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IMPLEMENTATION OF MENTAL HEALTH SERVICES AND CURRICULUM FOR ELEMENTARY-AGED CHILDREN

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IMPLEMENTATION OF MENTAL HEALTH SERVICES AND CURRICULUM
FOR ELEMENTARY-AGED CHILDREN

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
Indra Flores Silva and Jason Kwan

May 2024

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ABSTRACT

This study's purpose was to describe elementary school teachers' perceptions about mental health services, curriculum, and their effect on the mental health of elementary-aged children. Our research addressed the question: What are elementary school teachers' perceptions of mental health services and mental health curriculum and their effect on the mental health of elementary-aged children? It is crucial that we study this because many young children struggle with their mental health which can lead to poor outcomes leading into adulthood. This study utilized quantitative data on 28 participants that was collected through Qualtrics. Data was analyzed using SPSS by conducting univariate analysis. Our findings indicate that many elementary school teachers agree that mental health is an important aspect that can affect student academic performance, yet many also report feeling unsatisfied with the current mental health services that are available at their school. The findings from this project reaffirm the need not only for mental health services and curriculum, but also improvement in these services for elementary-aged children.

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I want to thank my mom, my dad, my sister, family, and friends for supporting me through this program and their love, support, and encouragement now and always. Without all you I would not be where I am today. To my research partner and friend, I could not have done it without you. I am grateful for all of you.

-Indra

I would like to thank my research partner, family, Jasmine, putt putt and poki for supporting me throughout these past two years. I truly would not have been able to do it without you all! For your support, I am forever grateful.

-Jason

DEDICATION

Quiero dedicar este proyecto a mis padres por sus sacrificios y todo el apoyo que me han dado. Gracias a mis padres por enseñarme a ser una mujer independiente que puede lograr sus mas grandes sueños. Dear sister, thank you for being my biggest cheerleader and for pushing me to reach my full potential.

-Indra

To all that I have come across in my social work journey. You have molded me into the individual and social worker I am today. I am forever grateful.

-Jason

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CHAPTER ONE

INTRODUCTION

Problem Formulation

The need for mental health services and interventions among elementary-aged children is as crucial as ever. In fact, The National Alliance on Mental Illness (NAMI), reports that one in six children in the United States, from ages six to seventeen, exhibit or will exhibit at least one mental health concern (NAMI, 2023). With the prevalence of mental health issues affecting children, it must be addressed at an early age or cause negative effects on the individual's academic, social, emotional, and behavioral achievements (Colizzi et al., 2020). Ultimately, if mental health intervention is not provided for children at an early age, it may also lead to poor health outcomes into adulthood.

There are numerous implications that may occur on the micro level if one does not receive the mental health services and curriculum they need. One of the biggest ramifications on a micro level with youth who have poor mental health is how it may impair their daily functioning, and ultimately lead to poor outcomes as an adult. For instance, youth with poor mental health are highly susceptible to truancy, poor academic performance, juvenile delinquency, and school dropout (Perfect & Morris, 2011). These concerns impact their daily functioning by negatively affecting academic performance, limiting their social skills, and harming their emotional well-being. Furthermore, young adolescents with mental illnesses that go untreated may have poor outcomes as an adult. Sanchez et al.

(2018), suggests that individuals with mental illnesses during elementary school worsen as they go into adolescence and adulthood. This increases the likelihood of impaired social functioning, suicidal ideation, substance misuse, incarceration, lower educational and occupational attainment, and overall, a lower quality of life (Sanchez et al., 2018).

With such a strong emphasis on academic excellence in some cultures, many youth feel pressured to succeed academically. Yet, these high expectations, paired with the lack of untreated mental illnesses only exacerbate these mental health concerns. The need for mental health services among young children has seemingly become more apparent as research shows academic performance coincides with mental health (NAMI, 2023). This issue is as pertinent as ever because there are many barriers young children face if they wish to receive mental health services on their own. Unfortunately, as a result, they may resort to other methods to resolve their distress. In fact, suicide rates among youth have been on the rise. The CDC notes that suicide is currently the eight-leading cause of death in children ages five to eleven, with a third of these deaths connected to prior mental health concerns (CDC, 2021). Additionally, suicide is also the second leading cause of death for people ages 10-14 (CDC, 2021). Despite the overwhelming need for school mental health services, it is estimated that nearly over four-fifths of youth who need mental health services, do not receive them (Perfect & Morris, 2011). There is no doubt that if we do not address the lack of mental health services, curriculum, and personnel in

elementary school settings, mental health will continue to deteriorate for these students as they age and ultimately lead to poor outcomes.

Purpose of Study

The purpose of the study was to describe mental health services and curriculum in an elementary school setting, as well as the teachers' perceptions of how they affect the mental health of elementary-aged children. Although the targeted individuals for this study are elementary school aged children, it needs to be kept in mind that they are a protected class. Therefore, the participants of the study are those adults who are with the children on a daily basis, that being student educators. With this research we hope to increase information on how mental health services and curriculum affect students before, during, and after they receive mental health support. The hope of the study is to show how vital mental health services and curriculum are in school based settings. We hope that it will be implemented in all school districts throughout the city, county, state, and country levels.

Due to this topic not having prior significant research, the data we gathered using the quantitative approach. The researchers conducted the study in a survey format and administered the questions in an online format using Qualtrics. The researchers chose this method because we understand that educators are busy during a regular school day.

Significance of the Project in Social Work

This research project is significant to the field of social work because it will help raise awareness on the lack of mental health personnel and/or curriculum in elementary schools. The findings from this research project may be used as evidence to help support the notion that each school needs their own respective school counselor, psychologist, or social worker to provide daily support to the school's students. Additionally, it presents the need for the many young students that would benefit from receiving mental health services at school. We hope that this research project will help change the narrative that elementary-aged children are too young to learn about mental health or receive therapy/counseling.

Ultimately, we would like to open the conversation that elementary-aged students, regardless of age, are affected by social and personal pressures which can hinder their mental health. We are interested in the teacher's perspectives on mental health services and curriculum. Currently, there is no feedback from the teacher's perspectives of the issues. However, teachers see their students five times a week and are very involved in a student's life. They see firsthand how detrimental poor mental health can affect a student and their academic performance. On the other hand, they also see how beneficial mental health curriculum and services may be for students.

We are hopeful that this research will advocate for the implementation of a policy that encourages school districts to allocate more funding towards mental health services so that respective elementary schools can have their own

dedicated counselor, psychologist, or social worker. Also, it may be used as evidence to show the need for a mental health curriculum to be taught in schools. This research project addressed the question: What are teacher's perceptions of mental health services and curriculum and their effect on the mental health of elementary-aged children?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines the current research on mental health concerns among elementary-aged children such as anxiety, suicidal ideation, and anger. Additionally, it discusses the importance of receiving mental health services and mental health curriculum. Finally, it covers the negative ramifications such as poor health outcomes when mental health concerns go untreated, especially when they are present at a young age.

Presenting Mental Health Issues in Elementary-Aged Children

Currently, there are many presenting mental health concerns for elementary-aged students including, but not limited to, anxiety, depression, and suicidal ideation. Individuals with anxiety may experience feelings such as tension and obsessive thinking. It also includes changes in the body such as increased blood pressure and sweating (American Psychological Association, n.d). NAMI (2023), reports that seven percent of children experience anxiety yearly. This can lead to children having trouble in school settings as they have difficulties managing their emotions. It may even hinder a child's ability to perform everyday tasks out of intense fear or distress (NAMI, 2023). Many times, children lack the understanding and knowledge of how to manage their emotions. Due to

this, students may lash out because they are unable to stay focused in their classroom settings.

Depression is another prevalent mental health disorder affecting children. In fact, Manning (2009), proposes that depression is a widespread concern amongst children. In fact, it is estimated that over nine percent of youth suffer from depression at any given moment (Manning, 2009). This is worrisome because depression has profound impacts on an individual's daily functioning, especially academic performance. Symptoms of depression include difficulty focusing, increased irritability, poor social skills, and low self-esteem (Manning, 2009). If left untreated, depression may be a major contributor to suicide at a young age.

Suicidal ideation, suicidal attempts, and suicide are common themes among young children. The American Psychological Association defines suicidal ideation as "thoughts about or a preoccupation with killing oneself, often as a symptom of a major depressive episode." (APA, n.d). NAMI (2023), reports that suicide is the second leading cause of death among adolescents ages ten through fourteen. Although our study does not focus on this age group, suicidal ideation and other mental disorders among elementary-aged students are a strong determinant in committing suicide later in life.

How Mental Health Disorders Affect Children

As previously mentioned, one of the biggest ramifications of poor mental health among youth is how it may impair their daily functioning. Perfect & Morris,

(2011) suggest that youth with poor mental health are highly susceptible to concerns including truancy, poor academic performance, juvenile delinquency, school dropout, and suicidal ideation. These concerns impact their daily functioning by affecting academic performance, limiting their social skills, and harming their emotional wellbeing. Manning, (2009) reports that poor mental health has considerable effects on education and performance. She notes that these mental health disorders can affect attendance, classroom performance, and concentration abilities (Manning, 2009).

Unfortunately, with such a strong emphasis on academic achievements in some cultures, many youths feel pressured to succeed academically. Yet, these high expectations, paired with existing and untreated mental illnesses only exacerbate these mental health concerns. This leads to a never-ending spiral where students are forced to miss school because of their untreated mental health disorders. Meanwhile, their mental health disorders worsen as a result of missing school and external pressure to succeed academically. The need for mental health services among young children has seemingly become more apparent as research shows academic performance correlates with mental health (NAMI, 2023).

When children do not have access to mental health services, and they have experienced continued distress, then suicide may become the last resort. Currently, suicide rates among youth have increased and only are only expected to continue. CDC (2021), notes that suicide is the eighth leading cause of death

in children ages five to eleven. Unfortunately, a third of these deaths are connected to prior mental health concerns. This shows the severity of untreated mental health disorders, especially when children do not have the means to receive services.

What Happens When Individuals Do Not Receive Services

Despite the various reasons why parents and/or caregivers may decline or defer mental health treatment for their children, it is clear that this decision can have profound implications. Holder et al. (2018), shares that delays in untreated mental illnesses have profound effects on an individual's overall well-being. In other words, the longer one's mental health goes untreated, the higher the likelihood of poor health outcomes such as psychosis, bipolar disorder, depression, and anxiety (Holder, et al., 2018).

Additionally, if these mental health concerns are left untreated while the individual is in elementary school, it can lead to considerable concerns that extend into adolescence and even adulthood. Some of these concerns include impaired social skills, suicidal ideation, substance misuse, involvement with the criminal justice system, lower educational and occupational attainment, and overall, a lower quality of life. (Sanchez et al., 2018). This is why mental health services and psychoeducation through mental health curriculum is critical at a young age. Despite some progress in the development and implementation of mental health services and curriculum, less than half of affected youth receive the mental health support they desperately need (Sanchez et al., 2018).

Barriers and Stigmas Towards Receiving Mental Health Services

There are many reasons children may be unable to receive or have access to mental health services and curriculum. One barrier this age group faces, elementary children ages 5-11, is that they must first receive consent from their parents. For some youth, existing barriers such as stigma and lack of education prevent them from receiving outside mental health services. Recent research supports the notion that there is a vast, unequal number of people who experience mental illnesses in comparison to those who seek treatment (Holder et al., 2018). However, there are numerous explanations as to why one may decline mental health treatment. Growing evidence suggests that stigma is a significant determinant in whether or not one receives mental health services. Quinn & Chaudoir (2015), found that stigma has many implications for life outcomes, most notably psychological outcomes such as self-esteem, depression, and anxiety.

Research of School-Based Interventions

There is little information about school-based mental health interventions for elementary-aged children. As a result, the only literature that has been reviewed in this section correlates heavily with anxiety and depression. There are also many types of interventions that are targeted for schools, yet the quality of these interventions can create a positive or negative impact on the children that need them (Zhang et al., 2022). Furthermore, Werner-Seidler et al., (2017) found that school-based prevention types of programs showed little to no effect on

those that were seeking therapy for depression and anxiety treatments. The results had also concluded that those that did receive this therapy reshown signs twelve months later (Werner-Seidler et al., 2017). Meanwhile, Zhang et al., (2022), found that overall, there is some type of positive correlation between school-based mental health interventions when focusing on anxiety and depression. Research found within this field raises the question of whether school-based interventions can positively affect other mental health concerns in children.

Theories Guiding Conceptualization

There are many theories that social workers utilize to address the presenting mental health symptoms in their clients. For the purposes of this research study, we utilized the general systems theory. The General Systems Theory was first proposed by Ludwig von Bertalanffy. Bertalanffy suggests that the General Systems Theory can be utilized by social workers to give them a better understanding of their client's environment and adverse experiences (Bertalanffy, 2013). In this study, the systems influencing the student's mental health are their families, peers, teachers, other school personnel, extracurriculars they are involved in, and the school they attend. Our study aims to understand how these various systems impact a student's mental health.

Summary

To summarize, there are many mental health concerns that elementary-aged children face such as anxiety, depression, and suicidal ideation. These mental health concerns have serious implications for individuals, especially when left untreated. It is crucial that parents and school personnel alike intervene early so that they can get children the support they need. Otherwise, these mental health disorders can affect daily functioning, and ultimately even lead to poor health outcomes as an adult. Unfortunately, when mental health concerns go untreated it can lead to worsening conditions and even comorbidities. Numerous factors such as stigmas and barriers prevent students from receiving the mental health support they need. Although there is currently some knowledge of existing school-based interventions, there is not adequate support to provide students with the mental health services and curriculum they require.

CHAPTER THREE

METHODS

INTRODUCTION

This study described the mental health services and curriculum in an elementary school setting, as well as the teachers' perception of how they affect the mental health of elementary-aged children. This chapter contains the details of how this study was conducted. The section will include the following: study design, sampling, data collection, procedures, protection of human subjects, data analysis, and a summary.

Study Design

The purpose of this research study is to describe mental health services curriculum in an elementary school setting, as well as the teacher's perception of its effect on the mental health of elementary-aged children. It explores the effectiveness and overall attitudes towards receiving mental health services. This is an exploratory research project due to the limited amount of prior research that addresses this topic from the perspective of teachers. This was done by utilizing a quantitative research design, featuring questionnaires. This allowed for a greater number of participants to respond. The study was exploratory in nature because our research will aim to familiarize society about the mental health concerns elementary-aged children face and discuss how mental health services and mental health curriculum affect these children. Additionally, it refined the

issue by exploring the need for dedicated mental health professionals in respective school site locations. A limitation of quantitative research is that it did not allow our data to have many in-depth responses. Another limitation of this research design is that it was a convenience sample. It is restricted to a few elementary schools from the San Bernardino County area.

Additionally, another limitation is that our data came from teachers. Even though elementary-aged students are the ones consuming mental services and curriculum, we will not collect data from them due to legal and ethical concerns. One strength of our data is that it utilized online questionnaires to collect data. This is a strength because it ensures confidentiality and anonymity for our participants. This prevented participants from selecting certain answers because of the way they perceive that the interviewer wants them to answer. Another strength was that we asked teachers from various school districts that provided various answers to each question. Finally, quantitative data collection is a strength because it allowed for less face-to-face interaction.

Sampling

This study utilized a convenience sampling method of a select number of elementary schools within San Bernardino County. These participants were teachers from various elementary schools. As stated earlier, we will not be interviewing any students, as they are under the age of eighteen and are defined as a protected population. This study was voluntary, and each participant had

acknowledgment that they were free to end their participation in the questionnaire at any given time during the study.

Data Collection and Instruments

As previously mentioned, this study was quantitative study. Demographic information was collected at the beginning of each data collection method. Questions that respondents were asked to respond to include the following: their perspective on the availability of mental health services and curriculum, implications of mental health in an educational setting, and familiarity and comfort with mental health services.

We utilized a Likert scale to measure positive and negative responses to a statement. Examples of a Likert Scale include agreement and frequency. We measured our variables based on the respondent's response from the questionnaire. The respondent's questionnaires will inform us on whether they felt if mental health services and curriculum have affected the student's wellbeing.

Procedures

A flier was created describing the purpose and goals of the study, as well as the need for participants. We sent this flier to potential participants, teachers to participate in our study and gather their perspective on this topic. To recruit a greater number of participants, the researchers sent out an email to all elementary school teachers within the Inland Empire, San Bernardino County

area. Participants who chose to complete the voluntary questionnaire were permitted to fill out the questions at their own convenience.

In addition, participants were informed that their participation is completely voluntary, that they are permitted to skip any questions, or end the interview at any time if they would like. The researcher had an informed consent section prior to participants beginning the questionnaire. The researchers included the purpose and goal of the study and assured them that their responses are confidential. The researcher also thanked the participant for contributing to the study.

Protection of Human Subjects

A self-administered online survey was used to protect the anonymity of participants, as no identifiable information was collected from them. Prior to accessing the survey, participants had access to the link or flier that shows and explains informed consent. Their understanding and agreement to informed consent were needed for their participation. In addition, the informed consent link or flier explained that their participation is completely voluntary and that they are not guaranteed a prize compensation for their participation. They were informed that they are free to withdraw their participation at any moment, without any consequences. Two years after the study's completion, the documentation files will be deleted from the computer. This study was approved as exempt by CSUSB IRB, IRB #330.

Data Analysis

The quantitative data collected from this study was analyzed using the Statistical Package for the Social Sciences (SPSS) software. SPSS was utilized to perform a descriptive statistical analysis on the gathered data.

Summary

This study aimed to describe teachers' perception between mental health services and mental health curriculum and how they affect the mental health of elementary-aged children. The online questionnaires provided a Likert scale type of response from participants towards their experiences and perceptions of mental health services and curriculum and how they have affected the mental health of their students. The questions were then sorted into different categories depending on the type of categories they belonged in. The researchers assigned the responses to a corresponding category answer able to evaluate the data collected.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the findings of the quantitative study. In this study, elementary school teachers shared their perceptions about the implications of mental health on academic performance, as well as the availability of mental health services and curriculum at their school, if any. Data was collected over a three-month recruitment period, beginning in October 2023 and ending in December 2023. Overall, 30 participants provided their perceptions, however, two were removed due to a failure to answer several questions. In the following sections, the researchers present the findings of perceptions of the implementation of mental health services and curriculum, including demographics, availability, and importance in a Likert scale type of questionnaire.

Demographics

There were a total of 28 participants who completed the quantitative Qualtrics questionnaire. Of the 28 participants, 22 identified as female (78.6%). And 6 identified as male (21.6%). All participants were asked to describe their ethnicity and the results showed that half the participants identified as Caucasian 14 (50%), 10 (35.7%) identified as Hispanic, 2 (7.1%) declined to answer, 1 (3.6%) as Native American, and 1 (3.6%) identified as Asian. These results can be seen in Table 1.

Table 1. Demographics

Variable		Frequency (n)	Precent (%)
What gender do you identify as?	Female	22	78.60%
	Male	6	21.40%
	other:	0	0.00%
	Prefer not to say	0	0.00%
	Total	28	100%
Please specify your ethnicity.	Caucasian	14	50%
	Hispanic	10	35.70%
	Decline to state	2	7.10%
	Native American/ Hispanic	1	3.60%
	Asian	1	3.60%
	Total	28	100%

Availability of Mental Health Services and Curriculum

Participants were asked to share their perceptions regarding current mental health curriculum, whether or not a Mental Health professional should be at schools, and whether mental health education should be taught or available. To further our understanding of the research question, we must first identify the availability of a mental health service and curriculum at the participant's school. Of the 28 total participants, more than half 17 (60%) said they had a mental health curriculum I at their current school while 11 (40%) responded that they did not have a mental health curriculum in their school.

In the next set of findings participants were then asked to share whether they believe a school mental health professional should be available at every

school (i.e MFT, LCSW, School Psychologist). Of the 28 respondents, the majority, 27 (95.6%) either strongly agreed or agreed, while 1 (3.6%) were neutral to this topic.

When asked if mental health education should be taught or available to all students, the vast majority strongly agreed or agreed 23 (82%) and 5 participants (17.9%) reported feeling neutral. Of the 28 total participants, neither “disagree” nor “strongly disagree” were chosen by any of the participants.

Table 2. Mental Health Professional at School and Mental Health Education

Variable		Frequency (n)	Precent (%)
There should be a school mental health professional at every school (i.e MFT, LCSW, School Psychologist)			
	Strongly agree	19	67.90%
	Agree	8	28.60%
	Neutral	1	3.60%
	Disagree	0	0.00%
	Strongly disagree	0	0.00%
	Decline to answer	0	0.00%
	Total	28	100%
Mental health education should be taught or available to all students			
	Strongly agree	17	60.70%
	Agree	6	21.40%
	Neutral	5	17.90%
	Disagree	0	0.00%
	Strongly disagree	0	0.00%
	Decline to answer	0	0.00%
	Total	28	100.00%

Implications of Mental Health in an Educational Setting

Participants reported on what level of agreement they had to this statement. Mental health can greatly affect students' academic performance. Most of all the 27 participants agreed or strongly agreed with the statement specifically. 18 (64.3%) strongly agree, 9 (32.1%) agree, and 1 (3.6%) are neutral with this statement. Results can be shown on Table 3.

Another statement that participants were asked to agree, "Mental health services are beneficial to a students' mental health". Participants answered the following, 21 (75%) strongly agree, 6 (21.4%) agree, and 1 (3.6%) neutral. Results shown in Table 3. Many if not all participants do in fact agree that mental health services are beneficial for a student's mental health.

Regarding satisfaction with mental health support available to students at school, all most half (46%)

. It was reported that 2 (7.1 %) strongly agree, 6 (21.4%) agree, 7 (25.0%) are neutral, 5 (17.9%) disagree, and 8 (28.6%) strongly disagree with the statement and results shown on Table 3.

When asked about Social Emotional Learning (SEL) lessons play an important role in a student's mental health, more than half 22 (78.6%) agree or strongly agree with the statement, while 4 participants (14.3%) indicated feeling neutral and 2 participants (7.1%) disagreed with the statement. Results are displayed in Table 3.

Participants were also asked to report if the current mental health curriculum at their school is helpful to students in their classroom. Results are shown down below in Table 10. For this question, most of the participants (12, 42.9%) shared that they feel neutral in regard to whether the current mental health curriculum at their school is helpful. Meanwhile, 2 Participants (7.1%) shared that they strongly agree, and 6 participants (21.4%) shared that they agree. A few of the participants (6, 21.4%) responded that they disagree with the statement and 2 (7.1%) shared that they strongly disagree.

Table 3. Implications of Mental Health in an Educational Setting

Variable		Frequency (n)	Percentage (%)
Mental health is an important aspect that can affect students' academic performance.	Strongly agree	18	64.3%
	Agree	9	32.1%
	Neutral	1	3.6%
	Disagree	0	0.0%
	Strongly disagree	0	0.0%
	Decline to answer	0	0.0%
	Total	28	100.0%
Mental health services in school are beneficial to a students' mental health.	Strongly agree	21	75.0%
	Agree	6	21.4%
	Neutral	1	3.6%
	Disagree	0	0.0%
	Strongly disagree	0	0.0%
	Decline to answer	0	0.0%
	Total	28	100.0%
Are you satisfied with the mental health support available to students at school?	Strongly agree	2	7.1%
	Agree	6	21.4%
	Neutral	7	25.0%
	Disagree	5	17.9%
	Strongly disagree	8	28.6%
	Decline to answer	0	0.0%
	Total	28	100.0%
Social Emotional Learning (SEL) lessons play an important role in a student's mental health.	Strongly agree	12	42.9%
	Agree	10	35.7%
	Neutral	4	14.3%
	Disagree	2	7.1%
	Strongly disagree	0	0.0%
	Decline to answer	0	0.0%
	Total	28	100.0%
The mental health curriculum taught at my school helps the students in my classroom	strongly agree	2	7.1%
	agree	6	21.4%
	neutral	12	42.9%
	disagree	6	21.4%
	Strongly disagree	2	7.1%
	Decline to answer	0	0.0%
	Total	28	100.0%

Familiarity and Comfort with Mental Health Services

Finally, participants were asked to share overall familiarity and comfort levels in regard to mental health services, supporting a student in their mental health crisis, and with referring them to mental health services. Table 4 summarizes participants perceptions about their familiarity with the current, available mental health services that are offered at their school. The majority chose “strongly agree and agree” 19 (67.8%) and with 6 participants (21.4%) sharing that they are “neutral”. The two lowest categories disagree and strongly agree, having totals of 2 (7.1%) and 1 (3.6%) participant(s), respectively.

Table 4 also displays participant comfort levels with referring one of their students for mental health services. Of the 28 participants, only 3 differing responses were provided. Participants either responded with strongly agree, agree, or neutral. None of the participants marked disagree or strongly disagree. However, an overwhelming majority, 17 participants (60.7%), strongly agree and would refer a student for mental health services. 8 participants (28.6%) agreed with the statement and 3 (10.7 %) responded feeling neutral.

Participants were asked to rate their comfortability when needing to support a student navigating through their mental health crisis. Overall, many participants did agree or strongly agree with this, but there were many that also felt neutral in their comfort or ability in supporting their student through a mental health crisis. 5 (17.9 %) strongly agree, 6 (21.4%) agree, 9 (32.1%) are neutral, 5 (17.9%) disagree, and 3 (10.7%) strongly disagree. Results are in Table 4

Table 4. Familiarity and Comfort

Variable		Frequency	Percentage (%)
I am familiar with the mental health services that are available at my school.	Strongly agree	9	32.1%
	Agree	10	35.7%
	Neutral	6	21.4%
	Disagree	2	7.1%
	Strongly disagree	1	3.6%
	Decline to answer	0	0.0%
	Total	28	100.0%
I feel comfortable supporting a student navigate through their mental health crisis.	Strongly agree	5	17.9%
	Agree	6	21.4%
	Neutral	9	32.1%
	Disagree	5	17.9%
	Strongly disagree	3	10.7%
	Decline to answer	0	0.0%
	Total	28	100.0%
I would refer a student at my school for mental health services.	Strongly agree	17	60.7%
	Agree	8	28.6%
	Neutral	3	10.7%
	Disagree	0	0.0%
	Strongly disagree	0	0.0%
	Decline to answer	0	0.0%
	Total	28	100.0%

Summary

This chapter presented the results of the quantitative study that examined teachers' perceptions of current mental health curriculum and services that are available to students. This study originally began with 30 participants with 2 removed due to not participating in all the questions or fully completing the questionnaire. The results showed that there was about an equal number of participants that either do or do not have a mental health curriculum at their

school. Another aspect that was asked about satisfaction with the mental health support available to students many participants strongly disagree with the mental health support available is adequate. However, the majority of participants agree or strongly agree that mental health services are beneficial to a student's mental health.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined elementary school teachers' perceptions of mental health services and curriculum for elementary-aged students. This chapter discusses the researchers' finding, in relation to previous literature that studied the mental health of elementary-aged children. This chapter will discuss implications for social work practice, policy, education, research, and the strengths and limitations of this study.

Discussion

This study sought to understand elementary school teachers' perceptions of mental health services and curriculum, as well as its implications on elementary-aged students. Existing literature suggests that poor mental health associated with youth may impair their daily functioning. This includes concerns such as truancy, juvenile delinquency, increased dropout rates, suicidal ideation, and poor academic performance (Perfect & Morris, 2011).

This study's findings aligned with this statement, as 96.4% of participants either strongly agree or agree that mental health is an important aspect that can affect a student's academic performance. Despite this, this study's results showcased that many teachers are not satisfied with the mental health support that is currently available to students at their school. Nearly half of the

participants from this study disagreed or strongly disagreed when asked if they are satisfied with the current mental health support available to students at their school. This highlights the importance and need for better mental health services and curriculum in school-based settings.

When it come to the comfort and familiarly from a teachers' perceptive, we can conclude based on data that many if not all teachers feel like they are familiar with the mental health services that are available at their school. As well when it comes to referring a student to mental health services teachers feel comfortable with this statement. Participants were asked to rate their comfortability when needing to support a student navigating through their mental health crisis. Overall, many participants did agree or strongly agree with this, but there were many feel neutral in their comfort or ability in supporting their student going through a mental health crisis.

Study Strengths and Limitations

Strengths

This study had some strengths that aided in the completion of this study and its findings for future research. First, this research project was designed to be exploratory in nature due to the lack of existing literature pertaining to the research question. There is little to no existing literature that discusses the implications of mental health services and curriculum in school-based settings. Instead, the literature that does exist focuses on adolescents, while ours focuses on elementary-aged children. Also, there is little to no existing literature that

surveys the perceptions of elementary school teachers. With having participants from other school districts, we were able to gather more information pertaining to teachers' perceptions of the mental health services and curriculum at their school.

Limitations

One apparent limitation from this study was the sampling method. We utilized a purposive sampling because we were seeking the knowledge and expertise of elementary school teachers. We purposely sampled elementary school teachers to gain a better understanding of their perspectives, as it relates to mental health services and curriculum for elementary students at their schools. This sampling is highly subjective and limits the study's real-world application because we limited the population to solely elementary school teachers in San Bernardino County. Similarly, another limitation from this study was our low sample size. Again, because of the small sample size it is difficult to have our data represent the entire population. Our findings do not reflect the perceptions of all elementary school teachers.

In our research, we utilized a descriptive research design, rather than an explanatory one. This presents an additional limitation. As a result, we were unable to predict outcomes, or draw any cause-and-effect relationships. A cause-and-effect relationship would have been useful to show that there is in fact a relationship between an elementary-aged student's mental health and whether their school provides some form of mental health services and/or curriculum.

Implications for Social Work Practice, Policy, Education, and Research

Social Work Practice and Policy

On the macro level, Social Workers can advocate to implement policies which support and implement mental health services and curriculums at all elementary schools. Additionally, Social Workers should advocate for elementary schools to have their own dedicated mental health professional (LCSW, MFT, School Psychologist). Unfortunately, this is not the case as many school districts only have one mental health professional across their many schools.

These results can help with the advocacy of implementing a policy that encourages school districts to allocate more funding towards mental health services so that respective elementary schools can have their own dedicated counselor, psychologist, or social worker. Also, it may be used as evidence to show the need for a mental health curriculum to be taught in schools.

On the micro level, social workers can encourage and work with schools and teachers to implement school-based mental health services and curriculum. Additionally, social workers in school settings can help develop trauma informed trainings for teachers, helping them better understand a student's behavior and mental health state. This will ensure that teachers are both informed about the availability of mental health services and curriculum, as well as relevant factors impacting the student's mental health. Ultimately, this will help develop a system where teachers are confident and comfortable with the prevention, recognition, and support towards poor mental health in their students. With a better

understanding of the factors impacting mental health, teachers will be able to refer to the school's mental health professional as needed in order to appropriately support the student.

Social Work Education

This study has many implications for social work education. With the growing need of mental health services among children, it is important to educate social work students on this topic. Even if we do not work with children, it is very likely that our adult client will have a child. It is important to teach and understand the diversity of mental health and how it can impact both individuals and families.

Additionally, this study may promote the need for schools to have their own dedicated mental health professional, such as an LCSW. Schools of Social Work should have a Pupil Personnel Services Credential (PPSC) program embedded into their curriculum for students who may be interested. In the state of California, it is a requirement for school social workers to have this PPSC in order to be employed in a K-12 public school. With this education and credentialing, social work students will be provided with the knowledge and skill set needed to work with children, parents, and teachers in school settings.

Social Work Research Recommendations

For future social work research, it would be beneficial to do research on the specific types of mental health services and content in curriculum. This would give researchers a better understanding of which services and content in curriculum are most effective in aiding the mental health of elementary-aged

children. By implementing the most effective mental health services and curriculum, this may help address some of the dissatisfaction teachers experience with the mental health services and curriculum that are available. Researchers can utilize this research to see which mental health services and type of content in the mental health curriculum has been beneficial for other schools.

In addition, another recommendation for future research is studying the effects of elementary schools having their own respective mental health professional (i.e LCSW, LMFT, School Psychologist). This would allow researchers to compare and contrast elementary schools that have their own respective mental health professional as opposed to those who do not. Consequently, this may help inform researchers and school administrators whether there is a need for respective mental health professionals. It would be interesting to see if more students attempt to access mental health services, whether overall mental health for the school's students improves, and if teacher's satisfaction with services gets better.

Lastly to further research would be creating more programs for mental health and being able to ask the children that are accessing services what they believe to be true. While creating programs, presenting questionnaire on a monthly or bimonthly basis to teachers to see if there is any improvement in mental health services and mental health curriculum that are available for their students.

Conclusion

This study was conducted to explore elementary school teacher's perceptions on mental health services and curriculum. Significant findings include that 100% of participants shared that they strongly agreed or agreed that mental health is an important aspect that can affect students' academic performance, while nearly 50% shared that they strongly disagreed or disagreed when asked if they are satisfied with the mental health support available to students at their school. This correlates with previous literature, stating that poor mental health in children has considerable effects on education and performance (Manning, 2009).

Previous literature, along with this study's findings highlight the importance for mandatory mental health services and curriculum in school-based settings. With this change, we can better address and support a child's mental health. This will minimize the likelihood of a child experiencing poor mental health and decrease their risk for poor health outcomes as they grow up (Holder, et al., 2018).

This study has many implications for social work research. From our findings, it is apparent that mental health is an important aspect that can affect a student's academic performance. This emphasizes a clear need for mental services and curriculum in school settings. Not only that, but our research also advocates the need for elementary schools to have their own respective mental health professionals. Whether that be a School Counselor, Psychologist, or

Social Worker, we hope that this encourages school districts to allocate more funding towards their schools' mental health program. Given all the information alone we can see the importance of having both mental health service and curriculum available and their effect on the mental health of elementary-aged students.

APPENDIX A
QUESTIONNAIRE

QUESTIONNAIRE

Directions: For the following questions, please choose the best the describes your understanding:

1. I have read and understand the consent document and agree to participate in this study.

Yes or No

2. What gender do you identify as?

- Male
- Female
- Other:

3. Please specify your ethnicity.

Left Blank: Fill in

4. Mental Health is an important aspect that can affect a student's academic performance.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

5. Mental Health Services in school are beneficial to a students' mental health.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

6. Are you satisfied with the mental health support available to students at school?

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

7. Do you have a mental health curriculum at your school?

- Yes
- No

8. The mental health curriculum taught at my school helps the student in my classroom.

- Strongly Agree
- Agree

- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

9. Mental health education should be taught or available to all students

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

10. Social Emotional Learning (SEL) lessons play an important role in a student's mental health.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

11. There should be a school mental health professional at every school
(i.e MFT, LCSW, School Psychologist)

- Strongly agree

- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

12. I am familiar with the mental health services that are available at my school

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

13. I would refer a student at my school for mental health services

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

14. I feel comfortable supporting a student navigating through their mental health crisis.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Decline to answer

Questionnaire created by Indra Flores Silva and Jason Kwan

APPENDIX B
INFORMED CONSENT



School of Social Work

WE DEFINE THE *Future*

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
<http://socialwork.csusb.edu>

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the relationship between mental health services and mental health curriculum and how they affect the mental health of elementary aged children. The study is being conducted by Indra Flores and Jason Kwan graduate students, under the supervision of Dr. Laurie Smith, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to the relationship between mental health services and mental health curriculum and how they affect the mental health of elementary aged children.

DESCRIPTION: Participants will be asked of a few questions on their perspective of mental health services and curriculum, and what impact they have on a students mental health.

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: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 10 minutes to an hour depending which questionnaire you may choose.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Laurie Smith 909-537-3837

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2024.

I agree to have this interview be audio recorded: ____ YES ____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Place an X mark here

Date

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 C
INSTITUTIONAL REVIEW BOARD APPROVAL

IRB #: IRB-FY2023-330
Title: Implementation of mental health services and curriculum in elementary-aged children
Creation Date: 4-5-2023
End Date:
Status: **Approved**
Principal Investigator: Laurie Smith
Review Board: Main IRB Designated Reviewers for School of Social Work
Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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Key Study Contacts

Member	Laurie Smith	Role	Principal Investigator	Contact	lasmith@csusb.edu
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Member	Jason Kwan	Role	Co-Principal Investigator	Contact	jason.kwan2308@coyote.csusb.edu
Member	Indra Flores Silva	Role	Co-Principal Investigator	Contact	indra.floressilva4971@coyote.csusb.e

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ASSIGNED RESPONSIBILITIES

There was an equal amount of work distribution among Indra Flores Silva and Jason Kwan. This included finding appropriate literature reviews, conducting data collection, writing, and editing of the different chapters, and creating the informed consent, survey questionnaire, and participation flyers.