

Regular readers of this column will remember that in November, I wrote a series outlining research about the current generation of children in our schools. What the national data is telling us, and what our experience here at General McLane is showing us, is that we have both an increase in the number and in the severity of mental health issues among children. These issues are manifesting in behaviors that cover the gamut from withdrawn children not engaging in learning to temper tantrums involving kicking, biting and throwing furniture. As public schools, we are expected to deal with it – and we do.

Part of my work this fall was to meet with building teams and the mental health professionals who work in our buildings to gather background on what is happening and get thoughts on what we need to do. We have also been having discussions about this at our tri-county superintendents' meetings because, as I've mentioned, all schools are impacted. At General McLane, we now have a plan to help address the issue.

First and foremost, we need to educate ourselves about what our children are dealing with. What we know is that the root of most of these issues is anxiety. This term anxiety, and sometimes trauma, is being broadly applied to a number of underlying factors which essentially boils down to the irresponsibility of adults, in my opinion. Fortunately, the Erie area has a very excellent mental health professional with a good handle on the condition of anxiety, so we have contracted her services to come train our people.

Since this problem intensified this year, we did not plan for this training and thus do not have time in the established training schedule; therefore, we are scheduling a late start for students on Monday, February 5 and employees will report at their normal time for the training. Students on February 5, will come two hours later than normal. We know this inconveniences some parents but the urgency of this issue precludes us from waiting until next year for the training.

From what I have been reading, central to understanding what children are now dealing with requires us to know about what are known as Adverse Childhood Experiences (ACE). Between 1995 and 1997 the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention conducted the ACE study. According to the SAMSHA (Substance Abuse and Mental Health Services Administration) website, "Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member"

So the more of these experiences a child is exposed to, the higher his or her risk for not only having mental health problems, but also physical problems that may manifest later in life. Things like severe obesity, diabetes, depression and heart disease are being linked to childhoods where a number of these adverse experiences have been at play.

The challenge for us in the classroom is that students who have had either a high number or small but severe number of adverse childhood experiences will manifest behaviors in the classroom that look like classic work avoidance or insubordination. Helping us recognize the difference, and responding to the behavior appropriately, will be the focus of our February 5 training.

Future Lancer Letters will address some of the other solutions we will be applying to the problem.