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Are You Really Okay?: The Truth and Reality Behind Mental Illness in Middle School

Students

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LS 400: Senior Capstone

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Abstract

The focus issue addressed in this Capstone Project is the effects of mental health disorders on the education of middle school students. This is an important issue for students, parents, and educators because there is a critical connection between mental health and the academic performance of middle school students. It is argued that mental disorders have drastic, negative effects on the success of students in education. The primary stakeholder perspectives chosen were two parents, two middle school students, and one middle school educator because their personal thoughts, experiences, and opinions give an insight into the relationship between mental health and middle school students. Three action options emerged from an analysis of the data and were explored as ways to address the issue presented. The increase of mental health prevention is argued to be the most effective way to achieve the goals of effectively addressing and responding to the adverse effects of mental health on student performance.

Keywords: Mental Health, Mental Illness, Mental Disorder

Are You Really Okay?: The Truth and Reality Behind Mental Illness in Middle School**Students**

My life seemed simple. I was raised in a small town in south Monterey County with a large and loving family. I attended the local elementary school, middle school, high school, and now I attend the local four-year university. Simple, right? That is what I always pushed myself to think. As a young girl, I thought my life was simple, I thought my clothes were simple, and I thought my family was simple, so... why were my endless, uncontrollable, racing thoughts that kept me on edge all day, every day not as simple? Was there something horribly wrong with me? I did not know and was afraid to ask, so my mental illness was unconsciously normalized for fifteen years.

When I started first grade, as a five year old, a new chapter in my life had begun. I was finally in first-grade and could play on the big playground with the big kids. It was everything I had ever dreamt of because since preschool and kindergarten, I watched on as the kids from first through sixth-grade played on the big red slide and swung on the tall swings. I gripped onto the metal fence that separated them from me, every recess break, wishing I was there. So, on a cold morning in 2004, there I was, elated to finally step foot on the big playground. I ran as fast as I could, behind my friends, as I made my way to the big red slide. We climbed up the ladder, one by one, until it was finally my turn to slide down. I sat down and looked below me, to find a significant distance between me and the floor. Suddenly, my hands grew sweaty and clammy, as I gripped onto the edge of the slide, not wanting to slide down. "Go!" The kids behind me yelled. I turned to look at their eager expressions and hesitated to push myself down. My mind was bombarded with negative thoughts of different scenarios that could happen if I slid down.

"I am going to flip over and hurt myself. What if I break my leg? I will not be able to

walk again. They are all going to make fun of me. How will I run with a broken leg? How will I play with a broken leg? My mom is going to hate me for breaking my leg.”

Finally, I stood up and climbed down, as the endless thoughts raced through my mind. I ran to the bathroom, with my heart pounding in my chest. Everything around me was blurry, I felt dizzy, and the yells from my friends, asking me to come back, faded in the distance. I barged into the girl’s restroom, inhaling and exhaling hard and heavily, as my hand hit my chest, hoping my heart would slow down. Tears rolled down my face, as I sat on the restroom floor, crying and afraid of what was happening. This was my first anxiety-induced panic attack, but I would not know this, until fifteen years later.

As the years passed by, my mental state grew worse. I became a quiet person, due to the fear that I would be criticized for my thoughts and actions. However, once I entered 5th-grade, I convinced myself that what I thought was normal. There were people that were careless, fearless, and mellow, then there were people, like me, that worried about everything. I was just like everyone around me, right? This is what I believed, for years. So, I thought this was normal. My family became annoyed at my constant worrying over every single thing. I could not be left home alone because my mind told me that I would choke on something, but there would be no one to save me, or maybe someone would break in and kidnap me, leaving my parents and siblings wondering what happened to me, and I would never be found. At night, every single door needed to be locked, and every window had to be completely shut to prevent robbers. The lights had to be off to prevent fires, and the floor had to be cleared of any objects so no one would fall, in the middle of the night, and severely injure themselves. Of course, most of my thoughts were worse than these, but I prefer not to go too much into detail about that.

My mental health issues continued on in school. However, it grew worse in middle school. Middle school is where children grow into teenagers. Therefore, I believe that this is the

most difficult stage in a child's life, and having to deal with mental issues only makes it worse. That is exactly what happened to me. Once I entered 7th-grade, my thoughts became worse, and I shut everyone out of my life. I did not speak to my friends or family, and I kept everything to myself. I stopped being an active student in class and during school activities. I did not care about my homework, tests, or classwork. This is when my grades began to plummet, after years of being a successful student. I was no longer actively engaged in school and dreaded having to wake up every morning to attend class. I lied to my mom and dad, pleading with them to excuse my absences. If they were not willing to do that, I would call them from school, exaggerating any illness I could possibly think of, but lied about every single symptom. It did not matter what I had to do, I just had to be at home, in bed, hidden from the world.

When I was twenty years old, two years ago, I was diagnosed with anxiety. According to Mayo Clinic (2021), anxiety is categorized by an, "Intense, excessive, and persistent worry and fear about everyday situations." My thoughts and actions were controlled by my anxiety, for years. However, it was not until two years ago that I became open and honest with my family about my mind. I endured multiple panic attacks, was rushed to the hospital on multiple occasions because I thought my heart was failing, and caused stress for my family members until they finally pushed me to see a doctor.

Much like the mental health issues I faced, along with the several effects it had on my education, I know there are children, like me, going through the same thing. Students, especially middle school children, are enduring mental hardships, and it is affecting their performance in school. They must be more transparent about this, in order to seek help and approach it in an effective way, preventing any further psychological, emotional, physical, personal, and academic difficulties.

Literature Synthesis and Integration

Mental health illnesses in middle school are a critical issue. The development of a mental health disorder among children may ultimately cause repercussions toward their education. Therefore, it is important to address these issues, in order to treat and manage mental disorders before it becomes too much to handle for students and their schools.

What is the problem?

Mental health is a growing issue among middle school students. The term “mental health” refers to the emotional, social well-being, and psychological state of a person (CDC, 2018). It is a critical aspect of a child’s school life, as it heavily influences how they think, feel, and act (CDC, 2018). However, the state of one’s mental health varies from person to person. While one individual has a stable, healthy mental state, another may be dealing with a “mental illness,” which may also be referred to as a “mental disorder.” A stable and healthy mental state, as explained by Bhugra et al. (2013), “implies that the individual has the ability to form and maintain affectionate relationships with others, to perform in the social roles usually played in their culture and to manage change, recognize, acknowledge and communicate positive actions and thoughts as well as to manage emotions such as sadness” (p.3). On the other hand, the American Psychiatric Association (2018), defines the term “mental illness” as, “health conditions involving changes in emotion, thinking or behavior (or a combination of these).” They are diagnosable conditions that heavily affect the mental well-being of any individual, including children.

In recent years, mental health illnesses have risen among the American youth. Research indicates that over 20% of children in the United States, aged nine to seventeen years old, were affected by a mental health disorder (De Socio & Hootman, 2004). This number increased by 21% between 2001 and 2011 (Danielson et al., 2020). The topic of mental health in middle

school presents itself when it causes various factors to affect school performance in several different ways. Therefore, the issue is this: With evidence showing a critical increase in mental health illnesses, among school-aged children in the U.S, there are bound to be repercussions within their school performance, leading to adverse educational outcomes.

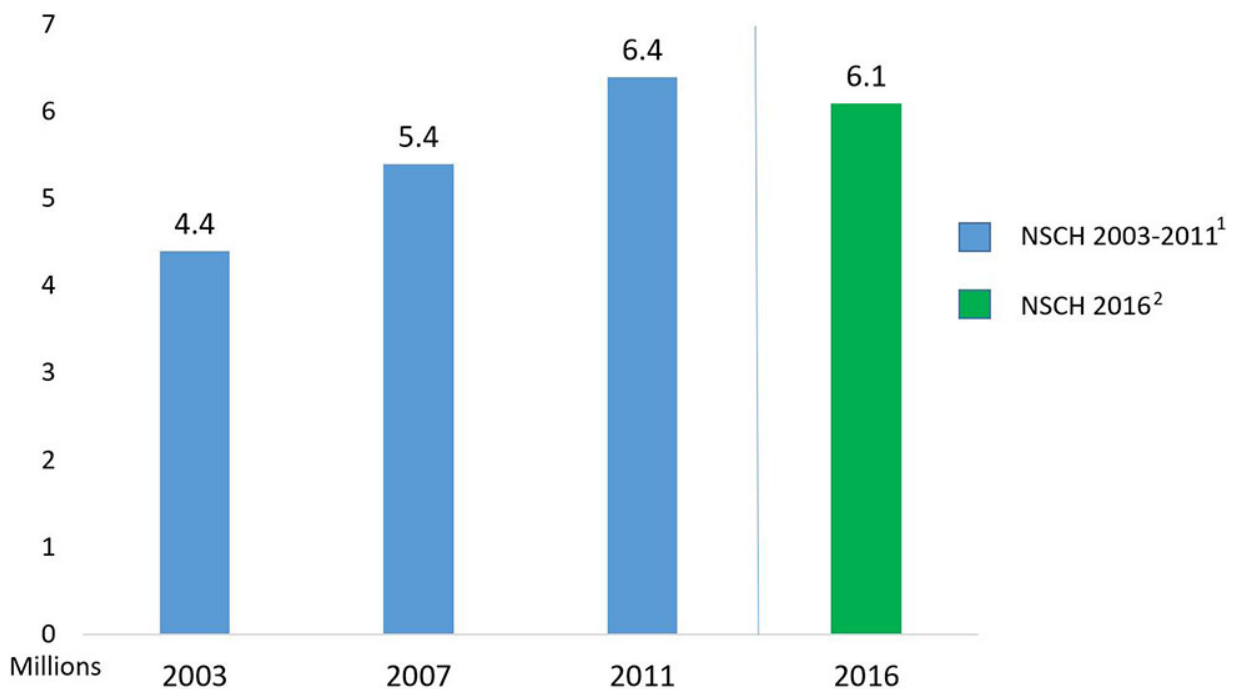
Why is it an issue?

To explain precisely how mental health affects middle school education, one must first understand how it directly impacts students. There are over 200 diagnosable mental illnesses and mental disorders (CDC, 2018). Some examples of these conditions include anxiety disorders, depression, and attention-deficit/hyperactivity disorder (ADHD) (CDC, 2018). Depending on the condition diagnosed upon the child, each mental illness/disorder creates a set of mental challenges that must be faced. For example, children with anxiety disorders, which include a range of conditions, such as generalized anxiety disorder, panic disorder, and social anxiety, respond to certain events or objects with, “fear and dread or terror” (CDC, 2018). In contrast, children that face depression may experience different elements of mental health, such as a never-ending, negative mood that affects their physical and psychological well-being almost every day (CDC, 2018). On the other hand, children with ADHD are unable to keep focus and cannot control their excessive movement or impulsive behavior (American Psychiatric Behavior, 2017). According to Rushton et al. (2002), nearly 30% of adolescent children stated they had symptoms of depression, and over 9% were shown to have moderate to severe symptoms (as cited in De Socio & Hootman 2004). The United States Department of Health and Human Services (USDHHS) (1997) states that up to 13% of children are affected by anxiety disorders that may also be found in one-third of children with depression (as cited in De Socio & Hootman 2004). It is also estimated that 3.3 million children, between the ages of twelve and seventeen,

have been diagnosed with ADHD, steadily increasing over time and remaining constant in recent years, as shown in figure 1 below (CDC, 2018). Middle school-aged youth are having to endure these mental health issues, among many others, on a daily basis. Because a large part of their day includes long periods of time in school, these conditions are taken with them into the classroom.

Figure 1

Increase of ADHD among children between the ages of 12 to 17



Note. Source: Centers for Disease Control and Prevention (2016).

Mental health contributes factors that affect the psychological well-being of children, but their negative attributes also lead to external effects that undoubtedly impact student education. According to Roderick et al. (1997), mental health issues were one of the key factors contributing to lack of school attendance in Chicago public schools (as cited in De Socio & Hootman 2004). Mental health disorders cause many effects that lead to student truancy, such as somatizations. The term “somatization” refers to the physical, medical illnesses caused by one’s

mental state. According to De Socio and Hootman (2004), “Frequent school absences for vague and nonspecific physical health problems may be related to underlying mental health needs and family problems (p.191). As stated by De Socio and Hootman (2004), constant reporting of health issues, such as aches, pains, and unexplained medical symptoms, are directly related to “underlying emotional and behavior problems in children” (p.191). Therefore, it is no surprise that mental illnesses, such as anxiety, ADHD, and depression, increase the chances of school truancy among adolescents (Pengpid & Peltzer, 2019). According to Maynard et al. (2017), truancy among American students remained constant for over a decade, with 10.8% of American students regularly missing school in 2002 and 11.1% in 2014 (as cited in Pengpid & Peltzer 2019). Students who exhibit high truancy levels are much more likely to receive C grades, D grades, or even lower (Vaughn et al., 2013). School truancy means students are not regularly attending school, not actively participating in class, missing tests, homework assignments, classwork, and overall being deprived of needed class time, causing them to fall behind in their education.

Furthermore, children with mental health illnesses are prone to engagement challenges in the classroom. Mental illnesses, such as attention-deficit/hyperactivity disorder, cause disruptive behaviors and attention problems, affecting over 10% of children (De Socio & Hootman 2004). According to Bagwell et al., (2001), these students, in turn, experience difficulty when trying to fit in with their peers, creating friendships, and making school transitions (as cited in De Socio & Hootman, 2004). According to Blumenfeld et al. (2004), school engagement is, “generally defined as students' interest, commitment, and involvement with school settings, school work, and school-based interpersonal relationships.” (as cited in Mihalec-Adkins & Cooley 2019, p.257). Therefore, for students with a mental disorder that causes issues when trying to feel

accepted into a school environment, their overall school engagement will be negatively affected as well. According to The Center for Comprehensive School and Improvement (2007), an organization funded by the United States Department of Education, “Engaged students also are more likely to perform well academically” (p.1). If a middle school student were to build a sense of belonging at their school, he or she is more likely to incorporate “school-related” beliefs and priorities, allowing them to increase school participation (Mihalec-Adkins & Cooley 2019). According to Ryan & Deci (2009), students' sense of connection to their schools creates a context in which they attempt to meet the school's expectations of them and build healthy in-school relationships, also promoting the adoption and internalization of practices related to behavioral and cognitive engagement (as cited in Markowitz, 2017). Therefore, unengaged students are not only uninvolved with school relationships, but they are not placing sufficient attention toward critical class time, undeniably causing them to perform significantly lower, in contrast to students who are engaged. Moreover, students with low engagement in school may be more likely to drop out of school completely. According to Eggert et al. (2002), there is an increased risk for depression, drug involvement, and suicidal behavior among students who are disengaged and drop out of school (as cited in De Socio & Hootman 2004). A student with mental health issues is already more likely to be disengaged from school, which may lead to a higher chance of dropping out. However, once completely out of school, they are faced with the potential development of a worse mental state and involvement with dangerous substances, like drugs. This only holds them back from returning to school or even being active participants if they do.

What Should be Done?

There are many approaches that can be taken, in order to tackle mental health disorders in middle school students. However, the school that students are exposed to, on a daily basis, plays an important role. According to De Socio and Hootman (2004), early signs of mental health disorders are identifiable through behaviors that affect school performance. Educators, principals, and other school staff may be the first to witness the negative effects, caused by mental disorders, on the school performance of students. It is important for them to recognize these early warning signs, in order to deliver services of mental health promotion and prevention to avoid any further repercussions that may lead to a worsened mental state. In order for this to be possible, school staff must be willing to take on the role of mental health prevention. However, challenges can arise, when trying to address these issues. For example, according to De Socio and Hootman (2004), school personnel “may not have sufficient time, resources, or administrative endorsement to deliver effective mental health prevention activities” (p.192). They may lack the support needed to effectively tackle mental illness. Therefore, schools must organize themselves to advocate for support from their districts, parents, and surrounding community to provide adequate resources, in order to help students with mental health disorders, which may be done through the use of workshops that provide needed information about mental health and the potential negative effects it may have on school performance.

Key figures that play a critical role in the treatment and prevention of mental health are school counselors, as they are important school figures that are primarily trained to respond to these student issues. Therefore, counselors should be well trained to face the numerous mental challenges faced by students. For example, according to Myers et al. (2011), one of the many ways that student mental health can be improved is through the creation of needed social skills, in order to effectively better the relationship between the school and student (as cited in Carney

et al. 2018). According to Carney et al. (2018), an effective way to do this is through, counselor-led, team-oriented social skills training. It creates improved school connectedness, in turn bettering the overall mental health of students in the school setting.

Conclusion

Overall, mental illnesses cause a series of negative effects on the education of middle school students. It affects not only their psychological well-being, but creates significant challenges in school performance. Therefore, it is important for school personnel, district officials, and counselors to address and treat these issues, as they will only continue to grow worse if left alone for students to deal with.

Method

Mental health has been a growing issue among children, for years. For this capstone project, I researched and investigated how mental health affects the education of middle school students. Based on an analysis of the data and the relevant research literature, I used what I learned to formulate an action that responds to the important issue, that is mental health, in a way that inspires, informs, or involves a particular audience.

Context

California Middle School¹ is located in the very small, agricultural town of Buena Vista, comprised of only 25,000 people. It is surrounded by numerous streets and houses that are occupied by the families of students, creating a family-oriented atmosphere. Buena Vista's population is mainly Hispanic, with 72.8% of the population identifying themselves as Hispanic. The median household income of Buena Vista's residents is \$60,616.

Participants and Participant Selection

¹ All proper names are pseudonyms.

I invited two students from California Middle School, their two mothers, and one California Middle School educator to participate in this study. More specifically, the participants in this study were two students from California Middle School, Vivian Santana, who is in grade 7, and Jamie Felix, who is in grade 8. Vivian Santana's mother, Jamie Santana, and Jamie's mother, Kayla Felix, also participated in this project. John Smith is an educator in California Middle School, and he also participated in this project. This group of prospective participants were invited to participate because they are all involved with California Middle School.

Jamie Felix. Jamie is fourteen years old. She is about to graduate from California Middle School and continue on to California High School. Jamie has been attending California Middle School for two years. In 2020, she was a 7th-grade student and now she is an 8th-grade student. She was a part of the California Middle School 7th-grade basketball team and soccer team. Her participation in sports came to a stop due to Covid restrictions. She has lived in Buena Vista her entire life.

Vivian Santana. Vivian is twelve years old. This is her first year as a California Middle School 7th-grade student. Next year, she will be an 8th-grade student in California Middle School. She was born and raised in Buena Vista.

Kayla Felix. Kayla is Jamie's mother. She is fifty years old. She moved to Buena Vista when she was 16-years-old and established a home and family with her husband in 1993. Her occupation is a stay-at-home mother of six.

Jamie Santana. Jamie is Vivian's mother. She is forty-two years old. She moved from Ohio to Buena Vista, California when she was twenty years old, where she got married and

established her family. Her current occupation is a hair-dresser at the local Buena Vista salon. She is a mother of three.

John Smith. John is a 7th and 8th-grade computer science teacher in California Middle School. He started his teaching career in California Middle School, where he has been working for three years.

Researcher. I was diagnosed with Anxiety, two years ago, when I was twenty years old. Although I was diagnosed very recently, the effects of this mental health issue on my academics were present as an elementary school, middle school, and high school student. It still has a negative effect on my education, today. However, it greatly affected my education in middle school. Therefore, I will be conducting an in-depth research project about the effects that mental health has on the education of middle school students.

The student participants in this project are currently enrolled in California Middle School, which I attended as a 7th and 8th-grade student. They also reside in Buena Vista, where I lived while attending California Middle School.

As I move forward with this project, I must be mindful of the raw and honest thoughts, emotions, and experiences of each participant. They may have personal experiences with the topic of the project or may be uninformed. I understand that this is a very serious and sensitive topic that may create some uncomfortable, yet important and insightful, conversations and interviews. At any point, during their participation, the participants may opt to not participate in or share what they do not feel comfortable with.

Semi-Structured Parent-teacher Interview and Survey Questions

The following questions were asked to no fewer than one California Middle School educator and two parents of California Middle School Students, all of whom were participants in this project.

1. To the best of your knowledge, what do you know about the relationship between mental health and the education of middle school students?

How do you believe mental health affects the education of middle school students in California Middle School?

What do you see as the challenges with mental health in California Middle School students and their success in education?; or What are you most concerned about when it comes to the effects of mental health on the education of California Middle School students?
2. What is currently being done to help, provide support, and address the mental health of students in California Middle School - by whom - and what are the strengths and weaknesses of these efforts?
3. What do you think should be done about mental health in California Middle School?
4. What do you think are the challenges to doing something about the mental health of California Middle School students?
5. Is there anything else that you would like to say about mental health in California Middle School students and/or the improvement of mental health in California Middle School students?

The following questions were only asked to the participating educator, along with the questions mentioned above.

1. Have you ever had a student with a mental health illness in your class? How was he or she given support? How did the resources and support help him or her?
2. With or without a medical diagnosis, how has the mental health of your students affected their performance in class?

The following questions were only asked to the parents, along with the first questions mentioned above.

1. Has your child been medically diagnosed with a mental health illness? If so, may you please state their diagnosis, when they were diagnosed, and why?
Is your child currently receiving medication, therapy, or any other form of help for their diagnosis? (Specific medication does not have to be stated).
2. With or without a medical diagnosis, how has the mental health of your child affected their academic performance in California Middle School?
3. How does your child's mental health change, from when they attend school versus when they are at home? (Are they more relaxed, calm, stressed, anxious, etc. at home or school?)

Semi-Structured Student Interview

The following questions were asked to no fewer than two California Middle School student participants, one in grade 7 and the other in grade 8.

1. To the best of your knowledge, have you ever been diagnosed with a mental health illness? If so, may you please state your diagnosis, when you were diagnosed, and why? - I want to be sure both parent and child are comfortable sharing this information.
2. What is the state of your mental health while you are in school? What is your

mental state while you are at home?

3. Has your mental health affected your performance in school? If so, how and why?
4. What other types of issues, not necessarily related to academics, have you dealt with at school because of your mental health?
5. What do you think should be done about mental health in California Middle School?
6. What do you think are the challenges to doing something about the mental health of California Middle School students?
7. Is there anything else that you would like to say about mental health in California Middle School students and/or the improvement of mental health in California Middle School students?

All of the questions listed also acted as a conversation guide. More questions were added, during the interview, to allow participants to elaborate on the answers that were given, per the written and oral permission and consent of the participants. Some questions were repetitive, as I wanted to get the perspectives, experiences, thoughts, and opinions of all participants.

Procedure

Participants were interviewed individually. Due to the Covid-19 pandemic, participants were invited to complete a video-call interview through the Zoom application. Some participants were interviewed through paper and a socially distanced interview. Video-call interviews took less than one hour and were audio-recorded (with participant consent). Socially distanced and paper interviews took place in a comfortable place at the participants' homes. A semi-structured interview format was used for all interviews, which allowed for follow-up questions to unclear, interesting, or unexpected responses. All interviews/surveys were scheduled at the convenience

of the interviewee and took less than one hour to complete.

Results

For this Capstone Project, two California Middle School students, two parents, and one educator were interviewed to see what they think could be done to improve the effects of mental illness on the education of middle school students. This is important because mental health causes negative repercussions toward the education of middle school students, and it is important to note exactly how and why this occurs, in order to address the issue adequately, with help from those that experience the school environment and are personally involved. Based on an analysis of the data and the relevant research literature, three themes emerged (see Table 1).

Evidence-based decision-making required evaluating each potential Action Option by the following criteria: effectiveness, time, and reach. Effectiveness is highly important because even though we may create important actions that must be done to address mental health issues in middle school, they have to be effective, in order to make an impactful change. Time is a problem that most do not pay attention to. However, time is very crucial toward responding to mental health effectively because the sooner students are able to receive help, the more they are likely to avoid any further negative effects that come from mental health disorders. Lastly, reach should always be considered, when trying to find the proper action to take, because if we are unable to fully reach all students, parents, and school personnel to help with this important matter, then there will be no way to guarantee an effective action for the benefit of student education. Based on the evaluation of each Action Option, an action will be recommended and justified.

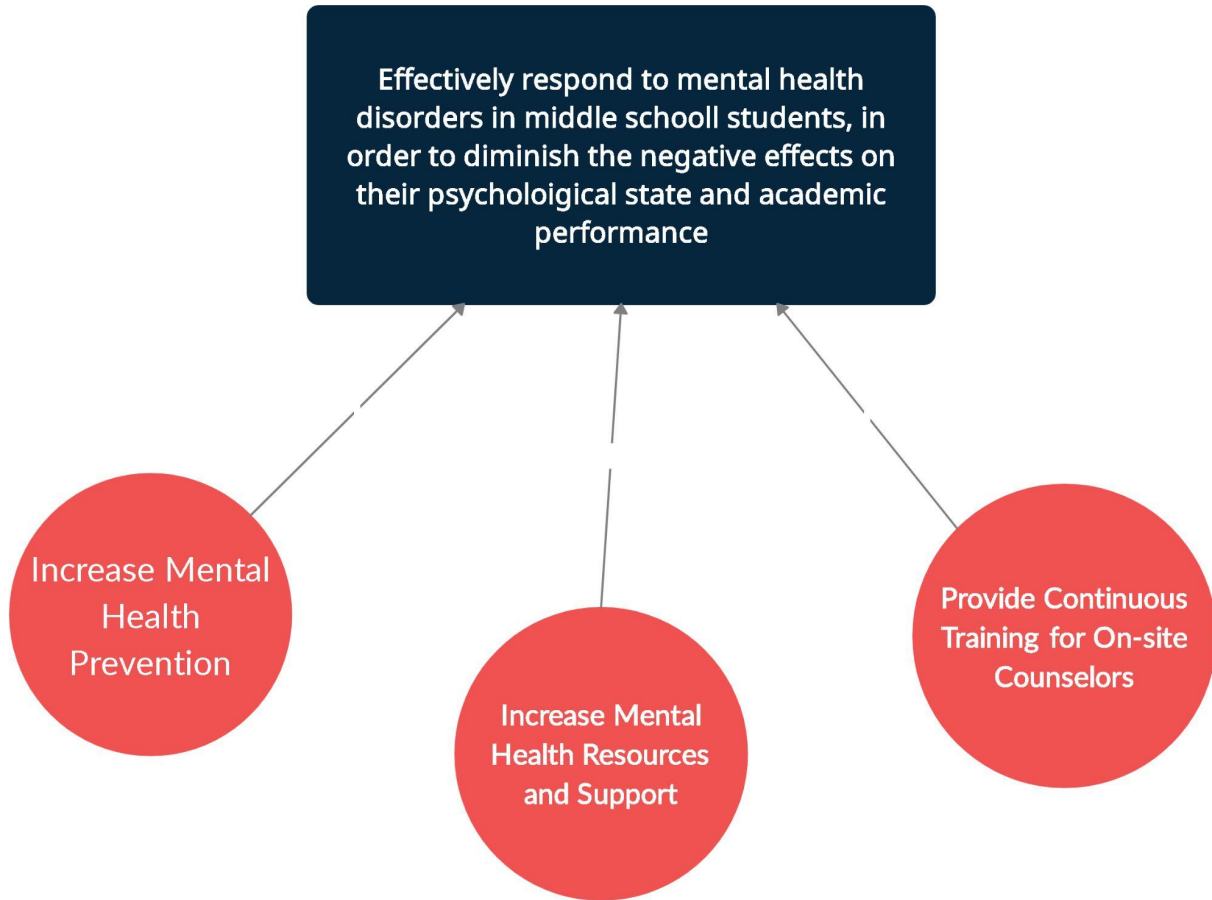


Image 1. Themes that emerged after analyzing relevant literature and gathered data.

Table 1

Evaluation of Action Options

Action Option	Effectiveness	Time	Reach
Increase Mental Health Prevention: electronic surveys that allow for an insight into the	High	Low	High

<p>well-being of students, allowing for a further understanding of mental health</p>			
<p>Increase Mental Health Resources and Support: advocate for better help, through workshops that educate students, school personnel, district officials, parents, and the surrounding community, in order to bring awareness to the importance of the issue</p>	<p>High</p>	<p>High</p>	<p>Low</p>
<p>Provide Continuous Training for On-site Counselors: monthly</p>	<p>High</p>	<p>Medium</p>	<p>High</p>

<p>workshops that broaden the knowledge of on-site counselors on how to identify early symptoms of mental disorders and onset disorders, in order to treat them effectively</p>			
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Increase Mental Health Prevention

Mental health issues in middle school students develop early warning signs, prior to the actual development of a full onset mental disorder, that leads to significant, debilitating mental health challenges. According to De Socio and Hootman (2004), early signs of an onset and developing mental disorder are distinguishable, based on student behavior that affects their educational performance. This was noted by John Smith, a California Middle School educator. During our interview, Smith stated, “In my class, we develop websites, and this student made a website, and it was all red, and it talked about killing. It was just crazy. So, that immediately gets flagged. Then, I make a note of that. You tell that to the counselors, and I show up to the meeting and say what happened” (J. Smith, personal communication, May 7, 2021). According to Smith, from his point of view as an educator, counselors and staff are actively seeking out early warning signs of mental health disorders, in order to respond accordingly, such as through parent, student, and teacher meetings. However, Kayla Felix, the mother of Jamie Felix, a California Middle

School 8th grade student, does not agree. Kayla states, “My daughter was bullied, and she sought out counseling to help her, but they did not pay attention to what I said or to what she said.

Issues, like bullying, lead to mental health issues. She started becoming distant from her friends and did not want to attend school anymore” (K. Felix, personal communication, May 8, 2021).

Truancy from school and disconnectedness from interpersonal school relationships are early signs of a developing mental illness, as shown by Felix’s daughter. Therefore, a proposed Action Option is to increase mental health prevention. This is possible through well-thought-out and planned outreach by school officials to be more knowledgeable on the state of students’ mental health. For example, this may be done by reaching out to parents with a survey that asks about the emotional, academic, and perceived mental state their child is in, in order to receive an in-depth analysis of the students and what they are going through. This allows the school to become more aware of the early warning signs of a mental disorder.

This Action Option is highly effective, as it will allow school officials to have an insight into the at-home perspective of parents, which may provide a more knowledgeable sense of the mental state of the child. The amount of time this will take is very low because schools send fill-out surveys through email and phone, which are electronically delivered. Therefore, the response time, in addition to the time it takes to make and send out the surveys is low, due to it being electronically done. This option will have a high potential outreach because it will be sent electronically, which will reach all parents and allow most to respond. Furthermore, parents are highly involved and will be willing to participate in the survey, lending much-needed help to the school.

Increase Mental Health Resources and Support

Although a school may have the proper response and plan to address and tackle the issue of mental health, there will always be drawbacks if needed resources and support are scarce. According to De Socio and Hootman (2004), endless possibilities for the solution to mental health are possible, but so are a lack of “resources or administrative endorsement” (p.192). The same sentiment was shared by Smith. According to Smith, in California Middle School, “There are two counselors for 500 to 600 students. The ratio of counselors to students is just not right. There is, maybe, one psychologist on-site, so that’s one for 600 students. That doesn’t seem like a proper ratio. So, I think that is the biggest weakness, not enough people” (J. Smith, personal communication, May 7, 2021). Students are dependent on the available help that is provided for them at school. However, if the needed help is not fully equipped to provide adequate support, where else will students turn to? Jamie Santana, the mother of Vivian Santana, a 7th-grade California Middle School student, states, “The school needs more people to help. I think there are only two counselors for the entire school. They should have more resources and help from the district, right?” (J. Santana, personal communication, May 3, 2021). The lack of resources and support for mental health services in California Middle School is evident. Therefore, the second proposed Action Plan is to increase mental health resources and support for the benefit of the students. This can be made possible, in a number of ways. For example, school officials can advocate for better support and funding for crucially needed services, such as counselors and psychologists, through workshops that educate the surrounding community about the severe effects mental health has on academic achievement and the scarce resources they are offered, in order to garner support for better help.

This action is highly effective because parents, community members, and school leaders educated on the critical issue of mental health and its potential negative effects on student

education will be more motivated to provide needed help, in turn providing adequate resources and support for students and the school. This option, however, will take time to plan and create because workshops must involve medical professionals, along with staff willing to help, as well as attendance confirmation from parents and the community. The outreach of this option is low, due to the lack of time potential participants may have to attend.

Provide Continuous Training for On-site Counselors

On-site counselors play a critical role in the response toward mental health. They are educated and trained to tackle and provide adequate responses to students dealing with mental health disorders and symptoms. According to Carney et al. (2016), effective methods that may better the overall mental health of middle school students are led by school counselors. However, Jackie Felix does not agree with this. She states, “I believe that counselors should be better trained, when it comes to responding to mental health issues. They need to be able to recognize the signs of mental health issues, like school truancy, grades becoming significantly lower, etc.” (J. Felix, personal communication, May 8, 2021). Although counselors go through difficult training, in order to respond to serious student issues, such as mental health disorders, they may not be fully showcasing their potential or simply lack the training to tackle such critical issues. Jamie Felix and Vivian Santana share the same sentiment. Felix states, “I think we need Better counselors that actually check up on you and are, overall, better trained” (J. Felix, personal communication, May 8, 2021). Felix endured bullying at the hands of her fellow peers, causing her to miss school and score low grades in her classes. However, she believes that during this difficult period, she was not given the proper or sufficient attention needed to address her anxiety and depression symptoms at the time. Santana adds on to Felix’s sentiment, stating, “They should focus more on what people actually deal with, by actually going up to them and talking to

them” (V. Santana, personal communication, May 3, 2021). The urge for highly trained counselors has strong support among student and parent participants. Therefore, the last proposed Action Plan is for California Middle School to provide continuous training for on-site counselors. It is obvious that the counselors attempt to help students, such as Jackie Felix, dealing with mental health issues and symptoms. However, they must be provided with continuous training by the school, in order to assure that their knowledgeable expertise is used to its full potential, in order to provide adequate support for the students. This may be done through monthly workshops for on-site school counselors, in order to provide up-to-date approaches, further educate on mental health warning signs, and better their overall knowledge on the matter.

This action is highly effective, as the on-site school counselors are specifically tasked with helping students with mental disorders. Therefore, if they are given continuous training that furthers their positive professional impact, students will benefit greatly from this. The time taken to do this is low because it will only be a monthly training. However, the duration of the training should be three to five hours, in order to ensure all aspects of the workshop are completely covered, such as informing them of various methods that help identify the early warning signs of mental health disorders. The outreach for this Action Option is high because counselors will be required to attend the workshops, and if students are provided with skilled and highly trained counselors, they will receive the proper attention and care that is very much needed.

Conclusion

From all of the three Action Options mentioned above, I recommend that schools increase mental health prevention. Students may be at a high risk of developing mental health illnesses. Therefore, it is crucial that the early warning signs of a developing mental disorder be addressed, in order to prevent any further negative effects on students’ psychological state and

their educational performance. This section will discuss the concessions, limitations, and possible negative outcomes that this Action Option may have.

Concessions. While I prefer the action to increase mental health prevention, the other two Action Options have their strengths as well. It is vital to increase mental health resources and support for schools in need of help, along with proper, continuous training for on-site counselors. According to De Socio and Hootman (2004), school personnel may be among the first to witness the early warning signs of mental health issues, through affected student performance in their academic environment. Therefore, schools must have adequate support to address these early signs. The Action Option to increase mental health resources and support is a strong option, as it strengthens the materials and capability of schools to respond successfully to mental disorders. Furthermore, on-site school counselors are the personnel that mainly interact with students, apart from educators. According to Carney et al. (2016), counselors can play an effective role in the response to mental disorders in students, such as through counselor-led training. Therefore, the Action Option to provide continuous training for on-site counselors can be a beneficial option to use, as they will only better the practices and approaches used to respond to mental health issues.

Limitations. Although choosing the Action Option that increases mental health prevention seems to be the most beneficial choice, limitations to this action are still present. The time it will take to receive responses is low, however, this does not guarantee that all parents will fully participate. Some families may not have access to a reliable electronic device, where they can respond to the survey. Furthermore, parents may not be completely honest with their responses, as some may think that mental health issues are a sensitive topic that should not leave the household.

Potential negative outcomes. There are also potential negative outcomes with this action. For example, parents may share personal, mental information about their children, which some students may not be comfortable with. Also, because students have more access to electronics, they may send in their responses, rather than their parents' responses, compromising the validity of all survey responses.

Conclusion. Although the potential negative outcomes and limitations mentioned above are plausible, I strongly believe that the Action Option to increase mental health prevention is the best choice. Not only will the school be informed with early and critical information about students, but they will be able to provide the proper and crucial help in a timely manner. This will highly benefit students in their future academic endeavors, by limiting adverse effects on their psychological state and education.

Action Documentation

The topic of mental disorders in middle school is important and must be focused on by parents, educators, school officials, and students. While it may seem like an external issue that needs to be dealt with separately from school, the fact still remains that mental disorders can also develop within the school setting and drastically affect the educational performance of students in middle school. Therefore, the issue that remains is how to prevent and identify mental disorders, in order to effectively deter any effects on student education. In order to adequately address this issue, different challenges must also be dealt with, such as the lack of attention toward the mental health of students, lack of crucial mental health resources, and ineffective approaches taken by school counselors.

After conducting research on correlating literature and collecting data from stakeholder interviews, three action options emerged to tackle the previously mentioned issues and

adequately address mental health disorders in middle school students. The first action option is to increase mental health prevention through planned parent outreach in the form of parent surveys that ask about the emotional, academic, and mental state the child is in, in order for schools to become aware of what the child is experiencing and be able to identify potential warning signs of an onset or developing mental health disorder. The second action option is to increase mental health resources and support through the use of school workshops for school personnel, parents, the surrounding community, and students, in order to advocate for adequate support and funding needed for mental health services in the school setting. The third action option is continuous training for on-site school counselors, through the use of monthly workshops, in order to ensure knowledgeable information and proper approaches are learned to better the overall treatment of mental health among students. The first action option, the increase of mental health prevention, was recommended to the principal and seventh and eighth-grade educators of California Middle School. This was the best course of action to take because it increases focus on the early warning signs of a developing and onset mental disorder, in order to identify the mental health challenges that are being experienced by the student. This allows the school to take proper and immediate action to diminish the negative effects a mental disorder causes toward the psychological state of the student and their academic performance.

The recommended action was suggested through a letter that was written and addressed to the principal and educators of California Middle School. The letter detailed my Capstone Project's research and data collection with the use of relevant literature and stakeholder interviews, in order to formulate an appropriate action plan. Then, it explained how to approach the action with the use of parent surveys to garner insight into the emotions, mental health, and

academic performance of students, while still encouraging the creation of their own action, based on the same suggestion of increasing mental health prevention.

All in all, the letter thoroughly explained my Capstone Project and the formulated actions to address the issue at hand. It was explained that my recommended action is only a suggestion and should be shared, in order to bring more attention to the issue and spark meaningful dialogue and change toward improving the treatment of mental health in California Middle School students, ultimately bettering their academic performance. As of now, there has been no response, but I am eagerly waiting to hear their thoughts and opinions, regarding my letter and recommended action.

To the principal and seventh and eighth grade teachers of California Middle School:

I would first like to introduce myself. My name is Genesis Amaro. I am a senior from California State University - Monterey Bay, and I am currently majoring in Liberal Studies in order to become an educator. I attended California Middle School, as a seventh and eighth-grade student, until I graduated in 2012. However, ten years later, I decided to come back and revisit the mental challenges I faced during my time as a middle school student for the benefit of current and future students.

As a student of the Buena Vista-Unified-School-District, I experienced chronic anxiety. It not only affected my psychological well-being, but also caused adverse effects on my education. I did not pay attention in class and was constantly distracted by ongoing negative thoughts. However, my mental state grew worse, once I began my first year in California Middle School. Middle school is a critical time in any child's life, as it is where they transition into teenagers, already facing so many personal issues of their own. The challenges that come with a mental disorder only worsen what is already a difficult time for any middle school student.

During my first year in California Middle School, I became distant from my peers. I was not actively participating in class, I was not submitting good classwork or homework, my grades significantly dropped, and I had trouble staying in school. Therefore, along with the help of my community partner, a California Middle School educator, I conducted my senior Capstone project that focuses on how mental health disorders/illnesses truly affect the education of middle school students.

During my study, I conducted research and collected data from scholarly, peer-reviewed literature and the following participants: one educator, one seventh-grade student, one eighth-grade student, and two parents. The data collected focused on mental health disorders in middle school aged-children and how it affects their education in order to formulate an effective action plan that will help prevent the negative effects of mental disorders on academic performance.

After carefully examining the literature and interview data of project participants, I would like to share one suggestion that I believe to be an effective action toward preventing mental health disorders and their adverse effects on middle school student education.

During the interview I conducted with the participating educator, it was noted that counselors, educators, and staff are actively seeking out early warning signs of mental health disorders in order to respond accordingly, such as through parent, student, and teacher meetings. However, in every parent interview I conducted, it was brought to my attention that they do not believe the school is trying their best to identify the warning signs of a developing or onset mental health

Image 1. Screenshot of letter sent to California Middle School principal and educators.

disorder. One parent participant stated that her daughter, an eighth-grade California Middle School student, experienced bullying. This led to her not wanting to attend school and becoming more distant from her friends. She also stated that school counselors and personnel should pay more attention to students showing similar problems. This situation connects to the analyzed literature, which states that truancy from school and disconnectedness from interpersonal school relationships are early signs of a developing mental illness, which ultimately affects their academic performance. Furthermore, it is also noted that educators and school personnel are among the first to notice negative changes in a student's behavior and academic performance. Therefore, the school must focus on identifying warning signs of mental disorders, like those shown by the parent's child. A proposed action option is to increase mental health prevention. This is possible through a well-thought-out and planned parent outreach by school officials in order to be more knowledgeable about the state of students' mental health. This may be done by asking parents to fill out a survey about the emotional, academic, and mental state their child is in, in order to receive an in-depth analysis of the students and what they are going through. This will allow the school to become more aware of the early warning signs of a mental disorder.

Of course, this is not the only approach that can be taken. Any preferred action should be decided on, but it must increase the attention placed toward mental health disorders, in order to deter potential negative effects on student education.

In closing, I would like to thank the participating educator for allowing me to conduct the interview for this Capstone project. Overall, this was a great experience. I must close this letter by stating that all participants created a caring and welcoming image of California Middle School, and like me, hope more attention is brought to this issue. I hope this proposed action can be of use or creates and inspires meaningful dialogue for the benefit of students and school personnel alike.

Sincerely,

Genesis Amaro

Image 2. Screenshot of letter sent to California Middle School principal and educators.

During my research and data collection, it was surprising to see how honest the participating students, parents, and educators were, regarding mental health among the students of California Middle School. They provided raw and sincere thoughts, opinions, and answers, for the benefit of the school and the mental health of its students. Before I began my Capstone project, I wish I would have known about the similarities between my experience with a mental disorder in middle school and the experience of both student participants because it would have

allowed me to start each interview with a background about the mental challenges I faced in middle school, in order to create an environment where they felt understood, as they stated their answers.

The important next step after the completion of this Capstone Project is to not stop broadening my knowledge, and the knowledge of others, regarding mental health and its effects on student education. It is important to remain informed about this important issue, as a future educator, in order to provide effective support for all students.

Critical Reflection

After completing this project, I was able to learn several things about myself, how to better teaching and learning, and how to effectively work toward change as a future educator.

At the start of the semester, I was unsure about what to base my Capstone Project on. However, as the semester progressed, I was determined to focus on mental health disorders in middle school and the effects on academic performance because, as a middle school student, I experienced the repercussions that my anxiety disorder caused on my academic performance. This allowed me to be actively engaged in the topic and issue, allowing me to realize that this project only deepened my interest toward mental disorders in students. Therefore, as a future educator, I will be able to use this experience and new knowledge to better understand and effectively support my students, something that was not done for me as a middle school student.

Although I was afraid to, once again, face the mental challenges that severely affected my middle school education, I learned that I was able to persevere through the pain, for the sole purpose of creating a positive change as an educator. My future students come first, and I will continue to strive toward being the teacher that they truly need and deserve.

Synthesis and Integration

The two years that I spent at California State University - Monterey Bay were equally challenging and rewarding, as a Liberal Studies undergraduate. The Liberal Studies MLOs, required coursework, and my Capstone Action Research Project positively impacted my professional development, in a number of ways. First, the required coursework exposed me to a challenging learning environment, allowing me to develop academically. Second, the Liberal Studies MLOs established learning outcomes that pushed me to perform beyond my own expectations. For example, MLO 3: Innovative Technology Practitioner paved the way for me to effectively use technologies for the benefit of my education by improving and effectively informing my studies. Lastly, my Capstone Action Research Project allowed me to conduct an in-depth research into the effects of mental disorders on student education, broadening my knowledge about student learning, as I am aware of the many aspects that affect student education, which will further help me as a future educator.

My education at California State University - Monterey Bay has adequately prepared me for my future, professional endeavors. The next step necessary for me to become the professional I strive to be is to use what I have learned as an undergraduate student, in order to become the embodiment of an impactful educator and provide quality education for my future students.

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