
Theses, Dissertations, and Projects

2010

The importance of preventative mental health services for all children in elementary schools : school and administrator and teacher perspectives : a project based upon an independent investigation

Jessica Ann Olivares
Smith College

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Olivares, Jessica Ann, "The importance of preventative mental health services for all children in elementary schools : school and administrator and teacher perspectives : a project based upon an independent investigation" (2010). Masters Thesis, Smith College, Northampton, MA.
<https://scholarworks.smith.edu/theses/1098>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact scholarworks@smith.edu.

Jessica Ann Olivares McBride
The Importance of preventative
mental health services for all
children in elementary schools-
school administrator and teacher
perspectives

ABSTRACT

This qualitative study examined the perceptions and opinions of elementary school professionals concerning the importance of providing proactive mental health services in elementary schools. There were ten participants, including one principal, two school committee members, 3 teachers and four mental health workers working in the elementary schools in Amherst, MA. This study addressed the following research question: What is the value of having preventative mental health services for all elementary school students in the Amherst public elementary schools?

THE IMPORTANCE OF PREVENTATIVE MENTAL HEALTH SERVICES FOR ALL
CHILDREN IN ELEMENTARY SCHOOLS-SCHOOL AND ADMINISTRATOR AND
TEACHER PERSPECTIVES

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work

Jessica Ann Olivares McBride

Smith College School for Social Work

Northampton, Massachusetts 01063

2010

ACKNOWLEDGEMENTS

I dedicate this project to my family. To my husband Carlos REC McBride, I admire you. I thank you for being my strength when I needed it most, for your presence through my journey of growth, and your sustained encouragement and belief in me. To my children, Naliya, Nicholas and Destinee McBride, I thank you for the lessons you have and continue to teach me in strength, respect, honor, loyalty and the need to never stop playing and being silly.

I thank my parents Mildred and Cristobal Paulino for their guidance through the tears and joy, their support and comfort, patience, help and the honor they have given me. To my sister, Alexa Paulino, you are an incredible young woman and I thank you for being who you are.

I thank my father-in-law, Nicholas McBride for his wisdom, support, and belief in me and our family.

I thank my fellow colleagues and dear friends from the class of A10 for their support and genuine care for one another.

I thank Elaine Kersten, my thesis advisor, for her patience and support through this process.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I INTRODUCTION.....	1
II LITERATURE REVIEW.....	3
III METHODOLOGY.....	17
IV FINDINGS	21
V DISCUSSION.....	33
REFERENCES	40
APPENDICES	
Appendix A: Informed Consent Form.....	41
Appendix B: Interview Questions.....	43
Appendix C: Human Subjects Review Board Letter of Approval.....	44
Appendix D: Recruitment Letter.....	45

CHAPTER 1

INTRODUCTION

With my Bachelor's degree in Education in my left hand and my expected Master's degree of Social Work in my right, it is inevitable that I chose to conduct research on the value of focusing on the mental health of students. Through practice and my own personal experience I have found that in order for students to enjoy school and be successful in learning, their emotional well-being must be addressed.

A student's mental health determines their academic success and growth in their academic and social lives. A healthy child is much more likely to be academically successful, and an academically successful child is more likely to be mentally healthy. Research indicates that academic performance and learning potential are not independent of youth development and mental health. Rather academic outcomes are connected to a student's developmental resiliency and mental health. It is estimated that in the United States one in ten children and adolescents suffer from illness severe enough to cause some level of psychosocial dysfunction (Malti, T, *The hidden crisis in mental health and education: the gap between student needs and existing supports*).

The Surgeon General's report describes schools as the primary setting for identifying possible mental health needs. Schools are places in which youth spend the majority of their days. This makes schools primary settings for preventative work. Students are more likely to seek out help when mental health services are widely provided in their schools. Schools are institutions where many developmental transformations occur within the student, including their academic, personal and social

growth (Malti, & Noam, *The hidden crisis in mental health and education: the gap between student needs and existing supports*).

The purpose of this study is to examine the value and importance of preventative mental health services in early education. The study design will be a qualitative study approach. This approach is considered important in order to allow a wide range of perspectives of the over-arching study question: What are the perspectives of key elementary school staff and school committee members about the role of preventative mental health services in early childhood public school education? The study hypothesis is based on the assumption that offering proactive, systematic mental health assessment in elementary schools leads to early identification and support/treatment of mental health issues in school age children, and ultimately, academic stability. Results of this study will hopefully assist and inform program developers and mental health professionals, as well as school administrators to better understand the relationship between a student's mental health and their academic ability. Information given by participants interviewed for this study will be used for my thesis and future publications and presentations.

CHAPTER 2

LITERATURE REVIEW

Research that I have found around the topic of mental health and how it relates to academic success emphasizes the importance of emotionally healthy children as the primary route to academic success. Yet with this concept, why are schools' mental health fields lacking in funding, growth and value that the department of education places upon them? In this research I will discuss a variety of views on this issue. I will also seek to establish importance of preventative mental health treatment amongst all students.

A student's mental health determines their academic success and growth in their academic and social lives. A healthy child is much more likely to be academically successful, and an academically successful child is more likely to be mentally healthy. Research indicates that academic performance and learning potential are not independent of youth development and mental health. Rather, academic outcomes are connected to a student's developmental resiliency and mental health. It is estimated that in the United States one in ten children and adolescents suffer from illness severe enough to cause some level of psychosocial dysfunction. Urban children and in particular low-income children of color are at greater risk of developing mental health problems and are less likely to receive effective child mental health services. (Malti, T, The hidden crisis in mental health and education: the gap between student needs and existing supports)

Unlike previous generations, elementary students today are dealing with issues around trauma, tragedy and crisis. Incidents such as these really threaten a child's ability in school. Therefore it is essential that schools not only prepare their students academically, but that they also offer comprehensive services that families, communities,

faith-based organizations have traditionally provided (Wood, Moore III, 2008). Wood and Moore also discuss the need for schools to provide proactive, or preventative mental health services because while students are expected to come to school motivated and ready to learn, there are unfortunately other factors that prevent this. Factors such as: hunger, homelessness, peer pressures, poverty and poor home environments all contribute to possible hinderance in a child's schooling and academic success (Wood & Moore III, 2008).

The Surgeon General's report describes schools as the primary setting for identifying possible mental health needs. Schools are places in which youth spend the majority of their days and therefore make the most sensible places where social and academic issues appear. "A 1999 Surgeon General Report on mental health report cites the following: approximately 3-5% of school-aged children are diagnosed with attention-deficit/hyperactivity disorder, 5 percent with major depression and 13 percent with various anxiety disorders. The Youth Risk Behavior Survey found problems ranging from daily sadness and hopelessness to thoughts of suicide to attempted suicide" (SAMHSA Report 1999). A small area study of seriously emotionally disturbed children in North Carolina found that three out of five children with diagnosed mental health problems had received no mental health services. Of the children who had received services, three quarters were only seen by school-based providers. All students, not just those in special education were eligible to receive mental health services within the majority of the schools, about 87%. A high percentage of schools, approximately 87% of schools say that they assess mental health problems and engage in behavior management consultation, and crisis intervention. Approximately 84% of schools provide referrals to specialized

programs. Almost all the schools, (96%) reported having at least one staff member whose responsibilities including providing mental services to students.

Is it enough for one or two staff members, regardless of whether they are certified to do so, to have to manage the mental health services for an entire school? How do students not “fall through the cracks” and thus not receive the services they need so their issues do not worsen later in their academic career? School mental health providers are generally school counselors, nurses, school psychologists, and social workers. While counselors spend more of their time providing mental health services than other staff in elementary schools, they spent much less time in high schools on mental health services. In high school, social workers spend more time providing mental health services than do other staff. Social workers are more qualified than counselors to treat problems in mental health, so does that mean that the issues for high school students are worse than in the students in elementary school? If so, could the mental health issues in those elementary students in high school which are treated by social workers could have been prevented in elementary schools if they had more preventative work done by social workers then, so as when they arrive at high school, their needs have not increased and worsened?

School nurses spent approximately one third of their time providing mental health services in elementary schools. Almost 75 percent of schools in this national survey reported that social, interpersonal or family problems were the most frequent mental health problem for both male and female students. Sixty percent of districts reported that since the previous year, referrals to community-based providers had increased, and one third reported that the availability of outside providers to deliver services to students

decreased. Does this fact make one wonder, how then the school may become a venue in which mental health services may be treated more adeptly?

This study concludes with the confirmation that schools play an integral role in identifying and meeting the needs of students for mental health services. It also points out that the need for services increased nearly 60 percent of districts nationwide. At the same time, funding for services decreased or remained level in over 0 percent of districts. Referrals to community-based providers increased 60 percent of districts and at the same time, the availability of outside providers decreased in one third of districts. “The lack of funding earmarked for mental health and the reported lack of community-based mental health resources, together with rising need, indicate that schools face numerous challenges in their attempts to maintain optimal student functioning” (SAMHSA, 2002-2003)

As a result of the SAMHSA study, the realization of the importance of preventative mental healthcare, gave birth to a new federal funded program in 2009 called Project Launch. Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health), which was granted \$51 million, seeks to promote the holistic wellness in children from birth to 8 years of age. The program seeks to address the physical, emotional, social and cognitive and behavioral aspects of children’s development. The funding will be passed from the state to particular localities which have been identified in need of support. The grants will then allow local programs to provide enhanced mental health consultation for childcare, early education providers, integrations of behavioral health and primary care, developmental assessments in a range of setting, family

strengthening programs, parenting skills trainings, home visitation and other supportive programs (SAMHSA Press, 2009)

In spite of much evidence that points to the efficacy of preventative programming and mental health services with children, primary prevention is rarely provided (Kiselica, 2001). Instead, Mark Kiselica points out that the focus of practice by mental health service providers is on remedial interventions. Why have the mental health professionals embrace the concept and practice of remediation while forsaking primary prevention? The answers reside in understanding the barriers to the profession which come from both inside and outside of the profession. Society has placed heavy pressure on mental health professionals to provide services for people experiencing immediate crisis. Because of this pressure, administrators of community health centers, and even school-based mental health care services view therapy and testing skills, but not prevention skills as important prerequisites for employment in their centers (Kiselica, 2001) As a result of this administrative philosophy and programming, mental health service providers work in that form and thus do not engage in preventative programming. Kasilica also points out the appeared tendency for the majority of graduate students in the mental health professions who lack interest in the subject of preventions. There seems to be a tendency for students enrolled in counselor education and counseling psychology programs to seek training in remedial counseling skills and preparation for licensure and private practice while still not being interested in preventative work. Similarly, most people enter the human service work because they want to assist others struggling with problems rather than assist in prevention. Why are most students and professionals in the mental health field more interested in remedial rather than preventative work? Their disinterest or unawareness of

preventative work seems understandable when one considers that laws and regulations pertaining to licensure of mental health professionals accentuate remediation. Therefore, trainings, professional development and teaching measure will revolve more around remedial work. For example, licensure exams for both counselors and psychologists emphasize remedial interventions. Thus, licensure regulations for mental health professionals promote remedial orientation toward practice (Kasilica, 2001)

In addition to licensure requirements' focus on remediation, mental health professionals are also under rigid role boundaries which are imposed by their employers. For example, school counselors who are the ideal professionals in schools to manage and conduct preventative practice measures in schools, spend substantial time performing duties such as scheduling, hall monitoring: tasks which have nothing to do with mental health care. Historically, the role of school psychologists have been around testing and assessments, and school social workers are one who have the duties of performing home visits. Kasilica argues that unless the traditional roles of the professionals are changed and/or given up, primary preventative work will not begin.

Beyond the issues with traditional roles, are the barriers with the managed care system which, for the most part, only reimburse for services which are remedial. For example, if there are individuals who are assessed at high risk, but do not meet diagnostic criteria for a mental disorder, managed care companies refuse to pay for interventions. Furthermore, some managed care companies refuse to pay for interventions with children who have conduct disorders. These constraints also prevent practitioners to treat proactively and thus add onto the existing barriers to preventative work.

In “The hidden crisis in mental health and education: The gap between student needs and existing supports, Malti and Noam discuss the need for a more comprehensive way to approach mental health services in the educational system as a preventative approach to impending issues that arise later on in a student’s life. Malti and Noam discuss the “educational crisis” wherein the emphasis on achievement in the United States is more focused on ensuring that students reach specific baselines in core academic areas. However, many middle schools in the U.S. are not meeting these performance goals. Not only are students not able to reach the standards in Reading and Math, but when compared to international standards and achievement, the average scores in literacy, science and math for the United States are lagging behind international students. Furthermore, there is a well-known achievement gap between children from poor and ethnic minority backgrounds and white middle-class children in the U.S. In combat to these issues, which are widely known, federal funding and huge resources have been donated in an effort to fix this educational crisis. These resources have helped to increase tutoring, homework help and after school. Given that the progress is extremely slow despite two decades of major reforms and funding priorities and that drop out rates and discrepancies between white students and students of color “it is essential to ask whether a comprehensive approach that addresses more than issues of education will be more successful”. Noam and Malti ask: “What do we do with the silent mental health crisis that has such a powerful impact on the education crisis? How do we provide services to those 80 percent who are not being served but have diagnosable mental health disorders, and how can we intervene early in those many cases where mental disorder has not occurred but mental health problems and increased distress are becoming visible?”

As discussed above, schools and other youth serving organizations are confronting immense problems and needs. Not only are teachers under great pressure to increase and support higher levels of academic achievement, on a daily basis they encounter students who are faced with mental health needs, hunger, poor housing and clothing and whom live in unsafe and difficult environments. “Every teacher can expect, on a yearly basis to encounter on an average of 5 students who struggle with a mental health disorder. This does not include special education issues such as dyslexia, difficulties with information processing, or physical problems from asthma to eyesight. Of those five students, four will not have been diagnosed or received treatment. This not only puts increased pressure on teachers who are not trained to deal with these issues. Even if they were too, they would not be able to manage the magnitude of problems on any given day. Students as well, sense these pressures and their inabilities and often without treatment will decrease their self-esteem, therefore leading to further mental health needs. “Clearly the moment has come to develop renewed, cost-effective, and creative interventions that integrate education, mental health, and other community resources addressing the needs of all students. The solutions will not come from using traditional treatment modalities, such as one-on-one therapy conducted by a mental health professional, to stem the mental health crisis; addressing the educational crisis alone; or focusing on school reform without changing issues of school climate, engaged learning in school and after-school, and student-adult relationships and mentoring. We have the chance now to apply advanced developmental knowledge to marry progress in teaching and learning and mental health interventions to create true success” (Malit & Noam, 2008)

This makes schools primary settings for preventative work. Students are more likely to seek out help when mental health services are widely provided in their schools. Schools are institutions where many developmental transformations occur within the student, including their academic, personal and social growth (Malti, & Noam, The hidden crisis in mental health and education: the gap between student needs and existing supports).

The new SAMHSA study attests that schools play an essential role in identifying mental health needs, and providing the proper treatment or referrals. The lack of funding designated to the mental health system and the reported lack of community-based mental health resources, together with increasing need, prove that schools face numerous challenges in their pursuit to maintain the highest possible student functioning. (School Mental Health Services in the United States, 2002-2003)

One study of school-based health care services in urban minority middle schools found that one third of all health clinic visits are for mental health issues. Youth were seen for family problems, symptoms of emotional disturbance e.g. anxiety, depression, suicidal tendencies and situational and transitional problems such as bereavement. A survey of 62 school administrators found that behavioral problems were rated more serious as students progressed through school levels. More urban youth than suburban youth or rural youth were reported to have experienced greater stress and internalization of problems. Eighty four percent of schools provided referrals to specialized programs. Virtually all schools (96%) reported having at least one staff member whose responsibilities included providing mental health services to students.

Mental health complications are mostly due to environmental and social factors amongst youth in the United States. For example, urban youth are exposed to high stress due to poverty, violence, and racism. Their psychological problems are therefore more likely to be more severe and prevalent than adolescents in general. Urban youth in particular show a higher level of social and emotional problems that plague their quality of life in schools and at home. (Malti, T, The hidden crisis in mental health and education: the gap between student needs and existing supports) It has been reported that child psychopathology rates are higher in urban inner cities and lower in rural and small communities. Urban youth are more susceptible to developing poor mental health due to daily exposure to crime, crime by gangs, neighborhood drug use and sell, and inadequate housing conditions. (Gonzalez, Access to mental health Services: The Struggle of Poverty Affected Urban children of Color) Research also indicates that early responses to and treatment of mental health problems due to these conditions can reduce the individual burden and societal costs of related problems later on in life due to these mental health issues. However, urban youth of color living in poverty are unfortunately the population that receives the least amount of mental health services compared to middle class suburban white youth. Some 55-75% of urban children will not receive care and those that do will end treatment prematurely. Research has demonstrated that urban youth present with the greatest risk for psychopathology, yet are those whose social-environmental situations are most difficult are less likely to be engaged in mental health treatment, thus leaving before there are any positive results from treatment. Due to these incredible barriers that societal and factors affect the poor mental health difficulties,

urban youth of color, thus make up the group of children in America who suffer the most academically and socially.

Similarly to Malti and Noam, Adelman and Taylor favor a comprehensive approach to managing mental health issues and academic achievement in schools and propose ways to implement this approach as well as the importance and need for this shift.

Kasilica also points out how to promote practices of preventative mental health work: 1) mental health workers need to convince society that primary prevention of mental disorders is cost effective. Medical professions have convinced the public that it is more cost effective to prevent certain illness like cancer, heart attacks and strokes . Similarly, mental health workers need to convince society that it is more cost effective to prevent, rather than treat mental disorders. For example, paying for therapy that is designed to prevent and manage antisocial behavior amongst youth is far less expensive than paying for incarceration and a long criminal record with many court expenses. 2) Professionals who believe in prevention, must mentor others in their own field by offering an/d or requiring students to take courses in preventative counseling. 3) Licensure exams need to be infused with preventative practice. 4) Expand training in group interventions and psychoeducation. 5) Mental health professions must move out of their defined roles and instead of doing quasiadministrative functions learn to collaboratively work to provide preventative services to children.

Schools have recently begun to implement proactive mental health treatment as part of their curriculum. One program, called Second Steps is a classroom-based social skills program specifically designed for children ages, 4-14 years of age and teaches

socioemotional skills which targets the reduction of impulsive, aggressive behavior while increasing social competence (SAMHSA, 2006). This program builds on cognitive behavioral intervention models and consists of not only in the school curriculum but parent training and skill development. It teaches children how to understand their own feelings and emotional reactions and how that affects their decision making process. Second Steps has been implemented in 27,000 schools across the country since its inception in 1987. Since then, research on the efficacy of this program has shown that after two weeks on implementation in schools, there is a higher rate of prosocial behavior in classrooms, playgrounds, and cafeterias, as well as a reduction in physical antisocial behavior in these specific settings in the school (SAMHSA, 2006).

The Second Step program is exemplary of a “solving big, not little problems” states Kenneth Merrel in “Interventions for social-emotional needs for children”, 2002. In this article, Merrel calls for a shift in approach by school psychologists which includes aiming to impact the system rather than directing the work to “one student at a time” (Merrel, 2002). Rather than using the “pull-out” method where children, if demonstrate skill deficits or excess problems get taken out the of the classroom and put in another class with the similar functioning students. It is here, that skills training and/or other interventions are done. Instead of this method, Merrel states the advantages of delivering prevention and intervention programs on a class and school-wide basis, such as the Second Steps program. It is this kind of approach where students are “pulled out” less and stay with higher achieving students in the classroom, where these students are modeling students. It has been shown in a comprehensive meta-analysis conducted by Ang Hughes, “that antisocial youth who received skills training in the context of mixed

or individual treatment made greater gains for longer periods than antisocial youth who received skills training only in the context of other antisocial youth” (Merrel, 2002).

Study results showed that there was much more of an increased rate of their positive social behaviors more than the decrease in antisocial behaviors. This proves that it may be easier to learn new positive social behaviors than to attempt to get rid of old problem behaviors through a curricula such as Second Steps (Merrel, 2002).

Why is prosocial behavior a component in mental health and important teach in programs such as Second Steps? Prosocialness is being sociable and assertive, socially competent, good problem solving skills, close friends, a high self-esteem, and displaying positive emotionality. Social competence is linked to sympathy and empathy and thereby to prosocial behavior. Studies have shown that prosocialness not only fosters healthy relationships with peers but also reduces vulnerability to depression and hinders problem behaviors and conduct (Caprara, Caprianelli, 2000). Caprara et al. points to evidence that shows prosocialness as a predictor of academic achievement and uses the ecological perspective of sociocognitive theories. These theories examine children as beings whose intellectual development is strongly influenced by their social relations and its interpersonal effects. Prosocialness also fosters cognitive self-development by aligning with adults who will support them academically and who will give them guidance.

This study will share thoughts, ideas, opinions of professionals in the Amherst public school system about having preventative/proactive mental health services for all elementary school students as pedagogical method in supporting academic success. The study will hopefully expose more voice on this topic.

CHAPTER III
METHODOLOGY

Formulation

The purpose of this study is to examine the value and importance of preventative mental health services in early education. The over arching research question for this study is: What are the perspectives of key elementary school staff and school committee members about the role of preventative mental health services in early childhood public school education? The study hypothesis is based on the assumption that offering proactive, systematic mental health assessment in elementary schools leads to early identification and support/treatment of mental health issues in school age children, and ultimately, academic stability.

Research Design

The design of the study is qualitative methodology in which data was collected from interviews conducted with various educational administrators, faculty and school committee members. Qualitative design for this study was selected in order to provide a broad range of perspectives to be expressed by the study participants.

Sample

In order to gather information that effectively assessed a range of school perspectives, interviews were conducted with four groups: four teachers, a school principal, two school committee members and four school mental health workers.

Participants in these groups were accessed through the snowball sampling technique in that this researcher had access to several individuals and asked them to recommend personnel to be interviewed. This researcher contacted these individuals

personally, not through posters or other advertisements. The researcher needed to request permission from the Amherst school superintendent, which was granted. Thereafter, the researcher met and was granted permission from one of the Amherst elementary schools' principal. This principal contacted fellow faculty and encouraged them to be participants in the study. Inclusion criteria were: participants were required to be in their school position for a minimum of two years (this excludes the school committee members who were experiencing an election process this year and who only hold two year positions); must be part of the Amherst public school system; and must be willing to have interviews tape-recorded. Excluded from the sample were individuals who had just begun in their current function and were not part of the Amherst public school system.

The goal for choosing the sample of administrators, teachers and school committee members, was to gather diverse perspectives about the topic of this study. Two elementary schools within the Amherst school system were chosen for this study.

Protecting the Rights of Human Subjects

This research has access to potential participants in the Amherst School System. The researcher began interviews between February and March of 2010. The researcher protected the rights of the community and participants by maintaining various confidentiality methods. The interviews were coded and data aggregated for analysis. The results for this study will be reported for the group as a whole. Individual responses will not be linked to identifying data (though race may be stated in the aggregate).

Data in this thesis and professional publications or presentations were presented in the aggregate without reference to identifying information. As described in the

research manual, data, notes and consent forms has been and will continue to be kept secure for a period of three years in a locked cabinet to which only the researcher will have access to, as stipulated by federal guidelines. After this time, the tapes will be destroyed or will continue to be maintained securely. In order to assure participant confidentiality, demographic information and researcher notes, recorded interviews were kept separate from informed consent documents and were identified by number codes rather than names or other identifiable information.

Any names or other identifiable information from participants that could potentially be revealing have been removed or disguised during analysis and for use in the final thesis project. The participant was notified that they may contact the researcher at the email and/or telephone number listed on this consent form for questions or concerns about this study, before and/or after the interview is conducted.

Data collection will not proceed until the researcher earns approval from the HSRB committee. The HSRB committee at the Smith College School for Social Work ensures the protection of research participants by following the Belmont Report, the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, Ethical Principles and Guidelines for the Protection of Human Subjects of Research.

Data Collection

Data that will be gathered from the personnel within the Amherst elementary school system will be collected via interviews. In an attempt to gather information from a cross section group of individuals, interviews will be done with the principal or assistant

principal, teachers, the school committee and the school's mental health workers. The interviews will be semi-structured questions designed to capture a range of perspectives about the merits of including preventative mental health services for all students. The interviews will be conducted in person, between the interviewer and each person or group. Interviews will be conducted in a mutually agreed upon location that is free of distraction and provides reasonable privacy. This information collected during the interviews will be audio recorded. The recorder will be kept in a locked cabinet during times interviews are not being conducted. The interviews will consist of questions for the participants that will pertain to the value of early identification of mental health issues for elementary school, and the merits of offering services to all children, not just ones that are at particular risk. See Attachment A: Study Interview Guide.

Data Analysis

Data will be analyzed across interviews in order to find common themes of responses as the units of measure. The interviews will be coded and data aggregated for analysis. The results for this study will be reported for the group as a whole. Individual responses will not be linked to identifying data (though race may be stated in the aggregate).

CHAPTER IV

FINDINGS

Narrative data was collected via interviews. These interviews were then transcribed verbatim. Transcriptions were coded by reducing narrative data into

conceptual themes and categorized. Consistency was maintained because there was one researcher conducting the interviews and analyzing data. Content/theme analysis worked to systemize the complex and content related data that were collected in the process. The findings and results of this data collection are below.

For this study, the researcher interviewed ten participants, varying in professional roles, in the elementary school system of Amherst, Massachusetts. The group of participants included: three teachers, four school mental health workers, two school committee members and one principal. All have worked in their professional roles for at least two years and all work within or for the Amherst school system; all, except for two members of the Amherst school committee work within the elementary schools.

There were several major findings in this study. When asking all participants about preventative mental health services for all students, all participants began discussing the need for all students to be able to be supported in whatever form is needed. Most, but not all participants, agreed that the importance of preventative mental health services needs to be addressed continuously in order to prevent factors that could make a child's learning experience dissatisfying. These participants agreed that if students are struggling with mental health issues, they would not be able to learn in school. This could ultimately lead to unhappiness in school and prevent students from achieving to the best of their abilities.

The majority of participants agreed that preventative mental health services for all students entailed school-based resources, which should be accessed by all students. The kinds of resources discussed by each participant however, varied a bit more within the group. Most participants agreed that the types of resources include access to staff/adults

within the school, whether teacher, paraprofessional, therapeutic teacher, counselor, and/or psychologist. This was specifically mentioned because most of the participants felt that there were insufficient resources to address every child in the school. For example, having only two guidance counselors to serve three hundred students. *Note: even though there are two guidance counselors, there is other mental health staff in the building.

So when I think about preventative mental health services, I think about quality tools for assessment. I think about needing some sort of mechanism for reaching and evaluating and getting to know the whole student population both their education needs as well as needs outside of school. And I think ideally we would be doing that with every kid every day. To be able to say that for me every child I knew exactly what were the adjustment issues were for them as well as any mental health issues there are for them, if any or sort of pending family circumstances, like these that I can be able to work on so that most of... I think we would have really consistent expectations for all students so that it was really clear when students were meeting expectations and we could work from there. I think generally I would prefer to be more proactive and not seek that mechanism for assessing. But I think that ... considering that there are 450 and of that I have 300 students. So it's a big task to be able to say that I can take the mental health temperature of every student here. I wish that I could.

Half of the participants also agreed that implementing proactive curriculums, which teach social skills and target the social aspect of the students in the schools is, and should be a tool in proactive mental health services. These participants agree that these proactive programs, which are integrated into the curriculum, are beneficial because they address the needs of all children instead of just the students who are identified as ones who are in need of intervention. This curriculum would identify children who may go “under the radar” due to behaviors that do not present as overtly as those of others students. For example, students who are easier to identify with possible mental health needs are ones who exhibit acting out behaviors. However, there are other children who

need mental health services but are difficult to identify because their behaviors are not exhibited in the same outright manner and instead experience their issues and feelings internally. These participants felt that a implementing a proactive curriculum would provide space that allows staff and students to interact in ways that helps students express their feelings as well as more availability for staff to assess students.

Of the participants, almost half who discussed preventative mental health services requiring that staff in the school should be knowledgeable and trained to address possible mental health issues of students. A common theme amongst the majority of participants was the idea that because teachers are the staff who have the most interaction with students, and already have classroom management and tasks such as testing standards, tracking each student's learning, it is important that they not be burdened with needing to addressing students' mental health need. However, participants also noted that teachers as well as other staff should be further trained in identifying mental health needs.

I also think it would be helpful if all the staff in the building had a better understanding of the mental health issues that are affecting the students. Especially when you look at issues of achievement in classrooms it's like there are times when students aren't achieving. And interventions that are applied by staff have much more to do with the academic needs of the child, without addressing the mental health needs of the child. Which is important, to address the academic needs, I'm not disregarding that. But mental health plays a significant role that it would be helpful if everyone had a common understanding.

Some observations that were brought up which had no commonality with the others, were the need for children to have proper nourishment, sufficient sleep, proper clothing and good health in order to be ready to learn when coming into school.

The next area of inquiry was whether participants felt that public elementary schools should have preventative mental health services. Close to all participants agreed that ideally, having preventative mental health services within elementary schools should exist. The key word there is “ideally.” Although nearly every participant agreed that there should be preventative mental health services provided for all elementary school children, the types of services, the manner in which they would be implemented, and to whom varied amongst all participants. Almost all participants could not identify definitive ways of providing preventative mental health services, and a couple of participants reacted with an overwhelmed defeated response like: “*Yeah right*”, “*I wish*”, and “*my gut response is yes, but how...*” “How” was the next question out of nearly all of the participants. These participants had various responses to how this would work in their schools.

While participants agreed that schools should provide services, nearly all commented and questioned how much additional responsibility schools would assume. This increase in responsibility would coincide with an increase of preventative mental health issues. Thus, several participants observed that in order for the school to provide these services, “*cities, towns and governments and overall more funding from each*” would really need to be required. Schools would need many more therapeutic teachers, psychologists and counselors to fulfill these duties.

Another dilemma that was brought up if these preventative mental health services are provided is the additional responsibilities on teachers. Most participants agreed that teachers already are burdened with so much that it would be unfair for them to also manage these services. This also forms a basis for more mental health workers within the

schools. A couple of the participants specifically mentioned that carrying the responsibility of making sure students pass the MCAS and state standards, while keeping track of their learning, as well as managing the classrooms is already too much. One participant indicated that because of these reasons, she is barely able to keep up with the program, Second Steps, which currently exists in the Amherst public school system that addresses social-emotional building skills for all elementary school students.

I know that some folks have said that it's not the job of the school to not only provide mental health services in the schools and I wish I could say that I wish schools could only focus on academics –that would make life much easier- I just don't see any way that schools could function without trying to be preventative. When issues arise, there are needs for therapeutic programs, and mental health supports, work with outside providers to support the students and providing support to families when things are happening.

Particular mental health needs were mentioned by half of the providers such as: depression, attention deficit hyperactivity disorder, bipolar, issues that have to do with executive functioning. Participants agreed that these disorders, which are some of the mental health issues facing the students. Preventative mental health services would be ideal in identifying and treating them early so as not to worsen in the future. It is very difficult for the few mental health workers to manage all 300 students' (on average) mental health needs, which includes the disorders just mentioned.

Only one participant felt that having preventative mental health services in schools raised too many issues. This participant viewed this topic in a broader context, stating that instead of providing these specific services, we should figure out how to foster and nourish a school environment for all children in terms of learning.

If there are mental health needs by students, then 'something' needs to be done about it, such as figuring out what resources are available in that setting. If

resources are not available in the setting then the setting could not evolve and resources would have to be brought in.

The next line of inquiry examined whether the schools currently have a current risk assessment for all students. All participants reported that there was at present, no risk assessment. When expanding upon their answers, all of the participants maintained the same response, which was that the teachers in the school were the primary and preliminary staff members to assess their students for mental health risks. Only one participant said that she was not sure of *any* risk assessment done in any of the public elementary schools in which she has worked, including the present school. However, this participant did mention what the Amherst public school system does with all entering kindergartners, which is a prescreening to assess developmental milestones and skill level. This participant also reported efficient communication occurring between the preschool and the kindergarten teachers. This particular participant teaches in an Amherst elementary school, which has a preschool within it. This is the only Amherst public elementary school that has a preschool within it as part of the Amherst public school system.

The remaining participants concluded similarly in that once the teachers make their preliminary assessment, the student is referred to one of the mental health staff members for an assessment. The majority of participants discussed the different situations for referral. For example, a teacher may be uncertain about a child's behavior and may casually mention this to a mental health worker in the school. From there, the assessment will be done leading to a number of outcomes, from establishing an Individual Education Program for the child to keeping the child on the radar for further assessment. One

teacher casually talked about a student of hers with the therapeutic teacher about sadness that student was experiencing. After a phone conversation with the parent, the therapeutic teacher and teacher were informed that there were some issues occurring at the time. The therapeutic teacher and teacher were able to become more aware of the student and work accordingly with him.

A couple of participants who work in the same school mentioned that if there is a chance that a teacher notices something about the student, they may bring the student's case to the child guidance study team. It is there that questions are answered, thoughts and concerns are discussed and further evaluation of the student is conducted. From these processes, a behavior plan may be established and depending on the severity of the issue, the student may also be referred outside of the school. These issues are brought within child guidance teams where some of the participants identified as a form of risk assessment.

Two participants opposed the idea of a risk assessment for all children, and had similar reasons. One concern was that having a risk assessment for all children would bring up many controversial issues. One issue that is controversial is in the development of the criteria for a risk assessment because of the diversity of children. One participant believed that the assessment would include certain biases of mental health diagnosis, class, gender and race/ethnicity.

The other participant believed that while risk assessments need to be done, conducting a standard risk assessment for all the children is not needed. This participant felt that it would create a disparity in the relationship between parents and the school because parents would presume that the school would expect their children to have

mental health issues. This participant also discussed the relationship between mental health issues in the school in relation to the outside community of Amherst as one that does not realize the severity of the mental health issues inside the schools and the systemic impact it will have in the community. The failure to acknowledge this can assume that the mental health issues carry a stigma that is difficult for the community of the Amherst public school system to acknowledge and recognize as a significant and valuable issue to which to yield.

Risks, barriers and benefits of having a preventative mental health program was discussed by participants as one entity but in separate categories. Risks and barriers tied into one another at times during the interviews. The responses to these issues ranged, and included topics such as the community of Amherst and the community of the elementary schools and its policies. There was no specific risk the majority of participants held as most prevalent. One risk that was indicated and common amongst some of the participants was the increased burden on teachers. These participants discussed the amount of responsibility that is placed on the teachers already and a program such as this would only increase their responsibility which would be unjust to the teachers. Thus, these participants concurred that with a program that provides preventative mental health services would require more staffing of professionals who are trained in the mental health field so as to alleviate the teachers. One participant discussed enmeshment between the school and family as another risk with having such a program. This participant saw this as a risk because they feared that the students who need mental health support would not have a haven to go to outside of their home where they did not have to be burdened by their issues from home. Another participant also mentioned this issue however, in with a

different experience of mental health treatment. This participant mentioned that while they agree that preventative mental health services should be provided in the schools, sometimes when outside therapists come into the school to do therapy with the child, it is difficult for the child to transition back into their schoolwork and the school day when the therapist leaves. Overall, although these risks discussed were important issues raised, they did not add up to the amount of barriers or benefits to such a program that provides proactive mental health services to all public elementary students.

Of the barriers discussed by all participants the two most discussed by all of the participants were time and cost. Some participants asserted that some teachers currently do not have the time to implement such programs such as Second Step. Consequently then, to have an additional program would in their opinions, take more time that is not presently available. These participants explained that the little time they do have in the day is focused more on meeting benchmarks, preparing for MCAS testing and comprehensive exams. These same participants then attested again that these are some of the reasons for the need for more mental health professional staffing.

Cost is another barrier mentioned by all the participants. The public schools are currently having difficulty in choosing which program of Second Steps program they will purchase, and which staffing they will need to lay off to balance the shortage of funding that is presently occurring. Thus, cost is a compelling barrier, which also applies to hiring more staffing to provide these services.

In addition to the most prevalent barriers, time and cost, another barrier examined by most of the participants was a cultural one. The cultural barriers discussed were not just ethnic differences, but socio-economic and parenting styles as well. A couple of

participants stated that not all cultures have the same approach to managing stress, life's circumstances, coping strategies and the expression of emotions. One participant illustrated this point by using an example of the difference of expression of feelings between a child from a Cambodian family and a child who lives in a commune. Considering the cultural differences of these two families, the question of how a school would provide these services and having every family consent and support this kind of learning is posed. A couple of participants did reference that because minority students tend to receive mental health services presently, they would be concerned with minority students being targeted as well as the predicted increased opposition from the parents who feel judged and critiqued by the school already.

The last barrier mentioned by a few of the participants is the lack of understanding from the outside community and therefore the lack of support that would be given to this issue. It was denoted that the outside community of Amherst do not realize the severity of how many mental health issues the school sees on a daily basis, and perhaps this is because of the stigma behind mental health that still exists. This also may be because mental health in general as well as issues in mental health is still not thoroughly understood. Another barrier that resides in the community of Amherst, which was discussed the prioritization the community places on higher achieving students by providing more emphasis of resources and opportunities for them. However, students who are underachieving do not get the same equal support. Thus, the community's views at large of mental health and priorities of which students receive what services is, and could continue to be a barrier.

The majority of participants agreed that having a preventative mental health program within elementary schools was absolutely needed. In fact, some participants did not see any risks to having this kind of program because “*clearly the earlier you can identify a problem, the more positive the outcome is likely to be, and the research states this.*”

Benefits to such a program affirmed by the participants included the increased accessibility of resources to the families, an increased rate of academic success and thus a higher number of students who, whether they want to attend college or not, are ready, prepared, and have the actual option of attending college. A preventative mental health program would also increase students’ abilities to recognize, unsafe environments, learn about relationships, which would decrease future issues perhaps related to domestic violence and bullying. Bullying was an issue that came up for most participants. Some participants specifically discussed the cases of the two teenage students in South Hadley, and Springfield, Massachusetts high schools who unfortunately committed suicide because they were victims of bullying. Participants used these cases to confirm the reason why proactive mental health services would be beneficial to implement; to prevent the very unfortunate acts such as these.

One participant noted another benefit as well as their response to the last question, which asked if there were any last thoughts about this topic:

Schools are primary places –they are the pulse of the community. Schools help students to become the adults you want in your community, so of course we need services to support students to be the kind of adults we want in our communities.

This participant, the only one who answered the last question conveyed her thoughts on proactive mental health services for all students, by saying that it is always helpful for

children to talk about feelings, to learn strategies on engaging cooperatively, to learn responsibility to yourself and the community around you, and to learn conflict resolution. There is less time in our culture for families to teach these skills and because of this shift in our culture, schools have acquired more of that responsibility.

CHAPTER V

DISCUSSION/CONCLUSION

This study was designed with the purpose of examining the value of preventative mental health services in early education. The study explored the role of preventative

mental health services for early childhood public school education, as well as its effectiveness in students' academic and social success. Since there have been few studies that have been conducted with this specific focus, the information obtained cannot either support or challenge existing data on this particular subject. The major findings of this study, although not significant enough to be generalized to the larger population of elementary schools so provide helpful and insightful information in relation to several themes that were discussed in the Literature Review chapter. The themes that will be discussed in this chapter include: the benefits of providing preventative mental health services for all elementary school students, the barriers to and risks entailed in implementing such a program. Following the discussion of the above themes, there will be an examination of the strengths and limitations of this study, and the implications for clinical social work and further research.

Summary of major findings

Most participants' responses concur with the literature, that in order for students to succeed academically, students need to be emotionally healthy. If students are exerting their energies into managing inner and outer conflicts, possible struggles at home, poverty, and overall mental health issues, it will be difficult and almost impossible to achieve academically to their fullest abilities in school. This theme was the most agreed upon by both participants and the research.

Both participants and research assert that because society functions differently now than decades previous, schools need to accommodate the change. Unlike previous generations, elementary students today are dealing with issues around trauma, tragedy and crises. Incidents such as these significantly threaten a child's ability in school.

Therefore, it is essential that schools not only prepare their students academically, but that they also offer comprehensive services that families, communities, and faith-based organizations have traditionally provided. The findings of this study conclude with the majority of participants agreeing that there is in fact a need for elementary schools to provide proactive mental health services for their students. The majority of participants agree that the mental health of a student greatly impacts their ability to achieve academic success, thus enlarging achievement gaps. These are the main reasons for requiring schools and the surrounding community to take a closer look at the kinds of proactive mental health services schools can provide in order to support all students' success.

There were two participants whose opinions conflicted with the literature because although they believed that schools should provide some mental health services, they were concerned with the extent to which the school can assume this responsibility. Schools, in their opinion should not take the place of a mental health clinic. They suggest boundaries between schools and the mental health field. Although the literature addresses the difficulties involved in increasing and/or implementing proactive mental health services in schools, ideally schools are the primary venues for implementing these services because of the amount of time a child spends in school.

Some of the findings, in relation to the literature suggests that because children spend most of their days in schools, parents spend less time at home teaching children skills which have historically been taught by families. Social and emotional learning, as well as conflict resolution skills are some of the instruction it is suggested schools include in their curriculum in addition to their academic learning. Therefore, schools, in

accordance with the literature and most participants' opinions, need to accommodate this shift in culture and fill the void by providing more for students in the mental health arena.

The findings correlated with the literature in that most participants discussed the prevalence of mental health issues many students face such as ADHD, Depression, Bipolar and issues with executive functioning. This is important to note because many of the participants felt that the awareness and acceptance by the surrounding communities of the prevalence of mental health issues in the schools is lacking. The literature aligns with this assertion in that because there is little understanding of the impact of mental health issues on students, and not enough understanding of the mental health issues prevalent in the schools, the outside communities, state and society as a whole, will continue to undervalue the significance of this issue. This is one of the primary reasons for lack of funding for mental health programs in schools nationwide. Literature and participants state that because there is a lack of awareness from the larger fall short for programs that provide mental health services in schools. Consequently, funding has become one of, if not the largest barrier, to providing proactive mental health services.

With that said, participants also expressed not knowing *how* to provide proactive mental health services. Some of the reasons were based on there already being a significant shortage of mental health professionals and funding to be able to provide those already identified individuals in treatment. The literature also discusses the lack of mental health workers in the schools and therefore the lack of attention students overall would be receiving. Both the participants and the literature agree that with such a low number of mental health workers in schools, it is not feasible to be able to assess and

address every student, therefore overlooking a student who may not have overt misbehavior, thus going under the radar.

Also stated in the literature is the need for students to have their basic health needs met, such as, nutrition, sleep and appropriate clothing for the weather. Though there was only one participant who discussed the importance of this in a student's daily life, the literature clearly agrees that a student's acquirement of their basic needs will influence the student's academic achievement, thus creating another aspect of mental health services to which schools should be attentive.

One aspect of the study that differed from the literature was the influence and presence of outside mental health services on the school community. Some participants felt that a large concern was the disruption to a student's day when the outside clinician visited the student in school. While the literature stated that there was a significant decrease in outside community mental health services, the participants were more concerned with the disruption children sometimes experience after ending a therapy session with an outside clinician.

What was also mentioned in the literature that participants did not experience or discuss in their present schools was the role of the mental health workers within the schools. While the literature states that there is not enough proactive treatment in schools and that mental health workers like guidance counselors work mostly on scheduling rather than the mental health of students, the discussion by most participants differed. Half of the participants felt the school did practice proactive mental health treatment, however it insufficient to address each student in the school. For example, a couple of mental health participants felt their role was to address the mental health needs of

students on a daily basis whether the students are in crisis, or an acute situation requiring their support occurs, or by going through the school, assessing and working with the students on their own mental health issues. The only concern was the lack of time with which to work with every student. One reason for this is perhaps because these schools reside in a community, which does not have the high rate of poverty, stress and violence as in other communities. Therefore, there may not be as much reparative work that needs to be done.

A few of the participants' responses also concurred with the literature on the need for preventative mental health services because of its cost effectiveness. For example, it is far more cost effective and less expensive to provide and pay for therapy that is designed to prevent and manage anti social behavior in youth than to pay for incarceration for adults who were not fortunate enough to have therapy and consequently ended up in the justice system. One participant also used a similar example to illustrate the point of cost effectiveness.

Strengths and Limitations

Research was limited in that there were not enough participants from each of the Amherst elementary schools to gain a larger and more in depth perspective of the schools' communities. The town of Amherst is small, and though the participants' responses touched on larger economic issues such as funding, the findings of this research does not illustrate the belief of much larger cities and states in the country. Also, much of the literature is based on urban schools, which differs from the town of Amherst, as its population consists of mostly middle class families with advanced education.

The strength of this study is also that it was conducted in a small town so research was more personal and therefore more information was given by participants. Since the study is one of few or no studies, which focus on proactive mental health services for all elementary school students, this study will contribute to the research that already exists.

Implications for Social Work in School and Future Research

After examining the literature on preventative mental health services, it is evident that schools are seen as one of the most favorable setting, for the provision of mental health services for youth. Schools are also settings that present opportunities for important research in the field of mental health. The expectation of this study was to provide useful information to the field of social work by providing evidence about the area of clinical importance in doing work within the school setting. The researcher hoped to gain a better understanding of the need for mental health services within schools. This understanding of the need will inform the school community: teachers, social workers, guidance counselors, school psychologists, paraprofessionals, school committee members and administration and hopefully confirm the need for more funding and support for these services in the schools.

The data gathered in this study may be revealing for the field of social work in that it offers more insight on the value and role of school social workers. The findings are somewhat limited in scope, but they provide an examination into the crossroads of mental health and elementary public school education. The study also allowed school professionals to share their perceptions about how mental health needs affect their work, the students and the school community.

Future research should consider expanding to paraprofessionals, and more participants who work in the school. The sample of participants shared insightful information and experiences, however a significant part of the population of the school community are its paraprofessionals and parents and the study did not include these individuals who work closely with the students and who are witness to the student's experiences in school.

Research should also be comparative. Much of the literature and perspectives of the participants both illustrated a gap between school administration and the outside school community. Therefore, future research should include participants from both inside and outside of the communities and be compared so as to see share a better understanding of the gaps between both communities. Other considerations may be to do longitudinal studies on students in elementary schools who do not receive proactive mental health services with students who do.

REFERENCES

- Malti, T., Noam, G., (2008) The hidden crisis in mental health and education: The gap between student needs and existing supports. *New Directions for Youth Development*
- Shapiro, E. (2000) School Psychology and Instructional Perspective: Solving Bit, Not Little Problems, *School Psychology Review*, Vol. 29, No. 4
- Mann, E., McCartney, K., Park, J. (2007) Preschool Predictors of the Need for Early Remedial and Special Education Services, *The Elementary School Journal*, Vol. 107, No.3
- Interventions for Social-Emotional Needs of Children (2002) *School Psychology Review*, v.31 no2
- Wood, C., Moore, J. (2008) Introduction: Elementary School Counseling- Interventions and Programs, *The Elementary School Journal*, Vol. 8. No. 5
- Frey, K., Hirschstein, M., Guzzo, B. Second Step: Preventing Aggression by Promoting Social Competence. *Journal of Emotional and Behavioral Disorders*, Vol. 8
- Gance, B., Yousey, Y. (2005) Benefits of a School-Based Health Center in a Preschool. *Clinical Nursing Research*, Vol. 14 No. 4
- SAMHSA'S National Registry of Evidence-based Programs and Practices. Second Step (2008).
- Caprara, G., Barbaranelli, C., Patorelli, C., (2000) Prosocial Foundations of Children's Academic Achievement, *Psychological Science*, Vol. 11 No. 4

APPENDIX A

INFORMED CONSENT FORM

Dear Potential Participant,

I am a current graduate student at Smith College School for Social Work conducting a study on the relationship between a student's mental health and their academic achievement. The purpose of the study is to obtain your perspective about the role of preventative mental health services in early childhood public school education and its influence on the student's academic stability. I am also interested in suggestions you may have to improve elementary school's mental health programs. Your information will be used for my thesis and future publications and presentations.

The Nature of Participations

I am asking you to participate in an interview to discuss your perspectives on the impact of preventative mental health services on students' schooling. Study participants will be four teachers, two school principals or assistant principals, three to four school committee members and four mental health workers. These professionals will have at least two years of experience working in elementary schools. The information obtained will be used to gain a sense of the various perceptions on preventative mental health services and its influence on academic stability.

To ensure confidentiality, each interview will be audio taped and safely stored, as per the guidelines in the Human Rights Protection Guide. The interviews will be coded and data aggregated for analysis. The results for this study will be reported for the group as a whole and individual responses will not be linked to identifying data (though race may be stated in the aggregate).

Risk of Participation

Minimal risk from participation is anticipated. You may experience distress when reflecting on your experience and opinions with mental health and its relationship to a students' ability to reach their academic potential. It may be uncomfortable expressing your thoughts and opinions about this topic due to job security and retribution from school administrators. Additionally, you will be asked not to identify students or co-workers by name, and to the best of your ability, not disclose individuals' identities.

Benefits of Participation

Potential benefits of this investigation include reflecting on your understanding and perceptions of the relation between education and mental health in a student's life. Your participation in this study will hopefully assist and inform program developers and mental health professionals, as well as the administrators in your school, to better understand the relationship between a student's mental health and their academic ability. It may also allow you an opportunity to reflect on ways you can help support the school and/or school district's mental health system to improve its effectiveness.

Precautions Taken to Safeguard Confidentiality and Identifiable Information

Data in this thesis and professional publications or presentations will be presented in the aggregate without reference to identifying information.

Data, notes and consent forms will be kept secure for a period of three years as stipulated by federal guidelines, after which they can be destroyed or continued to be maintained securely. In order to assure participant confidentiality, demographic information, researcher notes, and interviews will be kept separate from informed consent documents and will be identified by number codes rather than names or other identifiable information. Any names or other identifiable information from participants that could potentially be revealing will be removed or disguised during analysis and for use in the final thesis project.

You may contact the researcher at the email and/or telephone number listed on this consent form for questions or concerns about this study, before and/or after the interview is conducted.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant:

Date:

Signature of Researcher:

Date:

If you have any questions or wish to withdraw your consent, please contact:
Jessica Olivares McBride

INTERVIEW QUESTIONS

1. What does preventative mental health services for all students mean to you?
2. Should the school have preventative mental health services for all children?
3. Does the school currently have a mental health risk assessment for all students?
4. What are the risks and benefits to such a program?
5. In your opinion, what barriers would exist for having preventative mental health services for all children?
6. Do you have other comments or thoughts about preventative mental health services for all students?

APPENDIX C

March 11, 2010

Jessica Olivares

Dear Jessica,

Your amended documents have been reviewed. All is now in order and we are glad to give final approval to your interesting study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your study.

Sincerely,

Michael Murphy, Ph.D.
Member, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor

APPENDIX D

RECRUITMENT LETTER

Dear Participant,

I am a current graduate student at Smith College School for Social Work conducting a study on the relationship between a student's mental health and their academic achievement. The purpose of the study is to obtain your perspective about the role of preventative mental health services in early childhood public school education and its influence on the student's academic stability. I am also interested in suggestions you may have to improve elementary school's mental health programs. Your information will be used for my thesis and future publications and presentations.

I am asking you to participate in an interview to discuss your perspectives on the impact of preventative mental health services on students' schooling. Study participants will be four teachers, two school principals or assistant principals, three to four school committee members and four mental health workers. These professionals will have at least two years of experience working in elementary schools. The information obtained will be used to gain a sense of the various perceptions on preventative mental health services and its influence on academic stability.

To ensure confidentiality, each interview will be audio taped and safely stored, as per the guidelines in the Human Rights Protection Guide. The interviews will be coded and data aggregated for analysis. The results for this study will be reported for the group as a whole and individual responses will not be linked to identifying data (though race may be stated in the aggregate).

Minimal risk from participation is anticipated. You may experience distress when reflecting on your experience and opinions with mental health and its relationship to a student's ability to reach their academic potential. It may be uncomfortable expressing your thoughts and opinions about this topic due to job security and retribution from school administrators. Additionally, you will be asked not to identify students or co-workers by name, and to the best of your ability, not disclose individuals' identities.

Potential benefits of this investigation include reflecting on your understanding and perceptions of the relation between education and mental health in a student's life. Your participation in this study will hopefully assist and inform program developers and mental health professionals, as well as the administrators in your school, to better understand the relationship between a student's mental health and their academic ability. It may also allow you an opportunity to reflect on ways you can help support the school and/or school district's mental health system to improve its effectiveness.

Data in this thesis and professional publications or presentations will be presented in the aggregate without reference to identifying information.

Data, notes and consent forms will be kept secure for a period of three years as stipulated by federal guidelines, after which they can be destroyed or continued to be maintained securely. In order to assure participant confidentiality, demographic information, researcher notes, and interviews will be kept separate from informed consent documents and will be identified by number codes rather than names or other identifiable information. Any names or other identifiable information from participants that could potentially be revealing will be removed or disguised during analysis and for use in the final thesis project.

You may contact the researcher at the email and/or telephone number listed on this consent form for questions or concerns about this study, before and/or after the interview is conducted.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant:

Date:

Signature of Researcher:

Date:

If you have any questions or wish to withdraw your consent, please contact:
Jessica Olivares McBride