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SCHOOL-BASED MENTAL HEALTH CARE PROGRAM EVALUATION

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SCHOOL-BASED MENTAL HEALTH CARE

PROGRAM EVALUATION

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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

Adriana Torres

June 2018

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Approved by:

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ABSTRACT

This study aimed to determine if the Department of Behavioral and Mental Health at a local school district is improving the academic outcomes of the students it provides services to. The purpose was to evaluate its effectiveness in order to improve and expand services. This is important since schools have become a primary setting to address the mental health needs of children and youth. The research design consisted of a quantitative, one-group pretest-posttest as students' outcomes were assessed before and after treatment. The data was analyzed using a paired samples t-test. The findings from this study demonstrated no statistical significance in students' grades and attendance, thereby demonstrating the need for further research on this topic.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

Problem Formulation

Mental health issues among youth consist of severe changes in their

typical learning process, behavior, or management of emotions (Brueck, 2016).

Despite the widespread prevalence of mental health illnesses among children

and adolescents, their access to mental health services is limited. Up to one in

five youth experience a mental health disorder but only about a third receive

effective diagnosis and treatment (Brueck, 2016). Some of the barriers for

receiving treatment include inadequate health insurance coverage, lack of

transportation, limited finances and resources, and the stigma associated with

mental health issues (Taras, 2004). In order to address this problem, the

provision of mental health services has become implemented within many school

districts in which social workers play a significant role as mental health providers.

School-based mental health services help eliminate many of these barriers by

providing on-site treatment in a setting where most children are regularly present

(Taras, 2004). It facilitates the diagnosis and treatment process, the inclusion of

parents in these services as they are an important source of information for

assessment and progress, and the avoidance of stigma associated with seeking

services elsewhere (Taras, 2004).

Access to mental health services is crucial for children and adolescents. Untreated mental health disorders among youth can lead to higher rates of substance abuse, suicide, and depression which lead to other health-related issues and a lower quality of life (Brueck, 2016). Lack of treatment can also result in a growing number of youth involved in the justice system, dropping out of school, experiencing interfamilial issues, and facing unemployment (Taras, 2004). In addition, children with socioemotional and behavioral challenges may have a negative influence on the behavior and performance of their peers by disrupting the learning environment in the classroom (Powers et al., 2015). Due to these possible adverse effects that impact not only the individual but those around them and their society, this is an issue that has implications at both the micro and macro level of social work practice. Through preventative and intervention efforts for youth, greater issues may be avoided which speaks to the importance of advocating for and providing these services.

As part of the multidisciplinary team aimed at addressing students' needs, social workers play an important role in school-based mental health programs. However, there are challenges associated with providing these services within schools. For one, mental health providers need the support of administrators and staff to be fully integrated into the schools and work with the school schedule (Taras, 2004). In addition, abiding by both HIPAA, which protects individually identifiable health information, and FERPA, which protects student education records, may present a challenge when dealing with confidentiality (Bohnenkamp

et al., 2015). Services must also be coordinated with other professionals and agencies to ensure that the students' needs are being met.

Despite the need for mental health services for youth and the promising solution of school-based mental health programs, there is still a lack of political support for the expansion of these services. Two bills titled the Mental Health in Schools Act were presented to Congress in March of 2015 but have not gained the political momentum to be adopted (Brueck, 2016). The purpose of these bills was to incorporate school-based mental health programs on a federal level (Brueck, 2016). The passage of such bills would increase funding and facilitate the implementation of mental health services within the school setting. These bills also promote community-school partnerships which have been seen to be effective. However, research is needed to support the enactment of such policies.

Purpose of the Study

The purpose of this study was to evaluate the effectiveness of a school-based mental health program in order to gain support for the expansion of these services. The growing number of children and youth with mental health issues and the lack of mental health services for this population call for the development of such programs. School-based mental health services may benefit many of the children in a community as well as their families, yet not enough research has been conducted regarding this issue. The evaluation of these programs is essential to establish their effectiveness as a way to address the mental health

needs of children. Social workers play a key role in this issue as they aim to foster the well-being of children and families, whether it is through advocating for these services, providing treatment, or conducting research.

This study was employed through the use of an explanatory, quantitative research method and the use of a one-group pretest-posttest design. This research design was chosen in order to compare the students' academic achievement and attendance before and after receiving treatment. This would help determine if the services provided are being effective in reducing or increasing the desired outcomes compared to a baseline. The quantitative nature of the study was chosen due to the measurable nature of grades and absences and the use of client records as the source for data collection.

<center>Significance of the Project for Social Work Practice</center>

Schools play a significant role in the provision of mental health services for children but outcome studies are limited (Taras, 2004). This type of study is needed to contribute to the existing research involving the effectiveness of school-based mental health programs. Providing mental health services within the school setting is an important area of practice within the social work profession but requires further research based evidence to help advance the enactment of policies that will support it. For example, in order to receive funding, programs must demonstrate that they are producing the desired outcomes.

<center>4</center>

Therefore, the evaluation of such programs is important for their continued development and implementation.

The findings from this study impact social work practice by determining whether a school-based mental health program is being effective in improving student outcomes. The findings from this study can help the program in its development by providing insight as to whether it is serving its purpose. Favorable results allow for additional support of the program and results that indicated limitations call for changes to be made. In terms of the generalist intervention process, this study addressed the evaluating phase. Evaluation is important to determine if an approach is having its intended effect or if changes are needed to improve the treatment of clients. This study addressed the following question: Is the Department of Behavioral and Mental Health at a local school district improving student outcomes?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides an overview of the issue in question and examines prior program evaluations that have been conducted as they relate to the current study. The subsections include a brief description of the mental health needs of youth and school-based mental health services, a review of the literature evaluating school-based mental health programs, and an examination of systems theory as it relates to this topic.

Mental Health Needs of Youth

The prevalence of mental health issues amongst youth is consistently noted in the literature as 20% (Taras, 2004; Marsh, 2016; Brueck, 2016; Powers et al., 2015). Mental illnesses may have a significant impact in the lives of children and adolescents as they interfere with their social and academic functioning. In addition, when left untreated, mental health issues may have implications continued throughout adulthood such as low educational level and occupational status (Powers et al., 2015). Research indicates that many of these youth do not receive treatment. A number of factors impede the provision of mental health services for this population such as child mental health professional shortages, financial constraints, lack of transportation, and stigma

(Taras, 2004). Taking into consideration the extensive need for mental health services for youth, and the barriers they face in receiving it, school-based mental health programs have emerged as a way to address this issue.

School-Based Mental Health Services

The literature points to schools as the main providers of mental health services for children (Taras, 2004). Langley et al. (2010) note that three-fourths of children who receive mental health services are obtaining them through school. School-based mental health programs help eliminate many of the barriers associated with receiving treatment by making it more accessible. Most of the children in a community can be found within the school setting, thereby making it an optimal place to deliver services. By providing mental health services in schools, issues of transportation, financial constraints, and searching for resources are no longer barriers to care.

There are a variety of ways in which schools provide mental health services. Taras (2004) notes three delivery models: school-supported mental health model, community connections model, and a comprehensive, integrated model. The school-supported model consists of separate mental health units within the school system and mental health providers are employed directly by the school district (Taras, 2004). The community connections model partners with community agencies to provide services in the school and linkage to off-site services (Taras, 2004). The comprehensive, integrated model encompasses a

wider range of services such as prevention, screening, referral, and treatment as well as addresses family and community issues (Taras, 2004). Although the literature identifies different model names, the programs that are discussed typically fall under one or more of these three models.

Studies Evaluating School-Based Mental Health Programs

A limited number of studies have been conducted to evaluate the effectiveness of school-based mental health programs. The present literature addresses different types of programs as well as the benefits and challenges of school based mental health services.

Powers et al. (2015) indicate that community-school partnerships, which are representative of the comprehensive, integrated model, are viewed as most effective. The Mokihana Program presents an example of such integrated model. This program, located on the island of Kauai, integrated the Department of Education and the Department of Health, combining a full array of resources (Klontz et al., 2015). This initiative not only placed therapists in schools, but also implemented a full-service mental health clinic at each school (Klontz et al., 2015). A study was conducted to evaluate its effectiveness and found improvements on measures of atypical behavior, hyperactivity, attention problems, depression, and aggression (Klontz et al., 2015). A methodological limitation of this study is the lack of a control group, which would be a limitation of

any study of this sort since withholding services from children is unethical (Klontz et al., 2015).

Kontz et al. (2015) suggest a between-groups comparison in order to further evaluate the effectiveness of these programs. Kang-Yi, Mandell, & Hadley (2013) present an example of a between-groups comparison study to examine the effects of two programs on children's school outcomes. One was referred to as the School Therapeutic Staff Support Program in which students received one-to-one support from an aide in the classroom (Kang-Yi et al., 2013). The second was titled the School-Based Behavioral Health Program in which students received group counseling based on need (Kang-Yi et al., 2013). Since there is no mention of ties to mental health agencies, it appears that these programs involve components of the school-supported mental health model. The results of this study indicated improvements across the outcome measures of school absences, suspensions, and grade promotion for those enrolled in a program compared to students not enrolled in the program (Kang-Yi et al. 2013). Although this study also provides support for the positive effect of school-based mental health programs, the fact that no differences were found between the programs indicates the need for further research to identify specific program features that are most effective (Kang-Yi et al. 2013).

An additional program evaluation is seen by Powers et al. (2015), who examine the social and behavioral outcomes for a model titled School Based Support Program. This program provides comprehensive mental health services

within the schools as well as coordination of community-based services (Powers et al., 2015). Therefore it involves components of the comprehensive, integrated model and the community connections model. Although there was no marked improvement in the students' social and behavioral scores throughout the school year, the results identify important variables that may influence these outcomes (Powers et al., 2015). For example, the time during the school year in which a student was enrolled in the program had an impact on scores (Powers et al., 2015). This study demonstrates that although comprehensive, integrated models are viewed as the most effective, there is still a need for additional research to evaluate the impact of these models.

Although research demonstrates the benefits of school-based mental health programs, specifically one that is comprehensive and includes community partnerships, there are challenges involved with the implementation of these services. The Mokihana Program provides an example of an effective, integrated program, but it was developed under unique circumstances as a response to a devastating hurricane. In reality, a program of this type is difficult to establish and rarely seen (Powers et al., 2015). Some of the barriers to integrating mental health services in schools include competing needs, cultures and objectives (Klontz et al., 2015). Since a school's main focus is academics, the provision of mental health services within this setting can be challenging. Langley et al. (2010) discuss logistical barriers such as acquiring space within a school and working around the school schedule. The support of teachers and administration

is important to the successful implementation of services and can facilitate some of these challenges (Langley et al., 2010).

Another challenge associated with implementing school-based mental health services is the lack of political support. As Cooper (2008) notes, the implementation of comprehensive school-based mental health services requires the support of federal and state policies. The Mental Health in Schools Act of 2015 aimed to improve access to care through an efficient model resemblant of the comprehensive model noted by Taras (2004) but has failed to pass. This bill would augment the Safe Schools-Healthy Students program developed in 1999 which aligns with the school supported mental health model and community connections model as it promotes behavioral, emotional, and social supports in schools as well as partnerships with local agencies (Brueck, 2016). Despite the success of SS/SH, MHSA proposes a more comprehensive approach to school based mental health services in which resources are gathered and support for onsite programs is provided, thereby pointing to an integrated model as the ideal approach (Brueck, 2016). Brueck (2016) proposes that school-based programs succeed when community partners group their efforts in a centralized location to provide services in a more effective and efficient manner.

Due to the limited amount of program evaluations and the need for further research to solidify evidence of their effectiveness, the current study addressed this issue by conducting a program evaluation of a newly developed school-based mental health program. This type of research is needed to garner the

support for additional school-based mental health programs that will address the mental health needs of youth.

Theory Guiding Conceptualization

The theoretical perspective that has guided past research and guided this study is Systems Theory. In social work, Systems Theory acknowledges that individuals, groups, organizations, and communities are interrelated, interconnected, and interdependent (Turner, 2011). It is important to take into account the various systems and subsystems that influence client functioning and examine interacting components to provide a holistic approach to treatment (Turner, 2011). As discussed, a comprehensive, integrated model is consistently identified as the most beneficial method of providing mental health services within schools. This model aligns with Systems Theory since it takes into account the importance of integrating parents, school staff, and community agencies to address the mental health needs of students.

The literature consistently addresses the interrelatedness of family, schools, and communities as these are systems that children are involved in and have great influence on them. The role of parents is essential in a child's well-being and their involvement is needed to provide consent for mental health services, report on child behavior in the home, and possibly participate in family counseling. Cooper (2008) indicates that having a strong parent component within mental health services helps improve family and youth engagement and

youth outcomes. It is also important for parents, family members, and educators to receive training on how to detect and provide support for children with mental health issues (Brueck, 2016). Children spent a significant amount of time in school and Taras (2004) and Kontz et al. (2015) both identify a child's sense of connectedness to their school as a positive factor that promotes academic success and decreases risky behaviors. In addition, a child's community plays a significant role in their well-being through the resources it provides and Brueck (2016) notes that key parties in a community such as health care institutions, community organizations, and education systems should continue to advocate for the allocation of resources.

Due to the importance of considering these interrelated systems, it can be said that Systems Theory guides and supports the development of comprehensive, integrated models of care. Domitrovich et al. (2010) indicate that theory and data should be used to determine the most effective and efficient models, and that integrated models of prevention are largely informed by Ecological Theory, which involves the same concept as Systems Theory. Taking this theory into consideration, they make a case for the benefits of an integrated model by indicating that the collaboration of systems could have a greater impact on student outcomes than if each system worked independently (Domitrovich et al., 2010). Powers et al. (2015) also identified the use of a Systems of Care approach in which a local school district, mental health agency, and university formed a coalition. This demonstrates a holistic approach to mental health

services which is seen within comprehensive, integrated models and align with Systems Theory. Therefore, in order to successfully meet the mental health needs of youth, all systems need to be considered and integrated in school-based mental health programs.

Summary

This study contributes to the existing research involving school-based mental health program evaluations. This research is important to determine the most effective model in providing mental health services to children and youth in schools. In addition, these studies are needed to promote the importance of school-based mental health services by providing evidence of their effectiveness. The current literature demonstrates the barriers associated with providing mental health services in schools as well as its benefits. A variety of program models have been evaluated, and the literature suggests that an integrated model is most effective. Systems Theory supports the use of such integrated model since it demonstrates how the school, community, and family of a child are interrelated and essential in addressing their needs. However, the research to support this is limited and therefore further studies are needed.

CHAPTER THREE

METHODS

Introduction

This chapter provides a description and explanation of the research methods that will be used in this study. Subsections include an overview of the study design, description of the sampling method, and explanation of the data collection and instruments used. Additional subsections include a detailed account of the procedures and how the protection of human subjects was ensured. Lastly, this chapter consists of a description of the data analysis.

Study Design

The purpose of this study was to evaluate the effectiveness of the mental health program at a local school district. This was an explanatory study as it aimed to demonstrate the positive effect that the mental health services provided at this school district have on the students' attendance and academic success. The results of this study aimed to contribute to the growing evidence of the effectiveness of school-based mental health programs and to its continued improvement. A quantitative, one-group pretest-posttest design was used, with the students' prior grades and absences serving as the first observation which were compared to their grades and absences after receiving treatment.

This research design presents methodological strengths and limitations. The lack of a control group presents a limitation but is typical and unavoidable for this type of study as children needing services cannot be left untreated. The use of a control group would allow the researcher to view the effectiveness of the program since it would compare the outcomes of those who receive services with those who do not. However, the overall design was still conducive to answering the question that was presented. A strength of this research design is its ability to evaluate the program's effectiveness through the comparison of the students before and after treatment. In addition, its quantitative nature allows for objectivity. The research question of this study is as follows: Is the Department of Behavioral and Mental Health at a local school district improving student outcomes?

Sampling

The sample from which data was obtained included students receiving treatment from the Department of Behavioral and Mental Health at a local school district. Due to the fact that this is a newly developed program, there was a limited amount of client records to be used. This means that there was no real selection criteria since all available records were included in the study. However, only students whose parents signed the Office Policy Form, which explains the district's research partnership with CSUSB's School of Social Work, were included. A total of 51 client files were used.

The sample for this study is being derived from the school district's student population which consists of 23,288 students in grades K-12. According to Ed Data, 83.2% of the students are Latino, 7.2% are Anglo American, 5.6% are African American/Black, and 1.6% are Asian (Education Data Partnership, 2017). About 46% of students have a primary language that is not English (Education Data Partnership, 2017). This provides some insight into the demographic breakdown of the students who may receive services from the district's mental health program. In addition, the students receiving services have either mild (Tier 1: Prevention) or moderate (Tier 2: Early Intervention) symptoms of mental health difficulties.

Data Collection and Instruments

This study used archival data collected from student records. The data that was collected consisted of information related to academic performance including grade point averages and absences. In addition, referral information, service logs, and demographics were collected. The independent variable was the mental health services provided to students which consisted of a nominal dichotomous level of measurement (i.e. before treatment and after treatment). The dependent variables were students' grades and absences with an interval/ratio level of measurement, and the demographic data included various levels of measurement.

Procedures

The investigator retrieved data from the school district's Department of Behavioral and Mental Health services database in both paper and electronic form. The data was collected over the span of two months and input into an excel spreadsheet. The investigator first collected data from client files that had been closed after receiving treatment. These files were retrieved from the filing cabinets in which they were securely stored by the Behavioral and Mental Health Manager. Treatment typically consists of approximately ten individual counseling sessions. Due to this being the first year these services became available, the amount of closed cases were limited. In order to increase the sample size, the investigator then collected data from client files that were still open and in which students had begun receiving services. These files were retrieved from the mental health interns who are providing services. If a case was closed during this time, the investigator made note of it in the data. The data collected from the files included student identification number, age, gender, ethnicity, primary language, grade level, date the case was opened, and date the case was closed if applicable. The investigator then selected a date to collect absences and grades for the purpose of consistency. This information was collected from the online system through the student identification numbers. For each student, the number of full day absences during the three months prior to the case being opened was counted, as well as the number of absences after the case was opened. In terms of grades, the investigator calculated the grade point average of the semester

prior to the case being opened, as well as the grade point average of the semester during which the case was opened. The collected data was transferred to SPSS and analyzed using quantitative methods.

Protection of Human Subjects

The confidentiality and anonymity of the participants was protected through the collection of de-identified data. No information that would compromise the anonymity of the students was collected. All of the collected data was kept confidential and securely stored. Electronic data was saved in a confidential document and paper records were stored in a locked file cabinet. Since the data was not collected directly from participants, a debriefing statement was not needed.

Data Analysis

De-identified data was collected and analyzed to answer the current research question. The latest version of SPSS was used to input data and conduct the data analysis. As previously mentioned, the independent variable was the treatment that is provided to students who are referred to the Department of Behavioral and Mental Health at the local school district. The dependent variables were the students' academic achievement as measured by grades and attendance. Due to the pretest-posttest design, a paired samples t-test was employed to determine if the mental health services have a statistically

significant effect on students' outcomes. Additional variables that were used for descriptive analyses included ethnicity, age, gender, and primary language spoken. This provided a demographic breakdown of the population involved in this study.

Summary

This chapter discussed the research methods that were used in this study and outlined how the study was conducted. The study is explanatory as it evaluated the effects of the school district's Department of Behavioral and Mental Health on student outcomes. This study was quantitative and used a one-group pretest-posttest design. A description of the sample that was used was provided, as well as the type of data that was collected. This chapter also addressed the procedures that were used to collect the data and how confidentiality was protected.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the results of the paired samples t-test that was conducted to compare the students' grades and absences before and after treatment. The demographic characteristics of the study sample are described as well as the results of the statistical analysis. The chapter concludes with a summary of the findings.

Results

Descriptive Statistics

This study had a total sample size of 51 students consisting of 23 males and 28 females. The students' ages ranged from 7 to 18 with a mean age of 12.49 years, and the students' grade level ranged from first grade to 12th grade. The study sample consisted of 17 elementary school students, 16 middle school students, and 18 high school students. In terms of ethnicity, 21.6% were White, 64.7% were Hispanic/Latino, 5.9% were African American, and 7.9% were other. Spanish was the primary language of 17 students and English was the primary language of 34 students.

Table 1. Demographic Characteristics of Study Sample				
	N	%	M	SD
Age			12.49	2.866
Sex				
Male	23	45.1%		
Female	28	54.9%		
Race/Ethnicity				
White	11	21.6%		
Hispanic/Latino	33	64.7%		
African American	3	5.9%		
Other	4	7.9%		
Primary Language				
Spanish	17	33.3%		
English	34	66.7%		

Statistical Analysis

Quantitative procedures were used to analyze the collected data. A paired samples t-test was conducted to evaluate the impact of the intervention on students' grades and attendance. There was no significant difference in grades from the semester prior to students receiving treatment ($M = 2.39$, $SD = 1.07$) to the semester during which students received treatment ($M = 2.47$, $SD = 1.08$), t (40) = -.705, $p = .485$. There was also no significant difference in number of absences during the three months prior to students receiving services ($M = 2.33$, $SD = 2.797$) to the time during which students received services ($M = 3.15$, $SD = 3.457$), t (45) = -1.641, $p = .108$. At the time of data collection, cases were open for an average of 3.902 months.

Summary

This chapter presented the collected data, the demographic breakdown of the students included in the study, and the results of the statistical analysis. The descriptive statistics displayed a diverse study sample in terms of age, gender, grade level, ethnicity, and primary language spoken. The data was analyzed through the use of a paired samples t-test and the results indicated no statistical significance in the students' grades and absences before and after treatment.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the results as they relate to the research question and the current literature. Limitations of the study will be presented as well as suggestions for future research. The chapter will conclude by discussing the implications of the results for the issue in question.

Discussion

The results of the paired samples t-test displayed no significance, suggesting that the Department of Behavioral and Mental Health at the school district did not have an impact on students' outcomes. It was anticipated that the students' grade point average would increase and the number of absences would decrease. Although the mean GPA did increase, it was not statistically significant. This does not provide adequate support for the potential benefits of school-based mental health programs. However, there were a variety of limitations and the variables used do not reflect the only outcomes that these programs can have an impact on.

The results of this study support the notion stated in previous studies: School-based mental health programs can have positive outcomes, but additional research is needed to adequately demonstrate their effectiveness.

Similar to the current study, Kang-Yi et al. (2013) focused on examining school-related outcomes. The increase in GPA presented in the current study supports the improvement in grade promotion displayed in Kang-Yi et al. (2013). However, the current study did not find an improvement in absences while Kang-Yi et al. did. Klontz et al. (2015) also found improvements but examined different outcomes including specific symptoms and behavioral issues, while Powers et al. (2015) found no significant improvements in social and behavioral outcomes. This demonstrates the variability and lack of consistency among studies, pointing to the need for additional, comprehensive studies.

Limitations

Due to the time sensitive nature of this study and the newly developed state of the Department of Behavioral and Mental Health at the school district, the variables to be explored were limited. Therefore, it was not possible for the current study to provide an all-encompassing evaluation of the program. The investigator used data that would be feasible to collect and that would provide insight into the students' academic achievement. As previously noted, most studies investigating this issue used similar measures to evaluate the effectiveness of school-based mental health programs. However, within the variables of grades and attendance, additional limitations were encountered.

At the start of data collection, many cases had not yet been closed, making it difficult to determine clear baselines and post-treatment measures. Due to the fact that treatment typically consists of ten weekly sessions, it was

estimated that it would be approximately three months from the date a case was open to the date it was closed. Therefore, the number of absences during the three months prior to a case being opened was collected and would serve as the baseline. However, in many instances, the number of months in which a case was open ended up exceeding three months, making the pre and post measures uneven. This may account for the mean number of absences resulting higher for post-treatment than pre-treatment. In addition, the reasons for a student being absent were not considered. There are various reasons that may not relate to academic performance or school-related issues such as being sick or going on a family vacation. Only full day absences were counted for the purpose of providing some consistency. However, for the secondary schools, attendance should be taken during every class period but not all teachers may do this, making some of the data unreliable. Therefore, there are a variety of factors at play and the complex nature of the school system presents some challenges in the evaluation of school-based mental health services.

There were also limitations regarding the data collection of grades. The grade point average was collected for the semester prior to a case being open and for the semester during which a case was open. Since most cases were open in the Fall of 2017, this meant obtaining grades from the previous academic year. In instances where a student was new to the school district, this information was not available. Grades from the previous academic year were also not available for seventh grade students as they had been in elementary school and

there is a different online grading system used for elementary and secondary schools. In addition, the investigator was limited to the grades that were available and closest to the date of a case being closed. For example, if a case was closed in February, the investigator was not able to access what the student's grades were at that time and had to use the final Fall semester grades posted in December. For cases that were still open, the most current grades were used which were either progress grades or the grades most recently updated by teachers. In addition, if a case was open towards the end of Fall semester, those grades were used for pre-treatment and the most current grades were used for post-treatment. Therefore the grades used may not align exactly with the dates in which a case was open and closed.

Aside from data availability and time related concerns, there are additional factors that could contribute to the lack of significant improvement in grades. For one, most students were enrolled in different classes from the pre-treatment to the post-treatment measure due to grades being obtained from the prior academic year. Classes could have increased in difficulty or students may have been facing the task of adjusting to a new academic year with new teachers and subjects. In addition, some students transitioned from elementary school to middle school or from middle school to high school during this time, presenting not only a major change, but also a different grading system as it varies between the different levels. For the purposes of this study, the investigator calculated the GPA for elementary students in the same manner that they are calculated at the

secondary levels, and used the total weighted GPA for high school students which include Advanced Placement courses. Since this study addressed an entire school district that ranges from grades K-12, there were differences between the elementary and secondary schools that had to be considered.

Recommendations for Social Work Practice, Policy, and Research

Although the current study did not support the effectiveness of school-based mental health programs, the provision of mental health services within the school setting continues to be an important area of practice. The current study as well as previous studies have demonstrated some positive impacts in different areas of student functioning and provide insight into the benefits and limitations of school-based mental health programs. These studies could be used to inform practice and determine areas for improvement. For example, this study demonstrates that there may be a need to place a greater emphasis on targeting students' attendance which would consequently improve grades as well. This would require social workers to take a systems approach and be inclusive of parents as well as collaborate with school staff. Solely providing individual treatment is not sufficient, as social workers need to consider the various environmental and systemic factors influencing students' outcomes. Within the school setting, social workers not only act as mental health providers, but also take on the various roles of advocate, case manager, truancy officer, and resource distributor. A comprehensive, integrated mental health program would

28

assist these roles and provide the necessary services and resources to address the various needs of students.

In addition, polices are needed to improve and expand school-based mental health programs. Policies at the federal level need to be passed to support the implementation of mental health services within every school district. This would help allocate funds to launch programs and allow many children and adolescents to receive the mental health services they would otherwise not have access to. Within school districts, polices that will facilitate the integration of these services should be implemented. This could mean mandatory trainings for school staff, requiring schools to provide a confidential space, and other regulations that would help accommodate these services within the school setting. Outcomes of program evaluations could help inform and support these policies.

Future research could be improved in a variety of ways and should address the limitations presented in this study. One way to improve the evaluation of a school-based mental health program is by conducting a longitudinal study. This could help eradicate the time frames issue that the current study faced and would allow for long-term outcomes to be evaluated as the impact of a program may not be immediately evident. It would also be useful to note the number of sessions that a student has had in order to correlate this with progress. In addition, there are other variables that can be used to evaluate the effectiveness of school-based mental health programs. For example, it would

be beneficial to explore factors such as students' behavior and symptoms before and after treatment and whether treatment goals were met. This information could be obtained through collateral reports, symptom checklists, and discharge summaries. Although improving academic achievement is an important aspect of school-based mental health programs, studies should also address the socioemotional and behavioral aspects as these are generally the focus of treatment. Ideally, a comprehensive study would examine all of these relevant factors as it would provide better insight into the effectiveness of the program.

Conclusions

Due to the high prevalence rate of mental health issues among children and adolescents, the continued development and evaluation of school-based mental health programs is needed. These programs have been seen to be effective, but studies have lacked to provide sufficient evidence to support this. Additional and enhanced research will allow for policies such as the Mental Health in Schools Act to be passed. Such policies would increase the implementation of mental health services within schools, thereby addressing the mental health needs of youth in a more efficient manner.

APPENDIX A

DATA COLLECTION GUIDE

DATA COLLECTION GUIDE

The data that was collected included:

1. Grade Point Average

2. Absences

3. Referral information

4. Service Logs

5. Primary Language Spoken

6. Age

7. Ethnicity

8. Grade level

9. Gender

APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVAL

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

Researcher(s) _____ *Adriana Torres* _____

Proposal Title _____ School-Based Mental Health Care _____

_____ Program Evaluation _____

\# _____ SW1833 _____

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:

_____ faculty signature missing

_____ missing informed consent _____ debriefing statement

_____ revisions needed in informed consent _____ debriefing

_____ data collection instruments missing

_____ agency approval letter missing

_____ CITI missing

_____ revisions in design needed (specified below)

_____

_____

_____

_____

_____

_____

_____

_____   1/1:-18
Committee Chair Signature   Date

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

34

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