental health conditions can negatively impact a young person's social-emotional health, academic outcomes, and overall quality of life (Costello & Maughan, 2015). Undiagnosed and untreated mental health needs can also lead to a mental health crisis. National trends indicate that suicide rates, often considered to be an indicator of extreme or acute manifestation of mental health distress, are on the rise. The Center for Disease Control and Prevention and The National Institute of Mental Health have reported that suicide was the second leading cause of death for American youth ages 10-24 in 2017 (Curtin & Heron, 2019). In San Mateo County, a recent report on adolescent health frames the prevalence of mental health needs among public school students as "staggering" (County of San Mateo, 2015).

Both nationally and locally, schools are grappling with the challenges of unaddressed mental health needs and the resulting demand it places on them to provide mental health services.

To address these challenges, San Mateo Union High School District (SMUHSD), Peninsula Health Care District (PHCD), and Stanford's Department of Psychiatry & Behavioral Sciences' Center for Youth Mental Health and Wellbeing (Center for Youth), have been collaborating to strengthen mental health supports for youth in both the high school and K-8 districts. To better understand which efforts have the greatest potential for impact, they invited The John W. Gardner Center for Youth and Their Communities at Stanford University (Gardner Center) to conduct a study designed to answer three questions:

1. How do students, parents, teachers, and providers perceive mental health needs and student supports throughout middle and high school?
2. What predictive factors appear to be related to positive transitions, high school readiness, or risk indicators of later mental health challenges?
3. What are the opportunities for intervention and support to improve teen mental health?

This research brief reports findings from that analysis and offers actionable opportunities for improving support for student mental health.

Research Methods

Our interdisciplinary research team gathered administrative and interview data from SMUHSD and its K-8 partner districts. We collected longitudinal administrative data available for the 2009-10 through 2018-19 school years which allowed us to trace students from SMUHSD in the 2017-18 and 2018-19 school years back to their K-8 records. Elementary, middle, and high school data elements include students' race and ethnicity, gender, disciplinary involvement, absence from school, enrollment in special programs, and their parents' highest education level. High school data elements also include documented incidents of mental health interventions, including utilization of wellness services and involuntary psychiatric holds (5150s) initiated by the school in cases where the student may pose a danger to themselves or others.

In addition, our team conducted interviews and focus groups with 96 individuals (including teachers, site and district administrators, mental health counselors, parents, family liaisons, guidance counselors, wellness staff and front office staff). Participants represented eight schools and three districts (SMUHSD and two partner districts). Our findings reflect themes that are consistent across all eight sites and all three districts.

Key Findings

- Schools are experiencing earlier onset, increased prevalence, and greater complexity of student mental health needs.
- Resources to address student mental health needs vary across schools and districts, primarily focus on crisis management, and rest heavily on individual responses rather than a comprehensive system of support.
- Most students and families navigate transitions between grades, schools, and districts with relatively little support, leaving them vulnerable to increased anxiety and gaps in mental health services.
- Information regularly collected by public school districts provides limited insight into students' mental health strengths and challenges and the effectiveness of mental health supports.
- Numerous and varied opportunities have been identified where meaningful improvements can be made.

Patterns and Trends in Mental Health

Across schools and districts, staff are experiencing earlier onset, increased prevalence, and greater complexity of mental health challenges that negatively impact student learning, engagement, and achievement. Staff and parents note that both in-school and out-of-school

factors are affecting student mental health across the socio-economic spectrum and throughout all grade levels, including the early elementary years. Stakeholders note that students grapple with issues related to:

- immigration
- employment/income instability
- housing instability
- food insecurity/hunger/nutrition
- untreated mental health needs of parent/guardians
- sex trafficking
- social media (e.g., 24/7 bullying, distorted understandings of reality)
- academics (learning, achievement, concern regarding postsecondary options)
- peer relationships/bullying
- family relationships (including abuse and neglect)
- substance abuse
- LGBTQ identity

The complexity of these issues, coupled with the dynamic and developmental nature of childhood and adolescence, make it difficult for participants to determine how to interpret and respond to a particular behavior (e.g., a student crying in class). As a result, the participants find that mental health needs are not easy to detect and address until they manifest as a crisis.

Services & Supports

While the resources and supports for student mental health vary across schools and districts, they share four common themes:

- **Services and supports focus on crisis-management.**

  When a student is in crisis, staff respond swiftly. However, since demand outweighs the available resources, mental health counselors often provide what they describe as “tourniquet counseling,” or “triage” to the most urgent needs before them. When crises require an immediate response, other services, such as scheduled mental health appointments or drop-in counseling, are disrupted. Because most wellness staff serve more than one school, their scheduled day at one site is subject to interruption or cancelation if they are called to respond to a crisis at another site. A focus on crisis management, in turn, not only impacts the services and supports provided by the school where the crisis is occurring, but it can have a ripple effect, impacting the services provided at other schools, as well.

“I feel like we, unfortunately, do a lot of ‘putting out fires.’ Basically, the most in-your-face need is the one that gets addressed first, or that gets addressed, period. It’s a constant ‘Okay, what’s the most pressing need right now?’”

- Counselor

- **Practices related to identification, referral, response, and continuity of care are uneven within and across schools and districts.**

  Formal systems are in place to support special education students inclusive of their mental health needs; however, such systems are not in place for the general education population. While there are some important elements of a system in place (e.g., on-line record keeping, referral forms, meetings to facilitate continuity of care such as Kid Talk or Counselor Watch), these elements are not implemented consistently, nor are they connected to one another in such a way that they create a comprehensive system of support for the general education population within or across schools and districts.

- **Strategies for supporting mental health rely heavily on individuals.**

  The current approach to mental health support relies heavily on the ability of individuals to notice the signs that a student has a mental health need and to respond appropriately, both in the moment and over time. This places a huge burden on individuals who may not have the expertise or the capacity to fulfill this role. Specifically, this leads to (1) wide variation in identification, referral and response practices; (2) unknown numbers of students who are unidentified and underserved; (3) inconsistent records regarding student mental health needs and school-based responses; and (4) compassion fatigue and chronic concern among parents, teachers, and school staff.

"Our folks are getting burned out. They're having a hard time coming to school. They're exhausted. I think that more and more as we ask teachers to do the academic side, the social-emotional side… I think people are becoming tired."

- Principal

- **High-utilization of Wellness Centers and Wellness Counselors highlight need for more consistent and sufficient staffing.**[1]

  Over each of the 2017-18 and 2018-19 school years, SMUHSD's school-based Wellness Centers provided over 11,000 unique services and served about 27% of the student population. Some students simply drop into Centers during designated hours, others are called in as a result of a formal or informal referral, and a small proportion of students are on a counselor's caseload. Through the Wellness Center, students can access everything from a quiet space to rest to individual and/or group counseling with a trained mental health counselor. Students access Wellness Center support consistently throughout the year, with a slight spike in October and May. We also see students in all grades accessing Wellness Center support, with subtle variation that shows the least participation by 9th graders and highest participation by 10th graders. Wellness resources are well-utilized which suggests

[1] For the purposes of this report, "Wellness Center" refers to both a physical or designated space where wellness services are located and to wellness services that are provided in other on-campus settings (e.g., a counselor's office).

that wellness staff are offering support that students want and need. This also points to a staffing challenge. With Wellness Counselors assigned to more than one school, their days and hours on each campus vary. Supplementary support is provided by interns who change every year and, like the Wellness Counselors, spend limited days and hours on campus. Staff accessibility and consistency are key conditions in the context of mental health support, for they foster (or hinder) relationships with students, school staff, and families that support the quality and continuity of care that students need.

Transitions

Given that transitions are known to be a time of increased vulnerability for youth, we looked carefully at our data for any indication that mental health challenges associated with high school readiness or the transition into 9th grade could be bolstered by additional supports. While administrative data could not speak to questions regarding positive transitions, in our interviews we found:

- Transition supports vary across schools and districts.
- Some transition supports are available for students with high needs (e.g., special education, students with known mental health concerns); very few transition supports are available for the general student population.
- Participants are more concerned about students' transition from elementary to middle school than they are about their transition from middle to high school.
- Many students show signs of distress related to transitions long before and after the actual transition itself.
- The three most frequently mentioned sources of concern around transitions involve:
    1. Relationships - with peers (merging of schools/communities, vulnerability to unhealthy forms of belonging) and adults (new teachers and support staff).
    2. Environment - new setting, new modes of transportation to/from school, new structure (bell schedule, administrative procedures, rules), new norms/culture.
    3. Math placement - this creates distress for students and families as early as fourth grade when students begin to consider compacted or accelerated math options that have implications for secondary curricular pathways in math and science, and it prompts concern each year as students navigate course placement or selection processes.

While some schools are making efforts to provide a thoughtful orientation and welcome experience for incoming students, participants consistently expressed concern that students and families were left to navigate transitions on their own. This has the potential to pose a particular challenge to students who, in the interest of pursuing a "fresh start," do not share their mental health needs with their new teacher, school, or district and, in turn, experience a gap in services or an extended time where their mental health needs are not being met.

Predictive Factors

Much like the "early warning systems" developed around the country to identify students at risk of not completing high school for the purpose of connecting them to effective support in time to make a positive impact, many who work with adolescents wonder if there is a way to create a similar system to identify students at risk of serious mental health issues. With this question in mind, we collected longitudinal school district administrative data to track students who appear in the two most recent years of high school records (2017-18 and 2018-19). We traced these students' administrative records back to their elementary or middle schools five or six years prior. Unfortunately, there are few indicators of student mental health available for the 2017-18 and 2018-19 school years. One of the few mental health interventions for which administrative data is specific and traceable is a school-initiated 5150.

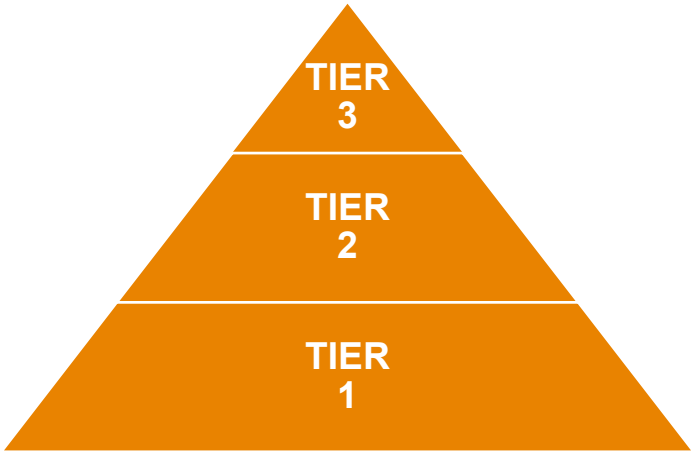
In order to identify predictive factors associated with a 5150, we examined whether experiencing one or more 5150 interventions in high school can be predicted by students' demographic characteristics, academic achievement, disciplinary involvement, attendance, and/or involvement in special school programs in elementary and middle school. Results are modest at best. We find that girls and students who were identified by their school as particularly vulnerable academically five or six years prior have higher odds than their peers of experiencing a 5150 event in high school.[2] Other regularly-collected data, such as disciplinary involvement, attendance, IEP status, English acquisition status, and parents' highest level of education five years prior are not meaningful predictors of a 5150 in high school. Overall, we find that the routine information regularly collected by public school districts does not necessarily capture who is at risk of developing serious mental health concerns in secondary school.

Opportunities

When needs are high and early indicators are not readily available, it is important to look for ways to build the capacity of the system to provide better support to the broader population. A Multi-Tiered System of Support (MTSS) is one example of a framework that attempts to do just this by organizing a system's resources such that all students receive a baseline of support (Tier 1), the 3-5 percent of the student population with additional needs receive more specialized support (Tier 2) and very few students (typically 1-3 percent of the student population) receive the most intensive support (Tier 3).[3]

[2] Available administrative data defined "academically vulnerable students" as those who are failing or most at risk of failing to meet the state's academic achievement standards and receive targeted instructional support through Title 1 funds.

[3] For more information on how a MTSS fits within California Department of Education's vision for a coherent system of education, see https://www.cde.ca.gov/ci/cr/ri/



Tier 3 supports serve 1-3% of students.

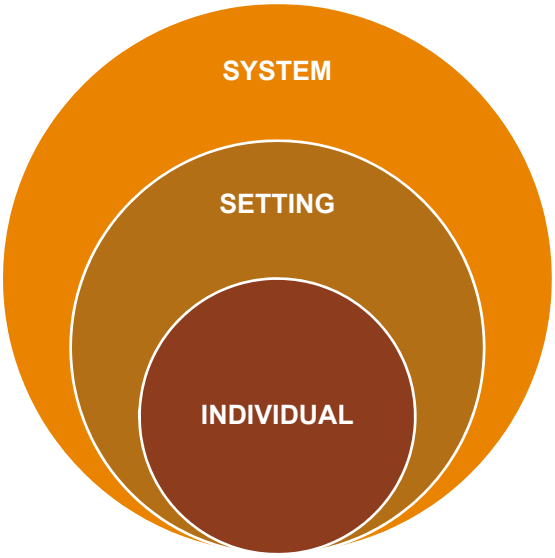
Tier 2 supports serve 3-5% of students.

Tier 1 supports serve 92-96% of students.

As student mental health needs have shifted in SMUHSD and its feeder districts, the individuals directly supporting those students have been the first to respond by adjusting their practices. Over time this has resulted in an inverted system, where the majority of mental health needs are met with Tier 3-type supports and the general student population receives very little in terms of consistent, comprehensive, baseline support. An inverted system is a signal that the current model has reached a tipping point, where it is not as effective or sustainable as it needs to be.

In order to provide effective mental health support to all students, including but not limited to those in crisis, it can be helpful to look at opportunities for improvement through a tri-level lens; that is, one that invites us to think about how changes at the system (district/cross-district), setting (school site) and individual (student/family) level can come together to improve student mental health.

A ***tri-level lens*** invites innovation at the system, setting, and individual levels



How can **districts** enable sites to better support student well-being within and across districts?

How can **school sites** effectively support student well-being?

How can **every student** experience the conditions that foster robust well-being over time and the supports to effectively navigate the inevitable times of acute, complex, or intense need?

Opportunity 1: Situate student mental health in the broader context of comprehensive development and well-being that is cultivated over the course of a lifetime.

Participants' discourse around mental health tends to presume a current or potential crisis. This framing does three things: (1) it reduces a complex construct to a fragment of its full meaning, (2) it advances a deficit-based approach, and (3) it fuels the idea that the best response is that of a first responder: on high alert at all times, responsible for effectively identifying and triaging those who show signs of distress. The Centers for Disease Control and Prevention (CDC) offer another approach, one that situates mental health in the broader context of well-being:

> Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (Center for Disease Control and Prevention, 2018).

The CDC's framing of mental health allows for a more robust, asset-based, and actionable approach. It also highlights how enhancing protective factors such as school connectedness may positively impact well-being within and beyond a student's K-12 years (Center for Disease Control and Prevention, 2018). PHCD's support of Wellness Centers and Wellness Counselors in SMUHSD has helped signal that mental health is connected to a broader focus on well-being. Opportunities for next steps include:

SYSTEM	• Advance a cross-district approach to promoting student mental health that situates mental health in the context of a comprehensive understanding of student development, such as Turnaround for Children's Framework for Comprehensive Student Development (Turnaround for Children, n.d.). • Integrate mental health into district-wide planning processes connected to California's Local Control and Accountability Plan. • Increase funding for a dedicated Wellness Counselor at each school site as a system-wide strategy for building setting-level capacity.
SETTING	• Expand Tier 1 strategies that promote health and well-being through adolescence and beyond by implementing structures and programs that foster school connectedness, belonging, and strong social relationships, such as those described by the CDC and Transforming Education (Center for Disease Control and Prevention, 2019; Transforming Education, n.d.). • Provide support for teachers experiencing secondary trauma and compassion fatigue (e.g., class coverage provided by a roving substitute or access to on-site counseling services provided by Wellness Counselors). • Build the capacity of teachers and school staff to interact with students in ways that promote well-being (e.g., through coaching by Wellness Counselors or on-line training through Kognito) (Kognito, n.d.).

INDIVIDUAL	• Connect with a partner such as *Challenge Success* to engage students and families in the work of embracing a broad definition of success and implementing research-based strategies that promote student well-being (Challenge Success, n.d.).

Opportunity 2: Shift from an individual view of the problem and solution to a systems view

Individualized Tier 3 supports will always be an important component of a comprehensive system of support. However, they are not an effective way to support mental health and well-being for a large number of students with a wide range of needs. Shifting from an individual view of the problem and solution to a systems view invites the activation of an ecosystem of support within and beyond the school. A systems view, in turn, has the potential to (1) attend to protective factors as well as crisis management, (2) improve the chances that students with mental health needs will be identified and well-served, and (3) allows the adults within that system to provide the support that is within their scope of practice and expertise. Together, these are likely to improve the quality and effectiveness of school-based mental health supports which could, in turn, improve the well-being of the students as well as the adults who serve them. Opportunities for next steps include:

SYSTEM	• Build district's capacity to influence, develop, and oversee school mental health systems by connecting with networks and training opportunities such as those provided by Mental Health Technology Transfer Center Network (Mental Health Technology Transfer Center Network, n.d.). • Clarify district-wide strategies for providing a comprehensive approach to supporting student well-being (e.g., through a MTSS framework). • Dedicate financial resources to support each school site to translate district-level advances around mental health and well-being into school-level policies, practices, and norms.
SETTING	• Expand and/or implement Tier 1 strategies in order to create a web of support for student well-being such as Positive Behavioral Interventions & Supports, The Good Behavior Game, Culturally Responsive Instruction, and Restorative Practices (Positive Behavioral Interventions and Supports, n.d.); The Good Behavior Game, n.d.).
INDIVIDUAL	• Engage students in the design and implementation of Tier 1 programs that support well-being and suicide prevention, such as Sources of Strength (Sources of Strength, n.d.). • Provide systematic opportunities for students to develop and express identity and voice (e.g. forming clubs, participating in parent-teacher conferences). • Build parent capacity to promote the well-being not only of their own children, but of *all* students (e.g., parent education events, parent dialogues, on-line training for parents through Kognito) (Kognito, n.d.).

Opportunity 3: Strengthen continuity of care across grades, schools, and districts

Mental health and well-being are cultivated, developed, and strengthened over time. Continuity of care, or the provision of consistent, high quality support across grades, schools, and districts, is therefore an important component of supporting student mental health. Continuity of care requires a few things: (1) a normative capacity (e.g., a culture that prioritizes smooth transitions and continuity of care as a core component of supporting student mental health; trust in those with whom data will be shared; confidence in the process), (2) a technical capacity (e.g., systems and procedures for collecting, recording, and accessing information), (3) an adaptive capacity (e.g., translating needs and supports in new settings where resources may be different; responding quickly to emerging or changing needs). Research suggests that some strategies, such as those that ease transitions by proactively addressing students' challenges at the start of the school year, can have lasting positive effects (University of Wisconsin-Madison, 2019).

Opportunities for next steps include:

SYSTEM	• Strengthen the policies, structures and processes that facilitate information sharing between grades, schools and districts in ways that support continuity of care for student mental health and well-being (e.g. improve data collection and record-keeping practices across transitions, provide teachers and wellness staff with information regarding the mental health and well-being of all). • Provide schools with resources and/or incentives to strengthen Tier 1 strategies that support student transitions between grades, schools, and districts.
SETTING	• Strengthen processes for coordinating a student's services over time (e.g., Student Study Teams, Coordination of Services Team). • Explore ways for transition supports to span a longer period of time (e.g., inviting parents and students to connect with the new school or district a year prior to the student's transition; creating an intentional check-in with students and families in the early spring following a transition). • Expand Counselor Watch and Kid Talk with additional strategies to ensure that students with a known mental health concern experience a warm hand-off.
INDIVIDUAL	• Provide students and families with guided support as they anticipate and navigate transitions between schools and districts (e.g., peer-led campus tours and conversations that preview the school's physical layout, norms, processes, procedures, expectations, and support). • Engage students as partners in implementing and scaling Tier 1 transition supports such as Where Everybody Belongs (The Boomerang Project, n.d.). • Create multiple opportunities for students and their families to share any updates or changes regarding the student's well-being.

Opportunity 4: Expand data systems to include meaningful measures of well-being

While schools currently collect some information regarding student health (e.g., through California's Healthy Kids Survey), current data systems do not lend themselves to nuanced insights regarding student well-being nor do they allow us to predict which students are likely to have acute or extreme mental health needs. In order to reframe mental health in the context of well-being, to create a robust systems approach to supporting well-being, and to improve continuity of care across grades, schools and districts, those who work with and on behalf of students will need better information. They will also need improved practices around inquiry, reflection, and planning. For example, thoughtful monitoring of data regarding school climate and connectedness will enable districts and schools to understand if they are addressing the populations that most need support.

Opportunities for next steps include:

SYSTEM	• Implement meaningful measures of youth well-being such as the Youth Quality of Life Instrument which looks at quality of life in youth ages 11-18 and or the Developmental Assets Framework which looks at strengths and supports that support positive youth development within and across districts (Measurement Instrument Database for the Social Sciences, n.d.; Search Institute, n.d.). • Integrate questions regarding mental health (both risk and protective factors) into existing screeners such as the information update completed by parents as part of the annual registration process for new and continuing students and explore additional screeners such as Heads Up Checkup to proactively identify mental health needs of those within the school community pre-K through adult) (Heads Up Checkup, n.d.). • Establish intra- and inter-district norms and expectations around data collection and data-sharing.
SETTING	• Improve data quality to ensure that data regarding student mental health and well-being, including the services received, are consistently and accurately recorded. • Develop clear and simple standards and processes for documentation and designate a central location where this documentation is maintained. • Build school's culture and capacity around data use by engaging diverse site-level constituents in the process of data-centered inquiry, reflection and planning.
INDIVIDUAL	• Collect students' perspectives through the regular implementation of youth surveys such as those available through Youth Truth Student Survey (Youth Truth Student Survey, n.d.). • Engage students as partners in all stages of selecting and implementing expanded measures, including data collection, analysis, and decision making.

Next Steps

While mental health is one of the most significant health issues that young people face, it is also a significant health issue for our population more broadly. Some mental health trends among adolescents are consistent with those that we see among adults. For example, recent data indicate that mood disorders are the third most common cause of hospitalization in the United States for both youth and adults (Center for Disease Control and Prevention, 2018). And while rates vary across different demographics, suicide is a leading cause of death throughout the life span (Center for Disease Control and Prevention, 2019). Advancing efforts to support mental health and well-being are, therefore, not only a matter of adolescent health, but a matter of public health.

Our research suggests that the most promising way forward will include activating a more comprehensive and coordinated approach that includes inter- and intra-district collaboration and partnerships with those outside the school system. While each county or district will need to identify its entry point for effectively advancing this work, the California legislature's recent passing of AB 2639 sets the expectation that schools will review and update their suicide prevention policies and practices at least every five years. One of the districts that participated in this study recognized that AB 2639 creates the opening to integrate mental health and well-being more explicitly into its Local Control and Accountability Plan (LCAP), and it is using the findings from this study to inform its strategic priorities and action plan. Another participating district is looking at ways to convene school administrators and mental health professionals across districts to consider how, together, they can translate this research into policies and practices that could improve mental health outcomes across schools and districts.

While there is momentum, there are also additional questions. Partner districts are interested in learning more about the role and impact of school-based Wellness Centers on students in SMUHSD. They are also interested in learning more about early indicators that signal the need for Tier 2 support, particularly around transitions between grades, schools, and districts. Participants also expressed an interest in learning more about how their efforts to improve student mental health might intersect with their efforts to attend to issues of diversity, equity, and inclusion.

A comprehensive approach to supporting student well-being has the potential to impact a wide range of positive outcomes within and beyond a student's K-12 years. For a variety of reasons, schools are uniquely poised to play a vital role in the ecosystem that provides this kind of support. While this research brief offers a number of opportunities to advance this work in the context of SMUHSD and its K-8 partner districts, perhaps the most important step will be to move forward with both inquiry and action, shaped and carried out in the context of strong partnerships that include those within and beyond the school system.

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ACKNOWLEDGEMENTS: The Gardner Center would like to express gratitude to the many individuals who participated in this study, including district administrators and Wellness Coordinators, teachers, parents, Wellness Counselors, guidance counselors, and staff; and members of our research team—Charlotte Woo, Julia Vazquez, Maria Marta Rey Malca De Habich, and Mamatha Challa—for their thoughtful contribution to this work.