

Hamline University DigitalCommons@Hamline

School of Education Student Capstone Projects

School of Education

Summer 2017

Are Primary Schools Incorporating Enough Movement Into The Day To Maintain Positive Mental Health In Children?

Jennifer Schmidt
Hamline University

Follow this and additional works at: https://digitalcommons.hamline.edu/hse_cp

 Part of the [Education Commons](#)

Recommended Citation

Schmidt, Jennifer, "Are Primary Schools Incorporating Enough Movement Into The Day To Maintain Positive Mental Health In Children?" (2017). *School of Education Student Capstone Projects*. 20.
https://digitalcommons.hamline.edu/hse_cp/20

This Capstone Project is brought to you for free and open access by the School of Education at DigitalCommons@Hamline. It has been accepted for inclusion in School of Education Student Capstone Projects by an authorized administrator of DigitalCommons@Hamline. For more information, please contact digitalcommons@hamline.edu, lterveer01@hamline.edu.

Running Head: MOVEMENT IN PRIMARY SCHOOLS AND MENTAL HEALTH

ARE PRIMARY SCHOOLS INCORPORATING ENOUGH MOVEMENT INTO THE DAY
TO MAINTAIN POSITIVE MENTAL HEALTH IN CHILDREN?

by

Jennifer Schmidt

A capstone project submitted in partial fulfillment of the requirements for the degree of Master
of Arts in Teaching.

Hamline University

Saint Paul, Minnesota

August, 2017

Capstone Project Facilitator:

Dr. Jennifer Carlson

Content Expert and Peer Reviewer:

Chad Kreuser

Abstract

Schmidt, J. Are Primary Schools Incorporating Enough Movement into the Day to Maintain Positive Mental Health in Children? (2017)

Schools have endured a shift in regards to academic rigor and the amount of time spent in physical activity. In order to be a top academically performing nation, America has made academic rigor a priority. In order to accommodate the amount of content and rigor, cuts have typically been made to the amount of time spent in recess, physical education and health education classes. Another trend in America is the prevalence of mental health issues in children. When considering the cuts being made in education it is critical to acknowledge the repercussions they may have on mental health. This capstone reviews a plethora of literature to help answer the research question, *Are primary schools incorporating enough movement into the day to maintain positive mental health in children?* The literature connected the importance of physical activity in maintaining mental health. The research also expounded evidence that many schools are not meeting the physical activity recommendations by grade level.

Keywords

children's mental health; mental health; primary schools; elementary schools; proactive prevention; prevention; movement; play; physical activity; wellness; recess; physical education

Dedication

To my son and daughter for all your patience and hugs while writing my capstone. Thank you for reminding me that people are more important than homework. The whole motivation behind this capstone is to do what is right for kids. This innocent comment from such little hearts helps remind me to keep balance in all areas of my life.

Table of Contents

Chapter One: Introduction	1
Opening.....	1
Academic Balance	1
Mental Health Awareness	2
What Led Me Here.....	2
Building Relationships.....	3
Family Connections	3
Tragic Moment.....	Error! Bookmark not defined.
Cause of Death.....	Error! Bookmark not defined.
Stigma	5
Life Experiences	5
Community Involvement	6
Children’s Mental Health Education.....	6
Tangible Solutions	7
Summary	7
Where to Start	7
Chapter Two Focus	8

Chapter Two: 9

 Literature Review..... 9

 Mental Health and Mental Illness 10

 Children’s Mental Health..... 11

 Prevalance 11

 Exercise the Body and the Brain..... 13

 Physiology of Exercise..... 14

 Mental Health and Exercise 14

 Children’s Physical Activity and Mental Health 15

 Exercise in Schools 17

 Movement and Childhood Development 17

 Physical Activity 17

 National and Minnesota Statistics 19

 Recess 20

 Conclusion 21

Chapter Three: Methodology 22

 Proactive Therapy 23

 Prevention 23

 Current Trends in Education..... 24

 Increase Involvement and Gain Support..... 24

 Wellness Assessment and Policies..... 25

Assessment Model 25

Recommendations..... 26

Working Together 26

Steps of Implementation 27

Summary 27

Chapter Four: 29

 Conclusions..... 29

 Motivation Behind the Project 29

 A Burning Question 30

 Research Supports Physical Activity 31

 Mental Health Becoming a Priority 32

 Educate and Rally Support..... 32

 Project Description..... 33

Definition of Terms: 36

Reference List: 38

Appendix A: Presentation Overview 41

Appendix B: Grounding Exercise Badge..... 42

Appendix C: What to Say/What Not to Say Badge 43

CHAPTER ONE

Introduction

Opening

Since the release of the article Nation at Risk, the United States has been shown to be falling behind other nations in our children's standardized test scores. Since then our society has become obsessed with proving ourselves to the world that we are the strongest nation and should produce the most academically elite children. There has been a shift in societal beliefs that have placed more value on academics, rather than ensuring instruction is delivered in a developmentally appropriate way. This shift has led to an increase in rigor and standards in the classroom, requiring students to achieve goals at a much younger age and endure more frequent testing to monitor a child's academic ability.

Academic Balance

The amount of content and rigor continues to increase resulting in teachers trying to find enough time in the day to teach everything required. During this time districts have increased the amount of testing and use of technology and decreased the amount of time spent in activities such as physical education, recess, music and art. These changes in education have even trickled down to early childhood and primary aged students, the most developmentally fragile of ages. Developmentally, children need to move, they need to be active throughout the day to maintain a positive impact on their physical, emotional and mental health (SHAPE America, 2016). This is not just something children want, it is something they need. This capstone was written to encourage stakeholders to question and reevaluate the effectiveness of this current trend in education.

Mental Health Awareness

Currently, mental health awareness is gradually moving to the forefront of discussion in politics. I am excited to hear society gradually accepting and having these discussions related to mental health. This gives educators the opportunity to address the importance of maintaining positive mental health in students. As educators we are considered by law in loco parentis, which means we are acting in place of a parent. With this role it is imperative that we take this unique opportunity to support students' overall wellbeing. Districts must seize this opportunity to create and implement a plan for wellness in our schools that will foster positive mental health. Having a plan will help students' better cope with a mental illness they currently have or may live with in the future. By addressing childrens' physical, social and emotional well-being students will receive the tools needed to be mentally healthy. This capstone was written to give schools direction regarding mental health. *Are primary schools incorporating enough movement into the day to maintain positive mental health in children?*

What Led Me Here

As a child I was very shy and intimidated by new people and situations. No matter where I went I had to be next to someone I felt safe with, otherwise I felt very nervous. As I grew older and was ready for school the feeling of anxiety grew even more intense; I will never forget hiding underneath the jungle gym every day in kindergarten just waiting for the day to be over. As I grew a little older, I was not quite as fearful, but I still would not really talk at school. By third grade my parents were asked if it would be okay for me to receive speech services, because they were worried about me. My parents knew I was shy in public, but were confused because I talked all the time at home.

Building Relationships

Wanting to help me come out of my shell, my parents agreed. My speech teacher was a soft spoken woman who spent the year not helping me with my speech, but really helping me to become more confident and teaching me to work through my anxiety. She took the time to get to know me and get to the root of the problem. She helped me by building a relationship based on trust as well as taught me Spanish. I believe she did this to help me build confidence by fostering my interest in other languages. This helped me feel like there was something unique about me, something to be proud of.

Family Connections

Having felt anxious and shy as a child I remember being able to empathize with my uncle who was diagnosed with paranoid schizophrenia. What I remember most about his illness was his paranoia of pictures being taken of him and his lack of social interaction. He made it to adulthood with the support of his family and was able to live on his own and thrive as a maintenance worker. He was a man of few words and a little gruff overall, always refusing to really smile. He was tall with a larger stature, but walked with a limp due to having cerebral palsy as a child and needed to wear braces on his legs. Over the years he would always come to family events, but would often hunker down watching sports in the basement. My parents rarely discussed anything related to his illness or things that he had endured in his life. It was his eyes that told me he was in pain. I knew how it felt to be scared, but I also knew how important it was to feel loved and to have a sense of belonging. In my heart as much as I knew he did not like attention or being shown affection, I knew he needed it. I am a person who needs to feel connected to people and I have always had the ability to feel when someone isn't okay. It is a part of who I am, I want to help people in whatever way I can. That being said, I hugged my

uncle every time he came over and every time he left. He begrudgingly held his arms tight to his side, but he let me hug him. He did not let people hug him, but for some reason he let me. I knew that he needed it and I think he let me because he knew deep down I was a little scared too.

Tragic Moment

I will never forget the panic in my families' voices after the 35W bridge collapse August 1, 2007. We all knew that my uncle drove over that bridge frequently. After over 48 hours and no response from him, my aunt decided to go to his house to check on him. When she arrived she saw mail piled up and no answer at the door. She decided to call the police to have them check on him. They broke into the house and found he had passed away. After finding my uncle, police immediately came outside asking my aunt if she knew of anyone that may have wanted to hurt him or if he had access to any firearms. My aunt answered as best she could telling them that he had been mugged before on his way home from work, but did not know of anything besides that. We spent the next several days scared and in disbelief that someone had possibly harmed our family member or that he may have taken his own life. After several days of no response from the police we finally got a call from the department.

Cause of Death

We were told that at age 51, he died of natural causes secondary to schizophrenia. I was so incredibly hurt and angry at the police for this vague answer to a very painful question. I was a college student at the time and questioned people in the Department of Psychology if they have ever heard of someone dying as a result of schizophrenia. I did not find one person who had ever heard of that. Still to this day, I feel that his death was brushed aside and not fully investigated the way it should have been. I believe there were a few contributing factors for this. I think since the police were incredibly busy using all their man power trying to help all those people who

were possibly still trapped in the bridge collapse, my uncles death was able to be blown off because he lived alone in Minneapolis and also had a mental illness to blame as the cause.

Stigma

It took me a long time to understand how the stigma of mental health could cloud even my own judgement. As an adult I have often felt apprehensive in talking about my uncle having paranoid schizophrenia. I was worried that people might judge me and feel that I should not be a teacher working with children in fear I may not be mentally stable enough. It has taken other people in my life being brave enough to talk about mental health to get me through my own personal biases. I want to live out the memory of my uncle by raising awareness of mental health and working to support those who may be suffering from a mental illness.

Life Experience

I know that my experiences growing up helped lead me in the direction of where I am today. I knew from the beginning when I grew up I was going to help other kids who felt like I did as a child. I wanted to help them find their voice, just like my teacher did for me. After high school I went to a large University and received my Bachelor of Arts degree in Speech Language and Hearing Sciences. During this time, I worked three different jobs. I worked as a therapy assistant and also as a therapeutic recreation assistant in a long term care facility. My other job was working as a teacher in a non-profit dual-immersion preschool. These work experiences helped reinforce my internal drive to advocate for vulnerable populations. After working for a few more years I decided to return to school to receive my teaching license through Hamline University's Master of Arts in Teaching Program.

Community Involvement

Last summer, during my Public Policy class we were asked to do a field experience with an organization working to advocate in an area related to educational policy. An opportunity landed in my lap to become involved in the Thumbs Up High 5K, which is a non-profit organization dedicated to raising awareness of mental health and suicide. Since my initial involvement with the organization I decided to become a part of the committee. It was this very group of people who helped me find the courage to identify my own biases in regards to the stigma of mental health. They courageously shared their stories and helped me to finally share mine. We have worked to raise money and awareness of mental health within the community and have ideas in ways to make an even bigger impact in advocacy efforts. We have donated a large amount of our proceeds to the school district in an effort to reach the youth in the community.

Collaboratively we are working with them to implement ways to support our youth suffering from mental illnesses as well as reaching out in prevention efforts.

Children's Mental Health Education

Throughout my life I have witnessed several people of all ages cope with different types of depression, mental illnesses and even attempt or commit suicide. I have spent a little over ten years now in education with my entire career spent in preschool through second grade and I have encountered students with anxiety, depression and behavioral problems. I have seen a lot of advocacy surrounding the mental health of adolescence and adults, but I have not seen much for reaching our youngest most vulnerable citizens. I believe the educational prevention effort that needs to be addressed is making sure that our schools are developmentally appropriate for primary school children which in turn will help support their overall current and future mental health. One of the best ways to do that is for teachers to become more educated in this area and

trained in how to identify issues that may need the referral of a mental health professional. We also need to acknowledge and learn more about the research behind exercise and the community of doctors whom prescribe it to alleviate symptoms of mental illnesses and as a preventative measure to maintain positive mental health.

Tangible Solutions

I still to this day become anxious around new people and situations, but I have been able to find things that help me cope and work through my emotions. I exercise, I draw, and I always keep a rock in my pocket. My point here is, every child is different and has their own internal and external factors affecting their mental health that is out of a teacher's control. As educators we have this unique opportunity to surround children in a supportive and developmentally appropriate environment. An opportunity, too important to ignore.

Summary:

Where to Start

I believe that the only way to really address the issues in our society surrounding mental health, is to take a step back and start from the beginning, focusing on children. There are a lot of people working hard out there to try and spread awareness about mental health. One of the biggest things standing in society's way is lack of information and also our inability to see that even our youngest citizens may be affected by mental illnesses. A common mistake made by adults today is misinterpreting signs or symptoms of mental health issues in children as just being a part of childhood or adolescence. It is the job of our communities, families, school staff, peers and the government to take action in supporting the wellbeing of future generations.

Chapter Two Focus

To address this very issue, chapter two will dig deeper into the most prevalent mental health issues among primary aged children today. It will highlight the research describing the importance of maintaining positive mental health in children. It will also identify things that can be done in our schools to support children in the most developmentally appropriate way. This will include research connecting the brain and the need for exercise through physical education and recess. This will help to answer the question of if schools are incorporating enough movement into the day to maintain positive mental health. Another very critical piece that will be addressed is what teachers and school staff can do to support and foster the wellbeing of every student. I am writing this capstone with the hope that public schools will be a place that fosters a child's overall wellbeing so that they will have the tools they need to live a happy healthy life even if they may suffer with a mental illness in the future.

CHAPTER TWO

Literature Review

The purpose of this literature review is to inquire if primary schools are incorporating enough movement into the day to maintain positive mental health in children. According to Fedewa & Clark (2010) children's physical health, cognitions, and mental well-being are enhanced with physical activity (p.21). The sources cited within this chapter elaborate on these three areas improved by physical activity.

As an introduction to the topic there is a definition as well as a description of mental health and mental illness. This distinguishes differences between the two as well as to help clarify any misconceptions. Key facts surrounding mental health are explained in an effort to break down the stigma caused by lack of education.

The second subsection focuses on exercise, the body and the brain. Further details are provided on the science behind the body's reaction to physical activity, and elaborates on how physical activity can affect not only a person's physical health, but also their mental, social and emotional well-being. Having the knowledge of how the brain and the body interact with each other lays the groundwork for understanding how exercise can impact overall health. This leads into the next subsection, Mental Health and Exercise.

The third section of the literature review focuses on the positive effects that exercise can have on a person's mental health. Examples are provided to further illustrate the positive effects that physical activity has on the most common mental health issues facing school-aged children.

The final section of the literature review closes by concentrating on schools and how they incorporate movement into the learning day. Establishing background knowledge of mental health and exercise facilitates the ability to dig deeper into the purpose of this capstone. This capstone encourages schools to approach mental health proactively. Physical activity is one element of the day that is within the schools control and has the ability to help maintain positive mental health. Daily physical activity recommendations during school are typically achieved through physical education and recess. The amount of time spent in these activities are compared across the nation so that bright spots can be found, identifying states that have effectively met the daily recommendations of physical activity for primary aged children. These schools can be used as mentor schools to acquire new ways in which to incorporate more movement into the day. The overall drive behind the literature review is to highlight important information surrounding mental health and emphasize the role movement plays in maintaining it. This helps identify any inconsistencies in the implementation of physical activity amongst schools as well as motivate districts to evaluate the amount of time students are participating in it. During this process it is important schools acknowledge trends happening in education regarding physical movement in schools and its impact on student wellness.

Mental Health and Mental Illness

“Mental health is our emotional, psychological, and social well-being. It affects how we think, feel and act as we cope with life” (Medline, 2016). “A person’s mental health plays an integral role in their ability to function in all facets of life. A mental illness is a serious disorder which can affect your thinking, mood, and behavior” (Medline, 2016). This section helps readers better understand the importance of maintaining positive mental health and how it can help in one’s ability to cope with things such as trauma, depression or any future mental illness.

Children's Mental Health

Children's mental health is becoming an issue that should not be overlooked. Society must become more involved by becoming more educated about mental health. Children's mental health continues to be neglected even though there is scientific evidence emphasizing its importance in child development and the value of early intervention, specifically within major developmental systems such as pediatric care and school (Tolan & Dodge, 2005). The article suggests that mental health should be addressed in all settings that directly service children. These settings offer a unique opportunity to identify mental health symptoms that children might be exhibiting so that a referral can be made if necessary. As stakeholders in the future generation of our society, becoming educated on mental health will provide the knowledge critical in proactively protecting it. Tolan & Dodge suggests faculty members in schools and caregivers need more education concerning the warning signs of mental health issues in children, early intervention and know of the support systems available (2005).

It is critical to acknowledge that the expectations of today's society has changed for children and adolescents. The pressure to succeed at a younger age in turn may be increasing the prevalence of mental health issues and suicide in children.

Prevalence

According to Prooday there is a startling 200% increase in the suicide rate of kids between the ages of 10 and 14 years old and a 37% increase in teen depression (2017). These may be a result of biological and or environmental factors. Some examples of biological factors are chemical imbalances in the body, head injuries or damage to the central nervous system. Examples of environmental factors are exposure to violence, extreme stress or a loss of an important person. According to Costello et al. 20% of children experience signs and symptoms of a mental illness

and yet only approximately 10% of these children actually receive help. Faraone, Sergeant, Gillberg, & Biederman (as cited in Fedewa & Clark 2010) identified the prevalence of mental health in children. They found that attention deficit hyperactivity disorder (ADHD) affects 1 in 20 children in the United States and is one of the most frequently occurring behavior problems encountered in school settings.

Although ADHD has a high prevalence rate it is important to acknowledge that there are many areas of mental health that are more challenging to detect. One of these areas as identified by Heathfield & Clark (as cited in Fedewa & Clark 2010) are Emotional/behavior disorders (EBD) which occur in less than 1% of children in schools. Although this may seem like a small percentage, it has been estimated that there may be up to 19% of school aged children who meet eligibility requirements for EBD and even more may be suffering from unidentified mental health issues.

Newschaffer, Falb, & Gurney (as cited in Fedewa & Clark 2010) have also identified a dramatic increase of autism spectrum disorders (ASD) over the last 2 decades. This increase has brought attention to the topic and helped initiate a stronger support system for these children. With the rise in prevalence of other mental illnesses, it is critical that the same emphasis be made.

In closing, Hockey (2004) found depression to be another common mental illness found in schools and affects as many as one in every 33 children and one in eight adolescents. Hockey also explains that depression is a common mental illness in children and is very treatable if caught early on. Early intervention is a critical piece in reducing the probability of future relapse. Severe depression can affect a child's feelings, mood, and thinking or even the way they can relate to others. This in turn, can lead to the child or adolescent not even valuing their own

life. Early intervention of severe depression is critical and could help decrease the startling number of suicides committed every year by youth.

The information above is limited to include only children who have been identified with a mental illness. There are still a massive amount of children out there that go undetected, untreated and without even knowing they had an issue. Most symptoms of mental illness can be alleviated with appropriate support and therapy if it is given in a timely manner. This is an extremely important problem affecting many children and adolescents. The next section of this literature review will concentrate on preventative strategies for promoting positive mental health, focusing primarily on exercise.

Exercise, the Body, and the Brain

“From your genes to your emotions, your body and brain are dying to embrace the physical life. You are built to move. When you do, you’ll be on fire (Ratey and Hagerman, p.270, 2008)”. Physical activity is essential to human wellbeing. It has the ability to improve the way one feels physically and emotionally as well as supports the ability to concentrate on learning new things. Physical activity can help ward off stress as well as affect mood, anxiety and attention. When exercising, the brain is asking the body to do an incredible amount of coordination with each motor movement. According to Ratey and Hagerman (2008) the prefrontal cortex of the human brain is in charge of this movement and is known as the boss of mental and physical activity. Depending on the complexity of the physical activity being done, the brain is working hard firing signals to different areas so that it can accomplish each and every movement.

Physiology of Exercise

As expressed by Ratey and Hagerman (2008) exercise unleashes a cascade of neurochemicals and growth factors that can reverse the erosion of the connections of nerve cells in the brain that is caused by toxic levels of stress. “Similar to muscles, the brain grows with use and withers away with inactivity”. “Exercise has the ability to improve learning by optimizing mind-set to improve alertness, attention, and motivation. It prepares and encourages nerve cells to bind to one another, which allows the brain to retain new information. Exercise also spurs the development of new nerve cells from stem cells in the hippocampus, which plays a role in memory and emotions” (Ratey & Hagerman, 2008 p.53).

One of the most significant cognitive benefits found in physical activity is an improvement in children’s executive functioning which commands and controls their movement. Many effects induced by physical exercise have the ability to alleviate some symptoms associated with a variety of mental illnesses. The subsequent section illustrates examples of how exercise impacts common mental illnesses.

Mental Health and Exercise

Physical activity fosters the building and maintenance of healthy bones and muscles, improved health-related fitness, and positive social and mental health (United States Department of Health and Human Services, 2008).

“Exercise is also one of the most effective ways to improve your mental health. Regular exercise can have a profoundly positive impact on depression, anxiety, ADHD, and more. It also relieves stress, improves memory, helps you sleep better, and boosts overall mood (Robinson, Segal & Smith Help Guide, 2017).”

“Exercise has a profound impact on cognitive abilities and mental health. It is simply one of the best treatments we have for most psychiatric problems (Ratey & Hagerman. p.7, 2008).” John Ratey, the author of the book *Spark* (2008) explains that exercise increases levels of serotonin, norepinephrine, and dopamine-important neurotransmitters that traffic in thoughts and emotions (p. 5).

It is accepted that movement has the ability to affect health both physically and emotionally. Although exercise has the capability to help a wide range of people, this portion will focus primarily on children and adolescents. The information below will include some of the most common mental illnesses that affect youth in today’s society. It will also expound the benefits of exercise in the use of prevention, coping and or treatment efforts for mental illnesses.

Children’s Physical Activity and Mental Health

While researching, Fedewa & Clark (2010) found:

Physical activity has even been termed an “evidence-based intervention” for physical, mental, and cognitive benefits (Floriana & Kennedy, 2008), and can greatly enhance the effectiveness of more traditional school-based interventions.

School-age youth who are more active reportedly experience feelings of sadness and depression less frequently than sedentary youth (Brosnahan, Steffen, Lytle, Patterson & Boostrom, 2004; Dishman et al.,2006).

Physical activity among children also helps to relieve anxiety and stress (Salmon, 2000; Nabetani & Tokumnaga, 2001), ward off sickness and feelings of pain (Haughland, Wold, & Torsheim, 2003; Sundblad, Jansson, Saartok, Renstrom, & Engstrom, 2008), enhance self-esteem (Briddle et al., 2000; Crews et al., 2004; Dishman et al.; Motle et al.), and

even buffer against suicidality among adolescents (Taliaferro, Rienzo, Miller, Pigg, & Dodd, 2008).

According to the online resource Help Guide written by Robinson, Segal & Smith, exercise can have a positive effect on people suffering from common mental health issues. Below lists a few examples of these effects:

- ▶ **Depression-** Exercise increases neural growth and activity patterns, reduces inflammation and releases endorphins energizing spirits.
- ▶ **Anxiety-** Exercise relieves tension and stress, boosts physical and mental energy and releases endorphins.
- ▶ **Stress-** Exercise releases endorphins boosting wellbeing and relaxes muscles and tension.
- ▶ **Attention Deficit Hyperactivity Disorder (ADHD) -** Exercise improves concentration and mental energy.
- ▶ **Post-Traumatic Stress Disorder (PTSD) –** According to Robinson, Segal & Smith, “Evidence suggests that by really focusing on your body and how it feels as you exercise, you can actually help your nervous system become “unstuck” and begin to move out of the immobilization stress response that characterizes PTSD or trauma, (2017)”.

Exercise has the ability to treat many common mental health issues without the use of pills and is something that is gradually being accepted in the medical field. According to Shape America, physical education programs are an effective way in the development of healthy, active children and provide the safe, supervised, structured environment children need to learn and practice physically active behaviors (2016). The next section of the literature review will focus

on making the connection between movement and schools to support positive mental health in children.

Exercise in Schools

Children spend a large part of their day in school, during this time they are constantly using critical social, emotional, mental and physical skills. This section identifies the role of movement in schools and its relation to each of these different areas required to function during a typical school day. It also recognizes what is considered a quality physical education program and how it can support children throughout their day as well as in the future. This section breaks down the skills students learn while attending physical education classes as well as how those skills can help each child cope with things that may be happening in and out of school.

Movement and Childhood Development

Unstructured movement plays a role in a child's ability to concentrate and become engaged in the learning process and also affects a child's academic performance. It is important to recognize the importance of the structure and guidance that takes place during a physical education class and the need for unstructured play time that happens during recess. This fosters a better understanding that the role physical education and recess play in the development of a child.

The concluding portion of this subsection identifies the recent trends in education in regards to physical education and movement. Fedewa & Clark (2010) found that recently as a result of reduced school budgets, physical education and recess have been most at risk for cuts.

Physical Activity

As cited by Fedewa & Clark (2010) the amount of time children spend doing physical activity is continually decreasing over the last decade. They also acknowledged that the rate of obesity in children ages 6 to 11 years of age has doubled, and tripled in ages 12-19 years of age in the last

30 years. According to SHAPE America (2016), 32% of children ages 2-19 are overweight or obese, and most are too sedentary, do not meet physical activity recommendations and are not offered sufficient physical education. Fedewa's & Clark's findings support the need for maintaining school-based physical activity for the well-being of students (2010). They also found most researchers agreed that physical activity acts as a preventative for poor health outcomes and as a treatment for children who are already classified as overweight or obese (Burton & VanHeest, 2007).

SHAPE America (2016) has done a recent update of their Shape of the Nation publication to help inform physical education policies and practices, and also establishes any new findings in regards to the overall health of children.

The article also emphasized that physical education addresses the needs of the whole child by helping children exercise both their bodies and their minds. It has a positive influence on a child's physical, mental, and emotional health. Some of the SHAPE America (2016) findings were:

“Studies show that active and fit children consistently outperform less active, unfit students academically in both the short and the long term. They also demonstrate better classroom behavior, greater ability to focus, and lower rates of absenteeism (p. 3).”

It is recommended that elementary children receive at least 150 minutes per week of physical education and at least 225 minutes per week in middle schools and high schools. Students are able to use other physical activity opportunities to help reach the recommended 60 minutes of movement a day. These opportunities can happen in a variety of times such as before, during and after school making sure that long periods of inactivity are avoided.

National and Minnesota Statistics

Shape (2016) reported their current statistics in regards to the amount of time spent in physical education across the nation. Statistics listed below:

- Elementary schools are required to provide physical education in 86.3 percent of states (44 of 51 states).
- Only Oregon and the District of Columbia meet the national recommendations for weekly time in physical education at both elementary and middle school levels.
- A minority of states require school districts or schools to have a minimum weekly amount of physical activity time for students. Seventeen of 51 states (33.3 percent) have this requirement for elementary schools.
- Only 16.0 percent (8 of 50 states) require elementary schools to provide daily recess.
- Only a handful of states (10) prohibit withholding physical activity as punishment.
- Just a few states (13) states prohibit using physical activity as a form of punishment.

For the purpose of this capstone project, analyzing the physical education norms of Minnesota and comparing them to the United States norms is imperative to see where Minnesota stands in regards to the rest of the nation. This can be used to identify states that are following these recommendations and seeing how these recommendations are being met. Shape America provides further statistics broken down by states.

- The Minnesota state survey reported that elementary and middle school/junior high students are required to take physical education for 50 minutes per week.
- State law specifies 150 minutes per week of activity-based instruction as defined by the State Board of Education in grades K-8, through a combination of physical education, physical activity, and activity based instruction.

Recess

Murray & Ramstetter (2013) found that just as physical education and physical fitness have well-recognized benefits for personal and academic performance, recess offers its own, unique benefits. Recess promotes social and emotional learning and development for children by offering them a time to engage in peer interactions in which they practice and role play essential social skills. Below lists the reasons provided by Murray and Ramstetter (2013) supporting the need for recess. In their role as child health experts, the pediatricians of the AAP stress the following perspective to parents, teachers, school administrators, and policy makers (Pp. 187-188):

1. Recess is a necessary break in the day for optimizing a child's social, emotional, physical, and cognitive development and should not be withheld.
2. Cognitive processing and academic performance depend on regular breaks from concentrated classroom work.
3. Recess is a complement to, but not a replacement for, physical education.
4. Even minor movement during recess can serve as a counterbalance to sedentary time and contribute to the recommended 60 minutes. Which can lower the risk of obesity.
5. Whether structured or unstructured, recess should be safe and well supervised.

The American Academy of Pediatrics (AAP) recommends that all k-12 students receive sixty minutes of daily quality physical education. They also suggest that recess can serve as a counterbalance to sedentary time and contribute to their recommendation of sixty minutes per day.

Conclusion

This capstone is written in hopes of identifying if primary schools are incorporating enough movement into the day to maintain positive mental health in children. Murray & Ramstetter (2013) explain that:

Children develop intellectual constructs and cognitive understanding through interactive, manipulative experiences. Mandates by educational reforms, have led some to view recess as time that would be better spent on academics. They also found that the time previously dedicated to daily activity in school, such as physical education and recess, is being reallocated to make way for additional academic instruction. Ironically, minimizing or eliminating recess may be counterproductive to academic achievement, as a growing body of evidence suggests that recess promotes not only physical health and social development but also cognitive performance (Pp. 184)

With these current findings it is critical that society takes a step back and look at the facts regarding physical activity and mental health. Studies within this literature review illustrate the importance of physical activity. It has the ability to be used as a tool in a proactive approach to addressing the mental health of children. Chapter three describes the capstone project created to encourage districts to re-evaluate their current prioritization of physical activity during the school day.

CHAPTER THREE

The purpose of Chapter 2 was to dig deeper into the research surrounding mental health and movement. The research provided the information needed to answer the fundamental question, “*Are primary schools incorporating enough movement into the day to maintain positive mental health in children*”. The research demonstrated the positive impact that physical activity can have on mental health. Knowing that physical activity can be used to promote positive mental health, the project encourages the incorporation of movement into the school day as a protective factor in maintaining it. School districts are asked to take into consideration the number of recommended minutes of daily physical activity needed for primary aged children and then evaluate whether or not they are staying within the parameters of these recommendations. This is the first step in identifying whether a school district should re-evaluate school schedules and or daily routines to meet these recommendations. Furthermore, it is suggested to create a district wellness policy if there is not currently one in place that includes these recommendations and a plan for supporting its implementation. The wellbeing of our youth is critical to society as a whole. These children will become the future leaders and innovators of the world. They will be the people who form the foundation, responsible for ensuring that the people in this country are well cared for and free to become who they are destined to be. In order for this to happen, they need to be able to know how to care for their own mental health. Maintaining a positive state of

mind will foster their ability to pursue and live out their dreams as well as function in all facets of life.

Proactive Therapy

The research within Chapter 2 identified the statistics surrounding mental health and the increase in diagnosis in children each year. The prevalence of mental health issues among today's youth is not a surprise, yet society as a whole has not been fully educated on the topic. The research has illustrated that most mental illness symptoms can be improved with the proper support and therapy if given in a timely matter. According to Tolan and Dodge, mental health should be addressed in all settings that directly service children (2005). Children spend a significant amount of time in school, during this time they are required to function socially, emotionally, physically and mentally. School boards, administrators, staff and parents have a responsibility to ensure the learning approach and environment is conducive to students' overall wellbeing.

Prevention

One preventative strategy promoting mental health is physical activity and its ability to improve and maintain positive mental health. According to Ratey & Hagerman "Exercise has a profound impact on cognitive abilities and mental health" (p. 7, 2008). Among the following organizations included in this study, the general recommendation is for students to participate in at least 60 minutes a day of physical activity. Respectively, it is imperative that schools assess their stance and policies surrounding physical activity to determine if they are staying within this recommendation. Within this chapter you will find the steps needed in the creation of a district plan for supporting mental health through physical activity. A resource available for the assessment and planning document designed by the Centers for Disease Control (CDC), as well

as through the creation of a detailed and research-based digital presentation designed to educate all stakeholders in the importance of making positive mental health a priority in public schools.

Current Trends in Public Education

Maintaining positive mental health in children should be a top priority in schools. School is a place where children learn and develop the social, emotional, physical and mental health skills needed to function and cope positively with life. The time of day when students have the opportunity to engage most in physical activity is during recess and physical education classes. Unfortunately, the current trends of education have made these movement opportunities less of a priority. Fedewa & Clark (2010) found that as a result of reduced school budgets, physical education and recess have been most at risk for cuts. Some districts have also made cuts to these critical times of day to place more of an emphasis on technology and or to increase the amount of academic learning time. It is imperative that districts assess the current amount of time that students at each and every school spend engaging in physical education and recess.

Increase Involvement and Gain Support

To gain support of the school district as well as the community it is critical all stakeholders are involved by providing the background knowledge to make informed decisions connecting the relationships between mental health and physical activity. One of the most effective ways to do this in a short amount of time is by making the information easily accessible to everyone. This was done through the creation of a PowerPoint presentation that includes information regarding the current prevalence of mental illnesses in children, as well as preventative measures that can be taken to maintain positive mental health. Included in this presentation is information regarding the relation of physical activity and its ability to improve and maintain positive mental health in children. This presentation was created for the use of all district staff and could be sent

out digitally for those who are unable to attend the staff development session by building. This will help keep it more age-appropriate by looking at it from the building-level. The presentation will take place at the district level initially to improve community acceptance and help rally support. The presentation is designed to educate and emphasize the current situation surrounding mental health.

Wellness Assessment and Policies

The Healthy, Hunger-Free Act of 2010 was put into effect to address the need for policies surrounding student wellness. In section 204, this Act describes the federal law which states that districts who participate in the National School Lunch Program must have a wellness policy in place. Within this wellness policy, districts are to address goals for nutrition, education, physical activity, and other school-based activities that promote student wellness. According to the CDC, youth should be engaging in a minimum of 60 minutes of physical activity each day (2014). The first step in addressing this new law should be to identify the people responsible for the policy decisions related to wellness. This may include the school board, administration at the district or building level and or your district teaching and learning committee. It is important to include these key people in the evaluation of the current student wellness plan or to consider creating one if there is not one in place. Using a qualitative approach, districts will assess and re-evaluate the current plans or policies in place to support students' overall health over a prescribed period of time.

Assessment Model

An assessment model is provided for free by the Centers for Disease Control (CDC) called the School Health Index: A Self-Assessment and Planning Guided (2012). This document

provides several questionnaire's used to evaluate the current improvement policies in place that support students' overall health. According to the CDC, the self-assessment process involves members of your school community coming together to discuss what your school is already doing to promote good health and to identify the school's strengths and weaknesses.

Recommendations

After the completion of the questionnaires, each school can effectively identify the current amount of time that students engage in physical education and recess. It is important to evaluate the policy to ensure that there is a recommended amount of time with regards to physical education and recess. Schools can help meet this requirement by following the National Organization's recommendations for recess and physical education (P.E). According to SHAPE America, elementary students should be participating in 150 minutes per week of physical education. Included in these recommendations is also a suggestion that all elementary students receive at least 20 minutes of recess a day.

Working Together

Once a district has identified any areas of concern, it would be important to work collaboratively with school staff to discuss possible solutions for meeting these requirements. One option is to re-evaluate current schedules to see if they can be adjusted to add in additional time for P.E. and recess within a school day. It is also important to solicit input from the community regarding the current approach to student health to address any areas of public concern. This will help ensure that the district is taking into consideration all stakeholders perspectives. In addition, this practice will also help the district gather support from the community so there is a common understanding of the importance about the physical activity with regards to mental health.

Steps of Implementation

1. A PowerPoint presentation was created that includes facts surrounding mental health and displays the prevalence of mental illness in children. The purpose of this is to build background knowledge of mental health and also to invoke a sense of urgency for taking caring of it.
2. The PowerPoint provides strategies to be used in an effort to implement preventative programs in schools. It will focus primarily on the importance of physical activity and how it can improve students' overall, social, emotional, physical and mental health.
3. Identify the key policy makers in the district regarding student health, wellness, physical education and recess and ask to hold a meeting.
4. Districts are encouraged to complete some form of the CDC Health Index Survey to evaluate the district's current approach to student wellness.
5. They will then break off into discussions according to their building. This will help them evaluate the amount of time that students are participating in some form of physical activity. This helps determine if they are meeting the current physical activity recommendations for children.
6. Districts will then make a plan for how to increase physical activity into the day if they are not currently meeting the recommendations.

Summary

It is with high hopes that public school districts consider or be receptive to the creation and assessment of the current policies regarding mental health and physical activity and choose to make it a priority. By taking this first step of ensuring students are getting the recommended 60 minutes of physical activity, schools will be a step closer to helping students maintain positive

mental health. By following the steps given within this chapter, schools will have the tools needed to implement a change within their district and facilitate positive mental health in children.

CHAPTER FOUR

Conclusions

This capstone was written with the intent of invoking discussions surrounding the mental health of children. It encourages school districts to reevaluate the importance of movement in schools, making it a priority by acknowledging that it is a tool necessary in caring for mental health. A question that needs to be answered is, *“Are primary schools incorporating enough movement into the day to maintain positive mental health in children?”*

Motivation Behind the Project

Schools and society as a whole have the responsibility to ensure our children are cared for mentally, emotionally and socially so that they are able to become healthy productive citizens. There are many risk factors affecting children’s’ mental health that are out of the schools control. As a result the current method of addressing mental health issues is to wait until there is a problem and then offer support. This reactive approach of providing intervention may be effective however, proactive strategies can prevent mental illness from occurring.

Schools have a unique opportunity to provide proactive approaches to mental health in children. All school staff can model and teach coping strategies as well as create a learning environment that is conducive to mental health. Children need to learn in a way that is developmentally appropriate. Students need to move in order to stay healthy which engages their bodies and minds in the learning process.

A Burning Question

I have spent the last decade teaching preschool and primary aged children and every year I have watched expectations of students grow rapidly. The amount of content that a child is required to learn in a short period of time has continually been weighing on my conscience as a teacher. There are certainly children who are capable and ready to meet these demands, but what about the other students who learn in a different way or do not have the ability to sit for such an extensive amount of time. This approach is rapidly increasing the learning gap between peers. There are frequent discussions between teachers related to the amount of content needed to be covered and the amount of time that is actually spent with students. There just isn't enough time in the day to meet all students' needs as well as cover all required content. As a result educators are pushed into using the teacher directed approach for most of the day. Consequently, eliminating what is deemed as unnecessary activities such as movement, crafts, and hands on learning experiences. A majority of the day is now spent managing behaviors as a result of larger class sizes and children not being able to release their pent up energy. Something needed to change.

I began incorporating as much movement into the day as I could, I could sense they could not learn without the physical activity. Students' bodies and brains need to move to become engaged in the task at hand. During class students were asked to do a physical activity to show their answer. For example, if the answer to a question is yes then sit and if the answer is no then stand. Sometimes students were given a math story problem and were asked to hop out the number of times that correlated to the answer. As a result students were happier and more engaged and so was I. Luckily I am fortunate enough to have a principal that is supportive of teachers. She leads with a collaborative approach, entrusting teachers in the craft of teaching,

knowing we are doing what we feel is in the best interest of the child. Unfortunately, not all principals possess this same perspective. Many administrators believe if it is not academics, it is not valuable. After returning to school to finish up my masters, I knew exactly what I wanted to research. I needed to gather the evidence to support exactly what I have seen work for my own students. I needed to prove that physical activity is valuable to a child's mental, social, and emotional well-being. It is a necessity, not a need and it is the responsibility as educators to fight to get it back into the school day. To pursue my passion for making a change I became involved in a non-profit organization dedicated to raising awareness of mental health and suicide. The organization focuses on proactively getting involved at the community level. We are establishing several initiatives within the county lines such as mental health training and exercise programs for first responders with post-traumatic stress disorder, scholarships for graduating seniors going into the field of mental health and donated money to the school district to support mental health awareness.

Research Supports Physical Activity

The research process has led to numerous sources filled with facts surrounding physical activity and the value it brings to a child. Students whom are able to move will be better equipped to learn and engage during the school day. The research articles in the literature review uncovered a plethora of information regarding the impact of movement on physical health and the role it plays in the learning process. The research also uncovered a lack of information regarding physical activity and mental health. The information that I did find however was astounding. There are several factors preventing students from engaging in the school day especially those currently struggling with a mental illness. The research described the value of physical activity on different mental illnesses. This proved that incorporating more movement

into the day would benefit not only the general education students, but also students with a mental illness.

Mental Health Becoming a Priority

Children are under so much more academic and social pressure than previous generations, resulting in increased anxiety and diagnosis of mental illness. Society is becoming more aware of the prevalence of mental illness in America and are now more willing to break through the stigma. The best way to fight stigma is to become more educated on the topic. Mental health is becoming a priority and is being addressed at the state and national level. In the state of Minnesota there is now an additional suicide continuing education requirement of teachers to maintain licensure. Another requirement added is for school districts to create a wellness policy. These new policy changes are important in making sure that children are properly cared for, this in turns lends itself to the inclusion of mental health. While these policies are being created it is crucial that the prevention of mental illness as well as proactive approaches be included.

Educate and Rally Support

The best way to make a change is to rally support, without it the probability of implementation will decrease. One way to address this potential issue is to create something that fosters by in. This project is designed to actively involve all stakeholders and provide background knowledge to facilitate the creation and adjustment of ideas. One factor that should be clearly communicated with families is the behavior approach used in all buildings or classrooms. The district that I work for has previously embraced Responsive Classroom as our behavior model in our schools. This approach is designed to build internal motivation in students and to create a school climate that is centered on community building. Due to the cost in maintaining this program and training new staff members the district decided to take

advantage of a grant program to adopt Positive Behavior Intervention and Supports (PBIS). This year I joined a cohort of educators to train in PBIS and then return to our school to train other staff members. Similar to Responsive Classroom, PBIS focuses on positive behavior and community building, however it reinforces behavior in more of a rewards based system. A majority of the staff including myself embraces Responsive Classroom and its approach to behavior, however the change was coming in our district and we needed to make the best of it. I agreed to join the cohort so that I could best understand its approach and learn how to make it something our staff could embrace. Both approaches acknowledge the importance of taking ownership in rule creation. This is true for any age group, people have more buy in if they feel they had a say in its creation. This is a critical piece in this capstone project. The information surrounding mental health must be distributed in a clear and purposeful way. All stake holders, such as district staff, students and parents must have the background knowledge to participate in the process. All stakeholders' opinions and concerns should be heard so that any potential barriers are addressed, in turn leading to a well thought out plan of action.

Project Description

Schools, daycares, parents, and anyone directly involved in the development of a child must be educated about the importance of mental health and how to promote it and avert risk (Tolan & Dodge, 2005). As a committee it was decided that our funds and efforts would go into building awareness and education of mental health in the community. This led to a collaboration of the organization and the local school district. Unfortunately, this year there has been a high occurrence of suicides which is incredibly heartbreaking. As a result, the district asked if the organization would participate in an early childhood mental health fair hosted by the school

district for children and families. The importance of providing not only information in regards to mental health, but also tangible materials to help in times of stress or frustration was brought up as a priority. Some items provided were: glitter calm bottles, worry stones, movement break task cards and anger catchers. All of these things were provided to offer coping strategies in times of need. Every item had a brief description of what it was and how it could directly be used to promote positive mental health. Parents were extremely receptive and children began immediately using the materials. The event did exactly what was hoped, which was to invoke the discussion and learn about strategies that can be done to protect and promote positive mental health.

The second time we met with the district was with the Manager of Prevention, Safety and Grants as well as the Mindfulness Educational Specialist. During this time it was decided to become a partner in all things regarding mental health. The district decided to make mental health a priority and is dedicating next year's workshop and professional development days to mental health. During our meeting, they told us they have hired different speakers throughout the year to provide staff with training. The administration requested input in regards to the content of professional development days.

A presentation has been created to initiate the discussion surrounding student mental health and the role that all school staff have in maintaining it. It illustrates the importance of physical activity at the elementary level and the role it plays in mental health. With the new wellness policy requirements districts are beginning to implement a purposeful plan of action regarding overall student wellness. Included in the presentation are current physical education, recess and movement recommendations for children. Following movement recommendations it is suggested districts evaluate whether or not they are meeting these recommendations. One method of

evaluating schoolwide health is to complete the Center for Disease Control's School Health Index. The presentation identifies the facts surrounding physical activity and how it can have a positive impact on physical, social and emotional health. If districts are not meeting this well researched recommendation, the presentation offers suggestions in ways that the recommended 60 minutes a day could be met.

It is with high hopes that school districts will hold the mental health of children with the utmost priority. Since mental health is a growing concern among society it is suggested school districts take the first step in proactively promoting positive mental health. Collaboratively society can work together to reach its youngest citizens in an effort to better equip children with the tools needed to cope with the onset of mental illness.

Definition of Terms:

Cardiovascular Strength and Endurance best describes the synergy between the health and function of the heart, lungs and circulatory system. It describes the lungs' ability to exchange oxygen and carbon dioxide with the blood and the ability of the heart to actively transport the blood and nutrients to active tissues for sustained periods of time (focuscenterfitness.com, 2017).

Muscular strength is defined as one's ability perform a single repetition with maximum resistance (focuscenterfitness.com, 2017).

Muscular endurance is one's ability to perform many repetitions with a sub-maximum resistance (focuscenterfitness.com, 2017).

Flexibility is best described as the ability of the joint to move freely in every direction or more specifically through a full and normal range of motion (focuscenterfitness.com, 2017).

Brain-derived neurotrophic factor (BDNF) is a member of the neurotrophin family of growth factors that builds and maintains the cell circuitry-the infrastructure itself (Spark, p. 38, 2009).

Mental Health includes our emotional, psychological, and social well-being. It affects how we think, feel and act as we cope with life. It also helps determine how we handle stress, relate to others, and make choices (MedlinePlus, 2016).

Mental Illness is a serious disorder which can affect your thinking, mood, and behavior. There are many causes of mental disorders. Your genes and family history may play a role. Your life experiences, such as stress or a history of abuse, may also matter. Biological factors can also be part of the cause. Mental disorders are common, but treatments are available (MedlinePlus, 2016).

Quality physical education programs provide learning opportunities, appropriate instruction, meaningful and challenging content, and student and program assessment. In addition, a quality physical education improves mental alertness, academic performance, and readiness and enthusiasm for learning in our nation's youth (National Association for Sport and Physical Education, 2016)

Recess is a regularly scheduled period within the elementary school day for unstructured physical activity and play. (American Academy of Pediatrics, 2013).

Reference List:

- American Academy of Child and Adolescent Psychiatry. (2009). *Improving mental health services in primary care: Reducing administrative and financial barriers to access and collaboration* [website]. Retrieved from <http://www.pediatrics.org/cgi/content/full/123/4/1248>
- Centers for Disease Control and Prevention (2015) *Physical activity facts*. Retrieved from <https://www.cdc.gov/physicalactivity/data/facts.htm>
- Centers for Disease Control and Bridging the Gap Research Program (2014) *Strategies for supporting quality physical education and physical activity in schools*. Atlanta, GA: U.S. Department of Health and Human Services.
- Hillman, C.H., Pontifex, M.B., Castelli, D.M., Khan, N.A., Raine, L.B., Scudder, E.S., ... Drollette, E.S. (2014). Effects of the FITKids randomized controlled trial on executive control and brain function. *Pediatrics*, 134 (4), 10.1542/peds.2013-3219
- Hocky, K.P. (2004) *Depression often starts in childhood: New research shows that depression starts early in life*. Retrieved from: <http://www.webmd.com/depression/features/depression-often-starts-in-childhood#1>
- Jarrett, O.S., Maxwell, D.M., Dickerson, C., Hoge, P., Davies, G., & Yetley, A. (1998) Impact of recess on classroom behavior: Group effects and individual differences. *The Journal of Educational Research*, 92, No. 2 pp. 121-126
- Jonas, S., & Phillips, E.M. (2009) *ACSM's exercise is medicine TM: A clinician's guide to exercise prescription*. Philadelphia, PA: American College of Sports Medicine
- Medline Plus (2016) Retrieved from <https://medlineplus.gov/mentalhealth.html>

Taylor, C. B., Sallis, J. F., & Needle, R. (1985). The relation of physical activity and exercise to mental health. *Public Health Reports*, *100*(2), 195.

Murray, R., & Ramstetter, C. (2013) The crucial role of recess in school. *Pediatrics*, *131*.

Doi:10.1542/peds.2012-2993

Ratey, J.J., & Hagerman, E. (2008) *Spark: The revolutionary new science of exercise and the brain*. New York, NY: Little Brown and Company.

Reynolds, G. (2011) *Prescribing exercise to treat depression*. Retrieved from

https://well.blogs.nytimes.com/2011/08/31/prescribing-exercise-to-treat-depression/?_r=0

Rivera, Joe. (2017) *Components of physical fitness*. Retrieved from

<http://focuscenterfitness.com/components-of-physical-fitness/>

Robinson, L., Segal, J., & Smith, M. (2017) *The mental health benefits of exercise: The exercise prescription for depression, anxiety, stress, and more*. Retrieved from

<https://www.helpguide.org/articles/exercise-fitness/emotional-benefits-of-exercise.htm>

SHAPE America. Shape of the nation: Status of physical education in the USA. (2016)

http://www.shapeamerica.org/advocacy/son/2016/upload/Shape-of-the-Nation-2016_web.pdf

Tolan, P., & Dodge, P. (2009) *Children's mental health as a primary care and concern: A system for comprehensive support and service*.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2745240/>

Trudeau, F., & Shephard, R. (2008) *The association between school-based physical activity, including physical education, and academic performance*. Retrieved from

https://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf

Wagner, K.D. (2015) Mental health benefits of exercise in children. *Psychiatric Times*, Retrieved from <http://www.psychiatrictimes.com/child-adolescent-psychiatry/mental-health-benefits-exercise-children>

Keep Moving Forward Presentation Overview



➡ Written to inform and create a mental health toolkit for all school staff.

➡ Presentation is broken into quarterly themes to gradually train staff over the course of the year.

End the Stigma - Change Lives

- Provides mental health and illness overview.
- Analyzes Minnesota Student Survey mental health district statistics.
- Identifies current mental health district programs.
- Explains and describes district plan of performing the School Health Index and quarterly staff workshop themes.

Permission to Pause

- Describes the importance of checking in with students.
- Student/teacher connectedness.
- What to say and what not to say.
- Suicide support and help lines.
- Toolkit items: Anger catcher and worry stone, Do Say, Don't Say badge.

In the Moment

- Teaches a variety of calming and coping strategies.
- Toolkit items: Grounding Exercise badge, calm & mind jars.

Mindful Movement

- Provides information about movement and its effect on mental, physical, emotional and social wellbeing.
- Toolkit items: Move Your Body Cards, Yoga Cards

Kindness and Community

- Opportunity to discuss behavior models such as PBIS or Responsive Classroom.
- Provides community building, character education and anti-bullying resources.

Toolkit items: Let's Get Moving Cards and Kindness & Community PowerPoint



Appendix B

<p>Grounding Exercise http://puzzlepeacecounseling.com</p>  <p>5 things you see 4 things you feel 3 things you hear 2 things you smell 1 thing you taste</p>	<p>Grounding Exercise http://puzzlepeacecounseling.com</p>  <p>5 things you see 4 things you feel 3 things you hear 2 things you smell 1 thing you taste</p>
<p>Grounding Exercise http://puzzlepeacecounseling.com</p>  <p>5 things you see 4 things you feel 3 things you hear 2 things you smell 1 thing you taste</p>	<p>Grounding Exercise http://puzzlepeacecounseling.com</p>  <p>5 things you see 4 things you feel 3 things you hear 2 things you smell 1 thing you taste</p>
<p>Grounding Exercise http://puzzlepeacecounseling.com</p>  <p>5 things you see 4 things you feel 3 things you hear 2 things you smell 1 thing you taste</p>	<p>Grounding Exercise http://puzzlepeacecounseling.com</p>  <p>5 things you see 4 things you feel 3 things you hear 2 things you smell 1 thing you taste</p>
<p>Grounding Exercise http://puzzlepeacecounseling.com</p>  <p>5 things you see 4 things you feel 3 things you hear 2 things you smell 1 thing you taste</p>	<p>Grounding Exercise http://puzzlepeacecounseling.com</p>  <p>5 things you see 4 things you feel 3 things you hear 2 things you smell 1 thing you taste</p>


Adapted from <http://puzzlepeacecounseling.com> (2017)

Appendix C

Mental illnesses. Less silence = less stigma.

Do say:


Don't say:

- | | |
|--|--|
| <ul style="list-style-type: none"> • “Thanks for opening up to me.” • “How can I help?” • “I’m sorry to hear that. It must be tough.” • “I’m here for you when you need me.” • “How are you feeling today?” <p style="text-align: right;">Make It .org</p> | <ul style="list-style-type: none"> • “It could be worse..” • “Snap out of it.” • “Everyone feels that way sometimes.” • “We’ve all been there.” • “Pull yourself together.” • “Try thinking happy thoughts.” |
|--|--|

Mental illnesses. Less silence = less stigma.

Do say:


Don't say:

- | | |
|--|--|
| <ul style="list-style-type: none"> • “Thanks for opening up to me.” • “How can I help?” • “I’m sorry to hear that. It must be tough.” • “I’m here for you when you need me.” • “How are you feeling today?” <p style="text-align: right;">Make It .org</p> | <ul style="list-style-type: none"> • “It could be worse..” • “Snap out of it.” • “Everyone feels that way sometimes.” • “We’ve all been there.” • “Pull yourself together.” • “Try thinking happy thoughts.” |
|--|--|

Mental illnesses. Less silence = less stigma.

Do say:


Don't say:

- | | |
|--|--|
| <ul style="list-style-type: none"> • “Thanks for opening up to me.” • “How can I help?” • “I’m sorry to hear that. It must be tough.” • “I’m here for you when you need me.” • “How are you feeling today?” <p style="text-align: right;">Make It .org</p> | <ul style="list-style-type: none"> • “It could be worse..” • “Snap out of it.” • “Everyone feels that way sometimes.” • “We’ve all been there.” • “Pull yourself together.” • “Try thinking happy thoughts.” |
|--|--|

Mental illnesses. Less silence = less stigma.

Do say:


Don't say:

- | | |
|--|--|
| <ul style="list-style-type: none"> • “Thanks for opening up to me.” • “How can I help?” • “I’m sorry to hear that. It must be tough.” • “I’m here for you when you need me.” • “How are you feeling today?” <p style="text-align: right;">Make It .org</p> | <ul style="list-style-type: none"> • “It could be worse..” • “Snap out of it.” • “Everyone feels that way sometimes.” • “We’ve all been there.” • “Pull yourself together.” • “Try thinking happy thoughts.” |
|--|--|

Mental illnesses. Less silence = less stigma.

Do say:


Don't say:

- | | |
|--|--|
| <ul style="list-style-type: none"> • “Thanks for opening up to me.” • “How can I help?” • “I’m sorry to hear that. It must be tough.” • “I’m here for you when you need me.” • “How are you feeling today?” <p style="text-align: right;">Make It .org</p> | <ul style="list-style-type: none"> • “It could be worse..” • “Snap out of it.” • “Everyone feels that way sometimes.” • “We’ve all been there.” • “Pull yourself together.” • “Try thinking happy thoughts.” |
|--|--|

Mental illnesses. Less silence = less stigma.

Do say:

Don't say:

- | | |
|--|--|
| <ul style="list-style-type: none"> • “Thanks for opening up to me.” • “How can I help?” • “I’m sorry to hear that. It must be tough.” • “I’m here for you when you need me.” • “How are you feeling today?” <p style="text-align: right;">Make It .org</p> | <ul style="list-style-type: none"> • “It could be worse..” • “Snap out of it.” • “Everyone feels that way sometimes.” • “We’ve all been there.” • “Pull yourself together.” • “Try thinking happy thoughts.” |
|--|--|