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**Building Shared Knowledge: Research on the Health and
Well-Being of Middle-Grades Youth**

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Abstract

International research about the health and well-being of middle grades youth has received heightened attention by teachers, administrators, policymakers, and researchers who recognize that students' health and social and emotional well-being directly impacts their academic progress. Nevertheless, middle grades leaders and teachers have had insufficient access to research findings or evidence-based resources that focus explicitly on young adolescents' health and well-being in ways that support the planning and teaching of curriculum and support those working with this age-group. This paper highlights the presentations that were included in a research-based symposium that described and explained

research around aspects that empower school leaders, teachers, academics, and teacher candidates to successfully develop an understanding of the health and well-being of young adolescent learners. The collective aim of these presentations was to provide empirical evidence around the information and tools necessary to address the health and well-being needs of young adolescent learners.

Introduction

Early adolescence (approximately 11-15 years; Grades 6-9) is recognized as a critical stage of development. During this time, a young persons' health and social and emotional well-being has been shown to directly impact their academic progress (Main & O'Neil, 2018). Young adolescent health and well-being *is* a global issue with a growing need for empirical research that transcends national boundaries. Such research must be able to translate into practice and inform and support those who have an interest in and responsibility to promote positive outcomes for young people.

Well-being is a complex construct with diverse definitions originating from different disciplines. Powell et al. (2018) argued that well-being is complicated by these competing disciplinary discourses. To contextualise *student well-being*, we can understand this as a state in which every student realises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to his or her community (World Health Organization [WHO], 2014, para. 1). Furthermore, student well-being can be understood as “a sustainable state of positive mood and attitude, resilience and satisfaction with self, relationships and experiences at school” (ACU and Erebus International, 2008, p. 7).

In this paper, we present a sample of the literature and status of well-being research in the United States and internationally derived from presentations to be included in a research-

based symposium at the American Educational Research Association (AERA) in April 2022. It aims to illustrate the topics and methodologies prevalent in the field with two theoretical papers and three empirical examples. Collectively, these presentations unpack critical elements of successful approaches to health and well-being that empower school leaders, teachers, academics, and teacher candidates to successfully develop their knowledge and understanding of the health and well-being needs of young adolescent learners.

The first section begins with a concise overview of *the Relevant Literature about Young Adolescent Health and Well-Being*, where scholars Mertens and Caskey report on the serious risk factors that youth face. In the second section, the *Intersections Between Young Adolescent Well-Being and Schooling*, are examined by Bishop and Nelson, focusing on young adolescents' perspectives of well-being and what they wished their teachers knew about it. In the third section, Pettit, Ziegler, and Brown share insights from their mixed methods study into the supportive elements of effective *Trauma-Sensitive Support of Young Adolescent Students in Foster Care*. In the fourth section, *Supporting Teachers through Mindfulness Practices: The impact of mindfulness intervention for middle grades teachers to support the development of academic optimism*, Goree and Akhavan present a mixed methods study and the effects of a mindfulness intervention. In the fifth section, Hammel and Truebridge explain *Compassion Fatigue: Taking Care of the Caretaker*, with their research focusing on how teachers respond to young adolescents' health and well-being needs. The symposium concludes with a discussion by Main and Whatman of these current topics and approaches and future directions to understanding how to support health and well-being during the early adolescent years.

Young Adolescent Health and Well-Being: The Relevant Literature

During early adolescence, young adolescents (10- to 15-year-olds) undergo rapid and significant physical, cognitive, social, emotional, and psychological development (Caskey &

Anfara, 2014). They experience puberty, sexual awareness, gender identity, complex emotions, and challenges with impulse control. Notably during these years, they gain important health and social knowledge, adopt behaviors, shape beliefs and attitudes, and lay the foundation for adulthood (McCarthy et al., 2016).

Tragically, thousands of young adolescents die from mostly preventable causes such as violence, sexual health issues, communicable and noncommunicable diseases, poor nutrition, substance use, and suicide. Many more endure ill-health due to these causes (WHO, 2017). Numerous risk factors such as bullying, homelessness, mental health, nutrition, sexual health, and substance use disrupt young adolescents' overall health and well-being. The prevalence of these risk factors in the United States and internationally leads to the myriad effects of each factor.

In this paper, we describe and explain the risk factors facing young adolescents globally. Then, we report how intervention and prevention approaches that countries, communities, school districts, schools, and individuals have taken or can take to reduce or forestall these risk factors for young adolescents. We note how well-designed, positive youth development interventions provide young adolescents with the resources, support, and opportunities they need to become thriving adults. Such interventions can lead to positive outcomes and the prevention of young adolescent health risk behaviors (Bernat & Resnick, 2006; Roth & Brooks-Gunn, 2015). Next, we report on the comprehensive school health education/programs that can advance the overall health and well-being of young adolescents. A comprehensive school health approach includes a wide-ranging spectrum of activities and services that enable young adolescents to enhance their health, develop to their fullest potential, and establish productive and satisfying relationships in their present and future lives. These comprehensive health programs, placed in schools and their surrounding communities, can promote the centrality of young adolescent health and well-being.

Importantly, youth who receive comprehensive health education make better-informed decisions concerning nutrition, sleep habits, substance use/abuse, sexual activity, and stay more physically active (Action for Healthy Kids, 2019).

Young adolescents' health and well-being must be a fundamental value of our society. We need to make increased investments in health programs worldwide to improve young adolescent health—for their immediate future and their future health as adults. We agree that youth “are critical stakeholders in the production of science and policy relevant to their lives” (Inchley et al., 2020, p. 3). Thus, society needs to protect and empower young adolescents and involve them in the research, discussion, and decision-making process by providing them with a voice about their health issues and concerns (Inchley et al., 2020).

Intersections Between Young Adolescent Well-Being and Schooling

At a critical period in their lifespan and development, contemporary young adolescent students face increasing mental health challenges with studies documenting a decline in life satisfaction during adolescence (e.g., Currie et al., 2008; De Fraine et al., 2005). Despite an increasing focus on adolescent well-being, the assessment of youth well-being often relies on external metrics, such as grades, attendance, and discipline referrals, that do not engage youth in defining what it means to be well on their own terms. According to the Organization for Economic Co-operation and Development [OECD] (2017), the need is for ‘co-agency’ in designing and implementing education for youth. We take up this challenge. In this paper we describe research into the perspectives of young adolescents on their individual well-being, and the intersections between their lives and schooling.

In this descriptive, qualitative study, we analyzed student responses to the prompt, “I wish my teacher knew...” obtained through the Global Listening Project (GLP) data set (Bishop, 2019). The data set comprises the results of an online questionnaire completed by approximately 2000 young adolescents across 42 countries in 2019. The majority of GLP

respondents resided in six countries: Australia (23%), Peru (13%), US (12%), Philippines (8%), Guatemala (5%), and Vietnam (4%). Respondents self-identified as 40% White/Caucasian; 21% Asian; 7% Hispanic/Latinx; 3% Black/African Origin; 3% Māori; 2% Middle Eastern; 2% Native American; 2% Pacific Islander; and 1% Aboriginal/Torres Strait Islander. 43% of respondents identified as female; 36% as male, 1% as neither/both/gender fluid. Totals did not equal 100 as respondents could elect multiple identifiers or choose not to answer.

We adopted an ecological conceptual framework for our study. An ecological framework positions the school as a key site in the ecology of health promotion. Ecological influences are multi-directional, with (in the case of schools) school environments, structures and norms influencing students' learning and well-being, but with room also for students and their perspectives and experiences to influence school environments, structures and norms. We anticipated that the vantage points of students could inform and enhance how well-being is understood by youth themselves, as a foundational aspect of responsive middle grades education.

We analyzed questionnaire responses using a priori codes derived from the Organization for Economic Cooperation and Development's (2011) indicators of non-material individual well-being—*Health, Work and Life Balance, Personal Security, and Skills, Civic Engagement and Governance, Social Connections, Environmental Quality and Subjective Well-Being*. However, as we conducted this analysis we were struck by the adult-centric nature of these indicators, in relation to the students' vantage points and perspectives shared within these same areas. Our findings illustrate the emphases student participants assigned importance to within these categories and generate a young adolescent-centred vantage point on non-material well-being.

Our analysis generated insights particularly in the areas of work-life balance, personal security, subjective well-being, and civic engagement. We found these areas as strongly present in the GLP data: (a) work-life balance, especially in relation to the prevalence and stressors of homework; (b) personal security, in relation to students' social and emotional safety; (c) civic engagement, highlighting students' desire for and worthiness of decision-making responsibilities; and (d) subjective well-being, emphasizing students' personal awareness of their mental health.

We considered the implications of these findings for practitioners, with regards to homework, bullying prevention, social emotional learning, and democratic schools. A balanced adult life, one that offers both work and leisure time, has been widely recognized as a key indicator of well-being (OECD, 2011). A balanced young adolescent life, then, might be conceived of as one that includes a similar balance of "work" and leisure time.

Just as the OECD (2011) identified personal security as "a core element for the well-being of individuals and of society as a whole," (p. 32), the students in this study also conveyed personal security as important to their well-being, with bullying appearing in the data set as the dominant threat. The middle years are an especially vulnerable time for bullying to occur, as many youth experience being either victims or perpetrators between grades 6-8 (Di Stasio et al., 2016).

Many study respondents reported mental health challenges and wished their teachers were aware of these issues. Students in this study conveyed a strong interest in influencing matters that affected them. They spoke to their desire- and readiness- for meaningful civic engagement that would inform the programs and policies of school. Not only does knowledge of a student's life open up to the funds of knowledge they contribute to the learning process (Moll et al., 1992), a teacher being open to knowing more about a student may also promote the student's overall well-being.

Salutogenic Trauma-Informed Practices for Young Adolescent Students in Foster Care

The complex and lifelong effects of trauma and adverse childhood experiences (ACEs) have been well-documented in the research (Danese & McEwen, 2012; Dotson Davis, 2019; Felitti et al., 1998). However, the terms *trauma-informed* and *trauma-sensitive* (Hester, 2022) as used in the education context have not been consistently used or understood by teachers and administration. At times, these approaches can unfortunately be put into practice or described from more of a pathogenic lens; in other words, educators feel that if they follow a checklist, students who have experienced trauma can be cured. This binary type of approach does not address environmental influences but rather is only concerned with the presenting problems and/or deficits (Quennerstedt & Ohman, 2014). Trauma is when a person experiences more changes of outside and inside environmental factors than they can manage; therefore, truly trauma-informed practices are inherently salutogenic in nature (Roderick, 2021). According to the Trauma-Informed Care Implementation Resource Center, trauma-informed care shifts the focus from “What’s wrong with you?” to “What happened to you?” (Center for Health Care Strategies, 2021). Thus, there is a need to address the misconceptions and inconsistencies of practice as they apply to the health and emotional well-being of one specific population seldom discussed in middle level educational research—young adolescents in foster care.

In a recent study, researchers described how teachers and others in the world of educating adolescent students in foster care provide support using more of a salutogenic approach (Antonovsky, 1979) and the training necessary to allow this to occur (Pettit et al., in press). Surveys and interviews were used to uncover educators’ experiences and knowledge of resources available for young adolescents in foster care. Similar to Pettit (2011), who found mainstream teachers to be products of the “poverty of language learning,” the authors found that middle level teachers and administrators have a “poverty of trauma-informed

practices” (Pettit et al., in press). They found teachers and administrators need training and understanding in the following areas to successfully teach young adolescents in foster care: (a) the effects of trauma and ACEs on young adolescents, (b) the connection between trauma and students in foster care, (c) the unique needs, behaviors, and characteristics of young adolescents in foster care, and (d) an awareness of the supports, resources and education rights of students in foster care. These findings aligned with the assets-approach of salutogenesis in that they emphasized empathy, coping, and well-being (Quennerstedt & Ohman, 2014). Findings from Pettit et al.’s (in press) study pointed to the need for coherence and attending to the needs of the whole child when educating middle level foster students including:

- Young adolescents in the foster care system have most likely experienced trauma.
- Young adolescents in the foster system have specific needs, characteristics, and behaviors that vary with circumstances, so each situation and student may need to be approached differently.
- Trauma-informed practices are beneficial for more than just students in foster care.
- Middle level teacher and leader educators should incorporate trauma-informed practices into coursework.
- Middle level teachers and administrators should incorporate trauma-sensitive practices into their classrooms, policies, and curriculum.
- Both pre-service and in-service teachers need to be trained on ACEs and the effects of trauma.
- Teachers and administrators need to know about the support, resources, and educational rights that apply to students in foster care.

- Consistent policies and processes must be adapted to communicate information about students in the foster care system in a formal way to those who need the information.

Supporting Teachers through Mindfulness Practices

Academic optimism is a belief that student achievement is attainable despite differences in the home lives of children (Kirby & DiPaola, 2011; Ngidi, 2012; Srivastava & Dhar, 2016). Stress can fog the ability of teachers to look beyond such circumstances. It is more difficult for stressed teachers to push students to their highest abilities by maximizing engagement in the classrooms (Beard et al., 2010).

Students are only actively engaged in meaningful learning tasks that contribute to their knowledge a portion of the time they are with teachers (Woolfolk Hoy, 2012), but with schools who emphasize academics understand this concept and maximize time on task. With teachers' mindfulness techniques, sense of ability, and trust in students and parents, teachers and other school professionals can push students towards academic excellence through awareness of good teaching strategies and structures taking maximum concentration. Academic emphasis places prominence on the importance of academic achievement because of the perspective of priorities (Woolfolk Hoy, 2012) while mindfulness maintains the calmness needed for teachers to think clearly. Within schools that emphasize student well-being and academic achievement, mindfulness coupled with learning and motivating learning takes precedence overall, and priorities are academically motivated. This construct is the action behind the belief that teachers have in their students' abilities thus creating optimistic teachers.

Although researchers have related teacher self-efficacy directly to student achievement (Tschannen-Moran & Hoy, 2007), positive relationships *through trust with students and their parents* are also imperative for teachers' self-efficacy and the well-being of

adolescents (Emerson, 2009). Trust creates positive climates that foster relationships between teachers, students, and their families, establishing honest partnerships (Beard et al., 2010). Just like teacher self-efficacy, when trust between students and teachers is established, teachers can hold their students to higher academic standards because they know students can do their best to impact their own achievement (Tschannen-Moran, 2004). Teachers who are assured that students and parents would respond positively to a teachers' academic optimism contribute more to the academic success of their students (Hoy, 2012). A trusting relationship formed by teachers by being present and in the moment in a nonjudgmental way provides an environment where students are more apt to take risks and possess an openness to learn with increased confidence (Hoy et al., 2008). Teachers' trust in students and parents includes feelings of honesty and openness (Ngidi, 2012). When such relationships are fostered in classrooms, children feel psychologically safe to make mistakes and learn from mistakes, without worrying they will be judged by their peers (Higgins et al., 2012). According to Gürol and Kerimgil (2010), teachers' trust in students and their parents can enhance student achievement. Academic optimism is affected by trust in students and parents because teachers will be more likely optimistic about students' abilities when they know all stakeholders are doing what they can to achieve academic growth.

Compassion Fatigue: Taking Care of the Caretaker

The profession of teaching requires teachers to provide supports such as empathy, helpfulness, and compassion on a regular basis to all students. As a result, many teachers experience compassion fatigue, the emotional and physical exhaustion brought on by the everyday interactions they have with the children they teach (Figley, 1995a). The challenging lived experiences of many students continue to have a profound impact on their lives and on the health and well-being of their teachers. Middle school teachers working with young adolescents in the time of COVID-19 are especially susceptible to compassion fatigue. Tools

and assessments are available to help identify compassion fatigue. With the understanding of resilience and embracing a strengths-based perspective, compassion fatigue can be successfully addressed.

The goal of adults in the middle grades, as with all grades, is to provide and support climates that nurture resilience and foster the healthy development of whole individuals and communities with outcomes that promote successful, healthy individuals who demonstrate positive growth and success in school and life. When discussing the process of resilience as it relates to students, it is important to have a lens on how to optimize the caretaker's capacity for nurturing students' resilience. This necessitates that the care of the caretaker also be addressed. This is where compassion fatigue becomes a concept associated with the resilience research and theoretical framework (Benard, 2004; Figley & Figley, 2017). Very often, taking care of highly compassionate educators means addressing issues around compassion fatigue.

Although many refer to resilience simply as the ability to bounce back from adversity, those of us who engage in resilience research expound on the definition of resilience as the dynamic and negotiated process within individuals, themselves, and between individuals and their environments for the resources to adapt and define themselves as healthy amidst adversity, threat, trauma, and/or everyday stress (Truebridge, 2014). Despite agreement in the field that resilience is a process rather than a trait, the construct of resilience continues to be misused with many people referring to it as a trait. According to Luthar et al. (2000), negative repercussions can result from identifying resilience as a trait. To say that resilience is a trait is in essence to say, "that some individuals simply do not 'have what it takes' to overcome adversity" (Luthar et al., 2000, p. 546). Truebridge (2014) shared that the question of whether an individual possesses the capacity for resilience is not appropriate. Everyone has the

capacity for resilience. The appropriate question is whether it has been tapped—and if not, what can be done to tap it?

Compassion fatigue can be defined as the *emotional and physical exhaustion experienced by helping professionals and caregivers over time*—including teachers (Figley, 1995a). “Compassion fatigue happens because you are compassionate, and you care” (Truebridge, 2019, n.p.). For teachers, compassion fatigue often sneaks up on them because of the everyday interactions they have with the students they teach.

Teachers are in the classroom because they care about both the intellectual and psychological development of their students. This care, however, manifests unintended consequences as it transfers the layers of stress upon stress experienced in the lives of students onto educators, sometimes to the point of affecting the educators’ health and well-being, and other times even affecting the educators’ decision to leave the field of teaching (Hess, 2020; Jennings & Greenberg, 2009).

The term *compassion fatigue* was first introduced in an article by Carla Joinson (1992) in a nursing magazine. She used the term to describe the plight of nurses as she witnessed their frequent heartache and loss of their *ability to nurture* (p.116). After Joinson first introduced the term of compassion fatigue, Charles Figley has become known as a seminal researcher and author around the causes and effects of compassion fatigue. He has referred to compassion fatigue as the *cost of caring* (Figley, 1995b).

Compassion fatigue manifests in a variety of ways including, but not limited to, emotional and physical exhaustion. Some physical signs of compassion fatigue include difficulty sleeping, headaches, chronic physical ailments, anger, irritability, and/or use of food, alcohol or drugs as a coping mechanism. Some psychological signs and symptoms of compassion fatigue include distancing, having a negative self-image, dread, loss of hope,

resentment, cynicism, loss of interest in activities, and insensitivity to emotional material (American Institute of Stress, 2020; Figley, 1995b; Hammel, 2021).

Compassion fatigue, although nuanced from other terms associated with work related stress—vicarious trauma, secondary trauma, and burnout—has often been discussed in the context of them (Mathieu, 2019; Pearlman & Saakvitne, 1995). In the report, *Trauma-Informed Care in Behavioral Health Services*, the Center for Substance Abuse Treatment (2014) noted that just as the concept and construct of resilience began in the broad field of health and human services and has since transferred to be a concept relevant in education, so too has compassion fatigue. Godwin and Truebridge (2021) reported, “The growing research in the areas of compassion fatigue, secondary trauma, and vicarious trauma reinforce the need for resources to support the parallel process of supporting the health and well-being of educators so that they are at their best to support students” (p. 18).

Implications for Schools

It is important for middle school teachers to find a balance between personal health and caring for their students as well as understanding the connection between resilience and compassion fatigue (Krop, 2013). While this connection was important before COVID-19 (Bottiani, et al., 2019; Eddy et al., 2019; Herman et al., 2020), it is even more important as we enter our second year and beyond of the global pandemic. Qualitative research in education around compassion fatigue, though minimal prior to COVID-19, reveals that there are coping strategies available to teachers who do experience compassion fatigue.

Fortunately, some of the techniques and suggestions from extensive research in the social work field can be easily transferable and applicable to educators (Adams et al., 2008). Such strategies can help with interventions at the individual level as well as the organizational level.

The goal of the strategies at the individual level is to help self-regulate emotions and awareness surrounding the fatigue (Adams et al., 2008). One strategy teachers can use is to recognize that they are not in it alone (Thompson, 2019). Teachers should be encouraged to openly discuss their stress to colleagues and provide context about the lived experiences of their students (Fowler, 2015). Administrators can provide staff opportunities to do this whether it be building based, within grade level, or virtually. Additionally, attending workshops and/or professional development that help define and explain techniques that create boundaries for teachers can also be helpful. These workshops can offer educators strategies for coping that can be healthy while creating boundaries to care at a distance (Inbar & Ganor, 2003; Truebridge, 2019). Another strategy involves developing and creating goals and plans that are individualized for their students (Lucas, 2007). This coping skill can be very useful because every child has a strength, and it helps build a collaborative relationship between the teacher and child (Zacarian et al., 2017).

According to Tepper and Palladino (2007) in their study, *Compassion Fatigue and Burnout: Precursors to Elementary Special Educators' Exodus from Teaching*, teacher preparatory programs can better prepare teachers for the stressors of the job. Preservice training programs that incorporate stress management techniques and role expectations can help eliminate or prevent compassion fatigue because they prepare teachers for what is to come and provides them with skills to navigate situations with their students (Tepper & Palladino, 2007).

Research suggests the importance of incorporating self-care as a preventive and coping mechanism to combat compassion fatigue, secondary traumatic stress, and vicarious traumatization (Lever et al., 2017; Showalter, 2010), as well as a way to boost and sustain well-being. It requires caregivers to make lifestyle changes and to purposefully incorporate restorative practices into their life such as meditation, exercise, and sharing openly with

others the impact the compassion fatigue has on them. Furthermore, by developing principles of practice, caregivers are able to give those whom they are helping the best versions of themselves (Showalter, 2010).

Currently, the research surrounding self-care is primarily focused on social workers, therapists, and nurses and not on educators who are also working closely with children with a myriad of lived experiences (National Child Traumatic Stress Network, 2008). However, this is a growing area of focus (Alisic, 2012; Godwin & Truebridge, 2021; Kaynak, 2020; Overstreet, 2015). There are tools and scales available for educators to use that identify symptoms related to work environment stress and compassion fatigue—tools and scales that are often composed of questionnaires and checklists.

Research also acknowledges the benefits that self-care has on educators in schools and encourages them to engage in restorative health practices. It indicates four fields to consider when devising a self-care strategy: (a) the vital field (associated with the physical body), (b) the emotional field (associated with feelings), (c) the mental field (associated with the thinking), and (d) the intuitional field (associated with spirituality, creativity, compassion, and healing) (Sherman, 2004). As Hammel (2021) acknowledges, there are many tools and strategies available for educators as the discussion of compassion fatigue becomes more of a focus; however, what is needed is further research that embraces a mindset and a lifestyle surrounding self-care.

Discussion and Future Directions

Research into health and well-being in the middle grades has had a legacy of concern or *moral panic* (Gard & Pluim, 2014; Gard & Wright, 2005) over issues such as bullying and mental health, and risk-taking and/or self-harming. Disciplinary silos, such as psychology, public health, child development, and education, have been dominant in the reviews of literature and conceptual framing of well-being problems. Moore and Maton (2001) and

Bernstein (1999) explained that this epistemic framing of problems is due to a device. This epistemic device recruited particular kinds of studies for funding for publication in aligned journals and builds the field with certain kinds of permissible evidence, such as randomised control trials (RCTs) with replicable procedures. Mertens et al. (2016) highlighted the influence of the U.S. Innovation Grants (since 2010) in deciding who and what are eligible for such funding (p. 5). They noted that grantees are required to align their research designs with the What Works Clearinghouse standards for educational research (What Works Clearinghouse, 2014). In their systematic review of international literature about health and well-being in Australian schools, Dix et al. (2020) limited their search inclusion criteria to experimental (Gold standard RCT) and quasi-experimental design, arguing that other research designs were not robust enough or indeed valid.

According to Dix et al. (2020) , most of the qualitative empirical studies presented in this research paper would not have been funded in Australia. If a qualitative project does not meet de facto guidelines for funding or publishing rigorous well-being research, it does not matter whether the research findings were timely and significant, or how rigorously the methods were employed, nor how coherently data were analyzed and the findings were compelling. This lack of funding has contributed to the field being continually and inevitably built upon epistemic traditions of positivism (Whatman & Main, in press).

To disrupt the positivist framing of well-being, we argue that instead of starting asking questions about “how people live good lives using lengthy...life-history inspired interviews...to get closer to the different ways in which people from different backgrounds and in diverse contexts draw upon different resources in order to live a good life” (McCuaig & Quennerstedt, 2018, p. 119). Such salutogenic research questions may regard young people as possessing resources for healthy living (Antonovsky, 1996; Quennerstedt, 2008), rather

than as deficient young bodies at risk of becoming unwell (Gard & Wright, 2005; Quennerstedt, 2008).

Conclusion

We have argued in this paper that international research about the health and well-being of middle grades youth has received heightened attention by teachers, administrators, policymakers, and researchers who recognize that students' health and social and emotional well-being directly impacts their academic progress. We highlighted current literature and statistics defining health and well-being in the middle grades and presented empirical projects centring on 'what we wish our teachers knew' about well-being, trauma-informed sensitivity to students in care, the teaching of mindfulness in schools, and who is caring for the carers. We draw these papers from an AERA symposium highlighting aspects that empower school leaders, teachers, academics, and teacher candidates to successfully develop an understanding of the health and well-being aspects of young adolescent learners.

These projects strengthen our claim that professionally prepared and contextually upskilled educators are best placed to support adolescent well-being in schools, guided by quality policy and strong partnerships with the allied health sector (Whatman & Main, in press). We leave the readers with these three provocations for discussion to guide future research agendas:

1. When designing future research agendas and empirical projects for adolescent health and well-being, how could pathogenic research problems - those concerned with "what cures our illness" - be recast as salutogenic research problems- those which are concerned with "what makes us well?" (Antonovsky, 1996; Quennerstedt & Ohman, 2014).

2. How essential is it to recontextualise international well-being policy to your setting, and/or implement rigid national curricula given the importance of context in youth well-being (Whatman & Dinan Thompson, 2019)?
3. How useful are systemic measures of well-being to teacher decision-making on what and how to teach?

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