

6-2014

## The Relationship Between School-Based Mental Health Services and Academic Achievement

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THE RELATIONSHIP BETWEEN SCHOOL-BASED MENTAL  
HEALTH SERVICES AND ACADEMIC ACHIEVEMENT

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Jessica Clemencia Ramirez

June 2014

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## ABSTRACT

The purpose of this study was to determine if there was a significant relationship between school-based mental health services and academic achievement. The study focused on (N=38) students in elementary and middle school, who participated in services from the 2012-2013 school year. The test scores before and after they received services were gathered from an existing database to determine how effective school-based mental health services were. The results indicated there was not a significant difference in measures of academic achievement before and after school-based mental health services. However, results demonstrated a positive relationship between test scores before and after school-based mental health services. Limitations to study, such as the sample size, are also discussed.

## ACKNOWLEDGEMENTS

I would like to thank Dr. Cory Dennis for helping through this process by providing his knowledge, feedback, and his patience. Thank you, to Allison Wing for her approval to use Family Solutions/OMDS for this study. Thanks, to Jeffrey Post, the data administrator for providing the test scores and answering my questions. Lastly, I would like to thank my classmates for keeping me sane and for their support!

## DEDICATION

This thesis is dedicated to my main supporter and inspiring-loving mother. Thank you for always enforcing the importance of education to my siblings and me. Thank you for your prayers and your words of wisdom that got me through this. Thanks to my father for inspiring me to keep moving forward. Thank you to my siblings Alejandra, Jose, and Angelica for believing in me. Thanks to my niece and nephew, Jaslene and Ismael for brightening my days with your smiles and giggles. Thank you to my dearest friends who got me through this, with their words of encouragement. I love you all and I am blessed with your presence. Thank you God for this journey!

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## CHAPTER ONE

### INTRODUCTION

The purpose of this chapter is to discuss the relationship of school-based mental health services and academic achievements by identifying the lack of mental health services, the purpose of the investigation, and the significance of this subject for social work.

#### Problem Statement

It is estimated that four million children in the U.S endure a serious mental health disorder that may cause functional impairments at school, with friends, and at home(National Alliance on Mental Illness, 2010). That is about 1 out of 5 American children. Children that experience traumatic events such as natural disasters, violence, poverty, physical abuse, sexual abuse, or are witness to a murder or domestic violence can psychologically impact to a child's life. The Census (2000), reports 40% of public school students are experiencing significant learning, emotional, and behavioral problems. According to Whelley (2003), 70% of U.S children and adolescents require mental health services but do not receive any. These children are more likely to have an increase in bad behavior, decrease in school attendance, and low academic scores. It is difficult for a child to concentrate on school matters when there are deeper and more concerning issues occurring in the child's life. At times the child may exhibit maladaptive behavior due to their lack to appropriately express their feelings.

According to Paternite (2005), school based mental health services include assessment, prevention, intervention, post intervention, counseling, consultation, referral activities, and services. These services are essential to a school's ability to ensure a safe and healthy learning environment for all students. School-based mental health services also addresses classroom behavior and discipline, and promotes students' academic success.

School faculty is unaware of how to deal with certain behaviors, and many times fail to recognize a mental health disorder. The Centers for Disease Control and Prevention (2013) identified 13 percent of children among the ages 8 to 15 who had a diagnosable mental disorder. The most common disorder among children aged 3-17 years is attention-deficit/hyperactivity disorder (ADHD) (6.8%), followed by mood disorders (3.7%), and major depressive disorder (2.7%). Among adolescents aged 12-17 years, 4.7% have a substance use disorder (4.7%), 4.2% have alcohol use in the past year, and 4.2% are nicotine dependent. Children of all ages, ethnicities, and backgrounds can encounter mental health issues.

According to the Centers for Disease Control and Prevention (2013), approximately \$247 billion is spent each year on childhood mental health disorders. Researchers believe that early intervention is very important to decrease high school dropout rates, delinquency, teenage pregnancy and other issues. According to Scholzman (2003), school involvement in treating and assessing students for mental health issues has increased. Some of the motives

include: an increase of students with significant mental health issues, overload in the mental health system, and a shorter amount of time allowed for both inpatient, and outpatient treatment (Scholzman ,2003). Schools are beginning to understand how psychological problems can affect a child's academic performance, attendance, and behaviors. Many schools are collaborating with social workers to provide mental health services. When the child acquires services they are able to have somebody to talk to about their feelings (Mizrahi & Davis, 2008). Social workers use play therapy, art therapy, and other interventions to appropriately talk to the child. Children can not simply talk to an adult about their feelings by, the social worker is able to provide age appropriate interventions to build rapport and gauge understanding of the child's current situation.

The Children's Health Fund (2010) reports early identification is important for early intervention, which is and beneficial for students and their families. Early intervention prevents preschool aged children to have less disciplinary issues and are less likely to be expelled. Furthermore, elementary school children with learning implications are less likely to attend school in the middle grades, Academic and behavior issues are factor for drop high school drop-out rates. Furthermore, 70% of adolescents in the juvenile justice system have psychiatric disorders. Finally, half of the adults diagnosed with mental health issues could have been diagnosed by the age of 15 but were not properly diagnosed. This can

save an estimated amount of \$9,837 in long-term social problems (Armistead, 2008).

The Committee on School Health Pediatrics (Official Journal, 2004), has found that untreated mental health disorders can result in a series of events such as family dysfunction, drug abuse, juvenile delinquency, unemployment, and school drop out. Many schools have felt the need to incorporate mental health services in their school to decrease negative outcomes and provide early intervention. In summary, a child is unable to perform well in school if he/she is dealing with a mental health disorder. Specifically, the child is unlikely to concentrate in schoolwork and perform poorly in school subjects, social interaction, and other daily activities.

The School Board News (2008) reported, just about one-third of children receive mental health services, leading to many children coming to school with such barriers to achievement as stress, anxiety, low concentration, family and social problems, depression, and suicide risk. Effective programs enhance students learning and behavior in the school environment. What better place to address the child's struggles than school, where they spend most of their days?

#### Purpose of the Study

The purpose of this study was to determine the relationship between school-based mental health services and academic achievement (one-on-one therapy and group therapy). For the reason to demonstrate how beneficial school-based mental health services can be for a child. This study will be measured by

students' performance in their California State Benchmark Testing and GPA scores. The study was designed to determine if there is correlation between school-based mental health services and academic achievement.

### Significance of the Project for Social Work

Understanding the relationship between school-based mental health services and academic achievements is essential in social work practice because expanding knowledge to professionals about how mental health disorders can affect a child's academic achievements and can improve their daily living and their adult-hood. Implementing early intervention services will likely decrease the number of people in criminal institutions, crime, and society will have people that will give back to their community. Addressing the problem at an early stage will allow the development of services that will benefit children and decrease impairment in their adult life.

According to Grinnell and Unrau (2011), knowledge that informs social work practice about the cause and nature of target problems and the dynamics of social systems that are created can help resolve social work and social justice problems. Furthermore, social workers have an ethical responsibility to develop professional growth by becoming knowledgeable in how children can be affected if they do not obtain mental health services at a young age.

The Generalist Intervention Model is implemented heavily in school-based mental health services. An assessment is conducted to gather information on the reasons the child requires mental health services. The social worker is also able

to identify the family's strengths and recognize the problem. Planning objective goals for the child is helpful for implementing interventions for each need and for allowing the child to have input on what they want to work on. With those goals the social worker is able to implement a plan that guides and monitors progress. The child's progress is evaluated by observation, self-report, and collateral report. The social worker will then determine if the child has met their objective and goals and decide to terminate. However, it is critical that the social worker is able to terminate the client by successfully having closure with the client and making appropriate referrals that will guide the child on the right path. Lastly, follow up plans are implemented to discuss any issues and prepare the child for any future challenges.

This study contributes to social work practice by providing knowledge of how school-based mental health services are essential to improve academic outcomes, improve mental health, social outcomes, and improve a child's development. Social workers are able to provide mental health services that will meet the child's needs and improve the outcome of their adult life.

The research question and hypothesis that will be addressed in this study are as follows:

1) Research Question: Are students who participate in the Ontario-Montclair School District (OMSD) Family Solutions improve their academic achievements, based on the outcomes indicators (GPA and benchmark testing scores)?

1a) Research Hypothesis: Students in the OMSD Family Solutions will improve on two outcome indicators, participation is correlated with: 1) Higher benchmark scores 2) Higher GPA scores.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will consist of literature addressing the mental health needs in the U.S and the process of receiving services for children. It also will state the most common mental health disorders that children face. In addition, this chapter will provide the advantages of school-based mental health services. Furthermore, it will address successful programs and models that correlate with academic outcomes and mental health. Lastly, it will expand on the theory of the importance of mental health services and how influential the outcomes can be in a child's life in order to have a healthy and positive life.

#### Educational Policy Regarding School Reform

In 1975, in Public Law 94-142 the Education for all Handicapped Children Act of 1975 stated that all children with a disability must be provided with the adequate services to meet their educational needs and provide protection. However, due to the growing cost of special education it was difficult to obtain services (Flaherty, 1996). Furthermore in 1990 President George H.W. Bush signed the Individuals with Disabilities Education Act (IDEA), which required the education system to address the needs of students with disabilities and mental health needs. This law entitles students to receive the resources necessary to help educate and must be provided by the education system (Kutash,2006).This

legislation was an important factor for providing mental health services to children and adolescents.

In 2003, President George W. Bush announced his New Freedom Initiative Plan in 2000 which supported education and employed people with disabilities. In 2002, President Bush stated, "...Americans must understand and send this message: mental disability is not a scandal-It is an illness. And like physical illness, it is treatable, especially when the treatment comes early." (Bush, 2002, paragraph 13). One of his goals was early mental health screening, assessment, and referral to services. This goal was to increase early intervention to decrease substantial outcomes later in the child's life. Furthermore, this would decrease crimes, mental hospitals, school dropout rates and violence (American Academy of Pediatrics, 2004). This goal focuses on four points:

1. Promote the mental health of young children.
2. Improve and expand school mental health programs.
3. Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.
4. Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports ("Govinfo," n.d., paragraph. 4)

In addition in 2001, President George W. Bush signed the No Child Left Behind Act (NCLBA) which required all American schools to be at place with requirements. The aim was to improve the education system in the public

schools. This act was designed to gain students academics and held schools accountable for their student's progress. With that being said, students are required to be tested regularly to achieve academic standards ("No Child Left Behind,"2011). However, teachers and school faculty believe there are other factors responsible for the child's academics such as psychological issues, parent involvement, and social economic status (SES). Providing mental health services can decrease a child's maladaptive behaviors and increase learning abilities(Atkins, 2006). Students' academic achievement is determined by the child's psychological health and academic capability according to Becker and Luthar (2002).

According to the U.S Department of Education (2004), grants were distributed to improve the mental health of children. These grants provide mental health services to link with schools to provide no cost services and easy access. The funds must address the following (U.S Department of Education 2004):

1. Enhance, improve, or develop collaborative efforts between school-based services systems and mental health services systems to provide, enhance, or improve prevention, diagnosis, and treatment services to students.
2. To enhance the availability of crisis intervention services, appropriate referrals for students potentially in need of mental health professionals who will participate in the program carried out under this section.

3. Provide training for the school personnel and mental health professionals who will participate in the program carried out under this section.
4. To provide technical assistance and consultation to school systems and mental health agencies and families participating in the program carried out under this section.
5. Increase student access to quality mental health services, and make recommendations to the Secretary about sustainability of the program (U.S. Department of Education ,2004).

### Mental Health Issues in Children

According to the National Institute of Mental Health( 2013 ) , depression has been one of the most common disorders in children and adolescents. About 11 percent of youth have a depressive disorder before the age of 18 and girls are most likely to experience this disorder. Many times depressive behaviors in children are overlooked as just a phase and are not treated. Children experience depression differently than adult. Depending on the child, they will feel sick, worry a lot, constantly worry about death, increase maladaptive behavior at school, and be irritable. If these factors are overlooked a child is likely to increase risk of suicidal thinking or attempts in youth taking antidepressants. Over 90 percent of children and adolescents who commit or attempt suicide have a mental illness (National Alliance on Mental Illness, 2013).

Another common disorder among children and adolescents is anxiety. Anxiety is normal with nerve-racking situations, however, many children and adolescents take it to another level which impedes their daily lives. Other forms of anxiety disorders are obsessive compulsive disorder, post-traumatic stress disorder, specific phobias, social phobia, and generalized anxiety. A survey among teenagers was taken, data showed 8% of teens have an anxiety disorder, the symptoms initiated around age 6. (“NIHM,” n.d.,para. 3)

Furthermore, the most common diagnosis among children is Attention Deficit Hyperactive Disorder (ADHD) among children aged 4-17 years. (Centers for Disease Control and Prevention,2013). ADHD has been more common in boys than girls. The DSM-IV defines ADHD as, “Persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and is more severe than is typically observed in individuals at comparable level of development. Some hyperactive-impulsive or inattentive symptoms must have been present before seven years of age, some impairment from the symptoms must be present in at least two settings, there must be clear evidence of interference with developmentally appropriate social, academic or occupational functioning, The disturbance does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorders and is not better accounted for by another mental disorder.” (American Psychiatric Association,2000).

## Advantages of School-Based Mental Health in Schools

According to many researchers there are many children that can benefit from mental health services, however, they do not acquire services (Kutash, 2006). Some of these reasons may be stigma, the perception and thoughts about mental health that lead to stereotyping people (Bowers, 2013). Many cultures don't believe in exposing their "dirty laundry" and don't let any outsiders step into their lives. However, if many of the referrals are from the school's administration they are likely to proceed with services. Schlozman (2002), reports another advantage is the parent doesn't have to worry about driving their child to counseling since it takes place at school. The child can benefit from individual therapy and group therapy. The number of children that receive mental health services is as follows: 70% of children receive services from school, 11% from a health sector, 16% from child welfare, and 4% from juvenile justice sector (Vanderbleek, 2004, as cited in USDHHS, 1999).

According to Children's Health Fund (2010), adolescents are more likely to obtain services from school than from a community health center. Furthermore, a child who receives early interventions will have the appropriate treatment and treat the child's mental disorder (Centers for Disease Control and Prevention, 2013). According to the Surgeon General's Report on Mental Health (1999), 70% of children with a diagnosis and impaired functioning received mental health services from the schools. Also, school based-mental health services can provide

services with children living in high-poverty communities since the services are at no charge (Walker et al.,2010)

24 empirically based studies of school-based mental health interventions were reviewed, that examined academic and mental health outcomes. Fifteen of those articles found positive academic and mental health outcomes, eight studies found positive mental health outcome only, and one study found no positive effect (Hoagwood et al., 2007). Studies have discovered that academic achievement increases the child's ability to be more social confident, which can create a positive image of their self-esteem. It was even stronger for mental health users only. Some states have school-based health centers (SBHC) which provide primary health and mental health services. A study was conducted to compare SBHC users vs. nonusers, mental health SBHC users vs. nonusers in the Seattle school district from September 2005 through January 2008, SBHC users getting mental health services had lower GPAs than nonuser and increased their GPA. Overall, mental health use was more strongly linked with increases in GPA (Walker et al.,2010). Furthermore, it is estimated 90% of adolescents that die by suicide had a mental health disorder that was untreated. Early intervention in the school setting has the ability to decrease the suicide rates (Bowers et al., 2012). Educating teachers about mental health, can help the child to receive services in an early stage of their mental health illness. (Bowers et al., 2012).

## School-based Mental Health Service Delivery Models

According to the American Academy of Pediatrics (2004), many schools use a variety of mental health curricula to offer adequate services to their student and utilizes a wide range of professionals to make it possible such as social workers, counselor, and school psychologist. They provide services such as individual therapy, group therapy, and family therapy. The following 3 models are common in the school system.

1. School-supported mental health models: Professionals who are able to provide mental health services are hired in the school system. Such as: social workers, counselor, and school psychologists.
2. Community connection models: Either a mental health agency or individual delivers direct services. It can be full-time or part-time depending on school's contract.
3. Comprehensive, integrated models: A mental health program focuses on prevention strategies, school environment, screening, referral, special education, and family and community issues and distributes direct mental health services. These services are provided within the school environment (American Academy of Pediatrics 2004, p.1842).

According to Flaherty (1996), ideal school services should include the following purpose:

1. Direct intervention (e.g., providing therapy sessions)

2. Consultation with school administration to acquire information about the student.
3. Mental health education, such as educate students, parents, teachers, and other faculty about mental health problems.
4. Outreach with other organizations in the location.
5. Resource identification and development is essential to enhance resources for students that need to address specific problems in further areas.
6. Network with other mental health contributors who work within and outside of the school (Flaherty al., 1996).

#### School-Based Mental Health Services: Effective Programs

According to the Journal of The American Academy of Pediatrics (2004), The Bridges Project is a program that's been successful by improving school grades and scores on the Child Behavior Checklist and the Behavior and Emotional Rating Scale. The Child Behavior Checklist and the Behavior and Emotional Rating Scale evaluates the child's current behaviors, before services, and after the services have ended.

Another successful program is The Raising Health Children program. It's located in 10 schools with 938 students in first and second grade. Their intervention consists of targeting socialization in classrooms, families, and peers by providing workshops, booster session, and coaching classes to the teacher. The parents also receive workshop and in-home training. Furthermore, the child

is exposed to summer camps and in-home services. The teachers and parents reported seeing improvement in school, and teachers reported seeing improvement in academic performances (Hoagwood et al.,2007).

Fast Track is another effective program, which works with 54 elementary schools, serving 891 children with behavioral disruptions. The program addresses antisocial behaviors. The teacher's intervention is curriculum-based lessons and behavioral consultation on emotion recognition and communication skill, friendship skills, self-control skills, and social problem solving. The parents have group counseling, parent-child sharing time, and home visits. The child receives social skills training and child peer pairing, and academic tutoring. The outcomes of this program demonstrated, the child improved in language arts grade and words skill by the end of first grade. By third grade less children were in special education classes. The mental health outcomes demonstrated that children improved their coping, social problem solving, increased amount or quality of relationships with friends, and socialized with others. Child's aggression decreased by the end of first grade and fewer aggressive behaviors were seen by third grade (Hoagwood et al.,2007).

The Improving Awareness-Social Problem Solving Project worked with fourth and fifth graders with social problems. The interventions include: teacher-implemented social competence curriculum, self-control and social awareness. There was an overall improvement in educational achievements, however, language and math was improved in children that received more sessions. In

addition, there was a decrease in behavioral referrals, suspension, and violent acts such as decrease in weapon use. The outcomes in boys demonstrated a decrease in vandalism, alcohol-related problems, and socially disordered behaviors. Girls' outcomes demonstrated social competence, self-efficacy, and decrease in tobacco use (Hoagwood et al.,2007)

The city of Baltimore adapted a Classroom Centered (CC) and Family School Partnership (FSP) in nine public schools which serves 678 first grade students and families. The interventions focus on enhancing teacher behavior management, training parent-teacher communication, and workshops for the parents. The outcomes demonstrated that boys had higher reading and math scores and girls had higher math achievement. There was also an improvement in reading but not in math. Aggressive behaviors decreased among other peers (Hoagwood et al.,2007).

The program Seattle Social Development Project was incorporated in 18 Seattle public schools with 598, fifth graders. The parents received appropriate child management classes. The child received cognitive and social skill training and interpersonal cognitive problem solving. The teachers were also involved by receiving training on classroom management and cooperative learning. The outcomes demonstrated there was increased positive behavior with the children and decreased grade repetition for boys more than girls. There was also a decrease in violent acts, drug use, reducing pregnancy, and arrests (Hoagwood et al.,2007).

Another successful program is Reaching New Heights in Midwestern schools serving 62 middle schools with gifted children. This program was targeted at increasing stress management skills, decreasing perfectionism levels in academics, and coping with academic and social stressors. Students exhibited fewer difficulties in school on the anxious-shy and learning problems scales. Problem solving skill improved as well as social and academic stressors. Teachers reported student demonstrated greater competency in school-related task, such as frustration tolerance, assertiveness, and tasks (Hoagwood et al.,2007).

Comprehensive School-Based Program provided services for 35 elementary schools. Their interventions consist of behavioral expectation, rules, procedures, tutoring in reading, and individualized functions based on behavioral interventions and support. The students demonstrated a decrease in suspensions, emergency removals, and office referrals. Furthermore, academic achievements improved in reading, language, arts, spelling, science, and social studies. There was also an improvement in social competence (Hoagwood et al.,2007).

Forty-six kindergartners who were antisocial participated in First Step to Success Program. This program focused in academic and social skills program using a special curriculum for children with conduct disorder. The results demonstrated there were academic improvements, and decrease in maladaptive behavior (Hoagwood et al.,2007).

The Positive Action Program in Nevada and Hawaii, was composed of a teacher-student relationship, parent involvement, and reinforce learning, and community involvement. The outcomes illustrated improvement in math, reading language, and a decrease in absenteeism. Furthermore, behavioral incidents and suspension decreased. Other outcomes also demonstrated fewer violent acts and decrease in weapon exploitation (Hoagwood et al.,2007).

The main points gathered from these literatures was there is a significant impact with school-based mental health services such as increasing academic achievement, improvement in social skills, decrease in maladaptive behaviors, decrease in pregnancy, and arrest. Furthermore, the literature gathers that there is a positive outcome with children who receive school-based mental health services.

### Summary

This chapter analyzed literature, on the matter of mental health issues among children. This country has targeted mental health issues in order to increase academic outcomes. This research paper is to enhance the knowledge of others and help professionals analyze the importance of school-based mental health services and the benefits of providing it in the public school system. Furthermore, is to help professionals improve outcomes for their existing school-based mental health programs that will benefit children and families have a better success outcome.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter will provide the methods and instruments used for the research design. An explanation of the instrument, sampling, and data collection will be discussed.

#### Study Design

This study will evaluate the relationship between school based mental health services and academic achievements. This study is important because research has demonstrated that school-based mental health services increase a child's academic scores. This research will test the hypotheses that school-based mental health services highly influence academics.

To examine this hypothesis, quantitative methods from secondary data was gathered. The data gathered was from the 2012-2013 school year of students who had obtained mental health school services from Family Solutions/Ontario-Montclair School District.

Existing data was used because it provided the necessary data needed. The 2012-2013 data was from children who no longer participate in the services and will ensure confidentiality.

## Sampling

This research will be carried at Family Solutions Agency in Ontario, California. The database was drawn from a pool of students (n=38) who participated in Family Solutions school-based mental health services. The (n=38) selected were in first grade kindergarten through middle school. Simple random sampling was utilized for this study. The participants were drawn randomly from a database that identified their participation in school-based mental health services from the 2012-2013 school year. The entire participants received services from the Family Solutions agency.

## Data Collection and Instruments

To gather information about the relationship between school-based mental health services and academic achievements “secondary data quantitative research” will be used. The dependent variable for this research was the academic scores. The independent variable was mental health services, which are provided in the school.

This investigation determines if there was a correlation between school-based mental health services and improvement of academic achievement. The database Zangle is used in the Ontario-Montclair School District. Zangle is an online database that provides information of the child such as academic scores, attendance, suspension, and vaccinations. The student’s identification number was inputted into Zangle, which provided the child’s academic scores. The

researcher obtained archival data from Zangle with permission from the Family Solutions staff, data analyst, and was IRB approved.

The investigation concludes is there is a relationship between attendance and grade point average. The research obtained archival data from Zangle with permission from the Family Solutions coordinator, with permission from the director of Family Solutions, and the data analyst.

The information between academic achievement and school-based mental health services was gathered by using the 2012-2013 files of the students who received services and then their information was inputted in the Zangle database.

There were two instruments used to gather data for students who utilized school-based mental health services and the relationship with academic achievements. The first one is Zangle, which is a data base used with the information of the student's attendance, suspension, disciplinary action, and grade point average of every child in the Ontario-Montclair school district. The second instrument was the episode opening, which identified the time period the child, acquired the services mental health services(Appendix A).

The data gathered was of students who obtained the services 2012-2013 school year. The data given by Zangle represents the outcomes of the child throughout the school year.

According to the Ontario-Montclair District (2006), Ontario consists of predominantly Hispanic/Latino population and low-income families. Most students are identified as English Language Learners and met the requirements for free or

reduced meals. Ontario-Montclair School District was founded in 1884 and is currently the third largest school district in California. The district serves 22,755 students, the district has 26 elementary schools and six middle schools. The district's population of diverse ethnicity is:88.3% Hispanic, 4.2% White, 2.8% African American, 2.8% Asian, and 2.8% other ethnicities. Family Solutions collaborates with OMSD to address children's and family issues that affect a child's ability to learn by providing mental health counseling services and case management (aggregated report on program efficacy,2006).

#### Procedures

The data was solicited from the Agency of Family Solutions Collaborative. Their past records identified participants that utilized their therapeutic services. The student's identification number was given to the data analysts to provide the students' academic scores and attendance.

#### Protection of Human Subjects

The researcher collected data on individual students by using student identification numbers rather than names for all the participants. Individual schools were not disclosed in the data collection. Study participants were anonymous to the researcher. The research collected did not identify the participants' personal identity of the school identity of the student, and met IRB approval.

## Data Analysis

Statistical Analysis Software, Statistical Package for the Social Sciences (SPSS), was used to achieve relevant statistical test on the outcome of receiving school-based mental health services and if there was any academic achievement due to services. The students (n=38) have an individual baseline measurement outcome before and after that will demonstrate if there was any significant progression with academic achievement and increase of attendance. The results were compared by independent variables, gender, school grade, and age were examined in order to identify a significant correlation.

## Summary

This chapter discussed the relationship between school-based mental health services and academic achievement in the Family Solutions/Ontario-Montclair School District. To gather this information the Episode opening document was viewed to determine the dates the child participated in services. Furthermore, Zangle was used to provide the students' academic scores. The researcher analyzed the data by providing the district data analyst the dates the child obtained services. He then provided the researcher the students' scores throughout the 2012-2013 school year. The researcher determined the before and after test scores by the dates the student received school-based mental health services.

## CHAPTER FOUR

### RESULTS

#### Introduction

The following chapter will consist of the results of the relationship between school-based mental health services and academic achievement.

#### Presentation of the Findings

This study analyzed the GPA scores of middle school students and benchmark scores of elementary school students from the Ontario-Montclair School District who have participated of mental health services from Family Solutions. A total of thirty-eight students participated who had services in the 2012-2013 schools year. There were 17 students in elementary school and 21 students in middle school. The majority of participants were female (59%). The mean age was 11-year-olds. Most of the participants were Latino/a (97.4) (See table 1). Students were mostly enrolled in the seventh grade. The grade range were 2<sup>nd</sup> grade to 8<sup>th</sup> grade.

Table 1. Participant Demographics (N=38)

Variable	Frequency (%)
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#### **Ethnicity**

Latino/a	37 (97.4)
Filipino	1 (2.6)

**Gender**

Female	21 (55.3)
Male	17 (44.7)

**Grade**

2 <sup>nd</sup> grade	2 (5.3)
3 <sup>th</sup> grade	6 (15.8)
5 <sup>th</sup> grade	3 (7.9)
6 <sup>th</sup> grade	6 (15.8)
7 <sup>th</sup> grade	13 (34.2)
8 <sup>th</sup> grade	8 (21.1)

Age (mean, sd, range)      13 (7.65) 7-13

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There was a significant positive relationship between GPA scores before and after the intervention ( $r(19) = .480, p < .05$ ). The higher the GPA score before the intervention, the higher the GPA scores after the intervention. Furthermore, ethnicity, gender, and school grade, were not related to academic scores.

To determine if there is a significant difference between GPA scores before and after mental health services were provided a paired-samples t-test was conducted.

As shown in Table 2, no significant difference between the GPA scores and Benchmark scores before and after the intervention was found  $t(20) = .640$ ,  $p = .529$ .

Table 2. GPA Scores Before and After School-Based Mental Health Services

Variable	GPA Before SBMHS	GPA After SBMHS
Mean (N=21)	2.0590	1.9210

As shown in Table 3, both average ELA scores ( $t(16) = -.269$ ,  $p = .791$ ) and average math scores ( $t(16) = 1.747$ ,  $p = .100$ ) were not significantly different after the intervention. The variables ELA score and math score before school-based mental health services and after school-based mental health services were strongly related ( $r(15) = .511$ ,  $p < .05$  and  $r(15) = .494$ ,  $p < .044$ , respectively).

Table 3. ELA/Math Scores Before and After MHS

	Before	After	T (df)
ELA	50.23	51.59	-.27 (16) n.s
Math	67.70	57.24	1.75 (16) n.s

n.s=  $p > .05$

## Summary

The data demonstrated there was not a significant relationship between school-based mental health services and academic achievement during the 2012-2013. Furthermore, the hypothesis that was previously addressed, if students in the OMSD who received school-based mental health services from Family Solutions increased their academic achievement, was not sustained. This study demonstrated that school-based mental health services did not have a positive impact on academic achievement.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

Chapter 5 discusses the findings of the relationship between school-based mental health services and academic achievement by identifying the discussion of the results, the limitations of the study, and the recommendations for social work practice, policy, and future research.

#### Discussion

The demographics of this study demonstrate that the students (N=38) who utilized mental health services for the 2012-2013 school year from Family Solutions Collaborative were primarily Hispanic.

It was determined that the higher their GPA score was prior to school-based mental health service the higher their GPA score would be after school-based mental health services. However, there was not a significant correlation between students who had mental health services and their GPA scores or Benchmark scores. It seems that the children receiving school-based mental health services already have a low test score and perhaps need another intervention besides mental health services, such as tutoring or attending an after school program to increase their academic scores. Overall, one may say that addressing the child's emotional, biopsychosocial, and developmental needs is important to help students increase their academic scores there but also needs

to be an educational intervention to increase their already low benchmark and GPA scores. Moreover, the diagnosis of the student and severity of the student's current situation is unknown. There can be many factors that are affecting the child and the variety of emotional complications that the student is going through (Hoagwood, 2007).

It can be said that due to the child's distress and inability to express their thoughts and feelings for some time prior to services was the cause of the child's low academic scores. Furthermore, processing the referral, setting the assessment, and building the rapport for the student to express their current situation takes various of sessions. It would be essential for the child to be taking educational services prior or during the school-based mental health services to balance test scores.

Perhaps the increase in academic scores did not take an affect immediately after services terminated. According to Nabors and Reynolds (2000), their study demonstrated that the outcomes of the student improved after 6 months of services. The improvement could have been related to maturation or a better relationship with family or peers, however, the reason is not accurately known.

Furthermore, children are entitled to address the issues that are concerning them in a safe environment such as a school setting. Social workers should be competent and well trained in issues that children can be facing. In

addition, they should provide a variety of interventions to target the students' behaviors and be able to properly diagnose the child.

In addition, early intervention such as providing school-based mental health services are beneficial for the outcomes of youth being untreated or unidentified with a mental disorder. Unfortunately lack of services increases the likelihood that youth will be part of the jail and prison system ("Federal & State Policy", 2010). It has been determined that 65% of boys and 75% of girls are incarcerated in the juvenile system and have at least one mental illness. The concern is why are these youths being sent to the juvenile system rather than be provided with the appropriate treatment and interventions? ("Federal & State Policy", 2010). There are higher concerns when the child becomes an adult and their mental health disorder is untreated. This costs higher care cost for adults and increases homelessness ("Federal & State Policy", 2010).

Furthermore, school-based mental health services fulfill the requirements of the laws of No Child Left Behind (NCLB) and Individuals with Disabilities Educational Act (IDEA). These laws require a child to be on a certain educational level and enforce the schools to provide services that would increase the child's educational outcomes, such by providing mental health services or special education classes (Kutash, 2006).

### Limitations

Limitations of this research include it is a small sample size (N=38). There were only 44.7% (N=17) were elementary school students and 55.3%(N=21)

were middle school students who were utilized for this study. Making this a limited sample from which to generalize the results. Another limitation was the research utilized came from one single agency that serves the Ontario-Montclair school district. Furthermore, the sample did not include a variety of ethnicities, being that 97.4 % (N=37) were Latina/o and only 2.6% (N=1) were Filipino.

Furthermore, perhaps looking at the amount of sessions attended could have demonstrated if the quantity of school-based mental health services had a significant impact if students who participated in more than 14 sessions increased the likelihood of increasing academic achievement. Hoagwood (2007), discusses how some of the school-based mental health programs found positive outcomes for mental health but there was not a significant educational outcome when the programs provided short-term services of a year or less. Family Solutions, provides short-term services and only for the school year. The children are seen once a week and there are holidays, testing days, and modified days which prevent mental health services to be given at times. This limits the number of session the child has in a school year.

In addition it would be essential to know if the students who had a high academic scores already had another intervention taking place during receiving school-based mental health services, such a tutoring or were attending the THINK Together After School Program, due to the fact that every child is entitled to receive free services from this academic and extracurricular program in the city of Ontario-Montclair School District.

## Recommendations for Social Work Practice, Policy and Research

Is essential that mental health services are provided in the public school system. Many times families do not have the financial means to provide services. Atkins (2006) states, 80% of youth do not obtain mental health services due to 90% of families being uninsured. Is the school's responsibility to make sure the child is able to have a non-threatening environment to address their current situation since the families do not have the means to acquire mental health services.

For future research there could be another way of evaluating the effectiveness of school-based mental health services such by conducting a quantitative or qualitative study of the teachers and parents perception of how beneficial school-based mental health services have or have not been helpful for their students and if they would recommend the services. Nabors and Reynolds (2000), identified the importance of including parent and teacher observations of the student's outcomes when involved with mental health services in order to determine if they could evaluate the process of the student.

Furthermore, according to Nabors and Reynolds (2000), their research examined other variables such as the diagnosis of the student, the duration of therapy, the student's outcome goals, protective factors, and current family situation. These factors help the research identify more of the student's outcomes. The Ontario-Montclair school district does not provide an experimental program of their own to determine if the services are successful or not. According

to Hoagwood (2007), it is complicated to determine how mental health services impact academics due to the limited selection and quality of the academic evaluations used in studies. Hoagwood (2007) continues to state that schools are usually responsible for academic achievement yet there is not a lot of research gathered to determine how affective services are. Usually school-based mental health services are the first to be removed when there are budget cuts since they do not know how influential the services are.

Another recommendation would be to evaluate parent participation of the child. Many parents in the Ontario community tend to have both parents working or having multiple jobs. The child may not have the adequate scholar support in order for the child to comprehend the school assignments. According to Flaherty (1996), lack of family involvement is a difficult issue. There is usually little to no family involvement other than signing the consent forms and attending the assessment. There needs to more family involvement in order to determine the effectiveness of interventions and to be utilized by the family at home (Flaherty, 1996).

Future studies may possibly consist of a larger sample of older students such in middle school grades such as seventh and eighth graders. It could be possible that they are more likely to process the interventions and benefit more from services than the elementary school age.

## Conclusion

This study, demonstrates there is no significant difference in measures of academic achievement before and after school-based mental health services. The hypothesis did not support this study, however, based on the literature there were limitations impeding significant positive results. Furthermore, there needs to be more interventions that need to take place when the child is receiving mental health services. The child could have already been academically behind prior to services due to their trauma or their current dysfunctional event that will not allow them to function academically at school. This situation could have put them too behind for school-based mental health services to have a large impact to increase test scores. Nonetheless, this research can inform future research efforts, and be used to educate professionals on the importance of school-based mental health services and the evaluating their outcomes. Lastly, this research will increase the quality of school-based mental health services (Nabor & Reynolds, 2000). As president George W. Bush said, "Mental disability is not a scandal-it is an illness. And like physical illness, it is treatable, especially when the treatment comes early." (Bush, 2002, paragraph. 13).

APPENDIX A  
EPISODE OPENING-CLOSING

## Episode Opening

ID: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Episode Opening Date: \_\_\_\_\_ Referred From: 47 \_\_\_\_\_ Legal Status: W60000 \_\_\_\_\_

Trauma:  Y  N

**Axis I:** \_\_\_\_\_ **Axis II:** \_\_\_\_\_ **Axis III:** \_\_\_\_\_

**Axis IV:** \_\_\_\_\_ **Axis V:** \_\_\_\_\_

Past Year: 099 \_\_\_\_\_ Substance Abuse/Dependence Issue: Y N U \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

**Clinician ID:** \_\_\_\_\_ Employment Status: 8 \_\_\_\_\_ Legal Consent: 9 \_\_\_\_\_

**Living situation:**  05 Foster family  06 Single Room (hotel, motel, rooming house)  13 House or Apartment  
 52 Homeless, in transit  99 unknown

Data Entry By: \_\_\_\_\_

## Episode Closing

Episode Closing Date: \_\_\_\_\_ Referred To: \_\_\_\_\_ Hour of Discharge: \_\_\_\_\_

Status of Recovery Goals at Time of Episode Closure	Mutual Agreement	Client Deceased	Client Moved	Client Incarcerated	Admin Discharge	Client Dissatisfied
Reached	50	51	52	53	54	55
Partially Reached	60	61	62	63	64	65
Not Reached	70	71	72	73	74	75

Other Reasons	Code
Age Ineligible	15
No Services Needed	18
Reason Unknown	99

**CHECK BOX IF THE REMAINING CLOSING INFORMATION IS THE SAME AS THE OPENING INFORMATION**

**Axis I:** \_\_\_\_\_ **Axis II:** \_\_\_\_\_ **Axis III:** \_\_\_\_\_

**Axis IV:** \_\_\_\_\_ **Axis V:** \_\_\_\_\_

**IV:** \_\_\_\_\_  
 Past 099 Substance Abuse/Dependence Issue: Y N U  
 Year: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
**Clinician** Employment 8 Legal Consent: 9  
**ID:** \_\_\_\_\_ Status: \_\_\_\_\_  
**Living**  05 Foster family  06 Single Room (hotel, motel, rooming house)  13  
**situation:** House or Apartment  
 52 Homeless, in transit  99 unknown  
 Completed Data Entry By:  
 by: \_\_\_\_\_

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APPENDIX B  
AGENCY LETTER



## Ontario-Montclair School District

**FAMILY SOLUTIONS**  
1556 South Sultana Ave.  
Ontario, CA 91761  
(909) 418-6923 Fax (909) 418-6937

### BOARD OF TRUSTEES

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*Superintendent*

To Whom It May Concern:

This letter verifies that intern Jessica Ramirez from California State University San Bernardino (CSUSB) has my approval to obtain data and /or conduct research from Family Solutions/Ontario Montclair School District. Information will be limited to academics and attendance. It is understood that confidentiality and anonymity of all participants will be maintained. At no time will student's names or any identifying information be utilized in the research.

Sincerely,

Allison Wing, LCSW, PPS  
909-418-6936

*Learning Today – Leading Tomorrow  
Whatever It Takes*

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