THE EPIDEMIC OF HIGHER LEVELS OF DEPRESSION AND ANXIETY IN EACH SUCCESSIVE GENERATION OF YOUTH: PROPOSED CAUSES, DETRIMENTAL EFFECTS, AND THE INTRODUCTION OF POSITIVE PSYCHOLOGY IN THE CLASSROOM

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Abstract

The past few decades have witnessed a major increase in each successive generation of youth reporting higher levels of mental illness. The detrimental effects of mental disorders, including depression and anxiety, demand a solution that addresses a change in thinking and well-being among youth. Research illustrates the substantial impact the teachings of positive psychology have on developing minds. Additionally, positive psychology addresses and attempts to remedy many of the proposed factors contributing to youth depression and anxiety. This Note calls for legislation to introduce positive psychology classes on a statewide level within the K–12 curriculum in all Florida public schools.

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INTRODUCTION

Imagine a small elementary classroom of thirty students. At least eight students in this class have a physical illness severely impairing their quality of life and education. However, neither the school, the teacher, nor the children's parents attempt to seek help from a physician. In reality, these students' physical illnesses would not be ignored. However, this harsh scenario is typical of the response to mental health illness.

Mental illness is "highly prevalent and persistent" among youth[1] throughout the country.[2] Each successive generation reports higher mental illness, even when confounding factors are controlled.[3] Specifically, research reveals an estimated one out of every three to four youth meet lifetime criteria for a mental disorder.[4] Ten percent of youth suffer from an emotional disturbance that may cause severe functional impairment in daily life.[5] Additionally, recent studies indicate many

1. Throughout this Note, the term "youth" will generally refer to children in grades K–12 with ages ranging from approximately four through eighteen years old, unless otherwise indicated.

2. Ronald C. Kessler et al., *Prevalence, Persistence, and Sociodemographic Correlates of DSM-IV Disorders in the National Comorbidity Survey Replication Adolescent Supplement*, 69 ARCHIVES GEN. PSYCHIATRY 372, 379 (2012) (making this conclusion based on the National Comorbidity Survey Replication Adolescent Supplement).

3. Jean M. Twenge et al., *Birth Cohort Increases in Psychopathology Among Young Americans, 1938–2007: A Cross-Temporal Meta-Analysis of the MMPI*, 30 CLINICAL PSYCHOL. REV. 145, 152 (2010). Examples of confounding variables that may affect research include gender, geographic region, and defensive responding. *Id.*

4. Kathleen Ries Merikangas et al., *Epidemiology of Mental Disorders in Children and Adolescents*, 11 DIALOGUES CLINICAL NEUROSCIENCE 7, 9 (2009); Mahnaz Shojaee & Carmel French, *The Relationship Between Mental Health Components and Locus of Control in Youth*, 5 PSYCHOLOGY 966, 967 (2014).

5. Keith C. Herman et al., *Childhood Depression: Rethinking the Role of the School*, 46 PSYCHOL. SCHOOLS 433, 433 (2009).

mental disorders begin before youth reach the age of fourteen, and a large portion of them may begin in preschool.[6] In Florida, an estimated 181,000 youth aged ten through seventeen suffer serious mental health conditions.[7]

Particularly, multiple studies point to striking increases in youth anxiety and depression over the past few decades.[8] Estimates indicate "five to eight times as many young people today have scores above the cutoff for a likely diagnosis of a clinically significant anxiety or depressive disorder than was the case half a century ago."[9] The proportion of teenagers who report they frequently feel depressed or anxious has doubled over the last three to four decades.[10] Anxiety is the most common mental disorder for youth.[11] However, depression is one of the most undertreated and debilitating mental illnesses.[12] Additionally, suicide in individuals between the ages of fifteen and twenty-four has doubled in the past three decades.[13]

Often, however, only youth who exhibit adequately severe distress or impairment receive mental services.[14] Approximately eighty percent of youth experiencing depression do not receive treatment.[15] Additionally, many individuals do not fit neatly into a categorical mental disorder according to the Diagnostic and Statistical Manual of Mental Disorders

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6. Erik Parens & Josephine Johnston, *Mental Health in Children and Adolescents*, *in* FROM BIRTH TO DEATH AND BENCH TO CLINIC: THE HASTINGS CENTER BIOETHICS BRIEFING BOOK 101, 101 (Mary Crowley ed., 2008) (noting that "[b]etween 2001 and 2005, the number of children under 19 years of age taking antipsychotic medications rose 73%").

7. This statistic is based on a 2010 estimate released by the National Alliance on Mental Illness. Press Release, Nat'l Alliance on Mental Illness, One in 10 Children Has Mental Illness; State-By-State Figures; Are Candidates Addressing the Facts? (Oct. 12, 2010), https://www.nami.org/Press-Media/Press-Releases/2010/One-in-10-Children-Has-Mental-Illness;-State-by-St.

8. Twenge et al., *supra* note 3, at 146.

9. Peter Gray, *The Decline of Play and Rise of Psychopathology in Children and Adolescents*, 3 AM. J. PLAY 443, 448 (2011).

10. *Increased Levels of Anxiety and Depression as Teenage Experience Changes over Time*, NUFFIELD FOUND. (Mar. 14, 2012), http://www.nuffieldfoundation.org/news/increased-levels-anxiety-and-depression-teenage-experience-changes-over-time.

11. Merikangas et al., *supra* note 4, at 7.

12. Herman et al., *supra* note 5, at 433 ("Similar to adult depression, childhood depression impacts every facet of psychosocial functioning, including the family system, parent–child dyads, peer relationships, and school functioning, and can have potentially life-threatening consequences." (citing Kevin D. Stark & Anne Smith, *Cognitive and Behavorial Treatment of Childhood Depression*, *in* BEHAVORIAL APPROACHES FOR CHILDREN AND ADOLESCENTS (Henck P. J. G. van Bilsen et al. eds., 1995))).

13. *Id.* (emphasizing that this has made "suicide a leading cause of death among youth between the ages of 15 to 24 years").

14. Merikangas et al., *supra* note 4, at 9.

15. Herman et al., *supra* note 5, at 434.

(DSM) and, therefore, may not receive any services even when such services would substantially improve their mental health.[16]

Youth represent the future generation, and it is necessary to implement a strategy to combat the increase in mental illness.[17] Part I begins with comprehensive research examining some probable causes for the successive, increased generational depression and anxiety in youth and details the lasting detrimental effects of mental illness throughout youth and adulthood. Part II reviews the inadequate, existing legislation and funding for mental health services for Florida public school students in grades K–12. Finally, Part III proposes a simple, yet effective, response: to implement positive psychology classes in the K–12 curriculum in all Florida public schools.

I. PROPOSED CAUSES OF THE INCREASING LEVEL OF MENTAL ILLNESS AMONG YOUTH

The increase in reports of youth mental illness necessitates an examination of some suggested causes. This Note primarily focuses on the causes of increasing *depression* and *anxiety* in youth. A word of caution concerning these proposed causes is necessary. Correlation does not imply causation.[18] Additionally, these proposed causes do not intend to provide a complete analysis of the myriad of factors contributing to an increase in youth depression and anxiety. However, sufficient research has demonstrated these factors, among others, may likely contribute to this increase when comparing youth's mental states with those of earlier decades.[19] These specific factors are mentioned here because they can be addressed with the teachings of positive psychology.

A. *Competitive and Standardized "High-Stakes" Schooling*

Students' school environments drastically influence their self-esteems and self-perceptions.[20] Additionally, students' perceptions of their school environments are consistently shown to be strongly associated with their

16. *See* Merikangas et al., *supra* note 4, at 15 (explaining the inadequacy of the current categorical diagnostic system known as the DSM because it is "not believed to provide a valid representation of emotional and behavior problems in youth" and instead suggesting the use of spectrum, dimensional, or categorical assessment techniques for diagnosing mental illnesses).

17. *See* Jeremy A. Blumenthal, *Expert Paternalism*, 64 FLA. L. REV. 721, 723–24 (2012) (advocating a paternalistic role for third-party interveners, such as the government, to guide individuals' ordinary decision making and behaviors due to various cognitive and emotional biases individuals regularly have).

18. Twenge et al., *supra* note 3, at 152 (noting that "[i]t is difficult to prove causation in a correlational study; it is only possible to note what changes have co-occurred with the increase in psychological problems").

19. *Id.*

20. Herman et al., *supra* note 5, at 435.

emotional well-being.[21] Often, students' internalization of negative environments is associated with internalizing depressive or anxious thoughts.[22] For example, one study revealed young males who perceived their school environment as highly competitive and less cohesive are more likely to internalize negative thoughts and problems.[23]

The increasing educational pressures and expectations placed on students from a young age are likely contributing to the rise in depression and anxiety among youth.[24] When children begin school, there exists a risk of maladjustment to the demands of an academic environment.[25] A concerned critic of the modern academic technique of "high-stakes" testing points out that American schools give standardized tests to children as young as six years old, despite protests from childhood education experts.[26] Thus, although research consistently confirms young children, such as those in kindergarten, learn best in environments that allow them to explore while learning simple tasks, such as the alphabet and numbers, kindergarteners are now being subjected to higher pressures and expectations.[27]

It appears American schools have prioritized high-stakes competitive, standardized testing over the value of learning in recent decades. "While previous generations of American students have had to sit through tests, never have the tests been given so frequently and never have they played such a prominent role in schooling."[28] It appears testing has become "the primary criteria for judging children, teachers, and schools," whereas in the past, testing was primarily used to determine which classes a student should be placed or where a student needed improvement.[29]

This change in the importance of testing has detrimental effects on youths mental states. Often, when youths are aware of the importance of a test in determining their academic future, those youths are more likely

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21. *Id.* at 436.

22. *See id.*

23. *Id.*

24. Kara Steffenhagen, Adolescent Anxiety and the American School System 5, 6 (May 2014) (on file with the Adler Graduate School); *see also* AFLIE KOHN, THE CASE AGAINST STANDARDIZED TESTING 5 (2000) (explaining the detrimental effects of test anxiety on youth, as well as its effects on the education system as a whole).

25. Herman et al., *supra* note 5, at 435.

26. KOHN, *supra* note 24, at 2.

27. Gray, *supra* note 9, at 444; Valerie Strauss, *A Very Scary Headline About Kindergartners*, WASH. POST (Feb. 6, 2014), https://www.washingtonpost.com/blogs/answer-sheet/wp/2014/02/06/a-really.

28. KOHN, *supra* note 24, at 1–2.

29. *Id.* at 2; *accord* Quinn Mulholland, *The Case Against Standardized Testing*, HARV. POL. REV. (May 14, 2015, 9:00 AM), http://harvardpolitics.com/united-states/case-standardized-testing/ (mentioning the same concerns about high-stakes standardized testing fifteen years later).

to experience a rise in anxiety.[30] This type of pressure makes students less able to concentrate and perform to the best of their abilities on high-level cognitive tasks, as well as low-level cognitive tasks.[31] Ultimately, then, the scores on those tests become less valid.[32] Research indicates the stress of exams has caused youth to experience sleep deprivation and emotional deregulation.[33] The education system has appeared to diminish its primary focus on learning, analyzing, and applying information and, thus, may be failing to prepare students for success in the real world.[34]

The negative effects of these school environments and testing pressures illustrate the significance of incorporating teachings of positive psychology into the classroom. One of the goals of these teachings will be to enable youth to utilize more effective coping skills to efficiently handle various triggers of stress in their lives, as well as the resilience to bounce back from setbacks. As a result, the overarching goal is for students to receive the most optimized learning experience in the classroom.

B. *The Decline of "Free Play"*

Children have an evolutionary, natural instinct to engage in play whenever they can.[35] Free play involves children's self-directed play, where a child chooses to engage in an activity herself because it is intrinsically desirable to her.[36] This free play positively contributes to the cognitive and emotional development of youth.[37] Free play allows youth to explore the intricacies of their environment, engage in problem solving, and develop self-control, competence, decision making and intrinsic interests.[38] Additionally, free play benefits youths' emotional regulation and relatedness among friends and peers.[39]

The decline of "free play" may likely contribute to the increase in depression and anxiety.[40] In past generations, youth regularly played with

30. Peter Henry, *The Case Against Standardized Testing*, 43 MINN. ENG. J. 39, 51 (2007); Mulholland, *supra* note 29.

31. *See* Henry, *supra* note 30, at 51.

32. KOHN, *supra* note 24, at 5.

33. Henry, *supra* note 30, at 51.

34. *See* Steffenhagen, *supra* note 24, at 9–10.

35. Gray, *supra* note 9, at 443.

36. *Id.* at 444.

37. *See id.*

38. *Id.* at 443.

39. *Id.*

40. Peter Gray, *The Decline of Play and Rise in Children's Mental Disorders*, PSYCHOL. TODAY (Jan. 26, 2010), https://www.psychologytoday.com/blog/freedom-learn/201001/the-decline-play-and-rise-in-childrens-mental-disorders.

other children, engaging in activities they chose.[41] Over the past few decades, however, the ability of children to play on their own, independent of adult supervision and intervention, has increasingly declined.[42] Youth are spending more time at school, and outside of school, youth are spending more time engaging in activities that involve direct adult supervision or participation.[43] Research reveals the youth of each generation spends a decreasing amount of time engaging in independent, peer play and, particularly, time spent playing *outdoors* with others has significantly decreased.[44] Youth are constantly being "directed, protected, catered to, ranked, judged, and rewarded by adults."[45] Thus, youth are not receiving the cognitive and emotional benefits that develop from "free play."[46]

This factor further illustrates the need to appreciate the values of positive psychology by having children engage in behavior that is intrinsically desirable to them each day. Simple exercises discussed below, such as writing a letter of gratitude or partaking in activities that correlate with one's signature strengths or that increase flow[47] can help to equalize the negative effects created from a lack of free play.

C. *Increased External Locus of Control and Extrinsic Motivation*

Research indicates individuals' personality characteristics and perspectives can determine their mental health status.[48] For example, research reveals a strong connection between the status of individuals' mental health and behavioral attitudes based on locus of control.[49] Generally, locus of control concerns individuals' expectations about the

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41. *See id.*

42. *Id.*

43. *Id.*

44. Gray, *supra* note 9, at 445–46. For example, a study conducted by sociologists at the University of Michigan indicated that between 1981 and 1997, children played less and had less time for "self-chosen activities" in 1997 than in 1981. *Id.* at 445. Another study revealed that eighty-five percent of mothers interviewed agreed their children played outside significantly less than they had when they were children. *Id.* at 445–46.

45. Gray, *supra* note 40.

46. *See id.*

47. Ilona Boniwell, *Living in Flow*, POSITIVE PSYCHOL. UK, http://positivepsychology.org.uk/pp-theory/flow/30-living-in-flow.html (describing "flow" as a state of consciousness where an individual is completely absorbed and concentrated in a particular activity that is intrinsically motivating to that individual and that usually involves the use of that individual's creative or special talents).

48. Shojaee & French, *supra* note 4, at 967–68.

49. *Id.* at 968; *see also* Gray, *supra* note 40 (explaining how "[b]y depriving children of opportunities to play on their own, away from direct adult supervision and control, we are depriving them of opportunities to learn how to take control of their own lives").

world.[50] Individuals' expectancies of success fall into either "skill-related situations" or "chance-related contents."[51] Locus of control generally represents a dichotomy in which individuals perceive events as being controlled internally or externally.[52] Individuals who tend to feel they are responsible for the events and consequences that occur in their life have an internal locus of control.[53] These individuals tend to have superior mental health and well-being.[54] In contrast, individuals with an external locus of control tend to feel outside powers beyond their control, such as luck, circumstances, and other people, determine their fate.[55] Locus of control is measured on a spectrum.[56] Most individuals exhibit traits and tendencies that fall towards one end of the spectrum.[57] However, locus of control is not static, and social experiences and environments often affect an individual's locus of control.[58]

Research addressing locus of control in youth shows mental health, well-being, and behavior are superior in those who exhibit an internal locus of control, compared to those who maintain an external locus of control.[59] Researchers generally use the Children's Nowicki-Strickland scale to assess locus of control in children.[60] A recent study revealed that the average youth in 2002 exhibited more external locus of control than about eighty percent of youth in the 1970s.[61] That study also revealed that the rise in externality on the Nowicki-Strickland scale showed the same linear pattern as the rise in depression and anxiety demonstrated.[62] Additional studies continuously reveal the benefits of maintaining an

50. *See* Jean M. Twenge et al., *It's Beyond My Control: A Cross-Temporal Meta-Analysis of Increasing Externality in Locus of Control, 1960–2002*, 8 PERSONALITY & SOC. PSYCHOL. REV. 308, 308 (2004).

51. Shojaee & French, *supra* note 4, at 969.

52. *Id.*

53. Twenge et al., *supra* note 50, at 308.

54. Shojaee & French, *supra* note 4, at 973–74. Characteristics of well-being include "autonomy, purpose in life, environmental mastery, personal growth, positive relationship with others, and self-acceptance." *Id.* at 973.

55. *Id.* at 974.

56. Eileen M. Ahlin & Maria J. João Lobo Antunes, *Locus of Control Orientation: Parents, Peers, and Place*, 44 J. YOUTH ADOLESCENCE 1803, 1803–04 (2015).

57. *Id.* at 1803.

58. Shojaee & French, *supra* note 4, at 970 (noting meaningful experiences, success in educational and problem-based learning programs, stressful environments, and change in socioeconomic status can affect locus of control).

59. Ahlin & Lobo Antunes, *supra* note 56, at 1812.

60. Twenge et al., *supra* note 50, at 308–09 (examining locus of control with the Rotter I-E Scale for college populations and with the Children's Nowicki–Strickland Internal External Control Scale for child samples).

61. *Id.* at 314–15.

62. *Id.* at 316.

internal locus of control. Specifically, youth with an internal locus of control tend to be better well-adjusted, maintain a greater degree of independence and autonomy, manage stress with more appropriate coping methods, and engage in less violence and aggression.[63] In contrast, youth with an external locus of control are at increased risk for depression and heightened stress.[64]

The study of motivation is complex. However, research has illustrated youth's increasing motivational dependence on extrinsic goals and rewards are associated with higher levels of mental illness.[65] Psychologists use the term "extrinsic motivation" to describe when an individual is driven to perform a task by external factors such as rewards or threats.[66] In contrast, intrinsic motivation occurs when the activity the individual engages in becomes motivating in and of itself, void of any external reward that motivates the individual's behavior.[67] Research consistently confirms striving for extrinsic rewards embedded in American culture, such as materialism, status, and appearance, conflicts with aspirations that satisfy individuals' fundamental psychological needs and self-enhancing values.[68] These needs and values include self-acceptance, autonomy, genuine relationships, relatedness, forgiveness, and community involvement.[69] Specifically, this research indicates those children who, for extrinsic purposes, internalize American cultural ideals are likely to exhibit lower well-being.[70] A mainstay of positive psychology is its focus on positively changing individual's perspectives concerning their life, relationships, and community. Thus, positive psychology specifically attempts to increase intrinsic motivation and internal locus of control.

63. Ahlin & Lobo Antunes, *supra* note 56, at 1812.

64. Iryna Culpin et al., *Exposure to Socioeconomic Adversity in Early Life and Risk of Depression at 18 Years: The Mediating Role of Locus of Control*, 183 J. AFFECTIVE DISORDERS 269, 270 (2015).

65. Gray, *supra* note 40; *see also* Twenge et al., *supra* note 3, at 153 (noting that there is a connection between youths' increased poor mental health and "an increased focus on money, appearance, and status").

66. Reed W. Larson & Natalie Rusk, *Intrinsic Motivation and Positive Development*, *in* 41 ADVANCES IN CHILD DEV. AND BEHAVIOR 89, 91 (2011).

67. *Id.*

68. Matthew J. Easterbrook et al., *Consumer Culture Ideals, Extrinsic Motivations, and Well-Being in Children*, 44 EUR. J. SOC. PSYCHOL. 349, 349–50 (2014).

69. *Id.*

70. *Id.* at 350.

D. *The Consequences of Continuous Unhealthy Mental Health in Youth*

Most adults who have mental health disorders first developed such disorders in childhood or adolescence.[71] The National Alliance on Mental Illness (2010) explains that "[e]arly identification and treatment prevents the loss of critical developmental years that cannot be recovered and helps youth avoid years of unnecessary suffering."[72]

Research illustrates the many lasting effects of mental illness.[73] Out of all health disorders, the emotional and behavioral impairments stemming from mental illness in youth are most likely to lower quality of life and success in adolescence and adulthood.[74] Mental illness in youth is highly correlated with low academic performance and failure.[75] Youth with mental illness are more likely to attain lower levels of education[76] and, generally, students with mental illness, including depression and anxiety, are more likely to drop out of school.[77]

Additionally, the stigmatization and the negative perceptions surrounding mental illness implicitly created by family, peers, and teachers bear an equally detrimental influence on youth.[78] Youth with mental illness are more likely to have strained relationships with family members due to avoidance, distrust, and pity by such family members.[79] Also, youth with mental illness are more likely to lose friendships. Additionally concerning is that teachers may unconsciously create negative assumptions about youth with mental illness, thus leading to an underestimation of those youth's abilities and achievements.[80] Not surprisingly, when youth experience stigma from their interpersonal relationships, their well-being is significantly lowered.[81]

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71. Kessler et al., *supra* note 2, at 373; Merikangas et al., *supra* note 4, at 7; *see* Alice M. Gregory et al., *Juvenile Mental Health Histories of Adults with Anxiety Disorders*, 164 AM. J. PSYCHIATRY 301, 301, 303 (2007).

72. *Facts on Children's Mental Health in America*, NAT'L ALLIANCE ON MENTAL ILLNESS, http://www.namihelps.org/assets/PDFs/fact-sheets/Children-and-Adolescents/Facts-on-Childrens-Mental-Health--in-America.pdf (last visited Mar. 27, 2017).

73. *See id.*; KACEY HEEKIN & LARRY POLIVKA, CHILDHOOD AND ADOLESCENCE AND MENTAL HEALTH 5 (2015), http://coss.fsu.edu/subdomains/claudepeppercenter.fsu.edu_wp/wp-content/uploads/2016/02/Childhood-and-Adolescence-and-Mental-Health.pdf.

74. Yael Zakai Cannon, *There's No Place Like Home: Realizing the Vision of Community-Based Mental Health Treatment for Children*, 61 DEPAUL L. REV. 1049, 1055 (2012) (emphasizing the crippling effects of mental illness on youths' ability to function at home, at school, and within the community); *see* HEEKIN & POLIVKA, *supra* note 73, at 5.

75. HEEKIN & POLIVKA, *supra* note 73, at 5.

76. *Id.* at 5–6.

77. *Facts on Children's Mental Health in America*, *supra* note 72.

78. HEEKIN & POLIVKA, *supra* note 73, at 5.

79. *Id.*

80. *Id.*

81. *Id.*

Also, mental illness in youth is correlated with increased criminal behavior and involvement in the juvenile justice system.[82] Additionally, according to the National Institute of Mental Health, youth with an untreated mental disorder are at a high risk for being incarcerated, unemployed, and homeless in adulthood.[83] Furthermore, suicide is the leading cause of death of those between fifteen and twenty-four years old.[84] As a result, youth with untreated mental illness often create a downward spiral that continues into adulthood.

In addition to mental illness' direct consequences on the development of youth, mental illness creates indirect burdens on caregivers and society. It imposes additional costs of medical expenses, special education classes, and social services, and it also burdens the criminal juvenile system.[85] Specific indirect burdens on society include increased homelessness and incarceration, as well as reduced educational opportunity, employee supply, and public income support payments.[86] For example, serious mental illness costs employees almost two hundred billion dollars in lost earnings per year.[87]

II. WHY THE CURRENT MENTAL HEALTH SERVICES PROVIDED IN FLORIDA PUBLIC SCHOOLS ARE NOT ENOUGH

The general lack of adequate preventative mental health education and services in schools likely contributes to the increase in youth depression and anxiety. Due to the longstanding system of state control for educational instruction and values, federal legislation often merely provides minimum thresholds states must meet.[88] Consequently, those minimum thresholds are not sufficient enough to promote positive youth development.[89] Although states enjoy broad authority to provide for more

82. *Id.* at 1.

83. *Facts on Children's Mental Health in America*, *supra* note 72.

84. *Id.*

85. Merikangas et al., *supra* note 4, at 14.

86. Thomas R. Insel, Editorial, *Assessing the Economic Costs of Serious Mental Illness*, 165 AM. J. PSYCHIATRY 663, 663 (2008).

87. *Id.*

88. MICHAEL J. FURLONG ET AL., HANDBOOK OF POSITIVE PSYCHOLOGY IN SCHOOLS 483, 486–87 (2009) (arguing the diversity among state statutory mandates reflects the failure of most states to address mental health education).

89. For example, there is usually no consistency among the states, or even among school districts in the same state, concerning the screening of students for mental illness. Among the schools that do participate in screening, there is no consistency in the age schools begin screening, and there is no consistency concerning what criteria these schools use to screen for mental illness. *See, e.g.*, Kelli Kennedy, *Controversy Plagues School Mental Health Screening*, USA TODAY (Jan. 13, 2014, 11:16 AM), http://www.usatoday.com/story/news/nation/2014/01/13/school-mental-health-screening/4454223/ (explaining that although "[f]ederal health officials recommended universal mental health screenings for students nearly a decade ago," state law does

sufficient mental health educational policies in schools and, admittedly, many attempt to do so, significant gaps remain in many state statutes' educational policies.[90] Although the argument can be made that this deficiency exists in many states,[91] this Note will focus on the state of Florida.

Florida suffers from a mental health epidemic.[92] Although Florida had appropriated increases to mental health funding in 2014, this increase is negligible because prior to this increase, the state had decreased its funding.[93] More telling is that compared with all states in the United States, Florida ranked as forty-ninth per capita for mental health spending in 2010.[94] As an example of the shocking effects from this lack of funding, an individual suffering from a mental illness is nine times more likely to be arrested than provided help through hospitalization or mental health services.[95] Florida could save substantial money on other resources, such as incarceration, by providing preventative programs, as well as adequate resources and services that directly address mental health and behavioral issues.[96] Notably, in 2016, Florida's governor approved a bill mandating an appropriation of $400,000 for mental health and substance abuse services.[97] Although this is a step toward increased focus on mental health, much more funding will likely be necessary to make a significant difference in the inadequacies.

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not require schools to do so, and that "[t]he federal government does not keep track of school mental health screening, so it's all but impossible to say how many schools do or don't offer it").

90. FURLONG ET AL., *supra* note 88, at 483 (explaining the historical "attachment to defining education as a local affair" and how this attachment may be stifling progress in educational improvements).

91. *See id.* at 487.

92. Kate Santich & Jeff Kunerth, *Florida's Mental-Health Epidemic Reaches Crisis Point*, ORLANDO SENTINEL, http://interactive.orlandosentinel.com/mental-illness/intro.html (last visited Mar. 27, 2017).

93. NAT'L ALLIANCE ON MENTAL HEALTH, STATE MENTAL HEALTH LEGISLATION 2014: TRENDS, THEMES & EFFECTIVE PRACTICES 5 (2014); Esubalew Dadi, *Florida's Provision of Mental Health Services Ranks 49th out of 50 States*, FLA. POL'Y INST. (Feb. 16, 2016), http://www.fpi.institute/floridas-provision-of-mental-health-services-ranks-49th-out-of-50-states/.

94. NAT'L ALLIANCE ON MENTAL HEALTH, *supra* note 93, at 5.

95. Scott Maxwell, *Florida's Mental-Health Crisis Needs Action, Not Another Task Force*, ORLANDO SENTINEL (Dec. 20, 2014, 3:35 PM), http://www.orlandosentinel.com/opinion/os-florida-mental-health-scott-maxwell-20141220-column.html.

96. *See Florida's Mental Health Crisis Deserves to Be a High Priority*, FLA. TIMES-UNION (Feb. 18, 2015, 4:23 PM), http://jacksonville.com/opinion/editorials/2015-02-18/story/floridas-mental-health-crisis-deserves-be-high-priority.

97. S. 12, 2016 Leg., 118th Reg. Sess. (Fla. 2016); *CS/SB 12: Mental Health and Substance Abuse*, FLA. SENATE, https://www.flsenate.gov/Session/Bill/2016/0012 (last visited Mar. 30, 2017).

The Florida Department of Children and Families, which provides and regulates publicly funded youth mental health services, continues to implement supportive strategies. The Department works to improve the expansion of community based services, prevent mental health and substance abuse in youth whose parents abuse, increase the number of youth with mental health disorders regularly attending school, promote post secondary education for those youth, and decrease the amount of youth who enter the criminal justice system.[98] However, Florida's youth still demand more crucial improvements in the way services are being delivered.[99]

Specifically, funding for mental health services for children and adolescents in Florida public schools is grossly inadequate.[100] In its current form, youth mental health in Florida is problematically fragmented, with children receiving services in many different settings and systems.[101] Additionally, many schools, particularly within Florida, are failing to screen or are inadequately screening for mental illness in youth.[102] Although schools have psychologists who may perform mental health assessments, there is insufficient mental health guidance for each student, especially in the elementary schools.[103] Significantly, only a few Florida school districts provide concrete information to students about mental illness and solutions to overcome it.[104] Although a Florida Senate bill proposed in early 2015 sought to provide each Florida public school district with comprehensive information to maximize funding and grants for mental health education, the bill subsequently died, and no similar bill has been promulgated since.[105]

A significant problem with the existing Education Code, which mandates required instruction and teaching strategies for Florida public

98. HEEKIN & POLIVKA, *supra* note 73, at 2.

99. *Id.* (including "better prevalence and utilization data, continued research on the diagnosis, etiology, and treatment of mental illnesses in childhood and adolescence, research on cost effectiveness of different youth mental health interventions, implementation of evidence-based practices, exploration of different methods for increasing access to appropriate care, increased awareness surrounding youth mental health, reduction of stigmatization, and expansion of mental health budgets").

100. *Id.*

101. *Id.* at 10 (providing "specialty mental health settings, the public mental health system, the education system, general medical settings, the juvenile and criminal justice system, child welfare settings, and domestic settings" as examples of the settings in which Florida children receive mental health care).

102. *See* Kennedy, *supra* note 89.

103. *See* Steffenhagen, *supra* note 24, at 30.

104. Kate Santich, *Few Central Florida Schools Offer Mental Illness Education*, ORLANDO SENTINEL (May 9, 2015, 7:55 PM), http://www.orlandosentinel.com/health/os-mental-illness-school-20150509-story.html.

105. S. 344, 2015 Leg., 117th Reg. Sess. (Fla. 2015).

schools, is that the drafted language primarily only allows for *reactive* responses to mental health needs.[106] Thus, it only treats a student's emotional disturbance after the school or instructor notices some warning signs or after the student can be classified as suffering from a severe emotional disturbance.[107] Furthermore, even those sections of the Education Code which refer to some teaching and preventative measures do not provide adequate guidance for schools and instructors and, most often, are not likely to be implemented in the classroom.[108] For example, the requirement to "efficiently and faithfully" teach mental and emotional health "using the books and materials required that meet the highest standards for professionalism and historic accuracy"[109] is not particularly helpful in guiding instructors to determine specifically which strategies or materials should be used or how to convey such material effectively.[110] Furthermore, although mental health teaching and curriculum flexibility and diversity across Florida schools will be necessary, this instruction gives overly broad discretion to schools and instructors in how to implement and teach *positive* mental and emotional health.

III. USING POSITIVE PSYCHOLOGY TO COMBAT THE INCREASING DEPRESSION AND ANXIETY IN YOUTH

The onset of mental illness arises from a multifaceted, complex combination of biological, hereditary, and environmental variables.[111] Although this Note aims to use the introduction of positive psychology classes in the K–12 curriculum to combat the increasing depression and anxiety in youth, these teachings can also help combat the increase in other mental disorders.[112] However, it is significant to note the introduction of these classes will not guarantee an elimination of depression and anxiety in youth. The goal is to provide young students with better tools to cope with the complex components contributing to mental illness and thus decrease the risk of youth developing depression

106. *See* FURLONG ET AL., *supra* note 88, at 487 (discussing the shortcomings of mental health education in schools due to lack of adequately specific and proactive language in various state statutes and the limitations these statutes place on positive youth development).

107. *See id.*

108. *See id.* (explaining mental health services in schools "tend to be reactive, and those that are not are less likely to be provided for through legislation").

109. FLA. STAT. § 1003.42(2) (2016).

110. FURLONG ET AL., *supra* note 88, at 487 (explaining the challenge for schools in deciding what and how to teach mental health and in providing environments conducive to positive mental health).

111. Merikangas et al., *supra* note 4, at 8.

112. *See* Margaret L. Kern et al., *A Multidimensional Approach to Measuring Well-Being in Students: Application of the PERMA Framework*, 10 J. POSITIVE PSYCHOL. 262, 262 (2015).

and anxiety or, if such mental disorders are already present in any given student, to provide a viable solution to overcome them.

A. *Explaining Positive Psychology*

Positive psychology is the scientific study of the strengths and traits that enable individuals and communities to thrive.[113] This area of psychology embraces optimal functioning concerning physical, mental, social, and emotional well-being.[114] Specifically, this area of psychology has three central concerns, including positive emotions, positive individual traits, and positive institutions.[115] To advance and achieve these ideals, positive psychology promotes the ability of individuals to develop their best versions of themselves by building on their unique personal strengths,[116] consistently focusing on and showing gratitude for the good in their lives,[117] and finding happiness and meaning in their life experiences and communities.[118] Ultimately, the hallmark of positive psychology surrounds the self-actualization of well-being.[119] Well-being is not defined by a single measure or factor, but rather exists as a multidimensional construct encompassing various mental states and emotions of an individual.[120] This Note will attempt to assess well-being dimensions that affect the development of youth as they relate to an educational environment.

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113. *Frequently Asked Questions*, POSITIVE PSYCHOL. CTR., http://www.positivepsychology.org/learn-more/frequently-asked-questions (last visited Mar. 28, 2017).

114. PATTY O'GRADY, POSITIVE PSYCHOLOGY IN THE ELEMENTARY SCHOOL CLASSROOM 1 (2013).

115. *Frequently Asked Questions*, *supra* note 113.

116. One of the goals of positive psychology is to identify, incorporate into daily activities, and expand on an individual's unique "signature strengths" to optimize life experiences, productivity, and well-being. Todd David Peterson & Elizabeth Waters Peterson, *Stemming the Tide of Law Student Depression: What Law Schools Need to Learn from the Science of Positive Psychology*, 9 YALE J. HEALTH POL'Y L. & ETHICS 357, 387–89 (2009) (explaining how the classification system of character strengths and virtues called Values in Action (VIA) created by the two founders of positive psychology identifies and promotes virtues valued all over the world, including wisdom, courage, humanity, justice, temperance, and transcendence).

117. *See id.* at 394. Simple daily exercises, such as writing down all the positive things that happened that day can drastically improve an individual's feelings of gratitude, which has been shown to lead to increased productivity. *Id.*

118. O'GRADY, *supra* note 114, at 1.

119. *Id.* at 2.

120. Kern et al., *supra* note 112, at 262–63.

B. *The Benefits of Teaching Positive Psychology*

Scientists and researchers are consistently discovering and promoting the benefits of positive psychology in education.[121] Studies show the overwhelming positive effects of positive psychology teachings.[122] "[T]he aggregated results of more than 200 . . . studies of school-based social emotional learning programs" confirm these effects.[123] An additional example of positive psychology's efficacy includes how it complements the common core skills, professed by the U.S. Department of Education, as necessary for success in learning and in life.[124]

Generally, introducing positive psychology into the educational curriculum can dramatically help youth develop a more consistent pro-social perspective on life.[125] Additionally significant is that these teachings not only have positive effects on psychological health and well-being but also have a substantial positive effect on behavior, productivity, and career advancements.[126] Research shows introducing positive psychology into the classroom helps youth maintain optimism, strengthen willpower, increase resiliency, build meaningful relationships, and experience deeper meaning and satisfaction.[127] Additionally, positive psychology significantly improves academic performance, perception and motivation to do well in classes, and decreases negative, disruptive behaviors and emotional distress, anxiety, and social withdrawal.[128] It also reduces behavior problems, including drug use, student misconduct in the classroom, and defiant behavior.[129]

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121. O'GRADY, *supra* note 114, at 27–31.

122. *Id.*

123. *Id.* at 29.

124. *Id.* at 15. The Partnership for 21st Century Learning Framework, created by modern leaders in teaching and education, as well as business, provides an outline of essential skills and support systems for developing minds. *Framework for 21st Century Learning*, PARTNERSHIP 21ST CENTURY LEARNING, http://www.p21.org/our-work/p21-framework (last visited Mar. 28, 2017). Some examples that complement the teachings of positive psychology include collaboration, adaptability, self-direction, social and cross-cultural skills, as well as the teacher's role in identifying student strengths, appealing to students' various learning styles, and promoting a collaborative classroom environment. *Id.*

125. Peterson & Peterson, *supra* note 116, at 364.

126. *Id.* at 364, 406–07 (detailing how positive mental states represent a significant causal factor in behavioral and workplace productivity).

127. O'GRADY, *supra* note 114, at 1.

128. *Id.* at 1–2, 15, 29.

129. *Id.* at 28.

C. *Analysis of Strategies to Teach Positive Psychology in the Classroom*

Martin Seligman, commonly known as the founder of positive psychology, has promoted multiple frameworks to teach in schools.[130] Two of his well-being frameworks include the Penn Resiliency Program (PRP) and the Strath Haven Positive Psychology Curriculum (SHP).[131] He indicated these programs would promote youth skills and strengths, produce improvements in youth's well-being and behavior, and encourage students' learning and achievement.[132] More recently, Martin Seligman introduced the "PERMA" model as an additional framework.[133] The PERMA model proposes five components to use in teaching positive psychology in the classroom.[134] These include positive emotions, engagement using strengths, relationships, meanings, and accomplishment.[135] This Note will discuss the intricacies and benefits of these frameworks and analyze which model schools may best utilize to implement a flexible, yet structured, curriculum for mandatory positive psychology classes.

The PRP framework seeks to increase a student's ability to deal with day-to-day stressors and common adolescent issues.[136] This framework is typically taught in twelve to eighteen sessions for sixty to ninety minutes per session.[137] It focuses on optimism by teaching youth to think and react to their problems more flexibly and realistically.[138] Also, it teaches links between thoughts and feelings, differences between optimistic and pessimistic thinking styles, and techniques to restructure negative beliefs and put them in perspective.[139] Additionally, this framework provides role-playing scenarios to teach assertiveness and negotiation and promotes coping strategies through various exercises, which include controlling breathing to relax and imagining positive visual images.[140] This framework also teaches problem solving skills in a five-step approach; they include: (1) stopping to think about problems

130. *E.g.*, Martin E. P. Seligman et al., *Positive Education: Positive Psychology and Classroom Interventions*, 35 OXFORD REV. EDUC. 293, 297 (2009).

131. *Id.*

132. *Id.* at 295.

133. O'GRADY, *supra* note 114, at 3.

134. *Id.*

135. *Id.*

136. Seligman et al., *supra* note 130, at 297.

137. *Resilience in Children*, POSITIVE PSYCHOL. CTR., https://ppc.sas.upenn.edu/research/resilience-children (last visited Mar. 29, 2017).

138. *Id.*

139. *Description of PRP Lessons*, POSITIVE PSYCHOL. CTR., https://ppc.sas.upenn.edu/sites/ppc.sas.upenn.edu/files/prplessons.pdf (last visited Mar. 29, 2017).

140. *Id.*

before reacting; (2) determining goals in each situation; (3) creating a collection of solutions to the problem at hand; (4) deciding when and how to choose a course of action; and (5) evaluating their actions and starting the process anew if they did not reach their goal.[141] Using the PRP framework, a University of Pennsylvania research group conducted a three-year longitudinal study with over seven hundred middle school students.[142] The researchers concluded the effects of PRP vary across studies, but its implementation "can have long lasting effects when delivered by school teachers, counselors, and other providers in a school setting."[143] Specifically, PRP prevents clinical levels of depression and anxiety, prevents and reduces symptoms of depression, reduces hopelessness, and may reduce behavioral problems.[144]

SHP similarly involves lessons about individual character strengths, resiliency, positive emotion, and sense of purpose in life.[145] The lessons are typically taught in twenty to twenty-five sessions for eighty minutes per session.[146] This program uses activity exercises for students, including writing down three good things that happened to them on a given day and reflecting on why those things happened, as well as using signature strengths[147] to overcome problems.[148] This program increased youth's engagement in learning, enjoyment and achievement in school, and social skills, including empathy, self-control, and cooperation.[149] However, this program, utilized alone, did not improve students' depression and anxiety.[150] Thus, this program would likely have to be combined with another program to show such effects.[151]

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141. *Id*.

142. Jane E. Gillham et al., *School-Based Prevention of Depressive Symptoms: A Randomized Controlled Study of the Effectiveness and Specificity of the Penn Resiliency Program*, 75 J. CONSULTING CLINICAL PSYCHOL. 9, 10 (2007).

143. *Id.* at 18.

144. Seligman et al., *supra* note 130, at 298.

145. *Id.* at 300–01 (identifying this framework as "the Positive Psychology Programe" in this study).

146. *Id.* at 301.

147. Students discover their signature strengths by taking the VIA Signature Strengths test for children. *VIA Strength Survey for Children*, AUTHENTIC HAPPINESS, https://www.authentichappiness.sas.upenn.edu/questionnaires/strength-survey-children (last visited Jan. 13, 2017).

148 Seligman et al., *supra* note 130, at 301.

149. *Id.* at 301–02.

150. *Id.* at 302.

151. *Id.* (suggesting "[b]etter effects may be obtained through combining the PRP and positive psychology programmes, or through more intensive interventions").

A multi-dimensional approach to well-being may be necessary to obtain the highest benefits.[152] The PERMA framework includes the development of five pillars contributing to overall well-being.[153] The idea behind PERMA is that using one's signature character strengths increases an individual's positive emotion in each of these pillars and, thus, increases well-being.[154] The first pillar includes positive emotions of a hedonic nature, such as feeling joy, content, and cheerful.[155] The second pillar comprises engagement, the intrinsic interest in and psychological connection to activities or organizations that make an individual feel interested and absorbed in her life.[156] The third pillar encompasses positive relationships, where an individual feels satisfied and supported by her social connections.[157] The fourth pillar is meaning, where an individual believes her life has value and feels a connection to the world.[158] The fifth and final pillar is accomplishment, which includes striving to meet goals, feeling capable of performing activities, and having a sense of successful completion of those goals and activities.[159]

A leading expert in child psychology proposes to teach children how to "rally *positive* emotion, *engage* through strength, develop *relationships*, find *meaning*, and self-actualize through *accomplishment*."[160] The PERMA pillars correspond to various categorical teachings, including the pleasant life, the good life, the connected life, the purposeful life, and the contented life.[161] When applied to education in the classroom, positive psychology concepts should be geared toward changing perceptions throughout the cognitive, affective, and conative areas of the mind.[162] The cognitive aspect focuses on memory and organization of ideas.[163] Here, the teacher would focus on ensuring students are able to self-monitor and self-manage their actions.[164] The affective aspect focuses on emotional functionality, such

152. Kern et al., *supra* note 112, at 262–63.

153. *Id.* at 263.

154. Dave Levin, *PERMA—Interview with Dr. Martin Seligman*, COURSERA, https://www.coursera.org/learn/teaching-character/lecture/j0HF4/perma-interview-with-dr-martin-seligman (last visited Mar. 29, 2017) (speaking about PERMA's role in the classroom, as well as the creativeness teachers can use to apply and measure well-being through PERMA).

155. Kern et al., *supra* note 112, at 263.

156. *Id.*

157. *Id.*

158. *Id.*

159. *Id.*

160. O'GRADY, *supra* note 114, at 3.

161. *Id.*

162. *See id.* at 4.

163. *Id.*

164. *Id.*

as practicing forgiveness and gratitude.[165] Thus, the teacher would focus on the ability of students to identify and manage their emotions in the best interest of themselves and their fellow classmates.[166] The conative aspect includes awareness of feelings and thoughts and reactions to such stimuli.[167] Here, the teacher would focus on training students to manage their emotions effectively.[168] For example, if a student is angry because another child took his toy, the teacher's goal is to have the child manage such anger by substituting that emotion for a positive emotion.[169] This can be accomplished through teaching the advantages of using empathy, remembering positive experiences with that same student in the past, and understanding that using these practices makes one a better student and individual.[170] Researchers have advanced that the PERMA approach may best allow teachers to meet the well-being needs of a diverse, cross cultural group of students.[171] It is clear, however, that for each grade level different techniques would have to be incorporated.[172]

Although PERMA is a relatively new perspective, a few schools have already begun using the PERMA approach in their classrooms. For example, Knowledge is Power Program (KIPP) charter schools, which exist in twenty states throughout the country, including in Jacksonville, Florida,[173] implement a character program based on Martin Seligman's signature character strengths model.[174] These charter schools use a unique road map to measure and encourage behaviors that strengthen these important characteristics.[175] Another example is a K–12 school in Australia, the Peninsula School.[176] This school incorporates positive psychology through the specific strategies embedded in the PERMA model.[177] By incorporating various training programs and lectures by experienced psychologists in the field of Positive Psychology, and by promoting positive emotions in a flexible, adaptable manner, this school

165. *Id.*
166. *Id.*
167. *Id.*
168. *Id.*
169. *Id.*
170. *Id.*
171. Kern et al., *supra* note 112, at 268.
172. *See id.*
173. *See Frequently Asked Questions*, KIPP, http://www.kipp.org/faq/ (last visited Mar. 29, 2017).
174. These charter schools focus on seven character strengths, including zest, grit, optimism, self-control, gratitude, social intelligence, and curiosity. *Character Strengths*, KIPP, http://www.kipp.org/our-approach/character (last visited Mar. 29, 2017).
175. *See id.*
176. *Positive Psychology at the Peninsula School*, PENINSULA SCH., http://www.tps.vic.edu.au/positive-psychology.html (last visited Mar. 29, 2017).
177. *Id.*

focuses on the development and improvement of the "whole person" of each student.[178]

Additionally, St. Peter's College, another school in Australia, initiated a "whole-school Positive Education curriculum," which focused primarily on incorporating signature strengths into the educational framework to increase well-being in students from Kindergarten to Year 10.[179] Although the school conceded difficulties in implementing the program, such as the teachers' initial skepticism and the challenges that arose when deciding how to teach lessons at different grade levels, the success of the gradually developed "strengths-based culture" proved valuable in the students' lives.[180] As emphasized in this Note, the school showcased the importance of maintaining flexibility to meet the needs of the particular students and to provide developmentally appropriate activities.[181]

Notably, flexibility is necessary for each school to advance unique approaches customized to each individual school and grade level.[182] For example, students in early adolescence may benefit from activities distinct from activities that those in later adolescence would utilize most effectively.[183] Additionally, enforcing a strict curriculum to be applied in all school districts would limit the adaptability and effectiveness of the class. For example, as a study assessing the practicality of the PERMA approach indicated, if students score low on specific variables related to one of the pillars, such as social relationships, the school can strategize a technique for improving this based on student grade level.[184] Additionally, this particular study suggested implementing "school buddy–peer programs" for younger students or "senior–junior student mentoring" for older students.[185] Thus, schools and teachers, who know their students best, can teach and apply the various activities and frameworks to reflect the needs of their students.

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178. *Id.*

179. Mathew A. White & Lea E. Waters, *A Case Study of 'The Good School:' Examples of the Use of Peterson's Strengths-Based Approach with Students*, 10 J. POSITIVE PSYCHOL. 69, 74 (2015).

180. *Id.* at 74–75.

181. *Id.* (explaining how in the lower school grades, the school implemented activities—such as using drawings to showcase the students' strengths—whereas in the higher school levels the school incorporated signature strengths through class discussions that focused on real-life hypothetical scenarios).

182. *See* Kern et al., *supra* note 112, at 268.

183. *See* White & Waters, *supra* note 179, at 74–75.

184. *See* Kern et al., *supra* note 112, at 268.

185. *Id.*

D. *Benefits of Combatting the Rise of Depression and Anxiety Within the School Environment*

School plays a significant role in youth's academic, social, and emotional functioning.[186] Research reveals community-based interventions and preventative services provide some of the most positive outcomes, as well as the most cost-effective strategies, in treating youth mental health.[187] Since youth spend a significant amount of their lives in school, the educational environment may be the most promising opportunity to introduce prevention and intervention mental health activities.

There are many benefits to utilizing schools to promote healthy, positive mental states in youth. First, schools provide the opportunity to reach students on a wide scale.[188] Second, although mental health services in schools are limited, they already represent the major provider of mental health services for youth.[189] Third, the introduction of these mandatory classes may dramatically lessen the stigmatization of youth who seek mental health services.[190] That is, by having a mandatory class focused on positive mental health, incorporated into student curriculum just as mathematics and language arts classes are, students will understand the importance and practicality of using these positive strategies every day.[191] A better understanding of mental health may thus encourage youth suffering from severe emotional disturbances to seek help.[192]

Fourth, youth spend a considerable amount of time in school with their teachers. Often, a teacher's influence on her students contributes to their mental health.[193] For example, teachers significantly influence student autonomy.[194] When teachers provide little opportunity for independent or "self-determined" behavior, create unpredictable punishments, and encourage competitions, students are more likely to develop an external locus of control and internalize a pattern of failure and stress.[195] In contrast, when teachers provide students with opportunities to participate

186. *See* Herman et al., *supra* note 5, at 433 (emphasizing how schools serve as children's "principle environment away from home").

187. Seligman et al., *supra* note 130, at 295.

188. *Id.* (explaining how youth spend much of their waking time in school at an estimated thirty to thirty-five hours per week).

189. *Id.*

190. *See Reducing Mental Health Stigma in Schools*, REACH OUT PROF'LS, http://au.professionals.reachout.com/reducing-mental-health-stigma-in-schools (last visited Mar. 29, 2017).

191. *See id.*

192. *Id.*

193. Herman et al., *supra* note 5, at 438–39.

194. *Id.* at 438.

195. *Id.*

in academic decision making, students exhibit decreased social isolation and status-based friendships and are instead more likely to have a greater network of acquaintances and genuine relationships.[196] Thus, interventions in the curriculum of the classroom arguably present the most promising method to combat the rise in depression and anxiety.

E. *Anticipated Obstacles to the Implementation of the Proposed Legislation*

The funding required for the incorporation and engagement of this statute in Florida public schools will most likely be challenged. Additionally, the increased demand for psychologists with a focus in positive psychology may be an initial obstacle. However, the awareness of the insufficiency of mental health funding and its detrimental consequences as discussed above should weigh heavily on the budget apportionment for mental health services. The thoroughly researched literature plainly illustrates a mental health epidemic and the equally researched literature surrounding positive psychology establishes the substantially beneficial effects its teachings have on youth at various education levels.

F. *Proposed Legislative Bill*

The Florida Education Code does provide for a character-development program with a mandatory curriculum to be adopted by each state board.[197] This subsection then lists specific qualities that modestly overlap with the values embedded in the teachings of positive psychology. Those values include kindness, respect for life, honesty, charity, self-control, and cooperation.[198] Thus, an amendment to Section 1003.42 may not present a drastic change in the statute but rather a further expansion on these values as they relate to positive psychology.

Generally, while providing mental health services remains essential, providing continuous positive enforcement of students' strengths, motivations, and coping skills can prepare students for the stresses of school, relationships, careers, and life in general. Title XLVIII K-20 Education Code Chapter 1003.42 provides the required school instruction in classes K–12.[199] The Florida legislature should enact the following bill, amending the Florida Education Code to establish a mandatory instruction for positive psychology in the classroom:

> An act relating to the improvement of mental health education; amending s. 1003.42, F.S.; requiring all Florida

196. *Id.*
197. FLA. STAT. § 1003.42(2)(s) (2016).
198. *Id.*
199. *Id.*

> public school districts to incorporate a positive psychology class into the K–12 curriculum in Florida public schools; providing that schools use a flexible, adaptable curriculum geared to engage and improve the strengths and abilities of students according to the evaluated needs of each particular school and grade level; providing all classes be taught by a certified psychologist with a focus in positive psychology.

CONCLUSION

Gone are the days when researchers and professors used psychology solely to determine what was wrong with an individual's unconscious psyche. Today, teachings in areas such as positive psychology offer a unique view of the adaptive characteristics of the human mind and provide self-enhancing strategies to combat negative mental states. This Note offers a simple, yet broad-reaching strategy to combat the significant impairment mental illnesses, such as depression and anxiety, bring to youth. Although the legislation proposed in this Note applies specifically to K–12 public schools in the state of Florida, this legislation provides an example for other states as well.