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Consequences of Student Mental Health Issues in Schools

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Abstract

As time goes by, students with mental health issues are on the rise. Students who have mental health issues face a variety of different consequences. The consequences vary from mild to severe, and that suicide being the most severe consequence. Students suffer from depression, anxiety, and Attention-Deficit/Hyperactivity Disorder are only some of the few of the mental health issues that students face. As a common long-term consequence, these three different mental health issues may result in suicide when they do not receive the proper care. Schools and teachers could work together to bring awareness to mental health issues. Incorporating mental health services in school grounds could be very beneficial to students with mental health issues.

Introduction and Background

Mental health issues have been around for a very long time. Students with mental health issues are found everywhere in the world. This is a worldwide problem that affects many students, from elementary all the way to college or university level. Simply in the United States, approximately one in five children and adolescents experience mental illness at least once in their lifetime (Moon et al., 2017). Many different factors take place in the development of mental health problems. Mental health is a complex topic, more awareness should be brought to this topic. According to Moon et al, (2017), only half of all children who are identified with mental health needs, receive appropriate care, despite the advances in early identification and timely engagement in treatment. Additionally, schools have already started to implement mental health services within their school, but not every single school offers them. When services are not implemented in the school, students can suffer various consequences. Rothi et al, (2008) state that, “Schools have a crucial role to play in the delivery of mental health services, the recognition of mental health problems in children, and in the promotion of an environment that is conducive to mental well-being” (p. 1218). With this said, schools do have a responsibility and a right to implement mental health services and it is their role to be aware or conscious that mental health issues are a problem among students.

Identifying students who have mental health issues can be very challenging. However, educators, especially teachers, can help these students. Since students spend a significant amount of time in school, schools have been identified as an ideal point of entry to mental health care for children (Moon et al., 2017). Over the years, growing expectations have been required from the

teachers. Teachers are expected to assume responsibilities of front-line tier one mental health professionals like the early identification of children's mental health problems and providing an appropriate referral for these students (Rothi et al., 2008). It is said that with adequate knowledge, understanding and support, the teachers should be able to identify and provide a referral to appropriate medical and psychiatric services for students who have mental health issues. However, teachers do show concern on the fact that mental health problems can go unnoticed by teachers and that children therefore may be inadequately supported by the schools (Rothi et al., 2008). Rothi et al, (2008), found out from their deep in depth teacher interviews that there is a widespread perception that teachers feel inadequately prepared to deal with students who have mental health issues. With the difficulty in being able to identify students with mental health issues, students remain at risk with the consequences of mental health. More research needs to be done to help prevent them from suffering or facing the negative consequences that an untreated mental health problem can bring.

The purpose of this research project is to examine the consequences of mental health issues among students, particularly on students who have depression, anxiety, and Attention-Deficit/Hyperactivity Disorder (ADHD). My primary research question is "Are there consequences of mental health issues that students encounter in schools?" My secondary questions include the following: (1) *What does research say about the consequences of mental health issues that students encounter in schools?* (2) *Are there mental health services being offered to students in schools? If there are, what are their services to students?* (3) *How do the schools actually provide these services to students?* (4) *How do teachers identify mental health issues among students and how do they take action to resolve them?* (5) *What are the*

consequences of mental health issues when students do not receive any services from schools?

(6) What could teachers and schools do to bring awareness of mental health services to students in schools?

Literature Review

As stated previously, the purpose of this project is to examine the consequences of student mental health issues. However, this project will also emphasize the importance of implementing mental health services in schools, and how teachers can help these students by early identification as a way to help prevent these students from facing the consequences of mental health. Although identifying students with mental health issues is not a simple concept, there is already evidence of programs that have been implemented to help diminish the percentage of students with mental health issues. This section will cover the definitions of mental health, depression, anxiety, and Attention-Deficit/Hyperactivity Disorder (ADHD), which are my three main mental health issues that I am focusing on. Also, statistics in these topics will be addressed, along with the perspective that these students have in regard to this topic, and programs that are already in place to help support this issue on mental health.

Definitions. Mental health is known to not exist on its own. It is a complex term that involves taking into account many different aspects of life. For this reason, the definition of mental health involves a section of its own. According to Bhugra et al, (2013), mental health is an integral and an essential part of the overall health and it can be defined in three ways, the absence of disease, the state of the organism that allows the full performance of all its functions or as a state of balance within oneself and between oneself, and one's physical and social environment. Depending on the level to which the basic health needs are satisfied, the definition among the ones stated above vary from another. The health needs that are taken into

consideration are: food, shelter, survival, protection, society, social support, and freedom from pain, environmental hazards, unnecessary stress, and any part of exploitation (Bhugra et al., 2013).

A good state of mental health involves being able to form and maintain affectionate relationships with others, being able to recognize, acknowledge and communicate positive actions and thoughts as well as to manage emotions such as sadness, and being able to perform in the social roles usually played in one's culture and managing change (Bhugra et al., 2013). Cushman et al, (2011), coincides with what Bhugra et al. states about having a good mental health. Cushman et al, (2011), state that mental health and emotional well-being involves recognizing and managing emotions, establishing positive relationships, developing concern for others, making responsible decisions, and handling challenging situations effectively. Bhugra et al, (2013), also state what mental health grants individuals with.

Mental health gives individuals the feeling of worth, control and understanding of internal and external functioning. According to The Society for Health Education and Promotion Specialists (as cited in Bhugra et al., 2013), mental health also has to do with feeling positive about oneself and others, and feeling glad, joyful, and loving. As for the Health Education Authority report (as cited in Bhugra et al., 2013), mental health includes both internal and external factors. The internal factors would be the lack of emotional resilience, poor self-esteem, feeling trapped and helpless, isolation and poor integration. External factors include poor social conditions (housing, poverty, unemployment), discrimination or abuse, cultural conflict, stigma and poor autonomy, and many other factors. Furthermore, someone who is in a good state with their mental health, has a strong sense of self and others; is able to form positive relationships,

and he/she is comfortable with one's own company (Bhugra et al., 2013). Additionally, the Mental Health Foundation (as cited in Bhugra et al., 2013), defines mental health as the way an individual thinks and feels about themselves and their life, and how it affects an individual when he/she copes and manages times of adversity.

Lastly, mental health is seen as affecting one's abilities to function and make the most of the opportunities that are available, and being able to fully participate with one's family, workplace, community and their peers (Bhugra et al., 2013). Mental health does not consist of a simple definition, all the different ideas stated above, make up and show the complexity of this topic. Now that the definition of mental health has been covered, the definitions for depression, anxiety, and Attention-Deficit/Hyperactivity Disorder (ADHD) will be provided.

The American Psychiatric Association (2017), defines depression as a common and serious medical illness that negatively affects how one feels, the way one thinks, and the way one acts. Depression also causes feelings of sadness, and/or a loss of interest in activities that once were enjoyed, and it can lead to a variety of emotional and physical problems that decrease a person's ability to function at work and at home, and the symptoms can vary from mild to severe (American Psychiatric Association, 2017). Some of the symptoms can include changes in appetite, sleeping problems, feelings of worthless or guilt, difficulty thinking, concentrating or making decisions, and the severe symptoms being thoughts of death or suicide (American Psychiatric Association, 2017).

Anxiety is defined as a subjective sense of fear, distress, or worry that may exhibit both physical sensations like headaches or nausea, and emotional symptoms like fear or nervousness. Anxiety disorders range from a specific thing or event, also known as phobias, to those in which

anxiety is evoked by a broad spectrum of situations, which is known as Generalized Anxiety Disorder (Hanie & Stanard, 2009). According to the National Institute of Mental Health (n.d.), individuals who have Generalized Anxiety Disorder tend to display excessive anxiety or worry for about six months. This anxiety or worry can be due to personal health, work, social interactions, and everyday routine life circumstances. However, this constant and uncontrolled fear and anxiety can cause significant problems in some areas of their life, for example, problems with social interactions at school and work. Some of the symptoms for this disorder include: feeling restless, wound-up or on edge, being easily fatigued, having difficulty concentrating, difficulty controlling feelings of worry, and having sleeping problems (National Institute of Mental Health, n.d.). Students with anxiety may also tend to exert tremendous effort holding it together at school, but when they go home, they fall apart. Anxiety is manifested as physical symptoms and can possibly occur with other mental health problems, depression being one of them (Hanie & Stanard, 2009).

As for Attention-Deficit/Hyperactivity Disorder (ADHD), it is a developmental disorder that involves delays in how well a person is able to control or regulate his/her attention, behavior and emotion. The symptoms of ADHD can affect a child's functioning in their home, school or with their friends. Some of the symptoms of ADHD include: an increased sense of hopelessness, sadness, or feeling of being a burden on others, and an increased risk of depression, suicidal thoughts or behaviors (Nationwide Children's Hospital, 2019).

Statistics. Child Mind Institute (2015), states that from 74.5 million children in the United States, approximately 17.1 million have experienced or currently have a mental health issue. Based on reports and findings of the American College Health Association and the

National College Health Assessment (as cited in Harpin, 2005), students who have been diagnosed with depression have increased from 10% in 2000 to 18% in 2008. What this shows is that depression is only going up instead of decreasing. This statistic was between the years of 2000 to 2008, which can mean that the percentage can be higher today. Anxiety disorders are also known to affect two to four percent of the population in the United States (Mackenzie et al., 2011). An estimate of 5% to 18% of anxiety disorders is known to affect children and similar findings on a study done by Emslie (as cited in Mackenzie et al., 2011) reports similar numbers in the range of 6% to 20% of children and adolescents. In regards to individuals with ADHD, 30-60% of children continue to show and have symptoms of this mental health issue until their transition of adulthood (Harpin, 2005). What these statistics show is that mental health issues are a serious matter, too many students are being affected and something needs to be done to diminish these percentages. When these mental health issues are not treated, students face themselves with serious consequences.

Perspective of Students in Higher Education. Students in higher education (HE) who are experiencing mental health problems are increasing. Unfortunately, evidence has revealed that there is an increase in student suicides from 2.4 to 9.7 per 100,000 over a 10-year period. Despite the increase of mental health issues, only a small proportion of students who are experiencing mental health problems seek help (Quinn et al., 2009). The reason why these students are not seeking help is due to the stigma surrounding mental health problems.

According to social psychologists, stigma is associated with attitudes and/or stereotypes which are learned and mediated by a number of psychological constructs. This includes cognitive

beliefs, feelings and associated behavior (Quinn et al., 2009). With this said, stigma is one of the reasons why students hold themselves from seeking help from a professional.

Some interviews that were done on students, revealed that students are careful about sharing private or sensitive information, especially to a member of staff, because of the stigma attached to mental health difficulties and the need for them to feel in control of when and to whom they disclose this type of information. Other students revealed that they are unwilling to disclose mental health problems because it might be seen as a form of weakness (Quinn et al., 2009).

In a study that conducted information on how many students sought help on student campuses in the United States, revealed that approximately 37% to 84%, depending on the nature of the mental health problem, did not receive any services. In another study that was done at an institution, revealed that only 13% of students who had troubles sought help. Additionally, in another study, approximately one-third of the 32 students who reported suicidal thoughts, actually sought help (Quinn et al., 2009). This comes to show the severity that mental health issues have upon students. Due to stigma, many students do not seek for help and although they may present a severe consequence, thoughts of suicide, a great amount of students are still not reaching out for help. Another aspect that students shared about the reason they do not open up or seek help is due to difficult experiences. These difficult experiences were related to staff dismissing their problems as “normal stress” or described them as being lazy for getting behind. They also stated that nobody noticed when they would 'disappear' from classes for extended periods of time (Quinn et al., 2009). This again ties back to teachers or professors being aware and cautious of early signs that may be tied to mental health issues.

Another barrier that students encountered was the lack of knowledge about what support services exist and where they are located (Quinn et al., 2009). When students are not informed about what services are offered in school, students are more likely to be vulnerable to the consequences of mental health. However, students who actually sought help and that their school offered services to the students, the students found this to be valuable. In other words, the students valued this. This comes to show that having mental health services on a school campus can be very meaningful and valuable for students.

Programs. A model known as the Step-Up model, was developed to help high school students aged between 14–18 years. This model was particularly designed for inner-city communities. The Step-Up model is a high school-based mental health service delivery model. It has been created to bolster school, family and youth processes related to youth mental health and positive youth development (Alicea et al., 2012). The development of this model is due to urban Latino youth and African Americans being at stake for developing mental health difficulties. They are more likely to grow up in disadvantaged neighborhoods that consist of acute environmental stressors. Racism, poverty, substance abuse, exposure to high levels of community violence, deteriorating youth-supportive resources, and a serious shortage of mental health services are also problems that these two groups of people face in an urban inner-city community (Alicea et al., 2012). Alicea et al. (2012), state that youth frequently avoid traditional mental health services and they may miss the opportunity to address serious mental health needs.

Also, these teens may not have appropriate contact with clinical services and a model like this can help these individuals can be beneficial for them. Step-Up knows the importance that family plays in the lives of children. For this reason, Step-Up involves parents in an active and a

meaningful way. The parents become partners in the delivery of the services. The reason for that being is because there is evidence that indicates that intensive engagement interventions that are implemented during initial contacts, between youth and their families, can successfully increase service use (Alicea et al., 2012).

According to Alicea et al. (2012), schools also play an important role in a youth's cognitive, socio-emotional and behavioral development, which are all associated with their academic performance. Schools are seen as a central domain for promoting mental health and an important platform for service delivery (Alicea et al., 2012). According to the Canadian Institute for Health (as cited in Cushman et al., 2011), youth who feel connected to their schools report better health, higher self-worth, less anxiety and less likely of reporting risky behaviors. When one has parents be active in this program as well as the schools and the youth, is what makes this program very effective.

Additionally, they work with mental health professionals. The Step-Up team consists of clinician and non-clinicians. The clinicians reflect the youths' families and community. Each staff is known to bring unique skills and background, but everyone is still responsible for the same core components of the programs. These core components involve group board facilitation, one-to-one mental health sessions with the youth, curriculum development, and family home visits. Step-Up also has social workers involved who are public health professionals, graduate interns in the area of social work and public health, and both youth and parents specialists who receive training on youth development and facilitation. The reason they involve these important individuals is to engage and foster positive relationships across various youth contexts. Their attempt is to connect the youth, families, and schools on tackling mental health and risk related

challenges and to promote a positive youth development (Alicea et al., 2012). This program has been shown to be effective for students. With this said, having a program like this, where everyone who plays an essential and important role in the lives of students, can help diminish the percentage of students who have mental health issues.

Healthy Promoting Schools (HPS) Approach. The HPS approach developed at the first international conference on health promotion in 1986. In a health promoting school, all the members of the school community work together to provide students with positive and integrated experiences and structures, all which promote and protect their health (Cushman et al., 2011). Cushman et. al (2011) state that it also includes both formal and informal curriculum in health, the creation of a safe and healthy school environment, provisions of appropriate health services, and involvement of family and wider community in efforts to promote health. The HPS approach is seen as the most effective way of exerting a positive influence in health related behaviors and academic outcomes on the students. Those who implement the HPS approach, change the psychological school environment, involve the students, teachers and parents, and they focus on developing personal skills and resilience over a long period of time (Cushman et al., 2011). Dickinson (as cited in Cushman et al., 2011), concluded in her HPS review that young people experience more positive learning and achievement outcomes when they find their school to be a caring and supportive learning environment. In other words, when schools care for the well-being of the students, students tend to show positive learning and achievement outcomes. Mentally healthy students who develop a positive sense of self-worth and social competence, are known to be better learners, have better relationships with their teachers and display more resilience in meeting challenges (Cushman et al., 2011). When a student's mental health is in a

good state, students tend to succeed academically and personally. The HPS approach has been shown to succeed in enhancing the health and learning outcomes of students, it has received international recognition (Cushman et al., 2011). Many cities in New Zealand have adapted the HPS approach in their schools. If all schools were to implement an approach like this one, it would help students with mental health issues because of its purpose and outcomes.

As one can see, there are already programs that have developed to help students with mental health issues. Despite the work already being done to help these students, many students are not seeking help due to the stigma that mental health has attached to it. However, the number of students who actually seek help is very low and more needs to be done to make sure that this changes, and that students are able to receive help when needed. Students who actually had mental health services in their school, found this to be very helpful. For this reason, in this project, I tried to investigate if schools in Monterey County actually have mental health services implemented in school grounds.

Methods and Procedures

Today, many students face mental health issues. These students are facing severe consequences that affect them for a long period of time and it can affect them permanently, such as ending their life. Therefore, this senior capstone research project examines whether schools are meeting students' mental health needs or requirements or not, and if teachers are aware of the consequences of mental health issues. Based on the analysis of my data and the literature review, I will use what I learned to formulate an action plan where I will bring awareness to this severe issue.

In order to answer my secondary questions, besides the literature review, I conducted anonymous interviews with teachers (See Appendix A- Anonymous Interview Questions for Teachers). These teachers varied from elementary, high school, and college/university level in Monterey County. Three out of the four schools where I conducted these interviews are schools from a low-income community where the majority of the population is Hispanic/Latino. I was able to come up with questions to solicit the teachers' perspectives on how they approach mental health issues among their students. Based on their answers, I was able to analyze if their school offered mental health services to their students, how they identify if a student has a mental health issue, how they take action, and their perspectives on how they or the school can bring awareness to this issue. These teachers were not selected at random. They were previous instructors that I had throughout my education. The reason I chose instructors as the main subject participants for my study was because students tend to spend most of their life and time in school. Since teachers spend a vast amount of time with students, they can be an important key factor in identifying early signs of mental health disorders. Lastly, the method used for this research was a quantitative method. The reason why I chose this method and why I thought it would work best, is due to the fact that by addressing observable statistical information, it would simply make things simple and more understandable to the audience and to myself as to why this topic is very important and the statistics would emphasize how mental health issues among students is a major problem.

Results and Findings

The questions developed for the interview along with the literature review, are intended to answer my secondary questions as much as possible. As stated in the introduction and

background section, my secondary questions are: (1) *What does research say about the consequences of mental health issues that students encounter in schools?* (2) *Are there mental health services being offered to students in schools? If there are, what are their services to students?* (3) *How do the schools actually provide these services to students?* (4) *How do teachers identify mental health issues among students and how do they take action to resolve them?* (5) *What are the consequences of mental health issues when students do not receive any services from schools?* (6) *What could teachers and schools do to bring awareness of mental health services to students in schools?*

After analyzing literature and the teachers' responses, it is evident that students with mental health issues come with consequences, especially if these students do not receive any services. Students who have mental health issues like emotional distress, are known to detrimentally affect their ability to learn but it also undermines their peers ability. In the study done on New Zealand's schools, the schools realized that students who have mental/emotional health issues had an increase in anxiety, anger, bullying, unhappiness, and depression. In this same study, a secondary school identified students with depression, suicidal thoughts, relationships issues, dealing with feelings/problems, and domestic violence. As for a primary school, the school showed concern in self-esteem, social skills, family violence and anger management (Cushman et al., 2011). Adolescents, who have elevated mental health needs, are more likely than non-disordered peers to have an impaired judgement, poor problem solving skills, and conflictual interpersonal relationships, resulting in disruptive behavior, including unsafe sexual behavior, and drug use (Alicea et al., 2012). According to Moon et al. (2017), youth mental illnesses are associated with poor academic performance, disrupted psychosocial

development, lower rates of high school graduation and an increase in health risks. In the teacher interviews, the instructors reported similar consequences. Their responses included: feelings of despair, suicide, and/or a lifetime of mental health struggles, violent, depression, academic impairment such as affecting their grades, retention, and persistence, self-harm as well as harming of others, personal set-backs in terms of advancing academically, professionally, or socially in relationships, delay of achieving goals, and loss of confidence and motivation. All of these consequences coincide with the literature review.

When depression is untreated, it increases the chance of risky behaviors like drug or alcohol addiction. This is particularly common among teens and in young and middle aged males. It also ruins relationships, can cause problems at work, and can make it difficult to overcome serious illnesses. Depression affects the way one eats and sleeps, the way one feels about themselves and those around them, and it impacts one's thoughts, and difficulty concentrating or making decisions. Individuals can feel an increased need for sleep and experience energy loss. Untreated depression can result in feelings of hopelessness and helplessness, irritability, and suicidal thoughts (Bhandari, 2019). The worst outcome of depression is suicide. According to the National Institute of Mental Health (as cited in Bhandari, 2019), 90% of people who die from suicide have depression and other mental disorders or a substance abuse disorder. Men are the ones to be known to commit 75% of the suicides although women are twice as likely to attempt it (Bhandari, 2019). This comes to show that gender does not matter, both male and female are likely to commit suicide.

Students with anxiety also face consequences. According to Hanie and Stanard (2009), approximately half of students who are diagnosed with an anxiety disorder experience significant

difficulty functioning at school. Anxiety is known to lower students' academic performance and productivity. Tardiness, absenteeism, perfectionism, common with more severe levels of anxiety, may possibly lead to incomplete work, test failure, or possible repetition of a grade. Dropout rates also tend to be high among students who have problematic anxiety. Other consequences can be the attribution of substance abuse and truancy (Hanie & Stanard, 2009). Furthermore, anxiety in adolescence can cause significant impairment and problems with interpersonal relationships. They can try to avoid situations if they experience an unpleasant situation or failure, rather than dealing with them or approaching the situation. Anxiety is known to interfere with an individual's social, emotional, or academic functioning (Hanie & Stanard, 2009). If anxiety is linked with depression, the individuals run the risk of the consequences that individuals with depression face or encounter.

In a similar way, students with ADHD encounter consequences. ADHD may impact all aspects of an individual's life that it can persist into adulthood. According to Harpin (2005), the consequences of ADHD upon individuals change from the preschool years to primary school and adolescents. Students with ADHD are at a much greater risk for long term negative outcomes like lower educational and employment attainment. In the primary years, students with ADHD constantly face academic failure, rejection by peers, and low self-esteem. These individuals also face low sleep patterns that can cause daytime behavior to worsen. Additionally, young individuals who have ADHD tend to be excessively aggressive and antisocial. Young students with ADHD have an increase of risk failure, dropping out of school or college, teenage pregnancy, and criminal behavior. In adult life, individuals with ADHD are more likely to be dismissed and they often tend to try several different jobs before they finally encounter one

where they can succeed. Adult students with ADHD experience interpersonal difficulties, absenteeism, lateness, excessive errors, and inability to accomplish workloads. When ADHD is untreated, individuals are significantly more vulnerable to drug and substance abuse (Harpin, 2005). According to Nationwide Children's Hospital (2019), individuals with ADHD are at an increased risk of developing depression and anxiety symptoms. This may then lead ADHD individuals to having suicidal thoughts, suicidal behaviors and self-harm, particularly adolescents or youth. The reason adolescents or youth are at a higher risk of suicide is due to the higher levels of impulsivity, which is a common symptom of this mental health issue. The impulsiveness drives ADHD adolescents/youth to have rapidly thoughts and take rapidly decisions of suicide during times of distress (Nationwide Children's Hospital, 2019). Individuals with ADHD are at risk of these consequences in all the faces of their life, from their childhood into adulthood.

Depression, anxiety, and ADHD have similar consequences, the most harmful one being suicide. Suicide is the known to be the third leading cause of death among teenagers and young adults (Mckenzie et al., 2011). Mental health issues are considered to be the chronic diseases of youth. In the United states, an approximate of 20% of school age children have symptoms of mental health, but unfortunately only a few children receive an appropriate diagnosis and treatment (Powers et al., 2014). With this said, schools should have mental health services implemented in their school, and teachers, who play an essential role in the lives of students, can help prevent or minimize the consequences of mental health issues that many students face.

Schools do have services being offered to students in schools. Based on the teacher interviews, all of them mentioned that they did have services. However, these services are not

implemented in the school grounds. In one of the schools, they have a school psychologist from Monterey County Children's Behavioral Health, but this psychologist only has time to meet with a dozen students a year. This same school has a drug and alcohol resource specialist who works, but only gets to work with quite a few students. There are also counselors on campus that the students can see for mental health, but they are not specialized in this since their focus is on academic counseling. The school also has a counselor for severely disturbed students, but teachers do not have information regarding who they see or what they do.

In this school (School A), there are Monterey County Health Services, but it is quite unclear how the school provides the services to the students and students have to wait to get in to see someone. It usually takes a couple of weeks. One of the teachers said that they have a counselor who is working with students in their Social Emotional Learning (SEL) (Teacher Survey Respondent 1 in School A, Personal Communication, 30 March 2020). However, the teacher in School B did not say how the services are provided in this school (Teacher Survey Respondent 1 in School B, Personal Communication, 30 March 2020). Teachers/instructors at School C also stated that they have services in their school such as the Crisis Counseling and Wellness, Student Life, and other mental services (Teacher Survey Respondent 1 in School C, Personal Communication, 30 March 2020). The teachers are required to share this information with their students on the first day of lecture, and it is put on their syllabus. Students usually see a counselor and from there, students who require a referral, usually get a referral. In School D, the teacher/instructor did say that they have services on campus grounds, but it is not 100% clear on who provides what to students' needs. With this said, mental health services are being offered to students, but there are certain limitations like teachers/instructors not being aware of who

provides what or how they are being provided, having a limited amount of specialists in their school, a waiting time frame, and two out of the four schools, not having the services on campus (Teacher Survey Respondent 1 in School D, Personal Communication, 30 March 2020).

As stated in the introduction and background and methods and procedures sections, teachers are crucial in helping students with mental health issues. Growing expectations for them has increased and for early identification of mental health issues, teachers play an important role. Based on the interviews, all the teachers/instructors looked at behavior in identification for mental health issues. Their responses included: aggression, sadness, being disconnected, changes in attendance, homework, appearance, no participation, engagement, distant, erratic behaviors, consistent irrational thoughts or outburst, students may talk about it through narrative writing, withdrawn, low energy, and less interaction with the teacher and peers. However, two out of the six teachers that I interviewed, felt that it was difficult to identify if students have mental health issues, especially since they are not mental health professionals or have a lack of training. In other words, these teachers/instructors felt unprepared. One teacher in School A mentioned that mental health training is taken place on a regular basis, meaning training is taken into place often. Training seems to be a concern for some of the teachers/instructors. When there is no sufficient education or training on mental illness, teachers are less likely to be able to recognize related symptoms among their students and be able to make appropriate referrals for care (Teacher Survey Respondent 1 in School A, Personal Communication, 30 March 2020).

Many teachers feel that they are inadequately prepared to support their students with mental health challenges, which is the case with some of the teachers that were interviewed (Powers et al., 2014). A survey that was done on teacher's attitudes towards mental health

services in schools revealed that a large majority of the teachers were aware of the need of mental health services and felt that it should be the school's role to offer these services, but only 4% of the teachers felt that they were prepared with the skills and knowledge needed to meet their students' mental health needs. In this same survey, teachers and administrators identified that they had their own lack of information and training that prevented them from providing students with appropriate mental health services (Powers et al., 2014).

Similar studies that assessed teachers' perceptions and preparedness in addressing mental health issues of their students in the United States and Canada, revealed similar feelings as the survey done by Powers et al. (2014), lack of confidence in handling mental health issues and limited mental health training (Moon et al., 2017). Training and being well-prepared to address students' mental health issues are very important factors. Teachers feel that this is needed in order to be able to help out their students with receiving the proper mental health interventions.

Being able to identify mental health issues appears to be a big issue. Teachers feel unprepared and based on the teachers interviews, all the teachers looked at the behavior of their students. Marsh (2015) provides a helpful guide for teachers in identification of mental health issues. Marsh does state that educators may be required to act as the first line of prevention in mental health issues, but in order to do so, one needs to be able to understand externalizing behaviors versus internalizing behaviors that are exhibited by the students. Externalizing behaviors are behaviors directed outward toward the social environment. For example, students who exhibit aggression, a difficult temperament, or behavior impulsivity may be seen as externalizing behavior. Aggression is often displayed with verbal threats toward peers and staff, physical actions like hitting or kicking that can cause physical harm, and the damaging of

property of others. However, in order for this to be a behavior disorder, the aggressive behavior must be persistent over the span of 6 months. Difficult temperament usually takes place in two different ways. The first form consists of students engaging in behaviors that defies established rules. The second manifestation of difficult temperament includes argumentative behavior or tantrums related to perceived unreasonable demands by the child/youth.

Similar to aggression to be considered a disorder, it must be consistent difficult temperament over a span of 6 months. As for behavior impulsivity, it is shown by sudden aggressive outbursts like kicking, screaming or hitting, trouble sustaining attention to tasks for extended periods of time, difficulty providing details in describing events, responding to discussion with off topic responses, and disorganization. Like aggression and difficult temperament, it must occur consistently over a period of 6 months to be considered a problem (Marsh, 2015).

In regards to internalizing behaviors, they are behaviors that are directed inward, toward the individual. However, for internalizing behaviors, they often go unnoticed because they are described as being subtle to nature. Marsh (2015) mentions that there are two categories of internalizing behavior disorders which include anxiety related disorders and mood disorders. Being able to understand internal behaviors related to anxiety is known to be important, but identifying these internal behaviors is known to be really difficult. Fortunately, children and youth exhibit observable behavior related to anxiety, which involves skipping class, truancy or leaving class for long periods of time. As for students with mood disorders, it is difficult to identify its internal characteristics.

However, children/ youth exhibit observable behavior that can help identify this disorder. The observable behavior includes: difficulty completing school work, rapid increase or decrease in weight, complaining of stomach pains, and becoming disinterested in activities they previously enjoyed. It is important to identify mood disorders because students are at an increased risk of suicide. Being able to identify externalizing or internalizing behaviors and being aware of concerning behaviors that are associated with mental health disorders is essential to helping these students. Awareness of these behaviors, external and internal, is the first important step towards helping these students.

The next step would be bringing the concerns to the attention of the appropriate school staff who can provide assistance (Marsh, 2015). With this said, based on the teachers responses for the interview, they are doing right in observing the behavior of their students. This is a very important aspect. As to how they take action after being observant in the behavior of their students, every teacher had their own way in how they take action to resolve them. To see the ways that they action upon the matter, at the end of this Capstone Project, their responses will be attached.

Bringing awareness on mental health services is also an important concept in helping to diminish the amount of students who have mental health issues. Based on the teachers' interviews, every teacher/instructor had a different point of view on how they or the school could bring awareness. One of the teachers in school A, said that one should first stop pretending/ignoring that mental health is not an issue, have many more resources and being explicit with what resources are available for the students. This teacher also believes that schools should have more mental health professionals to help out the students (Teacher Survey

Respondent 1 in School A, Personal Communication, 30 March 2020). The second teacher at this same school suggested that one should de-stigmatize mental health issues and normalize asking for help when one feels that it is needed. Additionally, having students do student-led projects where they raise awareness to mental health issues by presenting their research and solutions to a broader audience can be an empowering way of raising awareness. This teacher is currently working with her students in a project called the “Trailblazer Scholars Project” as a way of promoting awareness in mental health issues for their peers (Teacher Survey Respondent 2 in School A, Personal Communication, 30 March 2020).

The teacher in school B believed that one can bring awareness by actually providing resources, talking to families, and referring them to services that can help out the student or students (Teacher Survey Respondent 1 in School B, Personal Communication, 30 March 2020). Also, letting families and the students know that mental health is a disease that can be cured.

At school C, one of the teachers/instructors said that putting information in regards to mental health services in their school on the school syllabi and going over this information with the students on the first day of school can be a way of how teachers can raise awareness. Also, having a couple of wellness check-ins with the students during the semester or having a wellness week during mid semester is something both schools and teachers can do to bring awareness on this issue (Teacher Survey Respondent 1 in School C, Personal Communication, 30 March 2020). The second teacher/instructor at this school suggested publicizing the availability of student support services that includes testimonies by others who have been through challenges and who have made it to the other side. These testimonies can serve as first-hand accounts of how these individuals have been assisted by those services or how they would have helped them

if these services had been available or known to them (Teacher Survey Respondent 2 in School C, Personal Communication, 30 March 2020). Both of the teachers/instructors felt that whichever solution is taken to bring awareness, should become part of the campus culture.

The teacher/instructor at school D suggested that schools and/or teachers/instructors can advocate a lot more about the available services, add more resources and services, like more hours of availability, faculty adding information in their syllabi, and sending announcements to students about what is available to them can be ways to bring awareness (Teacher Survey Respondent 1 in School D, Personal Communication, 30 March 2020). What this shows is that both schools and teachers/instructors can do so much to bring awareness on students' mental health issues. No matter what method is chosen to promote awareness of mental health issues, taking action and actually doing something about it to help out the students is what really matters. There are a variety of methods that both schools and teachers/instructors can use to support and bring about justice to this issue, mental health issues among the students.

According to Powers et al. (2014), increasing teacher and staff awareness on student mental health issues can increase the referrals to appropriate assessments and services for the students. By doing so, there may be an increase in service referrals and this may then lead to an increased access of important mental health treatment or treatments for the students. This will ultimately improve the health and school success of these vulnerable students.

Problems and Limitations

Through the gathering of data, there were a couple of problems that limited the gathering of data for this senior capstone research project. Initially, my goal was to interview three teachers at every school grade level, three at the elementary, middle, high school, college, and university

level. However, due to the epidemic of the COVID-19, Coronavirus, I was not able to collect all the data I needed. The reason for that being is because schools all over the United States were suspended.

Later on the decision of shifting to virtual teaching and learning, distance learning, made it really difficult to be able to get a hold of teachers that would be willing to participate in my teacher interview. Many schools closed because of this virus and the information that would help me collect data to my secondary research questions were limited. I was only able to interview one teacher at the elementary level before this epidemic, two at the high school level, two at the college level, and one at the university level. I was not able to interview any at the middle school level and originally I had three teachers at the high school level, but because of the decision of suspending classes, teachers had to struggle and do a lot of planning for their students on how everything was going to work, and it created overwhelming scenarios that took away the time to answer the interview questions. It made it really difficult. This epidemic of the COVID-19 caused drastic life changes and decisions. Staff found themselves overwhelmed in planning an alternative way of delivering their instruction for the remaining of the semester or school year.

Another problem that I faced was that some responses were very limited and that could have been due to my phrasing of questions. I could have developed more questions or I could have been more specific in my questions. Although the responses on my data collection were skewed, it still helped the audience and myself get a sense of where we are standing today with student mental health issues and the schools services. Furthermore, all the responses that I got came from public schools in Monterey County, so this limited me to the data on my secondary questions. The responses only came from the perspective of public schools and it is not clear or

known if private schools offer mental health services in their school or we simply do not have any perspective of private schools in regards to this issue of my Capstone Project.

Recommendation

It is important for schools and teachers to become aware that students with mental health issues face consequences and some of them can be very severe. The best way to help these vulnerable students is that schools should have or implement mental health services within school grounds. Having mental health professionals go in and out of the school is not the same as actually offering the services on campus. Students who actually have mental health services on campus find it to be very useful or helpful. Although there is stigma to mental health issues, both school and teachers should work together to get rid of this stigma and let students know or become aware that there is nothing wrong in asking for help. Simply because one asks for help in challenges, in this case with mental health issues, it does not make them weak or less than anyone else. Increasing awareness of mental health issues, its consequences, the importance of offering mental health services in school, and letting students become aware of these services can result in fruitful and beneficial outcomes. Working together to diminish the amount of students who have mental health issues can be obtained if schools and teachers work together in bringing awareness to this issue and actually providing mental health services. However, the mental health services offered should not be limited, meaning there should be an adequate amount of professionals to help serve all the students who need them and should always be made available to them.

Conclusion

This Capstone Project is intended to help all educators and students realize that mental health issues come with a variety of consequences, and if the appropriate measures are not taken, students can face serious consequences. Mental health issues affect students academically and emotionally, reduces their quality of life and their well-being, and negatively impact students' relationships with friends and family members. In addition, it also affects their satisfaction on a variety of things like work or school (Suicide Prevention Resource Center, n.d.). Mental health issues like depression, anxiety, and ADHD face a common severe long-term consequence, suicide, if it is not detected and treated on time. Teachers can be the ones who help prevent this tragedy from happening if they receive the proper training and preparedness to help these students. When teachers are at the front line for detecting student mental health issues, students can receive the proper help needed and students will be able to carry on a healthier mental health. Schools and teachers can work together to bring awareness on mental health issues and collaborate to bring mental health services in school for their students. Consequences of student mental health issues can be reduced or diminished if the proper steps or action is taken.

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Appendix A

Anonymous Interview Questions for Teachers

(School A)

1. Are you aware that there are mental health services offered to students in schools?

a. Yes, I am aware that there are mental health services available for students in my school. In fact, I know there are a variety of support groups and service providers at my school, but in all honesty, it's not 100% clear to me who provides what to students in need.

2. How do you identify mental health issues among students in your school? If you can identify mental health issues, how do you take action?

a. Sometimes students will express their struggles through a narrative writing assignment in English class. I'm aware that being an English teacher has additional responsibilities, and that I need to be alert to cries for help in student writing.

b. An additional resource I have is by careful observation of students. If I see a student who is behaving measurably different than they usually do (more withdrawn, low energy, less interaction with me and peers), then I will ask them privately how they are doing.

c. Often students may say, "Everything's fine" and look down. Sometimes they will say, "Oh, I just have some things going on right now." To that, I might ask, "Things at home or at school?" This is to see if they are comfortable talking with me about it more.

d. Regardless of how they answer, I will almost always ask them, "Would you like me to send you to see your counselor so you can get some support to help you during this challenging time?" Sometimes they say no, but usually, they say yes, and then I write them a pass.

e. I try to follow up with them and the counselor to see if it was helpful and if they feel they are getting the support they need. But often, due to confidentiality, I don't hear anything back from the counselors. Although I understand issues of confidentiality, I regret that because I feel I could be of more support if I knew they were continuing to receive support or had opted out. I wish there was a better communication system in place between counselors and teachers.

f. Throughout my interactions with the student, I try to always say, "Please let me know how else I can support you. And let me know if you need extra time to work on your assignments for me," etc. I try to remind students that they have the power to ask for and get the help they need by being proactive on their own behalf. The more students can see that they can take action to help themselves, the more empowered I hope they can feel.

3. Do you know the consequences of mental health issues when students do not receive any services from schools?

a. I am very aware of and worried about the high rates of self-harm and suicide among our youth. As the sponsor of the Be Yourself Club (at both Alisal and RSJHS), I am especially aware of how at-risk our LGBTQ youth are to mental health challenges.

4. What could you and your school do to bring awareness of mental health services to your students?

a. One big step is to de-stigmatize mental health issues (gosh, we all have our challenges, don't we?) and to normalize asking for help when you feel you need it. Whenever a student shares in class or in our poetry club about mental health issues, I always thank them for their tremendous courage in sharing their truth with others.

b. I noticed that students are far more likely to listen to a credible peer than just adults talking. Right now, I have several students (sophomores) who are working on projects (as part of their "Trailblazer Scholars Project" to help raise awareness of mental health issues for their peers. They will be presenting their research and solutions to a broader audience this spring, either live or via video recording. I think these student-led projects can be very empowering for all students.

c. That said, I welcome any and all advice about how I could be doing a better job. It can be difficult to know sometimes if it's just a teenager's normal mood swings as a result of puberty versus a more serious mental health issue. I wish I felt wiser and better prepared to help support my students more.

Appendix A

Anonymous Interview Questions for Teachers

(School A)

1. Are you aware that there are mental health services offered to students in schools?

Sadly, there are very few services offered at Alisal.

- We have a school psychologist from Monterey County Children's Behavioral Health who only has time to meet with a dozen students a year.
- We have a drug and alcohol resource specialist who works with quite a few students.
- The counselors on campus can see students for mental health, but their focus is on academic counseling.
- We do have a counselor for severely disturbed students, but I do not have information regarding who they see or what they do.
- Generally speaking, students are referred to the Monterey County Health Services, but it takes a couple weeks for students to get in to see someone.

2. How do you identify mental health issues among students in your school? If you can identify mental health issues, how do you take action?

Since I see students on a daily basis, I'm aware of most changes in behavior, and I try to address the change. The most important part of my job is creating a safe environment for my students, so they often feel comfortable speaking with me when issues arise, and because I am open with my students and share some of my own history, many feel freer to open up to me. After speaking with students, if they need help beyond someone listening, I have a few options. When students are not comfortable speaking with me, but it is obvious they need someone, I ask if there is someone else on campus they are comfortable with, and then I'll send them. Sometimes, they prefer speaking with the counselors, and sometimes, they need more in depth counseling. We can also refer them to one of the other people, but it does take them quite a long time to see the student.

If the mental health issue is due to abuse, as a mandated reporter, I contact CPS, and when a student has thoughts of suicide, I have referred them two cases for a 5150.

In all honestly - our school does not do enough, and it makes me angry. We have so many students who are dealing with deep trauma, and there is no one to help them. I can listen to them and provide comfort, but students need more than that.

3. Do you know the consequences of mental health issues when students do not receive any services from schools?

The consequences can result in feelings of despair, suicide, and/or a lifetime of mental health struggles.

4. What could you and your school do to bring awareness of mental health services to your students?

We need to stop pretending that it's not an issue. We need to stop ignoring the issue. We need to have many more resources and be explicit with what resources we have for students. I don't know if they need to take money away from other resources, but every year, our students' mental issues are increasing, and we need more people professionals to help our students.

I will always try to do what I can to bring comfort to students, but I know it's not enough. I continue to update my training in mental health, but with 150 other students, we need professionals trained to support our students.

Appendix A

Anonymous Interview Questions for Teachers

(School B)

1. Are you aware that there are mental health services offered to students in schools?

Yes each school in the district has a counselor who is working in (SEL) Social Emotional Learning

2. How do you identify mental health issues among students in your school? If you can identify mental health issues, how do you take action?

When students experience trauma they might need support. Sometimes aggression is a sign of trauma. Being sad, disconnected, depression is also a sign. By having conversations with the families.

First have a conversation with the families, refer them to the family centers at the district, arrange a meeting with the counselor.

3. Do you know the consequences of mental health issues when students do not receive any services from schools?

I don't know however, students that do not receive treatment can be violent, depressed and depression can make them suffer for the rest of their lives.

4. What could you and your school do to bring awareness of mental health services to your students?

By providing resources talking to families referring them to services and talking to them about mental health as a disease that can be cured.

Appendix A

Anonymous Interview Questions for Teachers

(School C)

1. Are you aware that there are mental health services offered to students in schools?

Yes. Student Life and other student support services are available in most schools through counseling, referrals, etc.

2. How do you identify mental health issues among students in your school? If you can identify mental health issues, how do you take action?

To identify mental health issues, as a non-mental health professional, is difficult. I often ascribe what I see behaviorally as a product of stress, potentially medication, drugs, organic illnesses, or other current concerns for that person. Otherwise, I evaluate based on behaviors and conversations: erratic behaviors, consistent irrational thoughts or outbursts, conversations with the person in which they tell me what they are experiencing (especially if it is something they are only imagining they are but not sure!).

If I can identify that there is a mental health issue, I first talk to the student/person to get some background and history of whatever it is that they said or did to make me think there was a mental health concern. I then ask what steps they are taking to find support and assistance. I recommend different agencies and health care services that I know of. I reassure the student that I am on their side, they are believed, and that I will support them in any way possible.

3. Do you know the consequences of mental health issues when students do not receive any services from schools?

Yes, many. I know that self-harm as well as harming of others is always a possibility. Less severe than that but still of deep concern would be personal set-backs in terms of advancing academically, professionally, or socially in relationships, and sometimes those set-backs are irreversible. If there is no sharp set-back, there is often a delay of achieving goals and loss of confidence, motivation, and depression.

4. What could you and your school do to bring awareness of mental health services to your students?

Publicize more widely the availability of student support services including testimonies by others who have been through challenges, come out the other side and can provide first-hand accounts of how their lives may have been assisted by those services (or should have been had those

things been available or known by them). Also, illustrate how there is no stigma in reaching out for help! Culturally as well as still socially, many think seeking emotional and mental health care is a sign of weakness, is imagined, or is always short-lived--none of which is true.

Appendix A

Anonymous Interview Questions for Teachers

(School C)

1. Are you aware that there are mental health services offered to students in schools?

Yes. At the community college I work at we have Crisis Counseling and Wellness. This is a free service to all enrolled students and it is part of the syllabus information we go over during the first week of classes.

2. How do you identify mental health issues among students in your school? If you can identify mental health issues, how do you take action?

Though I have had one day of Mental Health First Aid training, I still feel it is difficult to know whether a student is having mental health issues. The behaviors I watch for are students who come to class but seem not to be there. They do not participate or engage. They seem distant. To take action, I approach them with a question concerning the class. Are they understanding the material? Do they feel comfortable in class? Do they have trouble concentrating or completing the work outside of class? Depending on what their answers are, I may recommend Crisis Counseling for them.

3. Do you know the consequences of mental health issues when students do not receive any services from schools?

I don't have any data on that. But I believe many of my students have emotional rather than cognitive issues that are keeping them from doing well in class. It is hard to see the importance of academic work when one has not had needs met lower on Maslow's pyramid.

4. What could you and your school do to bring awareness of mental health services to your students?

As mentioned above, we are advised to put Crisis Counseling information on our syllabi and go over this at the beginning of the semester. It would also be a good idea to have a couple of "wellness" check-ins during the semester. And/or we could have a wellness week at mid-semester? These needs to become part of the campus culture. I have a colleague that begins class with a 1-10 "how are you doing today" check in, with no explanations needed. But it is a good way to know how individual students are doing and one could follow up on students who self-identify as not doing well at break or after class.

Appendix A

Anonymous Interview Questions for Teachers

(School D)

1. Are you aware that there are mental health services offered to students in schools?

I am aware that CSUMB offers mental health services to students, as do many other colleges and universities. I am not 100% certain if these services are completely free to students (they should be!!). I am not as familiar with what is offered at the public schools at the K-12 level.

2. How do you identify mental health issues among students in your school? If you can identify mental health issues, how do you take action?

I try to look for changes in attendance, homework, appearance, and attitude. If I notice these things I try to reach out in a friendly, personal email asking how the student is doing without being pushy or nosey. For students that I think are very clearly struggling – haven't been in class, haven't answered emails, haven't submitted assignments – I submit a Care Team referral.

3. Do you know the consequences of mental health issues when students do not receive any services from schools?

A simple guess would be that it impacts their grades, retention, and persistence. But, I'm not actually familiar with what the research shows.

4. What could you and your school do to bring awareness of mental health services to your students?

Better messaging about available services, and adding more resources and services, like more hours and staff in the PGCC and the Care Team. Faculty can also add information in their syllabi and send announcements to students about what is available to them.