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Impact of School-Based Mental Health Supports for Students with Emotional or Behavioral Disorders

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Chapter 1: Introduction

Students with emotional or behavioral disorders (EBD) display problem behaviors and lack social skills that lower their ability to form positive relationships. The problem behaviors displayed can either be internalizing or externalizing. These challenges, as well as life events that students experience, impact their learning and academic success. According to a study by Hess, Pearrow, Hazel, Sander, and Willie (2017), the pre-referral interventions or multi-tiered system of supports has a focus on a continuum of services starting with prevention and going through school and family situations. There is a heightened awareness for the increased need of school-based mental health services with the increase of aggressiveness in the schools.

Studies indicate the most common thread of school based mental health as a support system is the use of the team concept that includes social workers, school psychologists, mental health professionals, teachers, and parents. The approach emphasizes prevention, early intervention, positive outcomes, and comprehensive services (Powers, Swick, Wegmann, & Watkins, 2016; Simões, de Matos, Tomé, Ferreira, 2008).

The purpose of this paper was to review literature that examines supports with a central focus on elementary aged students. I focused my review on literature that studies the impact of school based mental health on students with EBD. Students with EBD meet Minnesota state criteria to receive special education services when they have significantly different behaviors and the behaviors have an adverse effect on their educational performance (Minnesota Department of Education, Minnesota, Rule 3525.1329). In a recent study, *Social Work in Mental Health*, researchers Powers et al. (2016) looked at supporting "prosocial development through school-

based mental health" (p. 22). As a teacher of students with EBD, it is my responsibility to provide or find the services and supports needed to make academic and behavioral gains.

Research Question

One research question guides this review of literature:

1. What is the impact of school-based mental health supports for students with emotional or behavioral disorders?

Focus of Paper

The review of literature in Chapter 2 includes studies with elementary-aged participants who are identified as either exceptional children or students with emotional or behavioral disorders. My main focus for this research was to examine the impact of school-based mental health services on students identified with this disability.

I started exploring the research on the topic of emotional or behavioral disorders and school-based mental health using the search engine Academic Search Premier and ERIC (EBSCO). My searches included using keywords: *school based mental health, emotional disorder, behavioral disorder, emotional and behavioral disorder, elementary aged children, exceptional children, mental health, school social work, special education, and special needs.*

Importance of the Topic

School violence has been a topic of concern in the media. Heightened awareness on prevention and commonalities of the perpetrators accompanies this trend. In response to the violence, mental health supports in the school setting are on the rise. I focused my research on the impact of the school based mental health supports on students who display problematic behaviors.

K-12 evaluation must be supported by current or existing data from ALL of the following:
• Clinically significant scores on standardized, nationally normed behavior rating scales • Individually administered, standardized, nationally normed tests of intellectual ability and academic achievement • Record review • Mental health screening • Interviews with parent, pupil, and teacher • Three systematic observations in the classroom or other learning environments • Health history review procedures • Functional behavioral assessment •

Figure 1. Emotional or Behavioral Disorders Criteria. Minnesota Department of Education (2012)

Definitions of Terms

Emotional or behavioral disorder. Students who need specialized services and emotional or behavioral supports for a wide range of complex and challenging emotional or behavioral conditions. Medical, biological and psychological conditions as well as genetic dispositions can affect these students' abilities to learn and function in school (Minnesota Department of Education, Minnesota Rule, 3525.1329).

School-based mental health (also School-based support [SBS]). Address students' socio-emotional concerns by removing barriers to accessing appropriate services, improving coordination of services, and implementing prevention and the intervention strategies for students (Powers et al., 2016).

Adaptive functioning. How well a person handles common demands in life and how independent they are compared to others of a similar age and background (Puddy, Roberts, Vernberg, & Hambrick, 2011).

Service coordination. Multiple services and supports, often provided by multiple agencies, are synchronized to address the needs and strengths of each child, youth, or family (Puddy et al., 2011).

Strength and difficulty questionnaire (SDQ). A part of the Development and Well-Being Assessment for researchers and professionals and a brief behavioral screening questionnaire (Goodman, Lamping, & Ploubidis, 2010).

Behavior assessment system for children. A comprehensive measure of a child's adaptive and problem behaviors in community and home settings (Pearson Clinical).

Exceptional children (EC). An inclusive term that refers to children with learning or behavior problems (Heward, 2006).

Positive behavior interventions and supports (PBIS). A proactive approach to establishing the behavioral supports and social culture and needed for all students in a school to achieve social, emotional and academic success (Individuals with Disabilities Act, 1997).

Chapter 2: Review of the Literature

The purpose of this literature review was to examine the impact of school-based mental health on elementary school children with emotional or behavioral disorder based on their behaviors. This chapter is organized starting with the oldest study and working forward.

Summary of Chapter 2 Findings

Williams, Horvath, His-sheng, Van Dorn, and Jonson-Reid (2007) studied elementary school teachers' views on children's mental health services. Focus groups of teachers were formed from interviews and questionnaires. Two elementary schools from an urban Midwestern school district that had different service providers were chosen. Nineteen teachers were recruited based on research and administrative recommendation.

The six themes used for data collection are perception of school climate and safety, perception of parental involvement and community support, skill and comfort with recognizing mental health problems in students, knowledge of resources and services available to students with mental health problems, whether students benefit from mental health services, and barriers to services. School A has a student enrollment of 400 students with a teacher-to-student ratio of 18 to 1. Supporting staff include a part time counselor and a part time school social worker. School B has a student enrollment of 250 students and a teacher-to-student ratio of 17 to 1. Supporting staff include a full time counselor, a full time nurse, a community service worker, a licensed master's degree family and children's advocate, a resource worker, case managers, and a district mental health coordinator.

The data were sorted, organized, and reduced to use specific content related to the six themes. In Theme 2, *school climate and safety*, teachers reported that they feel safe at school. They also reported that their students did not feel safe in school or in the community. Theme 2 is *parental involvement and community support*. In School A, teachers reported a low level of involvement and support from parents. School B teachers felt supported by their parents in school and in the community. The third theme was combined into *recognizing mental health problems.* Teachers at both schools were able to identify mental health problems in students, but listed primarily externalizing or aggressive behaviors. When asked further, teachers could recognize sadness and withdrawal. The final theme was *barriers to service*. In both schools, parents were thought to be the primary barrier to service. The barriers by parents included lack of follow-up, lack of respect, and parents dealing with their own issues.

Teachers reported the relationship between school and parents was the most important issue relating to students receiving mental health services. The authors of the article reported that this could be due to the lack of follow-up by the parents on a mental health referral or due to the perception of the teacher and their relationship with the parent. The second most important finding is the barriers for children to receive mental health and other services. This could be, but is not limited to, resources, bureaucratic structure of the schools, and time constraints.

A study by Simoes et al. (2008) looked at the benefits associated with a positive emotional state in adolescents with special needs. The sample includes 494 students with a mean age of 14 who attended 77 public schools in Portugal. Questionnaires were used to collect data on life events, quality of life, and internal and external resources. The study specifically analyzes three items: the impact of external resources (family, friends, schools, and community)

and of internal resources on adolescents' well-being, verifying the association between negative life events and global well-being, and verifying if external and internal resources are moderators of the relationship between negative life events and general well-being.

The surveys used were a *Life Events Checklist* (1986), *Resilience-California Healthy Kids Program Office* (2000), and *Beck Youth Inventories for Children and Adolescents Self-Concept Scale* (2001). Schools were selected at random with letters being sent to collect information on students with special needs. The information collected from the schools and surveys was used to plan school-based mental health supports.

Each of the surveys or scales listed in the previous paragraph were analyzed finding the mean values, standard deviation, and a Cronbach's alpha. In the resilience scale analysis, the external resources in the community and school in the categories of caring relationships and high expectations had the most internal consistency. Problem-solving and self-awareness had internal consistency in the internalizing resource for students. Two-way ANOVAs were used on negative life events and each of the internal and external resources. There is a statistically significant interaction between *family resources and global well-being*. The absence of negative life events substantiates this fact.

In summarizing the information from this article, adolescents with special needs have internalizing resources and externalizing resources. When facing life events, both types of resources have the effect of protecting the child. Family and self-concept were influential on the protective factors. Information regarding life events and resources should be used when planning mental health supports in the school setting.

Puddy et al. (2011) studied the relationship between mental health services and children with serious emotional disturbance. The participants were 51 elementary-aged children treated in an Intensive Mental Health Program (IMPH) for half of their day and in the community school for the other half. The treatment varied in length up to 12 months with data collected at intake, 6 months, 12 months, and discharge. Included in IMHP's goal was the types of treatment and the methods of delivery. Monitoring continued at home where behavior strategies were in place with positive incentives.

The IMHP interventions were separated into four groups: IMHP therapeutic classroom, neighborhood school, home, and service coordination (case management). A rating scale was used on a daily point sheet with positive incentives included across all settings. In the therapeutic classroom, six students were taught by a certified special education teacher, a paraprofessional, and a master's level clinician. The students met with a therapeutic clinician for individual treatment as well. Students spent the other portion of their day in the neighborhood school with non-disabled peers. Attendance was noted and points were tallied throughout the entire day and sent home. Behavior strategies were implemented at home. Social workers and clinicians made home visits twice per month.

A manual for coding, teaching professionals' use of the point sheet, and a functional assessment scale were used for measures. Adaptive functioning was measured using the Child and Adolescent Functional Assessment Scale (CAFAS). Service coordination included exchanging information of a case, observed behaviors, and treatments plans. Time and service coordination were utilized to compare data, then analyzed using a one way ANOVA. Planning and linking service coordination and student treatment had the greatest statistical significance

from intake to discharge. The changes in the daily point sheet were analyzed using one-way repeated measures ANOVA with results showing the greatest changes in the therapeutic classroom. Adaptive functioning increased over time and disruptive behaviors were reduced.

The purpose of this study was to look at the service coordination for adolescents with serious emotional disturbance using an intensive mental health program model. The results show that as time progressed, adaptive functioning increased and disruptive behaviors decreased. Service coordination includes planning, monitoring, and linking program supports for students. At the beginning of the study, more time was invested in the service coordination. As students moved through the program, less time was needed in coordinating those services.

Wegman, Powers, and Blackman (2013) developed teacher and caregiver focus groups to document the results of a school-based mental health program. The program was set in an elementary school, grades kindergarten through fifth, in an urban school district in the American Southeast. The school district provided access to students and a location. The local public mental health management entity provided expertise, project coordinator, and services, while the university provided the faculty and grant funding. The goal was to improve academics and long term prospects of students with mental health problems.

Focus group sessions were held for caregivers and teachers. Facilitators asked open-ended questions of the group. Answers were audiotaped and reviewed by graduate assistants. The assistants then coded the results and independent coders reviewed the results. The results were presented to the participants.

The results were summarized in common themes. The role of the project coordinator and on-site access was essential to both teachers and caregivers. Assistance was also noted as a common code. Assistance included medication, family services, and therapy services. The problems students were referred for were primarily for behaviors and poor academic success.

Caregivers and teachers had focused on individual changes in students. Improvements were noted in conduct, academic performance, and general mental health and well-being of students. Communication was an area of suggested improvement. Family involvement is critical in child mental health treatment. To improve family involvement, it was noted that relationships and trust be built with school personnel. Limitations of the study included coding of the focus group data. The data collected were subjective and needed to be interpreted by the coders. The focus groups were volunteers with an interest in school-based mental health.

Schatschneider, Lane, Oakes, and Kalberg (2014) used a Student Risk Screening Scale (SRSS) as a universal screener to detect students with antisocial behaviors patterns. Students with prosocial behaviors are more likely to have positive relationships with peers and teachers, have higher school attendance, and receive more academic instruction and positive feedback. The opposite is true of students with antisocial behaviors. Their characteristics include patterns such as verbal and physical aggression, coercive interactions, and undesirable covert behaviors such as stealing. At the elementary level, 2,588 students from middle Tennessee were rated using the SRSS. Across all grade levels, 7,264 students were used from two high schools, three middle schools, and seven elementary schools in a southern state.

The schools developed a CI3T (comprehensive, integrated, three-tiered) model for prevention. CI3T is a tiered support system with Tier 2 and 3 students needing the most supports. SRSS is a 7-item universal screening measure used to detect antisocial behavior, addressing covert and overt behaviors identified as predictors for the development of conduct disorder and other emotional and behavior problems. The SRSS data can be used as a snapshot to compare students throughout the year for risk behaviors or to identify students who are in immediate need of additional supports.

Teachers used the SRSS as a data collection instrument for each student in their class. They rated each student using a 4-point scale with zero (never), one (occasionally), two (sometimes), and 3 (frequently). The purpose was to establish predictive validity of the SRSS. Mean, standard deviation, and percentage endorsement were used to quantify each item. The most frequent response is low academic achievement and the least frequent response was stealing. In likelihood ratio tests, special education status had a higher peer rejection and low academic achievement.

The limitations of this study include the demographics of the students. All students were from one geographic location representing rural, urban, and suburban schools, but only from two districts in the same area. Also, schools did not have a uniform model to write office referrals for students displaying problem behaviors. Overall, the SRSS is an appropriate tool for use with students across grade levels, with or without disabilities.

Dowdy et al. (2015) researched the universal screening approach for enhancing school-based mental health. The intention was to use prevention and early intervention to reach students. Universal screening was designed to collect information on all students. Information

was used to identify the 15% to 20% of students who are at risk. The idea was to promote the well-being of all students in the screening process.

School psychologists were placed as leaders in the school setting. A core team of service providers was placed and collaborated with the lead psychologist. The psychologist worked with a university professor to discuss progress. The participants totaled 2,240 from two different schools and averaged 15.5 years of age. The tools used for data collection were the Behavior Assessment System for Children-2 (BASC-2) and the Behavioral and Emotional Screening System for Student Self-report Form (BESS). A third tool, the Social Emotional Health Survey, was used to measure the positive well-being of students.

After the information was collected, team members met and placed the students in groups based on their level of risk: normal, elevated, or extremely elevated. The students were also categorized according to having low strengths, average strengths, high-average strengths, or high strengths. School 1 showed 12.9% of the students being elevated for behavioral or emotional risk. School 2 showed 14% being elevated or extremely elevated for behavioral or emotional risk. This data were used to place students in discussion with team members and other school personnel. The team collaborated with other school personnel to create schedules based on the data collected.

The statistics used to analyze the results were mean and standard deviation. The surveys used a 4-point response scale. A total *t*-test score was developed meaning higher scores had more problems. The students were placed in a risk category: normal, elevated, and extremely elevated. Interventions for students were designed around the risk categories.

The study gathered information regarding universal screening and its effects on students with emotional or behavioral disorders. From the results, students were categorized with the most at risk students in multiple areas were provided with implementation of services. The data allows for programming of specific student needs and is a preventive and proactive approach.

Donohue, Goodman-Scott, and Better-Bubon (2015) used a universal screening approach to identify students who were at risk for severe emotional and behavioral concerns. They wanted to address the role of school counselors in the multi-tiered system of supports and the value of collaboration with school-based mental health professionals. The term action research is used to actively search for and identify students with emotional or behavioral concerns. Action research is defined as systematic inquiry and involves identifying an area of focus, collecting data, analyzing and interpreting, and developing an action plan.

The study was completed at a small New England school with a population of 1,500 students across three schools. During the 2012-2013 school year, 14.6% of the students were identified for special education services compared to the state average of 11.9%. The interdisciplinary team met to address the needs of the students after the Sandy Hook shooting. The teams consisted of school counselors, school psychologists, school-based mental health, and district administrators. The team used BASC-2 to identify students at risk. The students were given the survey in Grades 3, 6, and 9 in Year 1 and included Grades 4, 7, and 10 in Year 2.

The data were analyzed using scoring software and compared using *t*-test scores. Scores below 60 show students meeting or exceeding basic standards for school functioning, scores 61 to 70 show students at an elevated risk, and scores over 71 show extremely elevated risks. The students with scores over 71 were suggested for further assessment. During the first year, 20%

of the students surveyed were newly identified as having behavioral or emotional concerns. In Year 2, between 9% and 13% were elevated in Grades 4, 7, 9, and 10. However, in Grades 5 and 6, the same group showed a decrease. The team used a multi-tiered support system to define interventions for the students. The article was written before Year 3.

The Universal Screener was used as a preventative measure. Interventions were provided to students identified with the highest needs using the BASC-2 self-evaluation. Robin Public Schools in New England hired additional staff to address the mental health concerns of their student population. The staff included school counselors, school psychologists, and district administration. Time was given for the professional staff to collaborate to meet the needs of the students. Additionally, the results show an increasing need to place mental health concerns at the same level as academic concerns to show the most student progress.

Montañez, Berger-Jenkins, Rodriguez, McCord, and Meyer (2015) took an in-depth look at school-based mental health and the impact on students with behavioral concerns. The core pieces of the study involve analyzing school-based mental health and the resulting impact on the social/emotional functioning of the student and their academic performance. The researchers looked at a population of students in an elementary setting in Manhattan.

The study included 174 students in Grades 3 through 5 from two elementary schools in Manhattan. The percentages of ethnic population were broken down as well as gender and English as a second language. Parents were invited to have their children be part of the program. The program consisted of parent workshops, parent orientation, and student mentor program during lunch and recess, intervention services, and supports for teachers. The teachers used strength and difficulties questionnaires (SDQ) to refer students to the program and students were

categorized as having internalizing or externalizing behaviors. They used a student assessment survey (SAS) developed by the researchers to use before and after the intervention. Attendance reports and standardized test scores were also analyzed. Interventions were tailored to the students based on their specific emotional or behavioral needs. The study was conducted over 2 years.

Multiple types of statistical analyses were used. Data from the SDQ were analyzed using descriptive statistics. The comparison in behaviors on the rating scale from the SDQ between the two schools was analyzed. Interventions were tailored to each student based on those results. The results show School 2 has a higher incidence of students in the at risk category. The next analysis used was a one-way ANOVA for the SAS. The SAS was given more than once so a comparison could be used for both behavioral and academic performance throughout the study and between low and higher risk students. The analysis showed a moderate effect size and an interaction effect between performance and SDQ score, emotional problems, and hyperactivity/ inattentiveness. A two-way ANOVA was used to compare the results from the SDQ and SAS. A comparison was made between students who scored in the at risk categories and in the "normal" range. There was a statistically significant difference in year one attendance and achievement compared to Year 2. Academic achievement and attendance increased. A paired sample t-test was used to compare achievement scores for the year before the program and the year after. Finally an independent sample t-test was used to compare the control group, students not in the program, to the participants' group attendance records.

The article stated the limitations of the study which would have an impact on the statistical results. The limitations were that the population was small, the SDQ was used as a referral tool instead of a pre- and posttest, and teachers being the only reporters lead to subjectivity. The overall results state a positive effect of school-based mental health on students at risk despite the limitations. More information and studies are needed to validate the need for school-based mental health support. The results from this study show the positive outcomes for the Latino group of students in two elementary schools in Manhattan.

Lee et al. (2016) completed a study examining cognitive behavioral therapy (CBT) in children with anxiety disorders. CBT is the first-line psychosocial treatment for youths with anxiety disorders. It is helpful in decreasing anxiety symptoms. The longitudinal study focuses on the advantages to having professional mental health services in the school setting.

Students from three public schools in the same district were screened for anxiety disorders. Of the 453 screened, 208 students screened positive for anxiety. Interviews were given to the parents and students. The DSM-IV was used for inclusion criteria and found 61 participants to enroll in the study. They were grouped into the CBT for children (n=20), CBT plus parent training (n=17), and the no-treatment control (n=24). The CBT for children was a 9-week anxiety intervention plus two booster sessions using the FRIENDS program. The FRIENDS program, a CBT group for anxious children, was adapted from the Coping Koala Group Program and the Coping Cat Program. The group of CBT plus parents training used the FRIENDS program for children and parent. Sampling was completed for the baseline. Follow-up assessment was completed at 3 months, 6 months, 1 year, 2 years, and 3 years post-treatment. A 4-point scale was used to rate the child's anxiety symptoms.

The statistical analyses were conducted using Chi-square test and ANOVA. The follow-up questionnaires completed by parents and students are: Screen for Child Anxiety Related Emotional Disorders (SCARED), Clinician Severity Rating (CSR), and Multidimensional Anxiety Scale for Children (MASC). The results showed a statistical significant treatment effect for the CBT treatment group over the initial phase. During the second phase, the treatment effect was not significant. Both groups maintained a level close to zero from 3 months to the 3-year follow-up.

The findings showed improvement in anxiety symptomology between the combined treatment group and the control group in initial phases. Booster sessions were offered but future studies are needed to determine the number and timing in the school setting. A larger sample size across different regions is needed to confirm the findings.

Powers et al. (2016) completed a study evaluating the effects of school-based mental health services on clinically significant behaviors in school-aged children. For this article, school-based supports (SBS) are used for the implementation of school-based mental health services. The school district provided a local mental health management entity (LME) with access to student information and locations for interventions. LME provided expertise and services using a social worker on campus, grant funding, and ongoing program evaluation.

Students were referred to the SBS program during the 2011-2012 school year. The 323 students were enrolled in one of six elementary schools in the southeastern United States. More than half of the population were male and from kindergarten through fifth grade. The dependent variable is the average of all social/behavioral items on the report card. The independent

variable is occurrence at the three levels: temporal level, child level, and school level. Hierarchical linear modeling was used to analyze the data.

The results showed students participating in the SBS program did not demonstrate statistically significant changes in their social/behavioral scores through the school year. The results show the differences in students within groups in the program. Two significant interaction effects were found for referral month and grade; the students in lower grades who were referred earlier in the school year had a higher social/behavioral score than students in the higher grades. Other important notes about the study include ethnicity, gender, and students being classified as having disabilities are risk factors for poor social/behavioral scores and outcomes.

The focus of school-based mental health in this article is to remove the barriers some students have in receiving the services they need. The social/emotional/behavioral difficulties of students affect the future outcomes. Early identification and interventions in the school setting are two ways school-based mental health has a positive impact on students.

I reviewed 10 articles in this chapter that examined the impact of school-based mental health on behaviors of students with emotional or behavioral disorders. Conclusions and recommendations are discussed in Chapter 3.

Table 1

Summary of Chapter 2 Findings

Authors	Study Design	Participants	Procedure	Findings
Williams, Horvath, Wei, Van Dorn, & Jonson-Reid (2007)	Qualitative	19 teachers from two schools	Teachers ranked themes from children's mental health	• The relationship between parents and school was the most important • The interpersonal and contextual barriers to mental health and other services was second
Simoes, Gaspar De Matos, Tome, & Ferreira (2008)	Quantitative	494 adolescents with special needs	Participants answered questionnaires and completed school-based intervention programs	• Early intervention was most helpful • Multi systems of support had the most success (school and family) • Those students with highest risk had the most success
Puddy, Roberts, Vernberg, & Hambrick (2011)	Quantitative	51 children with serious emotional disturbance	Participants were treated in intensive school-based mental health programs and their adaptive functioning was measured at intake, 6, 12 months, and discharge.	• Overall, students made increases in adaptive functioning with measurement through daily point sheets. • Decreases in disruptive behavior at all month intervals.
Wegman, Powers, & Blackman (2013)	Qualitative	7 caregivers and 7 teachers comprised the focus groups	Participants were asked questions about SBMH. Answers were coded	• Improvements in conduct, academic performance, and general mental health
Schatschneider, Lane, Oakes, & Kalberg (2014)	Quantitative	7,264 students from two high schools, three middle schools and seven elementary schools	Students used a student risk screening scale (SRSS) to look at differential item functioning	• Antisocial behavior includes verbal and physical aggression, coercive interaction, and undesirable behaviors • Students scoring high on the SRSS were at a higher risk for behavior concerns
Dowdy, Furlong, Raines, Bovery, Kauffman, Kamphaus, Dever, Price, & Murdock (2015)	Quantitative	2,240 students participated in a school-wide universal screening	Students used the screener to identify emotional and behavioral distress. Prevention and intervention strategies were designed based on the results.	• Whole service delivery model needed. • Improvements in school's ability to watch, care, and respond to students' needs • Additional research is needed

Table 1 (continued)

Authors	Study Design	Participants	Procedure	Findings
Donohue, Goodman-Scott, & Betters-Bubon (2015)	Quantitative	1500 students in one school district in Connecticut	BASC was administered, students identified, school-based mental health interventions implemented	• Findings show gaps in the services provided to students • Proactive approaches have greater success meeting the highest need students
Montanez, Berger-Jenkins, Rodriguez, McCord, & Meyer (2015)	Quantitative	174 students in an urban elementary setting in New York	Students were scored on attendance, academics, and teacher reports before and after school-based mental health services	• Findings show tailoring interventions to student problems shows most growth • Combination of parent, teacher, and community support were all important components. • Highest risk students had the greatest success
Lee, Victor, James, Roach, & Bernstein (2015)	Quantitative	61 anxious children	Cognitive Behavior Therapy was used	• Treatment showed a reduction in children's anxiety severity during the initial phase of the study
Powers, Swick, Wegmann, & Watkins (2016)	Quantitative	323 exceptional children served by a school based support system of mental health	Data were collected on social/behavioral items on students' report cards	• Students in lower grades had higher social/behavioral scores (better) • Students referred later in the year had higher scores • Female students had an average score above male students

Chapter 3: Conclusions and Recommendations

The purpose of this research paper was to examine the impact of school-based mental health on elementary school children with emotional or behavioral disorder based on their behaviors. Chapter 1 provided background information on the topic and Chapter 2 presented a review of the research literature. In Chapter 3, I discuss the findings, recommendations, and implications for future research and practice.

Conclusions

In Chapter 2 literature was reviewed on the impact of school-based mental health on students with emotional or behavioral disorders in the elementary school setting. I reviewed 10 articles on the topic of school-based mental health in the elementary school setting. The studies looked at social, emotional and behavioral symptoms of students, researched and implemented interventions for the students, and collected data after the interventions. The primary intervention was school-based mental health. Within that intervention, individual goals were determined based on student needs. School-based mental health had a positive effect on students in the elementary school setting. When the interventions were more intense, the results were significantly greater and behaviors that were displayed by the students were improved. The impact of school-based mental health was shown to be more effective than outside therapy due to the accessibility for parents and students. Students at a higher risk for behaviors benefited the most from school-based mental health.

Of the 10 studies reviewed, two of the studies used qualitative measures with participants answering questions and the answers coded or ranked. The two studies were chosen to use as gathering information from parents, caregivers, teachers, and service coordinators. The other

eight studies had students as the participants and had school-based mental health as the primary intervention.

Recommendations for Future Research

All studies cited the sample size as a limitation to their study. The mean sample size was 692 students. Additional research that includes a larger numbers of students is needed. The research could be more widespread to include all types of school settings, sizes of districts, and location in the country. The independent variables of the studies could be another focus of research. The study by Puddy et al. (2012) found gender and age to be a factor in service coordination, not just emotional or behavioral disorders. The interventions were used on students who qualified for the services. If students were found to have a need, we would not withhold something from them that works.

Implications for Current Practice

The research shows me that school-based mental health is an important piece in providing services to students with emotional or behavioral disorders. The students who have more success have better prosocial skills. If the students are lacking prosocial skills, they have greater difficulty in school, for example, more aggressive behaviors, stealing, and lying. If the district I am working in is lacking school-based mental health, then I need to find ways to support or sustain it. I also need to give the students I work with the opportunities to learn those skills from me.

The results of the studies also support the need for collaboration amongst all team members for a student receiving services for emotional or behavioral disorders. I work with a team of special education teachers, a school social worker, and general education teachers from

multiple grade levels. The special education team members have differing licenses that allow us to bring various ideas to our team meetings on how to work with individual students.

Parents are an integral piece of the collaboration team. The barriers for students receiving the mental health supports they need lie in the relationship between the parents and school staff. Williams et al. (2007) recommended improving the relationships between school staff and parents as a means to break down the barrier. Teachers cited that parents were the primary barrier to students receiving services. Parents cited the lack of follow-up, lack of respect, and personal issues as barriers. A second barrier to overcome in students receiving the school-based mental health services they need is the limited resources by both parents and schools. Resources include financial obligations and time constraints in the school day.

School-based mental health in my elementary school setting is an opportunity for me to work on student goals from a therapist's perspective as well as a teaching perspective. They are both important for student success in the general education setting and in the community outside of school. The information collected from mental health professionals regarding students' life events and resources is valuable to all professionals. This information is useful for planning supports and goals in the school setting. If students are seeing a therapist outside of the school building, it is imperative to have communication with them to continue with working on the school goals.

Finally, if the school-based mental health is not an option, I need to find role models or be a role model for the students I work with. The review of articles shows the students with the greatest success have the most prosocial skills.

Summary

I have been a special education teacher for 6 years. I have been fortunate to have school-based mental health personnel in our building. There are times when my students do not have the opportunity to see her due to financial or insurance situations, time constraints, or parents not fulfilling the requirements of services. When evaluating for special education, particularly for emotional or behavioral disability students, it is imperative that behavior checklists are carefully compiled by parents and teachers. The results from the checklists are what we use to form our needs and goals for students. When a student has a mental health provider, I am able to collaborate with them on goals and strategies for the student. If they do not have a provider, I feel the need to take on both roles to meet the student's needs.

In closing, students' behavioral and mental health needs are a high priority. The review of literature shows me that when teams of adults collaborate in a school setting, students have the most success. The team should include the general education teacher, administration, a school social worker, and when possible, a school-based mental health worker and a special education teacher.

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