



**Resilience
Counseling
& Training Center**

*Providing counseling, training and
consulting services around the world.*



The Missing Vaccine: Immunizing youth against mental health problems

William G. Nicoll, Ph.D. & Monica A. Nicoll, Ph.D.

*Resilience Counseling & Training Center
North Conway, New Hampshire*

[Published in Conway Daily Sun Health Supplement, October 2021]

As we emerge from the Covid-19 pandemic, it's time to turn our attention to yet another insidious threat impacting the health and well-being of our youth. The Center for Disease Control (CDC) and other research groups have continued to note the ever increasing rate of mental health difficulties among children and adolescents. Many experts believe we've now reached epidemic proportions in adolescent mental health difficulties.

From 2009 -2017 teen mental health difficulties increased significantly with depression rates increasing by 69%, anxiety and hopelessness by 71% and suicide rates among 18-19 year olds by 44%. We also know that such difficulties in adolescence lead to further mental and physical health difficulties in adulthood; adults with alcohol or drug abuse issues typically began using by age 12. Now we add the impact of the Covid-19 pandemics further increasing rates of anxiety, depression, stress/trauma and substance abuse.

How do we address this issue? Perhaps the immunologist, Dr. Jonas Salk, has already offered an answer. Upon the 35th anniversary of his discovery of the polio vaccine, he was asked, on what would you be working today if you were a young research scientist. His response was, *"I'd still do immunization, but I'd do it psychologically rather than biologically"*; adding his interest in vaccines stemmed from a desire, *"to see what I could do to heal, to counter the negative forces."*

Developing a psychosocial vaccine to "immunize" youth against mental health difficulties involves implementing social-emotional well-being and resilience promoting measures; i.e., fostering mental health. The World Health Organization (2013) has defined mental health as, *"a state of well-being in which every individual realizes his or her own potential, can cope with the normal stress of life, can work productively and is able to make a contribution to his or her community... health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"*.

Comprehensive Social-Emotional Learning (SEL) programs have shown great potential in "early research trials". Successful programs have now been implemented in numerous communities around the world. Studies indicate that successful programs focus on the teaching of those social-emotional competencies associated with mental health while also promoting children's overall social well-being and personal resilience, i.e., not merely the preventing of behavioral problems.

Outcome research has found that comprehensive SEL programs result in academic achievement increases of 11 – 17% and increased rates of positive social interactions among students and staff. Additionally, behavioral problems decrease as do rates of school absences, drop-outs, suspensions and incidents of bullying and social aggression. Finally, student mental health concerns such as depression, anxiety, and substance use/abuse also are found to decline when SEL comprehensive "social vaccine programs are implemented. All of which raises one obvious question, ***"So why is there an apparent widespread "SEL vaccine" distribution problem in our communities?"***

The Social Vaccine “Role Out” Failure

“Good ideas are common – what’s uncommon are people who’ll work hard enough to bring them about”, Ashleigh Brilliant

The need for SEL “social vaccine” programs is clear. The need has been recognized for centuries. In 1781, Phillips Exeter Academy opened with the mission statement that, *“Above all it is expected that the attention of the instructors to the disposition of the minds and morals of the youth under their charge will exceed every other care; well considering that though goodness without knowledge is weak and feeble, yet knowledge without goodness is dangerous”*. Teacher textbooks in the early 20th century stressed the importance of including moral or character education in the curriculum. The famous psychologist, Alfred Adler stated 100 years ago, *“The teacher who takes time to work on students social development will find [his/her job] simultaneously amplified and simplified for it is far easier and more efficient to teach the well-adjusted, cooperative and responsible child than it is to prod and nag along the mal-adjusted, uncooperative and irresponsible student.”*

SEL programs have been attempted periodically for many decades (aka: Character Education, Moral Education, Values Education, etc..) but been ineffective. Failed SEL attempts share certain common elements: 1) too limited and simplistic in scope (i.e., correct medication but insufficient dosage), 2) failure to involve parents, 3) failure to involve all school staff, 4) misguided behavior control/compliance focused employing reward and punishment methods), 5) failure to integrate SEL with the academic curriculum and, 5) failure to address school culture practices contradictory to SEL content. Further, undermining the ‘roll out’ of a SEL “social vaccine” has been 60 years of over-focusing on academic achievement-high stakes testing (e.g. NDEA act of 1958, A Nation at Risk of 1983, and No Child Left Behind of 2001) to the detriment of students’ social-emotional development, i.e., too much STEM, too little SEL!

So what does an effective comprehensive SEL “social vaccine” program look like? Studies indicate they must be school based, long-term, and considered central to the school’s mission, not just quick and easy add-ons! Program components necessary for effectiveness include: 1) actively teaching the essential social-emotional competencies of mental health (i.e., understanding oneself, empathy for others, positive communication, cooperation skills, and responsibility for self and to others, 2) promoting ‘Growth Mindset’ communication patterns among parents, teachers and students and, 3) developing supportive school, family and community ecosystems by training both teachers and parents in the “authoritative” style of parenting and classroom management. The Authoritative style, as opposed to authoritarian (reward & punishment), permissive-indulgent, or disengaged styles of parenting and teaching, has been consistently correlated with positive youth outcomes such as higher achievement and better psychological adjustment, social competence, self-reliance, resilience, creativity, and responsibility; in other words, child/adolescent mental health!.

Today, a “social vaccine” to immunize youth against mental health adjustment difficulties is clearly available. It just takes a few “uncommon people” among parents, educators and community leaders willing to advocate and work hard to implement a comprehensive Social-Emotional Learning program vaccine. It has worked in many communities around the world; why not in your community as well? As the World Health Organization has stated, *“There is no health without mental health”*.

[For more **FREE Downloadable SEL** sample lesson plans go to www.resiliencetrainingcenter.com. The Resilience Counseling & Training Center in North Conway, NH provides individual, couples and family counseling as well as consultation and training services in resilience based methods]