

THINK **BIGGER** DO **GOOD**

POLICY SERIES

# Promoting Youth Mental Health through Equity-Centered Trauma-Informed Educational Initiatives in Schools

Ruth S. Shim, M.D., M.P.H., and Alex Shevrin Venet, M.Ed.

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Dear Reader,

Now is the time to address the growing behavioral health needs across our country by advancing public policies that transform how mental health and substance use disorder services are delivered—and by modernizing outdated funding systems that stand in the way of progress.

This paper is part of *Think Bigger Do Good*, a series launched in 2017 through the leadership and support of the Thomas Scattergood Behavioral Health Foundation and Peg's Foundation. While the topics have evolved over time, our mission remains constant: to shape a forward-thinking policy agenda that improves health outcomes for all.

In collaboration with national behavioral health experts—including our editors, Howard Goldman and Constance Gartner—we have identified several critical topics for this series of papers. Each paper defines the problem and offers clear, actionable solutions for policymakers, practitioners, and advocates alike.

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# Promoting Youth Mental Health through Equity-Centered Trauma-Informed Educational Initiatives in Schools

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# 1 / Introduction

The youth mental health crisis in this country is reaching epidemic proportions. From 2011 to 2020, the proportion of pediatric mental health-related emergency department visits doubled (1), and one-fifth of children and adolescents aged 12–17 years have experienced a major depressive episode (2). These numbers are worse for children from minoritized racial and ethnic groups, as well as low-income children (3).

While there are many theories for why mental health problems are worsening for young people, there is a clear connection to trauma, with children who have experienced a single or complex trauma at greater risk of developing mental health problems in adolescence and adulthood (4). The COVID-19 pandemic (5), climate change (6), racial trauma (7), and increased exposure to violence in neighborhoods and schools (5–8) have all contributed to increased trauma suffered by young people, as well as more severe traumatic experiences that some children are exposed to, including the child welfare and juvenile justice systems, and human trafficking (9).

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## **Schools that provide safe, nurturing environments for young people can help to promote secure environments for children to thrive.**

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As children and adolescents spend a significant amount of their time in schools, educational settings provide both opportunities and threats to addressing or exacerbating the youth mental health crisis (10). Schools that provide safe, nurturing environments for young people can help to promote secure environments for children to thrive. However, schools can also inflict trauma on students with rigid, inflexible policies, or if these environments fail to create safe, secure spaces for young people to learn (11). Often, attention is not paid to the negative ways in which school might be a source of harm for students, rather than a place that provides protection and safety. Trauma-informed educational approaches attempt to attend to this knowledge gap.

## 2 / Trauma-Informed Care and Trauma-Informed Education

Trauma-informed care (TIC) was created in response to advocacy by survivors of violence who wanted their psychological pain to be taken as seriously as physical pain. The goal of trauma-informed care was to go beyond the modality of treatment to encompass the whole experience of the person receiving care, from the comfort and privacy of the waiting room to the design of services in a way that prioritizes empowerment (12).

The Substance Abuse and Mental Health Services Administration (SAMHSA) later developed its concept of trauma-informed care (2014) which is widely used today and defines TIC as “a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” (13).



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**More recent frameworks in trauma studies also recognize the impact of racism, transphobia, ableism, and other forms of oppression on youth and their academic and life outcomes.**

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Trauma-informed education (TIE) applies the principles of trauma-informed care in school settings with a special focus on the impact of trauma on learning (14). Research on the impact of adverse childhood experiences across the lifespan sparked greater public interest in early trauma intervention (15). More recent frameworks in trauma studies also recognize the impact of racism, transphobia, ableism, and other forms of oppression on youth and their academic and life outcomes (16, 17). TIE applies the same “four Rs” of the SAMHSA model to educational spaces: realizing the impact of trauma, recognizing the signs of trauma in school, responding by integrating trauma awareness into all levels of the school environment, and resisting re-traumatization of teachers and students. TIE is a decentralized philosophy, meaning that many different concepts and frameworks, with varying focus and implementation models, are in use in schools across the United States. As a result, research on TIE is inconsistent, leading to promising approaches that are not always reflected in rigorous research outcomes (18).

Equity-centered trauma-informed education (ECTIE) is a TIE model that emphasizes the integrated challenges of inequity and trauma in schools (19). ECTIE acknowledges that trauma can originate at school, not just in the home or community, and that school-based trauma disproportionately impacts already marginalized students. Therefore, to truly address trauma’s impact, schools must commit to addressing inequities across race, disability, gender, income, and more as a central part of trauma-informed education. Other principles of ECTIE include a proactive, systems-focused theory of change and a commitment to resisting dehumanization.

# 3 / Examples of Trauma Inflicted on Children in School-Based Settings

Many schools are the primary sites of discipline and access to mental health care delivery, especially in minoritized communities (20). Schools also serve as primary referral sources when community mental health resources do exist. Additionally, schools often serve as sites that reproduce the racial hierarchies that exist in the broader US society. For example, Black and Latinx boys and girls are more likely to be suspended from school than white children, often activating the school-to-prison pipeline in minoritized communities disproportionately and at very young ages (11). Policies are crafted with the power to determine whether children are suspended from school. This means that schools have the power to create policies that eliminate school suspensions for children as well (21).

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Additionally, schools can traumatize students during the learning process by disregarding cultural identity and cultivating mistrust within educational systems. For example, Indigenous children have often been erroneously portrayed in school history books as savages, Mexican people as defeated, conquered people in descriptions of the Mexican-American War, and Black people as lazy and inferior to justify their enslavement (11). These problematic stereotypes often lead to disengaged and disheartened students (11). Students who choose to refute these negative and inaccurate stereotypes often engage in “willed not-learning,” a term that describes how students disconnect from school when the content presented is at odds with positive cultural self-images (22). Engaging in “willed not-learning” demonstrates young people’s agency in rejecting devaluation. Still, it can also lead to students experiencing academic difficulty, which increases the risk of further punitive action within schools (22).



## 4 / Policy

# Recommendations for Implementing Equity-Centered, Trauma-Informed Education in Schools

To ensure that schools minimize harm and prioritize decision-making principles to promote mental wellness among children and adolescents, there are several areas for intervention (19). These principles include establishing and encouraging predictability, flexibility, empowerment, connection, and unconditional positive regard. Here, we discuss how emphasizing these principles in policy decisions in school can promote mental well-being in youth.

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### **Predictability**

Trauma-affected children may struggle with the unpredictable nature of their body's stress-response activation and emotional dysregulation. Educators and schools can strengthen predictability in order to support students' ability to self-regulate and experience safety. Predictability can take the form of strong routines and clear expectations in the classroom and in whole-school policy, such as consistent approaches to discipline. Schools should also integrate awareness of students' social, emotional, and behavioral needs when building routines; for example, are there predictable (and frequent) times for students to move their bodies and take breaks? Are there routines for settling after transitions? Are there transparent procedures for accessing mental health support?

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### **Examples of evidence-based approaches to promoting predictability include frameworks like Positive Behavior Interventions and Supports and the Good Behavior Game.**

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Examples of evidence-based approaches to promoting predictability include frameworks like Positive Behavior Interventions and Supports (23) and the Good Behavior Game (24). Finally, the predictability that best supports student self-regulation is the self-regulation of their teachers. Significant resources should support teacher well-being, including policies that support a living wage and appropriate access to mental health treatment for teachers.

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### **Embracing universal design for learning (UDL) can promote flexibility and accessibility in designing learning proactively for multiple student needs and preferences.**

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#### **Flexibility**

In balance with predictability, trauma-affected children also need flexibility. Rigidity in school practice and policy can create an environment of dehumanization, since human needs can rarely fit into tightly constructed procedures. Embracing universal design for learning (UDL) can promote flexibility and accessibility in designing learning proactively for multiple student needs and preferences. In disciplinary matters, schools must eliminate the use of zero-tolerance policies, which disproportionately affect students of color (especially Black students) and students with disabilities, contributing to the school-to-prison pipeline (25). Discipline policies should instead be clear and consistent while also relational and restorative, allowing students to take ownership over harm and conflict. Preliminary evidence has demonstrated that when administered appropriately, restorative justice is an effective disciplinary policy that reduces suspensions (26). Teachers and administrators should be supported with robust professional development opportunities on student behavior through anti-racist, anti-bias, and trauma-informed lenses, as these practices can lead to students having greater academic achievement (27, 28).



## **Empowerment**

Children who are impacted by trauma are often subject to control and policing of bodies – this can often be in the form of restrictive dress codes that control how students style their hair or when students can go to the bathroom. Empowering students can allow children to have a greater sense of control, and involves including them as equal participants in committees and groups that make school-wide decisions and policies (19). Additionally, decisions about mental health treatment are often made without the input of the students and their families. Equity-centered, trauma-informed educational approaches focus on centering students in decisions about mental health service needs. Youth-led mental health organizations (e.g., Youth MOVE [<https://youthmovenational.org/>] and Active Minds [<https://activeminds.org/>]) are examples of where schools can partner directly with youth using organization-recommended strategies to increase empowerment and positive mental health outcomes (29).

## **Connection**

Schools can build connection opportunities (between teachers, fellow students, and mental health care providers) into students' educational experiences. Developing opportunities for greater connection with guidance counselors and advisors that span across years of school is critical to trauma-informed educational processes, as the diversity of connections with reliable adults improves children's emotional well-being and resilience (19). Several evidence-based strategies for building connections between teachers and students include school-wide positive behavioral interventions and supports, as well as social and emotional learning (30). Additionally, community connections are another important way to form support systems between students (19). These connections serve to insulate students from harm.

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## **The ideal school environment for trauma-affected children balances high expectations with high support.**

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### ***Unconditional Positive Regard***

The ideal school environment for trauma-affected children balances high expectations with high support. Too often, youth who are struggling with mental health and well-being are met with pity and low expectations by the adults in their lives, including teachers, which then reinforces negative self-concept. To break this cycle, educators can instead view students with unconditional positive regard. As developed by psychotherapist Carl Rogers, unconditional positive regard is a therapeutic stance in which a helping professional creates an environment of acceptance and care by fostering an unwavering sense of trust and belief in the inherent value of the client, or in a school context, students (31). In educational settings, author Alfie Kohn notes, "Accepting students for who they are—as opposed to for what they do—is integrally related to the idea of teaching the whole child" (32). Unconditional positive regard promotes students' ability to take academic and social risks without fear of rejection of themselves as a person, which, for trauma-affected children, can become an emotionally dysregulating experience and further disrupt their academic performance and well-being. Teachers also need to experience acceptance, support, and autonomy to create this environment of high expectations and high support. Professional development can help teachers maintain unconditional acceptance amidst conflict, harm, or behavioral challenges. Schools must consider whether policies such as academic and athletic awards, academic ranking, and attendance awards may undermine the sense of inherent worth of all students by unintentionally communicating conditional acceptance of a few students in specific areas deemed to have exceptional value, like sports and academics (19).

# 5 / Conclusion

As the youth mental health crisis in the United States continues, it is important to assess the contributors to this crisis in order to design effective interventions. Because children and adolescents spend most of their time in school, it can be, for some, a source of support and safety. But for too many children and adolescents, especially those from minoritized communities, it can be an additional source of trauma - an environment that harms children's mental well-being.

Structural barriers within the educational system (including various forms of oppression) lead to underpaid teachers, a devalued public school system, and a lack of policy support for appropriate financing of mental health services in schools. These barriers will continue to harm both students and teachers within the schooling system, and urgently need to be addressed. However, policies that promote equity-centered, trauma-informed education can help to protect students from these structural sources of trauma in schools. Policies that prioritize predictability, flexibility, empowerment, connection, and unconditional positive regard can help equip youth with the tools needed to have optimal mental wellness. Additionally, these policies can serve to minimize the threats to children's mental health, ensuring that every child and adolescent has the opportunity to experience better mental health outcomes.

## References

- 1 / Bommersbach TJ, McKean AJ, Olfson M, et al: National trends in mental health–related emergency department visits among youth, 2011–2020. *JAMA* 329:1469–1477, 2023.
- 2 / Bitsko RH, Claussen AH, Lichstein J, et al: Mental health surveillance among children– United States, 2013–2019. *MMWR* 71(suppl 2):1–42, 2022.
- 3 / Shim R, Szilagyi M, Perrin JM: Epidemic rates of child and adolescent mental health disorders require an urgent response. *Pediatrics* 149:e2022056611, 2022.
- 4 / Layne CM, Greeson JKP, Ostrowski SA, et al: Cumulative trauma exposure and high risk behavior in adolescence: findings from the National Child Traumatic Stress Network Core Data Set. *Psychol Trauma* 6(suppl 1):S40–49, 2014.
- 5 / Cénat JM, Dalexis RD: The complex trauma spectrum during the COVID-19 pandemic: a threat for children and adolescents’ physical and mental health. *Psychiatry Res* 293:1134.3, 2020.
- 6 / Burke SEL, Sanson AV, Van Hoorn J: The psychological effects of climate change on children. *Curr Psychiatry Rep* 20:35, 2018.
- 7 / Alvarez A: Seeing race in the research on youth trauma and education: a critical review. *Rev Educ Res* 90:583–626, 2020.
- 8 / Garbarino J, Bradshaw CP, Vorrasi JA: Mitigating the effects of gun violence on children and youth. *Future Child* 12:73–85, 2002.
- 9 / Greenbaum J, Kaplan D, Young J, et al: Exploitation, labor, and sex trafficking of children and adolescents: health care needs of patients. *Pediatrics* 151:e2022060416, 2023.
- 10 / Hoover S: Investing in school mental health: strategies to wisely spend federal and state funding. *Psychiatr Serv* 75:801–806, 2024.
- 11 / Marie T, Brown BY: Social injustice and the schooling system. In *Social (In)Justice and Mental Health*. Edited by Shim RS, Vinson SY. Washington, DC, American Psychiatric Publishing, 2020.
- 12 / Elliott DE, Bjelajac P, Fallot RD, et al: Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women. *J Community Psychol* 33:461–477, 2005.
- 13 / SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS pub no (SMA)14-4884. Rockville, MD, Substance Abuse and Mental Health Services Administration, 2014. Available here: <https://library.samhsa.gov/sites/default/files/sma15-4420.pdf>

- 14 / Cole SF, Greenwald O'Brien J, Geron Gadd M, et al: Helping Traumatized Children Learn: A Report and Policy Agenda. Boston, Massachusetts Advocates for Children, 2009. Available here: <https://traumasensitiveschools.org/>
- 15 / Felitti VJ, Anda RF, Nordenberg D, et al: Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) Study. *Am J Prev Med* 14:245–258, 1998.
- 16 / Saleem FT, Howard TC, Langley AK: Understanding and addressing racial stress and trauma in schools: a pathway toward resistance and healing. *Psychol Sch* 59:2506–2521, 2021.
- 17 / Thomas-Skaf BA, Jenney A: Bringing social justice into focus: “trauma-informed” work with children with disabilities. *Child Care Pract* 27:316–332, 2021.
- 18 / Thomas MS, Crosby S, Vanderhaar J: Trauma-informed practices in schools across two decades: an interdisciplinary review of research. *Rev Res Educ* 43:422–452, 2019.
- 19 / Venet AS: *Equity-Centered Trauma-Informed Education*. New York, Routledge, 2023.
- 20 / Atkins MS, Cappella E, Shernoff ES, et al: Schooling and children's mental health: realigning resources to reduce disparities and advance public health. *Ann Rev Clin Psych* 13:123–147, 2017.
- 21 / Novak A: The consequences of school suspension at different developmental stages: the relationships between age, race, suspension, and justice-related outcomes. *Crim Justice Behav* 49:1822–1844, 2022.
- 22 / Kohl H: *I Won't Learn from You: And Other Thoughts on Creative Maladjustment*. New York, New Press, 1995.
- 23 / Sugai G, Horner RH: Sustaining and scaling positive behavioral interventions and supports: implementation drivers, outcomes, and considerations. *Except Child* 86:120–136, 2020.
- 24 / Joslyn PR, Austin JL, Donaldson JM, et al: A practitioner's guide to the good behavior game. *Behav Anal* 20:219–235, 2020.
- 25 / Muñoz JO: Exclusionary discipline policies, school-police partnerships, surveillance technologies and disproportionality: a review of the school to prison pipeline literature. *Urban Rev* 53:735–760, 2021.
- 26 / Morgan H: Restorative justice and the school-to-prison pipeline: a review of existing literature. *Educ Sci* 11:159, 2021.
- 27 / Carter DJ: Cultivating a critical race consciousness for African American school success. *Educ Found* 22:11–28, 2008.

- 28 / Cammarota J: A social justice approach to achievement: guiding Latina/o students toward educational attainment with a challenging, socially relevant curriculum. *Equity Excell Educ* 40:87–96, 2007.
- 29 / King T, Fazel M: Examining the mental health outcomes of school-based peer-led interventions on young people: a scoping review of range and a systematic review of effectiveness. *PLoS One* 16:e0249553, 2021.
- 30 / Charlton CT, Moulton S, Sabey CV, et al: A systematic review of the effects of schoolwide intervention programs on student and teacher perceptions of school climate. *J Posit Behav Interv* 23:185–200, 2021.
- 31 / Rogers CR: The necessary and sufficient conditions of therapeutic personality change. *J Consult Psychol* 21:95–103, 1957.
- 32 / Kohn A: Unconditional Teaching. *Educational Leadership* 63, Sept 2005. Available here: <https://www.alfiekohn.org/article/unconditional-teaching/>



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Peg's Foundation believes in relevant and innovative, and at times disruptive ideas to improve access to care and treatment for the seriously mentally ill. We strive to promote the implementation of a stronger, more effective, compassionate, and inclusive health care system for all. Our Founder, Peg Morgan, guided us to “Think Bigger”, and to understand recovery from mental illness is the expectation, and mental wellness is integral to a healthy life.

[www.pegsfoundation.org](http://www.pegsfoundation.org)



The Patrick P. Lee Foundation is a family foundation with two core funding areas - Education and Mental Health. The Foundation's primary investments in education are through its scholarship programs in science, technology, engineering, and math. In mental health, the Foundation's investments focus on strengthening the mental health workforce, supporting community programs and services, advocating for increased public funding, and building the mental health literacy of the community.

[www.lee.foundation](http://www.lee.foundation)



PETER & ELIZABETH  
TOWER FOUNDATION

As grantmaker, partner, and advocate, the Tower Foundation strengthens organizations and works to change systems to improve the lives of young people with learning disabilities, mental illness, substance use disorders, and intellectual disabilities.

[www.thetowerfoundation.org](http://www.thetowerfoundation.org)

## Sozosei Foundation® Otsuka

The Sozosei Foundation is the philanthropic arm of Otsuka. The Foundation's primary focus is to increase access to mental healthcare in order to eliminate the inappropriate use of jails and prisons for the diagnosis and treatment of mental illness in the United States. The name Sozosei means “creativity” in Japanese. Our Japanese heritage is manifest in the Foundation's fundamental values and day-to-day operations.

<https://www.sozoseifoundation.org/>