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## The Common Benefits of School Based Mental Health Programs: A Systematic Review

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THE COMMON BENEFITS OF SCHOOL BASED MENTAL HEALTH PROGRAMS

A Systematic Review

By

Briana Lindsey

MSW Clinical Research Paper

Presented to the Faculty of the

School of Social Work

St. Catherine University and the University of St. Thomas

Saint Paul, Minnesota

In Partial fulfillment of the Requirements of the Degree of

Master of Social Work

Committee Members

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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### **Acknowledgements**

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## Section I: Introduction

“Researchers estimate that one in five adolescents will suffer from a mental disorder” (Bowers et al., 2013). Many adolescents spend a large portion of their time in schools; therefore most of their symptoms may present in the school setting. “School as a primary access point makes sense because almost every community has schools, and children and youth spend six or more hours a day there.” (Rossen & Cowan, 2015). There are many programs and organizations that provide treatment for adolescents with severe and persistent mental illness (SPMI) such as community clinics, hospitals, and residential treatment centers.

Although these settings are all beneficial, they can be inconvenient due to barriers which include lack of transportation, financial hardships and lack of insurance. What is the alternative to these settings? Establishing formal school based mental health programs. School based mental health interventions have been designed to improve access to mental health services for youth with psychiatric problems (Burnett-Zeigler & Lyons, 2012). “Youth are most likely to enter the mental health service system between the ages of 9 and 13 and the majority of youth first receive services through their school” (Burnett-Zeigler & Lyons, 2012).

In the school setting students are typically referred to social workers by other staff members due to their disruptive behaviors. It is typically the social worker’s job to figure out what the underlying issues are. There are often many underlying issues such as family problems and academic struggles; however a major issue that is often overlooked is mental illness. “An estimated 10% of children experience clinically significant difficulties, with many cases remaining undiagnosed and/or untreated ; Mental health difficulties at all levels negatively impact children’s quality of life school attendance and educational performance” (Lendrum, Humphrey, & Wigelsworth, 2013).

This systematic review was designed to explore the research question: What are the common benefits of school based therapy? Common themes included: Acknowledging unmet mental health needs in schools, barriers to health services and stigma attached to mental health. The research not only explained the benefits of implementing schools based mental health programs, but also the shortcomings of implementing these types of programs in schools. Common benefits included reducing the number of suspensions, reducing the number of absences. “School-based mental health services cover a broad range of areas including assessment, therapy, consultation, and prevention activities” (Nabors and Reynolds, (2000)

### **Unmet Mental Health Needs in Schools**

“By fault our nation’s schools may be viewed as community mental health centers where up to ten percent of the children in the general education population may have a psychiatric disorder, between only one and five percent of these students are being served across the nation and less than one half of those with emotional behavioral disorders are being identified and served in special education” (Repie, 2005). Without the proper tools and education adolescent mental health is often going untreated or undertreated in the school setting. “It is common knowledge, however that few schools come close to having enough resources to respond when confronted with a large number of students who are experiencing a wide range of psychosocial barriers that interfere with their learning and performance”(Adelman & Taylor, 2000).

In school settings mental health symptoms tend to manifest in different ways such as behavioral issues, skipping school and bullying. Many students are not given a mental health diagnosis or put in special education classes which don’t meet their needs. These behaviors also distract other students from learning. Many teachers and other support staff are not trained to deal with mental health symptoms and or behaviors. Students are then consequently isolated by

staff and peers. “Childhood and adolescent mental health issues can cause pain and emotional distress and may compromise a student’s chances for fully succeeding in school and later life” (Repie, 2005). Without adequate services adolescents may be unable to develop the basic tools needed to function in society. Those skills include the basic communication, and self-regulating skills.

According to Rossen & Cowan, (2015) there are also long term effects of untreated mental health as the authors report “In most cases, mental health problems don't simply go away on their own but often become worse if they are not identified or if they are left untreated. The near-term consequences range from quiet misery and academic struggles to more serious behavior and safety risks. The long-term consequences contribute to our most intractable problems, including unemployment, civil disengagement, incarceration, substance abuse, lost productivity, and poor health”.

### **Barriers to Community Based Services**

According to Vanderbleek (2004) “Barriers to enrollment and retention can be categorized as: (a) structural lack of services, delays between service referral and initiation, no insurance or ability to pay, lack of transportation, disconnects between service hours and work, childcare conflicts; (b) perception of mental health problems: school or families inability to identify students need for mental health services, denial of problem severity, beliefs the problem can be addressed without treatment; and (c) perceptions of mental health services-lack of trust. Negative experiences, stigma related to mental health, student refusal, belief that services are not effective”

“Mental health professionals are placed within schools to provide preventive services and intervention for students and their families during the school day and after school hours. Instead of seeking mental health services from inpatient and out-patient clinics or community agencies, school children and their parents can use “the school as a one-stop setting for all child serving agencies.”(Kit-Yee Lam, 2003) School based mental health programs can allow families to access on site services in a convenient and timely manner

Many families cannot afford to pay for co pays, expensive medications and high quality health care. As a consequence many adolescents go without. “Before the Affordable Care Act about 10.5 million youth under age 18 were uninsured and community mental health services weren’t readily accessible even for those with insurance” (Vaillancourt & Kelly, 2014).” Many school based programs are funded through grants or through school budgets. “The United States spends \$4 billion annually for school-related services from mental health professionals” (Kang-Yi et al., 2013). If funding is provided for school based programs there is little to no cost to the adolescent or his/her family.

Many of the students participating in school based programs are from low income families which may also be a stressor for students as well as parents. “Poor children; including adolescents, fare worse on many measures of health, including mortality, self-reported health, chronic illness, injuries requiring medical attention, impaired growth, and limitation of activity” (Newacheck et al., 2003). Problems students are facing are brought into the school setting. “Research shows that youth who come from higher economic backgrounds are more likely to seek out help regarding their mental health symptoms” (Burnett-Zeigler & Lyons, 2012). Many adolescents from higher economic backgrounds have parents that are able to afford high quality providers to assist their children with managing their mental illness. “As a result of lack of

affordable health insurance, schools have been and remain the de facto mental health provider system for children and youth. It has been estimated that between 70% - 80% of children receive mental health services in school”(Vaillancourt & Kelly, 2014).

“Youth attending schools with school-based health centers are more likely to access healthcare services and those who make more frequent visits to school health centers have a higher percentage of mental health related visits” (Burnett-Zeigler & Lyons, 2012).

Appointments with community based clinicians can be difficult to reschedule, especially in a timely manner. Many adolescents are forced to miss school due to appointments. The parents of these adolescents are also forced to miss work to attend these appointments with their children. This may also cause adolescents to attend these appointments alone causing families to become disengaged with services.

“For children and families the school services are close to home, accessible, user friendly and free of stigma” (Jennings et al.,2000 ). Accessibility is also a major issue for parents and adolescents when attending these appointments. Families may not have transportation to these appointments causing adolescents to miss appointments causing them not to get their needs met. School based mental health programs allow students to remain in the school setting while also providing them with the support that they need. “Research shows that students are more likely to seek help in a school setting rather than a clinic or hospital setting, especially in families of color and families with a lower economic status”(Carlson & Kees, 2013).

### **Stigma and Knowledge of Mental Health Concerns and Treatment Options**

“Approximately 21% of children and adolescents ages 9 to 17 have a diagnosable psychiatric disorder and additional youngsters experience social and emotional difficulties that

do not meet symptom criteria for a disorder but cause considerable distress and impairment in functioning. Unfortunately, there is a significant gap between the many youth who are in need of treatment and those who actually receive mental health care” (Masia et al., 2013).

“Many barriers are associated with seeking mental health services. Three of the most common reasons reported by young people are stigma associated with seeking help, not recognizing one has an illness and not knowing where to go for help” (Bowers et al., 2013). Many students are ashamed to seek help for their symptoms. They are afraid to stand apart from their peers. “Stigma around mental illness puts adolescents at risk for not seeking help for themselves or helping peers dealing with mental distress” (Bulanda et al., 2014)

### **Working Collaboratively: Practitioners, Families, School Support Staff and Students**

“Issues such as mental health may not be addressed in the home so adolescents display behaviors in schools. School based mental health interventions often call for a partnership between the clinician, the client, the school team and the family creating an extra support. “School-based mental health interventions often also provide a variety of other support services to youth and their families such as afterschool programming, employment counseling, and financial support”(Burnett-Zeigler & Lyons, 2012).

Students are more likely to be successfully in school based programs when their family members are engaged and supportive of services. “When students do use school-based mental health services, defined as any mental health services along the continuum from prevention to intervention that are initiated through the school, researchers have found family involvement is a key component to both service utilization and effectiveness” (Vanderbleek, 2004) Parents have the ability to be influential as well as provide reinforcement in the home and other setting. A

student's progress may be undone if it is not being reinforced in other environments. "Active involvement by family members assists in the treatment process by providing comprehensive background information concerning their child's social, emotional, and intellectual development; instituting appropriate changes in the home environment; reinforcing skills learned in therapy sessions" (Prodente et al., 2002).

Students are more likely to be engaged in services if they have a working and trusting relationship with those providing or involved in service delivery. "Positive relationships between clinicians and adolescents, as well as adolescent satisfaction with treatment, influence outcomes ; Qualitative data from focus groups with adolescents receiving school based mental health services indicated that they perceived a warm and caring relationship with their therapist as having a positive impact on therapy process". (Nabors & Prodente, 2002)

Working with an interdisciplinary team allows the students to get his/her needs met from various providers. Each team member can look at treatment plans/goals from different perspectives. For example a social worker may provide treatment interventions from an environmental aspect where a nurse might provide treatment interventions from a medical model. "With respect to risk factors, interventions focus is not only on individuals, but on conditions at home, in the neighborhood, and at school. This recognizes that the primary causes for most youngsters' emotional, behavior, and learning problems are external factors (e.g., related to neighborhood, family, school, and/or peer factors such as extreme economic deprivation, community disorganization, high levels of mobility, violence, drugs, poor quality or abusive caretaking, poor quality schools, negative encounters with peers, inappropriate peer models, immigrant status, etc.)" (Adelman & Taylor, 2000)

## **Section II: Methods**

### **Research Purpose**

The purpose of this systematic literature review is to explore the question: What are common benefits of school based mental health programs, based on information on current literature.

The purpose of this research is to determine the benefits of implementing school based mental health programs. Key terms include mental health, schools, adolescents, social workers, family involvement, lack of resources and accessibility. Oxford dictionary defines “mental health” as “a person’s condition with regard to their psychological and emotional well-being” Oxford dictionary defines “school” as “an institution for educating children”. Oxford dictionary defines “resources” as “a stock or supply of money, materials, staff, and other assets that can be drawn on by a person or organization in order to function effectively”. Oxford dictionary defines “adolescent” as “a young person in the process of developing from a child into an adult”. Oxford dictionary defines “social work” “as work carried out by trained personnel with the aim of alleviating the conditions of those in need of help or welfare” Oxford dictionary defines “accessibility” as “Able to be easily obtained or used.”

### **Types of Studies**

To answer the question of what are common benefits of school based mental health programs only qualitative and quantitative studies were considered. The focus of this study was on the experiences and perspectives of both participants and those who delivered services.

### **Search Strategies**

The researcher used the search databases Child Development & Adolescent Studies, JSTOR and Academic Search Premiere . Key search terms that the researcher used were “school based”, “therapy”, “and “ outcomes”. The researcher found a total of seventy five articles in her

initial search using the Child Development & Adolescent Studies. The researcher selected eleven articles to use for research purposes.

The researcher selected both quantitative and qualitative articles that have been peer reviewed only published after the year 2000. The researcher used articles that were both qualitative and quantitative. The researcher allowed articles that reflected research in either rural or urban communities. Key terms in the articles include “mental health”, “schools,” “adolescents”, “social workers”, “family involvement”, “lack of resources” and “accessibility”

### **Review Protocol**

Full-text, peer reviewed articles were considered in this review. Articles were found using search databases: Child Development & Adolescent Studies; JSTOR and Academic Search Premiere. Articles were searched and collected between October of 2016 and January of 2017. These data qualifications were put in place as a means of addressing the issue of validity for this research

### **Inclusion Criteria**

The writer reviewed articles published after 2000 to ensure relevance; there have been many breakthroughs and changes in the mental health field including the implementation of school based therapy programs, the new DSMV, the new emphasis on interdisciplinary teams and also the commonality of severe and persistent mental illness. This project reviewed articles that included various populations including both urban and rural due to mental health effecting a wide population. Research included data from participants between ages 5-18 years old and both males and females.

In the databases of Child Development & Adolescent Studies, JSTOR and Academic Search Premiere searches were carried out using the following combination of search terms “school

based” “therapy” “mental health” “schools” “adolescent mental health” All articles that came up in these databases, using these search terms, were published after 2000. In JSTOR 232,103 peer reviewed articles satisfied the specified search criteria. In Academic Search Premiere 3803 peer reviewed articles satisfied the specific search criteria. In Child Development & Adolescent Studies 75 peer reviewed articles satisfied the specified search criteria. The focal point of this research was around the benefits of school based mental health programs. Articles were included that discussed specific interventions as a form of a school based mental health program.

### **Exclusion Criteria**

Of the 235,981 peer reviewed articles that met the initial search criteria only 10 met criteria to be included in this literature review. Articles which were excluded from the research review included: studies that focused on a specific race; articles that focused on a specific therapeutic approach: cognitive behavioral therapy or dialectical behavior therapy for example; articles that focused on a specific group of students within the school such as special education vs. regular education students. Selected articles were also limited to those written in English. Inclusion and exclusion criteria decisions were made based on the title and abstract of the articles.

**Table 1: Included Articles**

<b>Search Database:</b>	<b>Title</b>	<b>Author/s</b>
<b>Child Development &amp; Adolescent Studies</b>		
	The Children First Program: A School-Based Mental Health Collaborative	Kate McLain Arellano John F. Arman
	Intervention for Children Acting Out in Class: Applying Family Therapy in School Settings	Sarah Kit-Yee Lam
	Program Evaluation Activities: Outcomes Related to Treatment for Adolescents Receiving School-Based Mental Health Services	Laura A. Nabors Matthew W. Reynolds
	Furthering Support for Expanded School Mental Health Programs	Christine A. Prodent, Mark A. Sander Mark D. Weist
	Evaluation of Outcomes for Adolescents Receiving School-Based Mental Health Services	Laura A. Nabors Christine A. Prodent
<b>Academic Search Premier</b>		
	A Qualitative Study Exploring Adolescents' Experiences With A School-Based Mental Health Program	Garmy, Pernilla Berg, Agneta Clausson, Eva K.

	School-Based Mental Health Program Evaluation: Children's School Outcomes and Acute Mental Health Service Use	Christina D. Kang-Yi David S. Mandell Trevor Hadley
	Engaging Families in School-Based Mental Health Treatment	Linda Vanderbleek
<b>JSTOR</b>		
	Improving Mental Health in Schools	Eric Rossen Katherine C.Cowan
	Mental Health in Schools and Public Health	Howard S. Adelman, Linda Taylor,

### Section III: Research Synthesis

The purpose of this systematic literature review is to explore the question: What are common benefits of school based mental health programs? Using the databases of Child Development & Adolescent Studies, JSTOR, Academic Search Premiere and PsychInfo and working within the exclusion and inclusion criteria included above, 10 peer reviewed articles met the criteria and were reviewed. All of the included articles were focused on “mental health” in the school setting. Of the included articles six (60%) Arellano & Arman, (2002), Kit-Yee Lam, (2003), Nabors & Reynolds, (2000), Nabors & Prodent, (2002), Garmy et al .,(2015), Rossen & Cowan,( 2015) focused on specific school based mental health interventions and their outcomes. Of those articles that focused on specific school based mental health interventions and their outcomes five Arellano & Arman, (2002), Nabors & Reynolds, (2000), Nabors & Prodent, (2002), Garmy et al .,(2015), Rossen & Cowan, (2015) conducted research within “urban or rural” populations. Of those articles that focused on specific school based mental health interventions and their outcomes all conducted research with participants aging from 5-18, from either gender. Of the included articles four (40%) Vanderbleek, (2004, Adelman & Taylor, (2000), Kang-Yi et al., (2013), Prodent et al., (2002)focused on ways that schools, mental health providers and families to eliminate barriers to school based mental health services.

All articles were focused on school based mental health programs. Research conducted by Arellano & Arman, (2002) was focused on implementing the “Children First” program. “The Children First program was created in a collaborative effort to provide mental health personnel in the public and parochial schools with the ability to accomplish one major goal: to ensure that children and families in need of help receive high quality counseling services within their school environment. Not surprisingly, this program is often their sole access to counseling services. Children First program provides individual, group, classroom, and family counseling at no

charge to the clients” (Arellano & Arman, 2002) Children First is utilized in 17 “urban” elementary and middle schools in Denver, Colorado. The program, utilizes four instruments for evaluation which include: Social Skills Rating System (SSRS), Referral/Follow-up, staff surveys and clinician assessments. Benefits of implementing the Children First programs include clients being able to communicate their thoughts, feelings, and needs. In addition, this program helps clients to resolve individual, school, and family problems more effectively” (Arellano & Arman, 2002).

The article by Rossen and Cowan, 2015 focuses on implementing “multi-tiered” system of supports including: universal wellness promotion and primary prevention, targeted prevention and intervention, individual /tertiary intervention. By implementing multi-tier interventions schools are able to integrate mental health services with academic and behavioral supports, lower barriers and build bridges between special and general education and facilitate coordination with community providers while also ensuring that services provided are appropriate to the learning context. (Rossen & Cowan, 2015)

A study completed by Nabors and Reynolds (2000) measured the outcomes of 181 male and female middle and high school students receiving school-based mental health services and 113 male and female middle and high school students who were not participating in any type of mental health services. Assessment tools included: the Youth Self-Report Form (YSR), the Global Assessment of Functioning Scale and the Child and Adolescent Functional Assessment Scale (CAFAS). “Both clinicians and adolescents reported gains in adolescents functioning over time.” “Functioning in this study can be defined as the child's behavior in his or her school, home, and community; behavior toward self and others; emotional functioning; thought processes; self-harmful behavior; and substance use”.

In a follow up study by Nabors and Prodent (2002) it was found that 79 adolescents whom were in the treatment group (181 in the initial sample), and 54 were in the comparison group (113 in the initial sample) were still utilizing school based therapy services. “Results indicated that adolescents receiving SMH services reported improved functioning after a year, although this difference did not reflect a clinically significant change in functioning”. “A noteworthy finding underlying all the results is that the program may have been most helpful for urban adolescents who were at lower risk for mental health problems. Results showed only slight improvements in functioning for youth receiving services, and those students likely to remain in treatment were described as more resilient than those who did not. Students with significant problems may have dropped out of school and treatment. This speculation raises the question of whether the school-based clinicians were serving well the students most in need of mental health care” (Nabors & Prodent, 2002)

A study by Kang-Yi et al (2013) sampled 468 Medicaid-enrolled children ages 6 to 17 years old who were enrolled in school based mental health programs. The study measured the effect that participating in a school based mental health program has on absences, suspension rates, promotion to the next grade and use of acute mental health services. This study did not include any direct client contact; school records were used to measure outcomes. “The percentage of children promoted to the next grade increased almost 13% after program enrollment. The mean number of days suspended per month out-of-school decreased from 0.100 to 0.003 days ( $p < .001$ ).” (Kang-Yi et al., 2013).

A study by Garby et al (2015) completed a qualitative analysis of adolescent’s experiences with school based mental health programs. Eighty-nine adolescents’ male and female ages 13–15 years who attended school in “urban and rural” areas in Sweden were divided

into 12 focus groups. Participants utilized the DISA (Depression in Swedish Adolescents). “Students were measured in three areas intrapersonal strategies, interpersonal awareness and structural constraints. “According to the students, they learned to identify negative thoughts and turn them into positive thoughts and to try to think positively after having negative thoughts.” (Garmy et al., 2015). “The students also expressed that they could use what they had learned in future stressful events. According to the students, the insight that thoughts, emotions, and behavior are linked together enabled them to change their behavior to create less stressful conditions. The intrapersonal strategies include directed thinking, improved self-confidence, stress management, and positive activities” (Garmy et al., 2015).

### **Thematic Analysis**

Through the analysis of literature five interrelated themes emerged from this systematic literature review around the common benefits of school based therapy. These themes include: 1).Correlation between mental health and academic issues; 2). Utilization of school based mental health services in” urban “populations; 3). Utilizing a multidisciplinary team for intervention; 4). Common mental health diagnosis/issues discussed during treatment

### **Correlation between mental health and academic issues**

Research by Rossen & Cowan, 2015, Arellano & Arman, 2002,Nabors & Reynolds, 2000,Nabors & Prodente, 2002, Garmy et al .,2015,Vanderbleek 2004,Adelman & Taylor ,2000,Kang-Yi et al., 2013 and Prodente et al., 2002 suggests that many school based mental health programs have found a correlation between academic difficulties and untreated mental health. “Mental health can lead to difficulty following instructions, trouble concentrating problem solving, staying engaged and motivated, and exhibiting self-control. In many cases,

educators incorrectly attribute these behaviors to willful disobedience or noncompliance. Students can also have difficulty regulating emotions and maintaining friendships, which can lead to a sense of isolation and disconnectedness. Some can be so immobilized by fear, depression, or anxiety that they avoid school completely” (Rossen & Cowan, 2015). Untreated mental health in schools not only affects the student but staff and peers also. “Mental illness often manifests in ways that are distracting and stressful to class- mates and teachers. Other students engage in more risky or harmful behaviors, ranging from physical aggression and bullying to substance abuse and self-injury” (Rossen & Cowan, 2015)

“Disruptive behavior in the classroom may stem from an undiagnosed learning disability, boredom, bereavement, abuse, substance use, emotional/behavioral disorders, tensions in the home, or limited social skills/knowledge (to name a few factors).” (Prodente et al., 2002) Research conducted by Prodente et al., 2002 suggests that the advantages of school based mental health programs include improved emotional/behavioral functioning , decreased disruptive behaviors improved coping skills ,reduced depression ,improved attendance and reduced disciplinary referrals

Vanderbleek (2004) suggests that “psychosocial” interventions in school can help increase attendance rates and decrease acting out, violent behaviors and dropout rates. Vanderbleek (2004) also reports utilizing a family systems approach research can be equally or more effective than other therapy due to producing positive change and shows a “71 % “improvement in children's behavioral problems. Arellano & Arman (2002) reports that family involvement is a reliance factor and can decrease behaviors in the school

### **Utilization of school based mental health services in” urban “populations**

Arellano & Arman (2002) reports behavioral and emotional issues are more prevalent in individuals who come from lower socioeconomic backgrounds. Issues such as poverty can cause mental health issues to intensify in the school setting. Many youth who live in “urban areas have limited community mental health resources due factors such as cost and accessibility. “Youth in urban areas have been effected by a reduced availability of mental health services and increased contact with serious risk factors. School mental health (SMH) programs may be an optimal avenue for providing services to these youth who other-wise might not receive treatment” (Nabors & Prodent, 2002).

According to research by Adelman & Taylor, (2000) over 50% of students on large “urban” high schools develop emotional, learning and behavioral issues. “For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty” (Adelman & Taylor, 2000).

### **Utilizing a multidisciplinary team for intervention**

Much of the research Rossen & Cowan, (2015), Kit-Yee Lam, (2003), Nabors & Reynolds,( 2000), Prodent et al., (2002), Adelman & Taylor ,(2000) attribute multidisciplinary teams as success factor in school based mental health program s. Multidisciplinary teams in the case of school based mental health include teachers, school administrators, parents clinicians and sometimes primary care providers. According to literature by Nabors and Reynolds (2000) these professionals often make the initial referrals for the individuals to the school based mental health programs. Nabors and Reynolds, (2000) report “collaborative service programs successfully reduce the number and duration of restrictive out-of-home placements of children with emotional

disabilities “. Arellano & Arman, (2002) state in their study that In addition, families often report higher levels of satisfaction with services in collaborative service provision programs

Research by Rossen & Cowan (2015) suggest that over 25,000 clinicians, school professionals, nurses, doctors work together to learn how to provide services for the mental health and academic needs of those served in school based mental health programs. “Public health professionals can encourage youngsters and their families to take advantage of opportunities in the schools and community to prevent problems and enhance protective buffers (e.g., resilience). (Adelman & Taylor, 2000) These efforts may be extracurricular programs, educational opportunities and volunteer opportunities

(Prodente et al., (2002) states that school based mental health programs have been able to sustain services due to the ever-growing partnerships between schools and outside agencies. It was stated that “Over the past decade, there has been a significant growth in expanded school mental health programs, which are able to provide a full range of mental health care (assessment, treatment, case management, prevention) to youth in both general and regular education, through partnerships between schools and mental health agencies and programs in the community”.

### **Common mental health diagnoses/issues discussed during treatment**

Based on the research there are several common diagnoses or common issues that arise in school based therapy. According to research by Arellano & Arman (2002), Nabors and Reynolds (2000) and Adelman & Taylor (2000) common issues that are addressed in therapy include, abuse, chemical use, divorce, and grief and loss process problems ,social skills, anger management, self-esteem and learning disabilities.

Many issues are related to an individual's environment. "Some individuals are dealing with chronic stressors that can cause psychological harm including poverty, community violence, homelessness, or abuse. And still others are coping with emerging or chronic mental illness such as depression, generalized anxiety disorder, and emotional behavioral disorders" (Rossen & Cowan, 2015). Research by Rossen & Cowan (2015) suggests that common mental health diagnoses in school setting are anxiety, depression, attention deficit/hyper disorder, obsessive compulsive disorders, emotional behavior disorders, eating disorders, substance abuse, conduct disorders, schizophrenia and personality disorders .

#### **Section IV: Discussion**

This systematic review was developed to the literature available on the common benefits of school based mental health services. The goal was not to answer with a literature sample but to consider the vast body of literature regarding school based therapy. This review was conducted using a systematic review of the research literature. From this review it became clear that many studies share common conclusions on how mental health services in the school setting share similar benefits. This systematic review includes research from Arellano & Arman, (2002), Nabors & Reynolds, (2000), Nabors & Prodent, (2002), Garmy et al.,(2015), Rossen & Cowan, (2015), Kit-Yee Lam, (2003), Vanderbleek (2004), Adelman & Taylor (2000), Kang-Yi et al., (2013) and Prodent et al., (2002).

School based mental health programs allow the students to address mental health issues that can potentially diminish their ability to function in both the academic and social settings. Findings suggest that mental health has a direct impact on academic functions predominantly in the area of behaviors. School based mental health services address various issues including long and short term issues such as severe and persistent mental health, family issue such as divorce, abuse and grief and loss and environmental factors such as homelessness and financial hardships. These finding suggest that school based mental health services can be easily accessed in comparison to community/clinic based services. Research reports that school based mental health services can help elevate issues such as lack of transportation and insurance.

The first theme in the literature was acknowledging unmet mental health needs in schools. Research by Kit-Yee Lam, (2003) states “An increasing number of school children having both academic and mental health problems. Some of these problems manifest themselves through acting-out behaviors such as aggression, outbursts, truancy, violation of

school/class/societal rules, and disrespect for authority”. Many mental health issues mask themselves as academic difficulties creating problems for students, their peers and staff in the school setting. A study by Kang-Yi et al (2013) sampled 468 Medicaid-enrolled children ages 6 to 17 years old who were enrolled in school based mental health programs. The study measured the effect that participating in a school based mental health program has on absences, suspension rates, promotion to the next grade and use of acute mental health services. After utilizing school based mental health services, student’s suspension rates, hospitalization rates and absence rates decreased, while students grade promotion rates increased.

The second theme was barriers to health services. Research by Rossen & Cowan, (2015) suggests that access to school based mental health services decreases common barriers including cost, scheduling conflict, transportation, fragmentation of interventions, and stigma associated with mental health issues. School based therapy services can make schools a “one stop shop” by providing mental health services, academics, and other services all on one place. Nabors & Reynolds, (2000) reports: “School mental health programs (SMHPs) are emerging as a model for providing mental health services for youth, especially for adolescents who face barriers in accessing traditional services in community and hospital settings”.

The third theme was working collaboratively (practitioners, families, school support staff and students). The Children First program Arellano & Arman, (2002) developed a system that includes “school personnel (counselors, social workers, psychologists, administrators and internship students from a variety of mental health preparation programs, therapists, and supervisors”. Arellano & Arman, (2002) suggest that this teams works together to collaborate and provide counseling services in schools so children and families receive, at no charge, the services they need.

The fourth theme was school based mental health services in “urban communities”. Over seventy five percent of the research in this literature review was conducted with “urban” populations. Adelman & Taylor (2000) reports “the reality for many large urban schools is that well over 50% of their students manifest significant learning, behavior, and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty”. According to research students who come from lower economic backgrounds are more susceptible to mental health issues over their lifetime. Literature by Nabors & Reynolds, (2000) reports “Participating in mental health services may be a protective factor for urban youth, who may be at increased risk for exposure to multiple risk factors. Unfortunately, youth in urban areas have been significantly influenced by the reduced availability of mental health treatment in traditional community and hospital based programs, providing mental health services in schools increases access to mental health care for this underserved group”. Individuals who are from “urban” communities are more likely to access and benefit from school based mental health programs.

This systematic review suggests that common benefits of school based mental health programs include increased accessibility and elimination of barriers which include lack of transportation, insurance costs and stigma. Other benefits include increased academic and behavioral functioning including reduced suspension, absence and outpatient and inpatient hospitalization rates. Research in this review suggests that students are more likely to benefit from school mental health services that utilize a multidisciplinary team including school staff, families and mental health professionals. Literature in this review suggests that students who are in urban populations are more likely to be effected by mental health due to environmental stressors including poverty, abuse and homelessness.

**Limitations**

While this review was designed to include all relevant contemporary research on the topic of the common benefits of school based mental health programs there were still a number of limitations to this study. The most relevant limitation of this study was the lack of literature around school based mental health program benefits from students from all socioeconomic backgrounds. The majority of the research was focused primary on students from “urban” and “rural” populations. It was concluded from this systematic review that students from “urban” backgrounds are more susceptible to mental health diagnosis due to environmental factors, but mental health can affect anyone no mater you race, age, religion or creed. It would be beneficial to conduct research on the benefits of school based mental health programs for all socioeconomic backgrounds.

This systematic review focused primarily on the students who were receiving services. There was little to no research on the students whom may or may not already have a mental health diagnosis. More research can be conducted around stigma and reasons why students may choose not to come forward to receive services.

### **Further Research and Implications**

There continue to be many breakthroughs in the mental health field. School based mental health also continues to be a growing intervention. School based mental health is crucial in addressing issues that may be overlooked or are often misinterpreted. Further research can be conducted in the area of school based mental health and how it affects any population specifically, both mainstream and special education students. Much of the literature focuses on students who have been identified as "problematic" or special education students.

Further research can also be conducted on how school based mental health programs can be beneficial to students from any socioeconomic background. Mental health can affect anyone. It would be valuable to if there are any differences and if so what benefits are utilized most by each population.

May has been named national mental health month. There have been more initiatives to bring awareness to mental health. The systematic review utilized information ranging from 2000-2015. It would be useful to compare statistics regarding mental health stigma from the early 2000's to now.

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**Appendix A: Included Articles and Summary**

<b>Search Database:</b>	<b>Title</b>	<b>Author/s</b>	<b>Notes</b>	<b>Themes</b>
<b>Child Development &amp; Adolescent Studies</b>				
	The Children First Program: A School-Based Mental Health Collaborative	Kate McLain Arellano  John F. Arman	The Children First program is utilized in 17 “urban” elementary and middle school in Denver Colorado	Positive outcome; Specific intervention; Urban population
	Intervention for Children  Acting Out in Class:  Applying Family Therapy in School Settings	Sarah Kit-Yee Lam	Uses intervention (direct therapy; reframing behaviors) 1 participant; male age 11 (teaching therapists about the educational framework and utilizing parents as a part of the intervention) (Weak information)	Using a multidisciplinary team for intervention; accessibility; academic issues and mental health issues coexisting
	Program Evaluation Activities:  Outcomes Related to Treatment for Adolescents Receiving School-Based Mental Health Services	Laura A. Nabors  Matthew W. Reynolds	Measured the outcomes of 181 male and female middle and high school students receiving school-based mental health services and 113 male and female middle and high school students who were not participating in any type of mental health services.	Using a multidisciplinary team for intervention; urban population; Specific intervention

	Furthering Support for Expanded School Mental Health Programs	Christine A. Prodenté, Mark A. Sander Mark D. Weist	Explained ways to eliminate barriers to school based mental health programs	Using a multidisciplinary team for intervention; Positive outcome;
	Evaluation of Outcomes for Adolescents Receiving School-Based Mental Health Services	Laura A. Nabors Christine A. Prodenté	Didn't talk about specific areas; used words such as functioning ; girls receiving and not receiving services reported improved functioning	Specific intervention; Urban population; accessibility;
<b>Academic Search Premier</b>				
	Engaging Families in School-Based Mental Health Treatment	Linda Vanderbleek	Discussed barriers to engaging families and mental health services	academic issues and mental health issues coexisting;
	A Qualitative Study Exploring Adolescents' Experiences With A School-Based Mental Health Program	Garmy, Pernilla Berg, Agneta Clausson, Eva K.	A study by Garmy et al (2015) completed a qualitative analysis of adolescent's experiences with school based mental health programs. Eighty-nine adolescents' male and female ages 13–15 years who attended school in “urban and rural” areas in Sweden were divided into 12 focus groups	Urban and rural population; Common diagnosis; Specific intervention;
	School-Based Mental Health Program Evaluation: Children's School Outcomes and Acute Mental	Christina D. Kang-Yi David S. Mandell Trevor Hadley	The study sample included 468 Medicaid-enrolled children aged 6 to 17years who were enrolled 1 of 2 School-based mental	academic issues and mental health issues coexisting;

	Health Service Use		health programs (SBMHs) in a metropolitan area sometime during school year 2006-2007.	
<b>JSTOR</b>				
	Improving Mental Health in Schools	Eric Rossen Katherine C.Cowan	Specific intervention; Urban and Rural populations Multitiered system of supports	Using a multidisciplinary team for intervention; academic issues and mental health issues coexisting; Common diagnosis, Why the need in school settings? ;accessibility
	Mental Health in Schools and Public Health	Howard S. Adelman, Linda Taylor,	Schools and public health officials using mental health screens for prevention, education and to promote wellness	Urban population; Using a multidisciplinary team for intervention; academic issues and mental health issues coexisting; Positive outcomes