

6-2018

## THE IMPACT OF MENTAL HEALTH ISSUES ON ACADEMIC ACHIEVEMENT IN HIGH SCHOOL STUDENTS

Patricia Lea Sutherland  
CSUSB

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Counseling Psychology Commons](#), [Counselor Education Commons](#), [Other Mental and Social Health Commons](#), [School Psychology Commons](#), [Secondary Education Commons](#), and the [Social Work Commons](#)

---

### Recommended Citation

Sutherland, Patricia Lea, "THE IMPACT OF MENTAL HEALTH ISSUES ON ACADEMIC ACHIEVEMENT IN HIGH SCHOOL STUDENTS" (2018). *Electronic Theses, Projects, and Dissertations*. 660.  
<https://scholarworks.lib.csusb.edu/etd/660>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

THE IMPACT OF MENTAL HEALTH ISSUES ON ACADEMIC ACHIEVEMENT  
IN HIGH SCHOOL STUDENTS

---

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

---

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

---

by  
Patricia Lea Sutherland

June 2018

THE IMPACT OF MENTAL HEALTH ISSUES ON ACADEMIC ACHIEVEMENT  
IN HIGH SCHOOL STUDENTS

---

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

---

by  
Patricia Lea Sutherland

June 2018

Approved by:

Dr. Gretchen Heidemann, Faculty Supervisor, Social Work

Dr. Janet Chang, M.S.W. Research Coordinator

© 2018 Patricia Lea Sutherland

## ABSTRACT

An adolescent's time in school is not merely academic; they are developing socially, physically, and emotionally. Prior research has demonstrated a correlation between a student's poor academic performance and his/her need for emotional and mental health support. This research project sought to answer the following research questions: 1) Do mental health services in a high school setting help facilitate students' academic achievement? and 2) Does a focus on mental health issues improve overall health and well-being in high school students? Participants for this study are 10 staff members (including teachers, administrators, counselors, and others) of a high school in San Diego, California. Qualitative data in the form of interviews was collected for this study, and subsequently transcribed and analyzed using a "bottom up" approach. Results of this study indicate adolescents have many challenges to their emotional health during their high school years and staff have unique access to assist youth in navigating these challenges. The study describes the need for more mental health professionals to be available in schools. Implications for micro include the need for more mental health staff including counselors and school social workers and the implications for macro practice include the need more staff and teacher training on how to better support students.

## TABLE OF CONTENTS

ABSTRACT .....	iii
CHAPTER ONE: ASSESSMENT	
Introduction .....	1
Research Focus and Research Question .....	1
Paradigm and Rationale for Chosen Paradigm.....	2
Literature Review .....	3
Adolescent Development and Mental Health Challenges: .....	3
Mental Health Services in Schools:.....	5
Theoretical Orientation.....	7
Contribution of Study to Micro and/or Macro Social Work Practice.....	8
Summary .....	9
CHAPTER TWO: ENGAGEMENT	
Introduction .....	10
Engagement Strategies for Gatekeepers at Research Site .....	10
Self Preparation .....	11
Diversity Issues.....	11
Ethical Issues.....	12
Political Issues .....	13
The Role of Technology in Engagement.....	13
Summary .....	14
CHAPTER THREE: IMPLEMENTATION	
Introduction .....	15

Research Site .....	15
Study Participants .....	16
Selection of Participants .....	17
Data Gathering .....	18
Phases of Data Collection.....	19
Data Recording.....	20
Data Analysis Procedures.....	20
Summary .....	22

#### CHAPTER FOUR: EVALUATION

Introduction .....	23
Data Analysis.....	23
Student Emotional Wellness .....	23
Support Systems in Place in School .....	28
Support Systems Needed in School.....	30
Data Interpretation .....	35
Implications of Findings for Micro and/or Macro Practice.....	37
Summary .....	38

#### CHAPTER FIVE: TERMINATION AND FOLLOW-UP

Introduction .....	39
Termination of Study.....	39
Communicating Findings to Study Site and Study Participants .....	40
Limitations.....	40
Ongoing Relationship with Study Participants .....	40
Dissemination Plan .....	41

Summary .....	41
APPENDIX A INTERVIEW QUESTIONS .....	42
APPENDIX B INSTITUTIONAL REVIEW BOARD APPROVAL .....	44
APPENDIX C INFORMED CONSENT .....	46
APPENDIX D DEBRIEFING STATEMENT .....	48
REFERENCES .....	50



# CHAPTER ONE: ASSESSMENT

## Introduction

Chapter one describes the research focus for this study, which is how mental health services provided in high schools can improve adolescent mental health and academic performance. It explains the use of the post positive research paradigm in conducting this study. Chapter one also offers a literature review on the topic of adolescent mental health. This chapter addresses how this information could improve micro and macro social work practice among adolescents.

## Research Focus and Research Question

The research focus is exploring the possible impact when all members of the academic team in a high school understand mental health concerns experienced by adolescents. The research questions are: 1) Do mental health services in a high school setting help facilitate students' academic achievement? and 2) Does a focus on mental health issues improve overall health and well-being in high school students? While looking at the development of the whole child, an adolescent's time in school is not merely academic. They are developing socially, physically, and emotionally. Most school districts require 180 days of instruction, which is about half a calendar year. On any given school day, an adolescent will be processing a myriad of personal experiences, such as

communication problems with family or friends, identity exploration, and hormonal changes. If students feel that school is a safe place to process their emotions, perhaps the learning will come easier. Conversely, students who have no means to feel heard often develop problematic or attention seeking behaviors. A student's grades or academic performance is only one measure of success; however, a correlation can often be found between a student's poor academic performance and his/her need for emotional and mental health support. As this topic is explored, a theory will be developed regarding the need for and the benefit of mental health services in high schools.

#### Paradigm and Rationale for Chosen Paradigm

This study used a post positivist approach to research. This paradigm used an objective with observable regulatory mechanisms view of the nature of reality (Morris, 2013). There was no beginning hypothesis, as ideas and themes slowly emerged through the interviews. Data was gathered qualitatively, in naturalistic settings to get a clear picture of students' and educators' experience with mental health issues. The rationale for choosing this paradigm was to allow for theories about the need for mental health services to form as each piece of data was collected and evaluated. Gathering data in the high school, a naturalistic setting, provided a breadth and depth of information that could be gained in no other way. Teachers who spend hundreds of hours with students, counselors who each have caseloads of more than 500 students, and administrators who work to establish the best school infrastructure, are those

with “boots on the ground.” Interviews with these educators provided many genuine experiences that allowed the researcher to build theory.

### Literature Review

The developmental stage of adolescence and the need for support and mental health services in school settings is discussed. Adolescent physical, emotional, and social development is explored as it interacts with a child’s formal education or school setting. Mental health challenges specific to adolescents are also explored. Studies conducted with high school students and in high school settings were evaluated based on how they apply to the precious growing up years of adolescence.

#### Adolescent Development and Mental Health Challenges:

Santrock (2007) defines adolescence as the period of transition between childhood and adulthood that involves biological, cognitive, and socioemotional changes. The age range can vary based on cultural context, however, in the United States adolescence begins at approximately 10 to 13 years old and ends between the ages of about 18 and 22. This is a time where humans face many transitional experiences such as evaluation, decision making, commitment, and finding their place in the world. Adolescence is thought of as the time when youth prepare for adulthood and the success with which they navigate this brief transitory period can set the course for the rest of their lives. Larson et al (2002) suggests the future of any culture hinges on the effectiveness of this preparation.

A study conducted by Ball (2016) explained that more than twenty percent of children in the United States has a mental health disorder. The American Academy of Pediatrics (AAP) maintains our current health care system does not adequately address the needs of children with mental health disorders, citing 1 in 5 children in the United States is affected by a diagnosable mental health disorder, but only 21% of children in need are able to access treatment. The AAP's policy asserts "mental illness is like any other disease; the earlier it is identified and treated, the better the health outcomes" (American Academy of Pediatrics, para 1). For example, Cheung et al (2018) described that only half of adolescents identified with depression receive that diagnosis before reaching adulthood, and as many as 2 in 3 youth with depression are not diagnosed by their primary care clinicians and subsequently fail to access any kind of intervention or treatment.

The National Institute of Mental Health (NIMH) has identified a dramatic upward trend in adolescent suicide in recent years. Suicide "is the third leading cause of death among individuals between the ages of 10 and 14, and the second leading cause of death among individuals between the ages of 15 and 34" (National Institute of Mental Health, 2018, p. 1). To put this in context, The NIMH cites "in 2015 there were more than twice as many suicides (44,193) in the United States as there were homicides (17,793)" (NIMH, 2018, p. 1). In addition, the APA reports that within the United States, up to two-thirds of youth have experienced some form of trauma before age 16 (American Psychological

Association, 2008). A study by Martin et al (2017) found all children experience mildly stressful events, but many children also experience extremely stressful events such as exposure to violence, including violent victimization. Further, some populations of youth such as LGBTQ youth, foster youth, and adolescents of color seem to be at greater risk of victimization. Unaddressed, these experiences can lead to mental health challenges resulting in short term problems in school and with peers, and much more serious long-term problems because the foundation of knowing how to face difficulties was never formed

#### Mental Health Services in Schools:

Dunn (2016) asserts that schools play an important role in determining the mental health of adolescents because they serve more than 95% of the nation's young people for nearly 6 hours per day (which equates to 40% of students' awake time throughout the school year) for at least 11 years of their lives. Atkins (2010) states the concern for children's social and emotional growth has been an ongoing concern for both mental health professionals and schools as they realize the impact the school setting has on children's social and cognitive development.

Multiple studies show strong associations between school achievement and markers of mental health throughout the adult years. (Galanti, 2016). Teachers work to increase student proficiency and are the first responders for their students. When students have a mental health issue, the teachers are usually the ones who refer them to counselors or administrators for help. Berzin (2012) found regardless of their professional experience or educational

background, teachers find themselves as proxy mental health service providers and they feel largely unprepared to help in these instances. Further, teachers are an underutilized resource due mostly to lack of training even though they play a critical role in serving students' mental, social, and behavioral needs. Ball (2016) found mental health concerns can cause a student to have difficulty in school with poor academic performance, even chronic absenteeism, and disciplinary concerns. Weist (2005) notes that in the prior two decades, "school mental health programs have increased due to the recognition of the crisis in children's mental health—with many students in need of services but not accessing them" (Weist, 2005). In a later study, Weist (2012) asserted that schools offer the best access to youth for influencing their educational, behavioral, emotional, and developmental needs. In addition to administrators and teachers, most high schools have high school counselors. However, mental health services for students continue to be marginalized because schools are asked to improve student academic outcomes with fewer resources provided especially in the context of complicated issues such as family concerns, poverty, and substance abuse, that affect the social context of education (Weist, 2012). Some schools employ school social workers who focus primarily on support of mental health issues. Many schools partner with community organizations to provide a range of mental health services, but this is inadequate. Weist (2012) suggests that mental health services in schools should be an integrated enterprise where schools, families, and community systems work together to create a climate of success for

youth. This would include promoting mental health with prevention, early intervention, and any needed treatment. The National Association of Social Workers (NASW) reports that about 5% of the nation's approximately half a million social workers work in schools (NASW 2000). Unfortunately, most school districts do not employ social workers and the mental health needs of students are instead spread out between support staff who are responsible for too many tasks. As a result, students' needs often go unmet.

This research study asked how mental health services or lack thereof impact a student's academic ability and performance, and overall emotional health. The literature indicated negative outcomes for adolescents who have mental health needs that go unaddressed, and positive outcomes for those who have the needed support.

### Theoretical Orientation

The theoretical orientation for this study is cognitive developmental theory by Piaget and sociocultural cognitive theory by Vygotsky. Santrock (2007) asserts both theories suggest that adolescents use reason in more abstract, idealistic and logical ways. And that development is a function of culture and social interaction. Piaget proposed that individuals actively construct their understanding of the world as they go through four stages of cognitive development. The sensorimotor stage is from birth to two years of age, when an infant constructs his understanding of the world by combining sensory experiences with physical actions. The second stage is the preoperational stage

from age two to seven where a child begins to interact with the world using words and images, increasing symbolic thinking. The concrete operational stage is from age seven to eleven, where the child will reason logically and classify his events and experiences. Finally, Piaget's fourth stage is the formal operational stage from age eleven through adulthood where the adolescent reasons in more abstract, idealistic, and logical ways. Vygotsky's theory emphasizes how culture and social interaction guide cognitive development. This means that knowledge is obtained collaboratively, through interaction with others and the culture in which a person lives. Considering both of these theories, an adolescent has many factors that determine what type of person he or she will be. Strong mental health support in a school setting is an additional, necessary protective factor in an adolescent's growth and cognitive development. School systems can be an extension of the family and have a strong influence on the student's success.

#### Contribution of Study to Micro and/or Macro Social Work Practice

The information obtained through this study has the potential to improve both micro and macro social work practice among adolescents. On the micro level, this research can increase awareness among teachers, administrators, and school counselors. These team members were able to articulate the need for mental health support for each student. They treat each student as a separate and distinct person with different experiences and individual needs. On a macro level, this study can create awareness that schools need to make systemic



changes. All staff aware of the study saw a heightened need for professionals who can support the social and emotional needs of growing adolescents.

### Summary

This chapter introduced the research topic of this study and why this research was conducted using the Post Positivism approach. A literature review described research about adolescent development, mental health issues faced by adolescents, schools' responses to mental health needs, and the outcomes when those needs are addressed. Cognitive developmental theories were described as the theoretical orientation behind this research study. Finally, it was asserted that micro social work can be improved by the awareness of specific needs of this population, and macro social work practice can be improved by making systemic changes to address mental health needs, thus improving academic outcomes for students.

## CHAPTER TWO: ENGAGEMENT

### Introduction

This chapter addresses the study site where the research took place. It describes the population that was studied and those who influence and help that population. It also addresses the need for preparation to understand specifics about the population, including diversity. Ethical and political issues were also evaluated in this chapter. Finally, the role of technology in the research is discussed.

### Engagement Strategies for Gatekeepers at Research Site

The strategies for engaging the gatekeepers at the research site were to first make an appointment with the principal to explain the study and the purpose of the study. An explanation was given of the purpose of the study, which was to open a discussion about the mental health needs of the students, and determine what improvement was needed. The principal was asked to allow a select number of the staff to be interviewed. The interviews included administrators, counselors, school psychologist, special education teachers, general education teachers, and support staff. Once approved, the researcher engaged the staff by email, requesting an interview for the research project, and then followed up with an in-person request. The email explained the research was for a master's thesis project where mental health needs of students will be explored. Their

professional opinions and personal experiences were requested and studied. Appointments were made for the interviews based on the staff members' schedules.

### Self Preparation

Bias had to be kept in check throughout the research process. During the literature review and staff interviews, theories and ideas began to emerge. Different aspects and perspectives of the interviewees were considered against potential personal bias. One bias that emerged was socio-economic. The study body contains children from affluent, middle-class, and low-income families. The income disparity among families is large and some staff demonstrated bias toward students of means. Another bias that emerged was regarding LGBTQ students. The campus does not have many LGBTQ students, and these students tend to stand out. One last bias that emerged was staff belief that their role should be focused on academics, that mental health services should be handled at home and not at school. In requesting interviews, the researcher was neutral in discussion of the topic of mental health. The researcher prepared a script to prevent bias in the interview requests.

### Diversity Issues

The different backgrounds of those being interviewed was considered. The interviewees were not all aware of what mental health services are available to students. Although they work with students every day, they were not fully

aware of all the differences in the student body such as culture, gender identity, etc. However, those being interviewed were free to answer the questions as they chose, which allowed for genuine and authentic dialogue.

### Ethical Issues

A consent form was requested from each staff participant after providing them information about the purpose of the study. One ethical issue that came to light was staff members' concerns that what they said in the interview may have an impact on their job standing. They feared the information would get back to the administrators. The teachers were assured that the specifics of their interviews would only be known to the researcher, and only generalities would be included in the final product provided to the principal. Another ethical issue that appeared was the need to protect students' stories and information, as shared in personal experiences during the interviews. A reminder was given to those being interviewed to only speak of specific students in anonymity. Permission from the school principal was obtained to interview staff members. No student information was used in the study. Staff members shared experiences with specific students during the interviews. This information was analyzed for content, and student names have remained confidential. Written information was collected and kept in journals, digital interview recordings were conducted, and computer data has been kept securely with the researcher. After the final presentation is offered, data will be destroyed.

## Political Issues

The political issues that arose were conflicts between what the research site implements in terms of mental health services and what the school district promotes. For example, the school district does not employ school social workers, however this research site (high school) has trained mental health professionals on staff whose job classifications are not mental health. In addition to four administrators, there are four high school counselors whose focus is on academic progress and college preparation. There is an additional counselor whose title is “intervention counselor” and her responsibility is to work with the underperforming students to help them improve their grades. There is also a student support specialist who connects students to outside resources when needed. When a student is found to need more mental health services than can be provided by existing staff, they are referred to the district office, who then refers the student and family to an outside agency. Schools do not want to admit that student needs are not being met. The study has shown that teachers need more mental health training because they are the first line of defense for students in crisis. The study also demonstrated that this high school’s mental health services could use some improvement.

## The Role of Technology in Engagement

Technology was used in engagement. Email was used to ask for meetings with gatekeepers, such as the principal and assistant principal. Email was also used to request interviews with teachers and counselors. A voice recorder was

used to record interviews, and a computer was used to type up the transcripts of the interviews.

### Summary

This chapter described the study site that was used for this research. It also addressed the location of the study site, the students who it serves, and the gatekeepers who are the administrators (principal and assistant principal). It described how the researcher engaged the gatekeepers and the preparation that was necessary to carry out the study. Diversity issues were also described, such as differences in culture, gender identity, and ethnicity, for the participants and also for the students they serve. This chapter also addressed ethical and political issues that arose in interviewing teachers of a public school system. Finally, the role of technology used in the study was discussed. To engage the gatekeepers, the researcher verbally asked for an appointment and then followed up with a reminder email.

## CHAPTER THREE: IMPLEMENTATION

### Introduction

This chapter explains how the research was implemented. Included is specific information about the site location, the study participants and how they were selected for the study. This chapter also describes how the data was gathered, recorded and analyzed. Finally, it addresses how the research results were provided to the participants and how termination and follow-up was completed.

### Research Site

The study site was a single high school located in California. It is a public high school with 2,200 students, serving children in grades 9-12. The age range for these students is between 14-18 years. The school population is diverse, with students who are of white, Hispanic, Asian, Indian, African American, Indian, and Pacific Island descent. The area consists of neighborhoods that are upper middle class, and affluent. The area also has several low-income housing areas within the middle-class suburban tracked housing developments. It has apartment homes, condominiums, town homes, single family homes, and large estates. The school offers a public-school curriculum and is approved by an elected school board. It also offers special education services for resource students who spend most of their time in general education classes. Special education services are

also offered for students with mild to moderate and critically severe disabilities. The staff consists of administrators such as the principal, assistant principals, an athletic director, and support staff. There are also four full time counselors, one part-time intervention counselor, a school psychologist, a speech pathologist, and support staff. The teaching staff consists of general education instruction, and teachers who teach and case manage special education students. The administrators, counselors, psychologist, and speech therapist all have graduate degrees. Most of the teaching staff have graduate degrees. The staff ages vary greatly, with some teachers just out of college in their twenties and others close to retirement age in their sixties. The staff is as ethnically diverse as the student population.

### Study Participants

The study participants were various staff from one public high school in California. The staff that were interviewed hold roles such as general education teachers, special education teachers, an Associate Student Body (ASB) teacher, a speech therapist, a school psychologist, school counselors, the principal and assistant principals, and classified staff such as attendance clerks, school registrar, and administrative assistants. These staff interact with students daily. The general education teachers instruct students in their given subject areas, the special education teachers teach subject areas to students who have an Individualized Education Plan or IEP. The speech therapist and school psychologist provide testing and services to students who need additional special



education services. School counselors focus on academic planning; however, they also attend to the emotional needs of the students. The principal and assistant principal are responsible for planning the school schedule, implementing the curriculum adopted by the school district, and setting and imposing any needed discipline strategies. The school registrar is responsible for all the records and credits awarded by the school. Classified staff interact and support student learning and activities. The staff members have a variety of educational backgrounds, including bachelor's and advanced degrees. The undergraduate degrees are in single subjects such as English, History, and Biology. The graduate degrees are in specific subject areas or Education, Education Administration, Educational Technology, School Psychology, etc. Most staff additionally hold California state credentials in their respective fields. They are both male and female adults, representative of several different races and cultures such as white, Hispanic, Asian, Indian, African American, Indian, and Pacific Island descent. Their age range is from early twenties to late sixties. There are 80 teachers on staff, and another 30 administrators and support staff.

#### Selection of Participants

Conducting basic research, our unit of analysis was the staff members of the high school being studied. Using applied research, student behavior and staff experiences with students are both the units of analysis. A portion of the more than 100 staff members were selected for interviews. These selections were made by requesting interviews and selecting those who responded. Using the

maximum variation sampling method, the researcher interviewed those who have a wide range of experiences working with high school students. Another type of sampling that used was snowball or chain sampling. During a couple of the interviews, the researcher learned of other staff members who could add valuable information to the study; thus, those persons were contacted and included in the study.

The researcher prepared a brief description of the study that was included in the initial email request. Prior to conducting interviews, the researcher acquired knowledge from a thorough literature review on evidence of problems and solutions in student mental health in school settings. Interview questions were prepared, and common themes and patterns were found in the participants' responses.

### Data Gathering

The post positivist research paradigm relies on qualitative data gathering. This was done through in-person interviews with school staff in a naturalistic setting. After a thorough literature review, the researcher prepared interview questions. The scripting of the questions was critical to the study's success. The beginning questions were engagement questions, such as "How is your class going this semester?" There were essential questions that were specifically related to student's mental health and how students with emotional issues perform in their respective classes. Throw away questions that contain demographic questions or general questions were also used at the beginning of

the interview. There were descriptive questions such as, “Do you notice students who are having emotional issues?” There were also a few probing questions such as, “Tell me of a time when a student was unable to complete class work or a test because of mental health related issues.” At the end of the interviews, the researcher reviewed what was said and thanked the person for participating.

(See Appendix A and C)

### Phases of Data Collection

Data collection was from personal interviews, which were recorded by a voice recorder. The researcher first prepared for the interviews by reviewing the literature and becoming oriented to the research site. Care was taken to build rapport by securing the participants’ informed consent and ensuring confidentiality. The researcher also allowed for necessary time to answer any questions the interviewee had about the research and interview process. This included multiple interactions including in-person conversations, emails, or phone calls which helped the participant feel comfortable about the interview process. The interview began with an initial engagement phase, and continual effort was made to be comfortable and natural. The researcher respectfully reflected participant’s answers and invited more thorough answers by being relaxed and interactive. During each interview, the researcher observed the participant’s body language. Post positivism allowed for adjustments during the process, and the researcher adjusted based on the participant’s need. Once recorded, the interviews were transcribed into data to be analyzed. Data was taken through

observation of each office and classroom by watching, listening, and learning from the physical environment. The termination of the interview contained a summary of what had been discussed. The participant was asked if there were any further questions or concerns. The interviewer used nonessential questions and comments to ease out of the interview. (See Appendix B.)

### Data Recording

The interviews were recorded using a digital voice recorder. The researcher transcribed the recordings into a written format. After the interview, the researcher recorded additional observations and impressions in a research journal. This information included impressions about the classroom or office, and perceptions about the participant and his/her answers to the interview questions. The transcripts of the interviews and the research journal assisted the researcher to determine the effectiveness of the questions. Researcher also reviewed journals for potential bias in thoughts and impressions. Improvements to the interview questions and process were fully explored.

### Data Analysis Procedures

Data collection and some data analysis happened simultaneously. As data was collected and analyzed, the next round of collection was adjusted. Information was gathered in the form of words and was analyzed qualitatively. As suggested by Morris (2013), data was analyzed using a “bottom up” approach that was used to both test theory and create theory. Using the interview

transcripts, the researcher used open coding where the information was broken down into basic themes. Some of the themes that emerged were student emotional wellness and specific mental health challenges faced by adolescents. Other themes were support that currently exists for students and the need for additional mental health resources. The researcher recorded these themes and looked for them throughout each interview. The researcher asked staff for their experiences with students. Microanalysis of the information included the researcher exploring why a teacher may have responded in a certain way, or when a particular incident occurred, or examining the events leading up to a particular incident.

Next, the researcher used axial coding, where relationships between themes were identified. These themes were tested throughout the interviews. For example, teachers cited various examples of working with students having emotional difficulty, and the result was noted when the teacher responded in a supportive way. A different result was noted when the teacher responded in a punitive way. Then, through selective coding, the researcher began to develop theory. Tools to identify core categories included: telling the story of a teacher or student's experience, entering information into a spreadsheet to determine similar findings throughout the interviews, and continually reviewing the research journal for patterns. This continual data analysis allowed the researcher to recognize and refine the emerging theory. Categories that had very little substantiation were eliminated and categories that have robust data were

expanded. The data was then compared to the data found in the literature review and validated and offered explanations for data that seemed to stand alone. Of note were specific interactions between teachers and students. For example, as teachers offer support, and different kinds of support, do students respond positively? Do some students improve after one support offered by staff, or many? Do staff members feel qualified to help students when emotional support is needed? How do staff members respond when a student expresses a need that staff do not feel prepared to handle? Are there norms for all teachers' responses to student's problems? These are data that can be tested to develop theory throughout the data collection process.

### Summary

This chapter briefly described the study site. Also included was a description of the study participants for the research project and how they were selected. Data gathering for the research study was explained including the phases of data gathering and how the data was recorded. Finally, this chapter described the procedures for data analysis.

## CHAPTER FOUR: EVALUATION

### Introduction

This chapter explains the participants in the study and their roles in working with adolescents. Also explained is how data was analyzed, what themes and subthemes emerged, and how research evolved and changed during data collection.

### Data Analysis

There were ten participants in the study. Nine were female and one was male. Eight were Caucasian, one was Hispanic, and one was African American. All ten of the participants have graduate degrees and have been working with adolescents from four to twenty-seven years. The participants' roles in education are as teachers, counselors, student services staff, and administrators.

### Student Emotional Wellness

A major theme began to emerge in response to the question regarding student emotional wellness. Responders unilaterally agreed that student success depended on student emotional wellness. Further, they felt there are many barriers to success when emotional wellness is in jeopardy. Three of the respondents stated that emotional wellness or lack thereof impacted student learning. For example, one respondent said, "It's a basic need, as basic as food and water" (Participant 7, personal communication, June 2017) . Another

respondent cited Maslow's Hierarchy of Needs, stating, "We can't expect them to perform well if they aren't feeling safe and secure, mentally and physically well" (Participant 1, personal communication, June 2017). Respondents correlated building rapport and having healthy relationships with students to emotional wellness. One teacher shared her philosophy that students "have to feel safe and loved" (Participant 2, personal communication, June 2017). Another teacher said she makes sure to build connections with her students, stating "if they know that I'm invested in them as a person, they're going to be more interested in the course" (Participant 3, personal communication, June 2017). Another teacher mentioned the importance of being flexible with what a student may need and understanding when they are having a hard day "because I know that whatever is going on is probably bigger than what's going on in my class" (Participant 4, personal communication, June 2017). The respondents who are high school counselors agreed that students struggling with emotional distress have a very hard time coming to school, and they frequent their offices "with sick stomachs," as well as anxiety and panic attacks. One respondent who is an intervention counselor on campus explained that many students are "just trying to hold it together on their own and they don't come forward" (Participant 6, personal communication, June 2017). One teacher who also has experience as a high school counselor stated, "When students have emotional issues it is more taxing on them in terms of time, in terms of emotion, in terms of process and in the



worst case scenario, it can completely inhibit them from being successful in the classroom” (Participant 1, personal communication, June 2107)

A minor theme emerged regarding specific mental health challenges staff are seeing in students. Table 1 lists the mental health challenges uncovered, and the number of times participants stated each particular challenge. Anxiety was cited most frequently, and depression and overall life stress were second and third. Most respondents also referred to students’ difficulty in responding to increased academic pressures. One teacher suggested, “They are so focused on keeping up and competing with their peers for opportunities in college” (Participant 4, personal communication, June 2017). Another added, “I see a lot of perfectionism and competition rather than a love of learning” (Participant 10, personal communication, June 2017). One high school counselor noted she has seen a “shift” in the way adolescents deal with challenges, stating,

I would say the majority of the students that are struggling with mental health issues, it is primarily depression and anxiety, a lot of panic attacks and suicide ideation. It used to just be about peer relationships and drama with friends (Participant 5, personal communication, June 2017).

Other challenges mentioned were self-harm, eating disorders, homelessness, and grief. One respondent described a situation where a student was struggling with multiple issues, and she met with the student’s parents and determined that the parent’s mental health issues were a precipitating factor to the student’s problems. Another respondent discussed the socioeconomic

disparity between families whose children attend the high school and its impact on attention to mental health. He/She felt that families where both parents have demanding jobs often are too busy to notice a child's mental health needs, while families who are struggling to meet basic needs often are unable to afford mental health services. Finally, one respondent added, "I think that there is a good portion of the student population that are overdoing things, and over-stressed, and are worried about their future at a much younger age than I recall in past years" (Participant 10, personal communication, June 2017). One teacher characterized it as having students who "put up a façade, pretending they're doing well when they actually have huge emotional problems" (Participant 4, personal communication, June 2017). Another respondent cited social media as contributing to students comparing themselves to one another, which increases anxiety and depression, adding, "there's a lot of negative self-talk that goes on, and living up to expectations that often are not realistic expectations, or irrational expectations leads to a negative mindset which causes the anxiety and depression" (Participant 10, personal communication, June 2017). The counselors also cited parenting as being "more hands on" now than what it used to be, contributing to decreased resilience in students. One of the respondents offered that school climate and community has a lot to do with student wellness, stating, "I think schools reflect their communities, and the needs of their communities, and unfortunately, I think there is more of a problem in our community than is actually reported" (Participant 6, personal communication,

June 2017). One other challenge cited by respondents was “changes of life or life transitions.” One of the teachers shared an experience when she discovered one of her students had been suffering from abuse:

I had a girl in summer school and she had her body covered up and it was hot outside! She seemed very withdrawn and I remember one time, going to pass something out, and she wasn't looking at me, and she, like, jerked away. That was a huge red flag. I thought this girl is being abused. So, I tried to talk to her a little more. She was really sweet, but she was like a wilted bird. I don't know how else to explain it. And then, she wrote in an essay, I believe, because she felt safe with me, about when her father abused her. And so I brought it up with her and called CPS. I was afraid I would break her trust, but it worked out. The parents had to do anger management classes. I saw her change from this, kind of, withdrawn girl, into this girl who had life in her eyes. (Participant 9, personal communication, June 2017)

All respondents could speak to the impact students' mental health challenges had on their academic performance. One respondent spoke of how students who struggle with anxiety may hold it together during the day and then are too exhausted to do any homework once home. Another respondent said students with anxiety usually have problems with consistent school attendance. Referring to students with mental health challenges one of the teachers stated, “I see them not performing as well as they could because they're just not managing

themselves very well whether it's time, health, whatever" (Participant 5, personal communication, June 2017). Another teacher believes, "Students don't have the skillset to overcome these on their own" (Participant 7, personal communication, June 2017).

### Support Systems in Place in School

The teachers stated many of the problems the students are having are beyond their scope of knowing how to help, so they often look first for other supports on campus. Teachers cited they can offer a "safe place" for students to rest when they are having a bad day, and then they refer them to the school's counseling office or student services. One teacher stated, "I love that they feel comfortable enough sharing with me, but [mental health] is not my expertise by any means" (Participant 2, personal communication, June 2017). Another teacher added, "students know I'm there for them, that's just part of being a teacher, but I'm not qualified to make a decision on a student's mental health" (Participant 8, personal communication, June 2017). One teacher stated she feels a close relationship with the school administration and would feel comfortable reaching out to an assistant principal for support. The counselors explained special education services where students who qualify have an Individualized Education Plan (IEP) with assigned case managers who support their academic goals. If students do not meet the criteria for an IEP, they may qualify for a 504 Plan, which allows academic accommodations to be put in place such as extended time to take tests, or allow the student to test outside of the

classroom. Counselors explained that some IEPs specify the need and require the student be seen by an ERMHS therapist (Educationally Related Mental Health Services). This is for students who have behavioral needs specified in their IEP that impact their learning. Students with IEPs also have access to the school psychologist who may meet with them on a regular basis to check on their academic progress, and provide minimal therapeutic intervention.

The high school counselor respondents said some students who have mental health needs already see outside therapists. In those cases, one counselor shared,

I often get consent from the therapist to share information so that we can be prepared for what that student needs onsite. It is helpful when I am engaged with the therapist directly, so I know of those strategies and we have a plan on campus (Participant 7, personal communication, June 2017).

Another counselor stated the school district has a list of therapy resources, which includes information regarding insurance, different specialties, areas of focus, and what age they service. Once a resource list is given the counselor continues to follow up with the student. The participant added, “If we feel like the student needs extra help and the parents aren’t following through, then we do follow up with CPS if necessary” (Participant 5, personal communication, June 2017). The counselors stated they just try everything they can to make sure that all students are getting the support they need.

The Student Services staff member explained her role at the school. She supports the counseling team and offers individual meetings with students who are struggling with any type of emotional need. However, she added, “I’m not going to be able to diagnose or do on-site counseling” (Participant 7, personal communication, June 2017). She stated she has had occasion to meet with parents of students to explain their student’s needs and offer referrals for outside providers. She also has partnerships with community resources (local churches and food banks) for basic needs such as food and household goods.

#### Support Systems Needed in School

One of the counselors believes prevention is key, stating, “I think that prevention is an important piece to it, teaching resiliency skills, and definitely dealing with it at an earlier age” (Participant 10, personal communication, June 2017). She further stated,

Mental health can often be very subtle, and then all of a sudden, it hits you like a runaway train and it’s harder to treat when it’s at that point. Had it been recognized earlier, then I think those crisis moments wouldn’t happen quite as impactful as they do (Participant 10, personal communication, June 2017)

One respondent stated at this high school special education identification is on the rise, explaining,

I think we had probably 30 additional students qualify for IEPs just this year, and many of those were mental health issues. What concerns me is

how did they get to this point without it happening sooner? Why weren't they identified at the elementary or middle school level? (Participant 5, personal communication, June 2017)

Respondents also cited the need for low cost or free mental health services. One counselor stated, "There are not a lot of free clinics out there that kids can go to" (Participant 6, personal communication, June 2017). She also expressed frustration at the limited availability of psychiatric hospitals for teenagers. She shared an experience about one of her students who had expressed suicide ideation,

I've had kids who, the families brought them to a hospital for an assessment, and then they're back at school 24 hours after, put right back into their environment, which makes no sense to me. If you have a child who's asking for help, you've got to get them help right now, and not just say 'I don't have a bed available to you (Participant 6, personal communication, June 2017)

Another counselor stated, "Children who have had suicide ideation or an attempt need ongoing support to be successful" (Participant 10, personal communication, June 2017).

Many of the respondents pointed to "strong families" as being a huge help in students' success and prevention of future problems, so they make an effort to communicate with parents when something seems amiss. One of the counselors said she is "a big proponent of parental involvement" (Participant 6, personal

communication, June 2017) and when she discovers a student needs extra support she will call a family meeting. She believes sometimes students simply need someone to advocate for them even within their own families. One of the teachers explained how important it is for parents to understand what kids are going through. She shared an experience where a young man dropped out of her class because of stress and “his Dad was not recognizing that he had an issue and Mom was, but that disconnect or that lack of understanding on both sides was hard” (Participant 3, personal communication, June 2017)

Teachers felt unprepared to assist their students with mental health challenges. One teacher stated,

I think many students would say that they have a good relationship with me, but there have been many, many times where they tell me stuff and I don't know what to do or what to say or who to refer them to or what's the right thing (Participant 2, personal communication, June 2017)

One teacher opined that, “Our on-campus system is a good first step system,” however, “we don't have people trained to provide therapy if needed” (Participant 8, personal communication, June 2017). The intervention counselor supports teacher training to help teachers know “what to do to identify stressors in students and what to do with that and how to triage it” (Participant 6, personal communication, June 2017). She explained besides staff being trained on how to help students, “the first line of defense could be their peer group” (Participant 6, personal communication, June 2017). Many student leaders plan school wide



functions, but they could be the connection to help a lonely student feel connected to the school community, like a family. The intervention counselor also stated, “Ultimately, maybe they’ll take that information and help themselves and just be a little more open to what others might be going through” (Participant 6, personal communication, June 2017).

The staff rely heavily on the counselors on campus, each of whom have large caseloads. One teacher stated,

I just think they need to hire more counselors like when I first started teaching twenty-seven years ago. When I started teaching, each school had between eight and nine counselors. And now we have twice as many students and half as many counselors (Participant 4, personal communication, June 2017).

One teacher cited another district, stating, “I know high schools in LA that have 10 counselors; I think their ratios are 200 students to one counselor” (Participant 7, personal communication, June 2017). One of the high school counselors explained that special education supports for students who qualify is federally mandated, and the student to case manager ratio is 28/1 compared to the student to high school counselor ratio of 500/1, adding “I think the caseload numbers are way too high on counselors; we are not equipped to provide therapy or the necessary therapeutic help that the students really could benefit from” (Participant 5, personal communication, June 2017). Another respondent suggested every school should have school social workers because school

counselors are often focused on academic counseling and school social workers are often licensed clinical practitioners. One of the respondents would like to see mental health services in schools for students receiving more funding. The most experienced high school counselor stated:

I'm a huge supporter in wanting to have mental health professionals on the campus. School is their world. I think in an ideal world, that they would have a regular caseload, that there are kids that could benefit from that on a regular basis. Because even in the medical community, they're not getting the appointments with the frequency they need to get them (Participant 10, personal communication, June 2017).

Additionally,

I think that licensed social workers or therapists would be, in an ideal world, in schools. And I think being in a school environment, the adults that are in the school environment understand the school environment and can speak to students on their own turf. They can talk to them with an understanding of what their environment entails (Participant 10, personal communication, June 2017).

Another high school counselor concurred, "The pendulum is swinging, where I think schools are needing to provide more with mental health for students and for families, and the schools are in a position to provide more services (Participant 5, personal communication, June 2017)" One of the high school counselors believes "the decrease in vocational education has increased the

academic pressure to attend four-year colleges, and this is social pressure, community pressure, stemming from the adults in their lives” (Participant 1, personal communication, June 2017).

Table 1. Adolescent Mental Health Issues Identified

Mental Health Issues	Number of times cited
Anxiety	12
Depression	9
Stress (including academic pressure)	7%
Suicide ideation	5
Physical/Emotional abuse	4
ADHD	3
Gender identity issues	2
Self harm	2
Panic attacks	2
Bipolar	2
Self deprecation	2
Life transitions	1
Cultural conflicts	1
Psychosis	1
Eating disorders	1
Homelessness	1
Lack of motivation	1
Grief and loss	1

#### Data Interpretation

This study identified student emotional wellness as vital to students’ success in and out of the classroom. This finding is consistent with Atkins (2010) that showed a strong correlation between children’s overall mental health and their school environment. The study also confirmed what was cited in Dunn (2016) and Weist (2012) that schools have the very best access to kids, explaining that schools serve more than 95% of the nation's young people for

approximately 6 hours per day (or upward of 40% of students' waking time during the school year) and at least 11 continuous years of their lives. The current study showed educational professionals build rapport with students, which affords a trusting relationship with which to help adolescents in need. This study also found that the need for mental health services is increasing. This aligns with the American Academy of Pediatric research that 1 in 5 children have a diagnosable mental health disorder, but only 21% ever receive treatment (American Academy of Pediatrics, para. 1).

This study also showed that schools feel under-resourced and ill equipped to help students with mental health challenges. This corresponds to a study by Berzin (2012) that states teachers acting as proxy mental health providers feel unprepared to help in instances where students are experiencing emotional problems. The current study indicates that educational staff are more than willing to assist as needed, however, would much prefer to be able to offer comfort and then refer a student to a professional on campus that has the time and skills to help the student overcome the challenge. This study also showed the number of students who need help is increasing. This aligns with Weist (2005) who recognized the crisis in children's mental health is becoming more severe and noted that school mental health programs have increased in the last two decades. High school counselors feel they are pressured to focus on academic planning and achievement, leaving little time for empathetic listening and treatment of mental health challenges.

### Implications of Findings for Micro and/or Macro Practice

Based on the results of this study, micro practitioners, such as high school counselors, high school intervention counselors and student support specialists, as well as teachers and administrators, must manage their caseloads as best they can. The findings of this research point to a need for more mental health professionals available to work with students, including, but not limited to counselors and school social workers. Our data indicate students are facing many challenges to their emotional wellness during their high school years. Teachers are often forced to be micro practitioners and they want assistance to know what to do for students who divulge difficult challenges they are facing in their lives. This study indicated a need for better training for teachers and all staff who have daily interaction with students. More implications were found for macro practice, as school districts need to realize the mental health crisis we are currently facing with adolescents. The data indicate the current mental health resources are being stretched too thin, risking staff availability for students in need. The school district needs to allocate more funding and resources to the training of current employees and hiring of new employees who can share the burden of assisting adolescents through this critical time of their development. Decision makers need to consider hiring school social workers who are trained to address the mental health need of students within the educational context.

## Summary

In this section, data was presented that indicated the significance of student emotional wellness on student's academic achievement and overall mental health. Data was also presented that indicated educational staff are under-resourced and ill-prepared for the increased need of mental health services in high school. The data was discussed within the context of prior research. This chapter also included implications of the study and the findings of the research indicate a need for further study on the topic of mental health services in schools.

## CHAPTER FIVE: TERMINATION AND FOLLOW-UP

### Introduction

This chapter explains how the study was terminated and how the findings were disseminated to the research agency. Also included is a brief discussion on how the limitations of the study may impact the researcher's findings. This chapter contains information regarding the presentation to the principal and high school staff where the study was conducted. This chapter also explains the ongoing relationship, if any, with the research participants.

### Termination of Study

This study will be terminated when findings are presented to the school principal. Study findings will also be offered to those who participated in the interviews. Each participant was thanked at the completion of their interview. Participants received a debriefing statement at the beginning of each interview. The school site principal invited the researcher to present findings at a future staff meeting, anticipated to take place fall 2018. A less formal termination will occur in June 2018 at the study site as the researcher personally thanks each participant. This will be done by inviting the study participants to the high school counseling office and reviewing the completed project in person. The researcher will present complete results to the school principal in June 2018 and discuss them as appropriate. (See Appendix D)

### Communicating Findings to Study Site and Study Participants

The principal of the high school where the study occurred has invited the researcher to present the study findings in a future staff meeting anticipated to take place in the fall of 2018. The results of the study will be presented to the gatekeepers and the participants of the study. This will be done at a final meeting where all staff are invited to attend. Food and beverages will be provided to enhance the occasion.

### Limitations

The limitations of the findings are that the data was collected in one high school using maximum variation and snowball sampling methods. Given these sampling methods and the small sample size, the data is not representative of the general population and cannot be generalized to other locations. More robust data would be obtained if the study was undertaken at multiple high schools in various parts of the country. Future research should look at adolescents in other locations, such as those who reside in urban and rural school districts. The short timeline for this study, and the access to other high schools prohibited a more extended study. Future research is needed with a larger sample size to allow for the generalization of findings.

### Ongoing Relationship with Study Participants

Any future relationship with study participants will be incidental and not intentional. The researcher may have the opportunity to return to the research



site for substitute employment, which may allow for some interaction with the study participants.

#### Dissemination Plan

The research participants were informed that the results will be given them at the end of the study in June 2018. The researcher will present complete results to the gatekeepers of the high school in June 2018 and discuss them as appropriate. The final research project will also be presented at the California State University San Bernardino Poster Day on June 12, 2018. The final project will be provided to California State University San Bernardino.

#### Summary

This chapter described the conclusion of the research study, and briefly highlights the major themes that emerged throughout the study. Also included in this chapter were the limitations of the study and need for future research. This chapter reviewed the process for termination and the dissemination of information. It also described the researcher's future relationship with the study participants.

APPENDIX A  
INTERVIEW QUESTIONS

Interview Questions Developed by Researcher Patricia Lea Sutherland

1. How long have you been a high school teacher?
2. What is your educational background?
3. What are some of your classroom methods to keep teenagers engaged?
4. Based on your experience as a teacher, what is your opinion on student emotional wellness?
5. What is your experience with students in your class who are have emotional problems?
6. Describe some of the types of problems you've been aware of?
7. How do these problems effect the student's ability to perform in your class?
8. What resources do you help the students access for their problems, if any?
9. What differences do you see in students who have unmet emotional needs versus those who don't?
10. What types of support systems do your students have, those who seem to have problems and those who don't?
11. What correlation do you see between student's who have emotional problems and their academic achievement? Those who seem to not have problems and their success in your class?
12. For those students who receive support at school, do you see a different in their ability to be successful in your class?

APPENDIX B  
INSTITUTIONAL REVIEW BOARD APPROVAL

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**SCHOOL OF SOCIAL WORK**  
***Institutional Review Board Sub-Committee***

Researcher(s): Patricia Sutherland

Proposal Title: The Impact of Mental Health Issues on Academic Achievement in High School Students

# SW1770

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

-----  
Proposal is:

- approved  
 to be resubmitted with revisions listed below  
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- Investigator signature missing  
 missing informed consent  debriefing statement  
 revisions needed in informed consent  debriefing  
 data collection instruments revision  
 agency approval letter missing  
 CITI missing  
 revisions in design needed (specified below)

  
\_\_\_\_\_  
Committee Chair Signature

5/12/2017  
\_\_\_\_\_  
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

APPENDIX C  
INFORMED CONSENT

**College of Social and Behavioral Sciences**  
*School of Social Work*

The study in which you are asked to participate is designed to examine the impact of mental health services on high school students' well-being and academic achievement. The study is being conducted by Patricia Sutherland, a graduate student, under the supervision of Dr. Gretchen Heidemann, adjunct faculty, School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to examine the impact of providing mental health services to high school students on their overall well-being and on their academic achievement.

**DESCRIPTION:** Participants will be asked of a few questions on their experiences with high school students. The questions will relate to the student's emotional needs. The participants will report on their experience of watching their students balance academic responsibilities and social/emotional situations.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain anonymous and data will be reported in group form only.

**DURATION:** It will take 30 to 40 minutes to complete the interview.

**RISKS:** There are no foreseeable risks to the participants.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Gretchen Heidemann, adjunct faculty at California State University, San Bernardino, 818-640-1913.

**RESULTS:** Please the Scholarworks database (<http://scholarworks.lib.csusb.edu/>) at the Pfau Library, California State University San Bernardino after June 2018.

This is to certify that I have read the above and I am 18 years old or older.

\_\_\_\_\_

Please place "X" mark here

\_\_\_\_\_

Date

I agree to be audio recorded. \_\_\_\_\_ Yes \_\_\_\_\_ No

909.537.5501 · 909.537.7029

**5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393**

The California State University · Bakersfield · Channel Islands · Chico · Dominguez Hills · East Bay · Fresno · Fullerton · Humboldt · Long Beach · Los Angeles Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

APPENDIX D  
DEBRIEFING STATEMENT



## **DEBRIEFING STATEMENT**

This interview you have just completed was designed to investigate the impact of mental health services on the well-being and academic achievement of high school students. This study is interested in assessing the status of mental health services in one high school and determining if the student's needs are being met. It will further explore mental health services as they relate to and help students achieve positive academic results. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions about the study, please feel free to contact Patricia Sutherland (858) 449-2239. If you would like to obtain a copy of the group results of this study, please contact Patricia Sutherland (email 005418292@coyote.csusb.edu) after September 2018.

## REFERENCES

- American Academy of Pediatrics. Promoting children's mental health (2018).  
Retrieved from: <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/mentalhealth.aspx>
- Atkins, M. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1), 40-47.
- Ball, A., (2016). School mental health content in state in-service k-12 teaching standards in the United States. *Teaching and Teacher Education*, 60, 312-320.
- Berzin, S., O'Brien, K., Frey, A., Kelly, M., Alvarez, M. & Shaffer, G. (2012). Meeting the social and behavioral health needs of students: Rethinking the relationship between teachers and school social workers. *Journal of School Health*, 81(8), 493-501.
- Chen, C., Greenberger, E., Farruggia, S., Bush, K. & Dong, Q. (2003). Beyond parents and peers: The role of important non-parental adults (VIPs) in adolescent development in China and the United States. *Psychology in the Schools*, 40(1), 35-50.
- Dunn, E., Milliren, C., Evans, C., Subramanian, S. & Richmond, T. (2015). Disentangling the relative influence of schools and neighborhoods on adolescents' risk for depressive symptoms. *American Journal Of Public Health*, 105(4), 732-740. doi:10.2105/AJPH.2014.302374

- Fan, W. (2011). A multilevel analysis of student perceptions of school climate: The effect of social and academic risk factors. *Psychology in the Schools*, 48(6), 632-647.
- Galanti, M., Hultin, H., Dalman, C., Engström, K., Ferrer-Wreder, L., Forsell, Y. & Raffetti, E. (2016). School environment and mental health in early adolescence - a longitudinal study in Sweden (KUPOL). *BMC Psychiatry*, 161-10. doi:10.1186/s12888-016-0919-1
- Kim, Oesterle, Catalano, & Hawkins. (2015). Change in protective factors across adolescent development. *Journal of Applied Developmental Psychology*, 40, 26-37.
- Larson, R., Wilson, S., Brown, B., Furstenberg, Jr., F. & Verma, S. (2002). Changes in adolescents' interpersonal experiences: Are they being prepared for adult relationships in the twenty-first century? *Journal of Research on Adolescence*, 12(1), 31-68.
- Martin, S., Ashley, O., White, L., Axelson, S., Clark, M. & Burrus, B. (2017). Incorporating trauma-informed care into school-based programs. *Journal of School Health*, 87(12), 958-967.
- Michael, K., George, M., Splett, J. (2016) Preliminary outcomes of a multi-site school-based modular intervention for adolescents experiencing mood difficulties. *Journal of Child and Family Studies* 25(6), 1903-1916.
- National Institute of Mental Health  
<https://www.nimh.nih.gov/health/statistics/suicide.shtml>

Santrock, J. (2007). *Adolescence*. McGraw-Hill, New York, NY.

Weist, M., Mellin, E., Chambers, K., Lever, N., Haber, D. & Blaber, C. (2012).

Challenges to collaboration in school mental health and strategies for overcoming them. *Journal Of School Health*, 82(2), 97-105.

doi:10.1111/j.1746-1561.2011.00672.x

Weist, M., Sander, M., Walrath, C. (2005) Developing principles for best practice in expanded school mental health. *Journal of Youth and Adolescence* 34:

7. doi:10.1007/s10964-005-1331-1