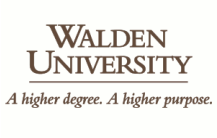

2017

A Case Study Exploration of Teachers' Perspectives on Children's Mental Health Service Needs in Title I Elementary Schools

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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2017

Abstract

Teachers' Perspectives on Children's Mental Health Service Needs in Title I Elementary Schools

by

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MSW, North Carolina Agricultural and Technical State University and University of North Carolina in Greensboro, 2010

BA, North Carolina Agricultural and Technical State University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work- Family Interventions

Walden University

May 2017

Abstract

Children go to school for approximately 32 hours each week of an academic year. Many children who are in need of mental health treatment do not get the services they need because of barriers such as lack of access and stigma. Teachers are one of the primary sources of referrals for children's mental health services, and they often make referrals based on their perceptions of their students' mental health needs. Although teachers are typically the primary source of referrals for mental health services, they usually do not have any specialized mental health training. The purpose of this study was to gain insight into the perceived needs of teachers' in Title I schools on what is needed to help their students with emotional and behavioral problems. This research study was framed by Bronfenbrenner's bioecological model, which provides one framework for research and practice of school-based mental health. Bronfenbrenner's theory explains the impact of a child's interrelations with classmates, peers, parents, community, and society upon his or her development, particularly his or her mental health. Data was collected from audiotaped face-to-face interviews with 12 Title I elementary teachers. The interviews were then transcribed, coded, and several themes were identified. Relevant themes included the school's role in mental health, the school's current plan to help children, quality of mental health services, barriers to services, supports at school for mental health; reasons for referrals, administration training and classes on mental health, behavioral management systems, and changes to classrooms that will benefit children with mental health problems. Teachers are on frontlines everyday with students and should have all the training that's needed to help their students be successful.

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Dedication

I want to dedicate this dissertation to my beloved friend Sharon Rose. We met at our very first residency in Houston, TX and ever since we met you had a big impact on my life. When we met I was ready to give up and drop out, but you encouraged me to keep going and to remember that what God has for me is for me. You passed away during the prospectus phase of your dissertation, so I finished for both of us.

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I would like to acknowledge my loving mother Bessie Yates, my maternal and paternal grandmothers Ethel Burt and Christine Yates. If it wasn't for these strong women in my life, I would never be where I am today.

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Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Problem Statement

Mental health is a state of psychological and social well-being that impacts how well an individual handles challenges in life (Powers, Wegmann, Blackman, & Swick, 2014). When someone has good mental health, he or she is able to handle the adversities that life brings, make good decisions, and form relationships with others. Parents, teachers, and family members impact a child's mental health, and all have roles in helping a child develop the ability to handle life challenges, make wise decisions, and have positive relationships (Gampetro, Wojciechowski, & Siarkowsjki-Amer, 2012).

Some mental health problems span the duration of a person's life and can impede the person's ability to learn and enjoy life (Scheyett & Diehl, 2004). For example, children who face recurring abuse, neglect, or domestic violence feel unsafe much of the time and may be at risk for toxic stress (Allen-Meares, Montgomery, & Kim, 2013). Most children can handle life's challenges if adults are supportive and show confidence that the child can manage and even learn from such experience (Koller & Bertel, 2006).

Community violence, food insecurity (being without reliable access to affordable and nutritious food), and parental substance abuse all contribute to toxic stress (Allen-Meares et al., 2013). Oftentimes, this toxic stress can lead to mental health conditions within the children. The number of mental health problems among children, are growing at a rapid rate. Approximately 20% of children between the ages of 13 and18 live with mental health conditions (National Alliance on Mental Illness, 2016). There is an average delay between onset of symptoms and interventions for children between the

ages of 8-10 (NAMI, 2016). More than 70% of the children who are involved with state and local juvenile justice systems have mental health problems (NAMI, 2016).

Children go to school for approximately 32 hours each week of an academic year (Heilmann, DeBrock, & Riley-Tillman, 2014; Sticher, Stromont, Lewis, & Schultz, 2009). Some children have needs that must be met during their time in school other than their academics. Additional funding is needed to help children with special to be successful. Schools that do not receive sufficient local funding must rely on funding from a federal program established under the *No Child Left Behind Act of 2001* called Title I-Improving The Academic Achievement of the Disadvantaged. The program is usually referred to as Title I (Isernhagen, 2010; Shaunessy-Dedrick, Evans, Ferron, & Lindo, 2015).

Title I Part A, Improving Basic Programs Operated by Local Educational Agencies, designates that certain schools with high populations of students who live in poverty must receive funding from the federal government to improve those schools. For a school to be considered a Title I institution, at least 40% of the student population must live in poverty (McKinney, 2014). Once a school has been identified as a Title I institution, its administrators must develop a plan to meet the needs of those children. The plan must address all of the needs of children who are in the population targeted for this federal funding (Isernhagen, 2010; Shaunessy-Dedrick et al., 2015).

Public and private schools can qualify for Title I services (McKinney, 2014). Title I gives funding to schools that are low achieving, involved in the community, in need of funding, or need to improve test scores (Kim et al., 2012). Schools must meet one

of the criteria to qualify for Title I funding. Schools in which 75% of their student population lives below the poverty line are usually served first (Kim et al., 2012). Once these schools are served, the district may serve any other schools in rank order down to those at or above 35% poverty level.

Title I provides two types of assistance to schools. The first type provides money to school-wide programs that allow each school to delegate its funding (Isernhagen, 2010; Shaunessy-Dedrick et al., 2015). The second type is called a targeted assistance program. With this type of program, schools identify students who are failing or at risk of failing, and use the funding to help those individuals (Isernhagen, 2010: Shaunessy-Dedrick et al., 2015). Some schools may also be eligible for additional monies outside of the Title I assistance. Additional funding for school improvement includes government grants, allocations, and reallocations based on the school's willingness to commit to improving its standing in the educational system. A school must submit an application in order to qualify for academic improvement grants.

In the state of North Carolina, 174 schools qualify as Title I institutions (NC Public Schools, 2015). The Guilford County School System, the third largest school system in North Carolina, serves Greensboro and High Point and has 66 of the state's 174 Title I schools (Guilford County Schools, 2015). Guilford County Schools (2015) reports that district-wide, more than 59% of its students qualify for free and reduced-price meals, up from 57.5% in the 2013-14 academic year. Title I schools receive a dollar amount per student for every student who qualifies for the meal benefit. Funds are used to support

school-wide strategies that enhance instruction for students so that they meet state standard (NC Public Schools, 2015).

One in five children has an emotional or behavioral problem with symptoms that meet criteria for a diagnosable disorder (Jones, 2014). However, many of these children have not been diagnosed with mental health problems (Jones, 2014). Children's mental health needs have been addressed inadequately in policy, practice, and research (Williams, Horvath, Wei, Van Dorn, & Reid, 2007). According to current research, 10% of children and adolescents with mental or emotional disorders have daily disruptions in their everyday lives (NAMI, 2016). These disorders hinder these students' ability to make friends, do well in school, or even enjoy life.

Students often bring with them to school such problems as family issues, hunger, and troubles from their communities (Boase, Yarmano, & Massat, 2013). Many children who need mental health treatment do not get the services they need because of barriers such as lack of access and stigma. Parents may recognize behaviors or other problems in their children, but may not get help for several reasons including a poor understanding of mental health, lack of knowledge about how to seek help, parenting difficulties such as a lack of discipline, and mental health or substance abuse issues (Gampetro et al., 2012).

School personnel are not only responsible for the educational needs of their students, but also their social and emotional welfare (Boase et al., 2013). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015) there was a 1.2% increase in the number of youth who have experienced a mental health problem. Research on mental health services for children has primarily been focused on

inpatient and outpatient settings (Paula et al., 2014). Schools, however, are primarily providers of—or gateways to—mental health services for children. Teacher awareness is needed to help a child get the help he or she needs (Loades & Mastroyannopoulou, 2010) because teachers are typically the first ones who make mental health services referrals after noticing a child's behavior (Williams et al., 2007). Children do not refer themselves for services as adults may; instead, adults who are involved in a child's life seek help on behalf of the child in need (Loades & Mastroyannopoulou, 2010). Teachers are in the unique position to identify both the children's psychological strengths and emerging problems, including the impact of emotional difficulties on the children's scholastic performance (Shah & Kumar, 2013)

Although teachers are typically the primary source of referrals for mental health services, they usually do not have any specialized mental health training (Loades & Mastroyannopoulou, 2010). Even though teachers do not have any specialized training, they nonetheless have a principle role in determining which students are referred for services. There is limited existing research about teachers' ability to recognize and seek help for their students' mental health problems (Gowers et al., 2004; Shah & Kumar, 2013). Previous researchers have found that teachers often feel unprepared to identify mental health problems in their students (Loades & Mastroyannopoulou, 2010).

Title I schools are located in communities with high rates of poverty and crime (Stitcher et al., 2009; McKinney, 2014). Schools in these communities often inherit the difficulties of those communities as well as the problems of the children who live there (Williams et al., 2007). Most of the research in relation to the fidelity of Title I assistance

has been focused on the link between a school's performance and the effects of issues such as delinquency, violence, and substance abuse in the surrounding community (Williams et al., 2007).

Limited research exists that details teacher perspectives on the barriers they face when referring children for services, and if they know what is needed for a child (Shah & Kumar, 2013). Mental disorders that go untreated often become more severe, causing behaviors connected to those disorders to spiral. Failing grades and negative feedback from family members, peers, and authority figures can cause children to turn to substance abuse or criminal activities to cope with the challenges they face (Jones, 2014). Children, adolescents, and adults with mental, emotional, and behavioral disorders are more likely to use drugs and alcohol to blunt the effects of their distress than those who have not had mental health challenges (Jones, 2014).

There are limited research findings detailing teachers' perceptions on barriers they face when referring children for services (Shah & Kumar, 2013; Williams et al., 2007). In the literature that I reviewed across seven different databases, I found no articles focalizing teachers' perceptions of mental health services.

Background of the Problem

During the 1950s the deinstitutionalization movement resulted in large-scale closures of mental health institutions in favor of less restrictive community-based facilities (Doulas & Lurigio, 2010). However, 20% of those who were institutionalized did not receive services for community-based treatment and went to private institutions (Weithorn, 2012). As the use of anti-psychotic drugs increased, the admissions to in-

patient institutions decreased. Often those who were admitted to the hospital were discharged without plans or skills to assist them in their attempts to adapt to life outside of the hospital (Doulas & Lurigio, 2010). Research on deinstitutionalization have been focused primarily on adults. Even though there has been a movement to decrease the amount of admissions of people with mental illnesses into institutions, there have been increases in the numbers of children who have been admitted to inpatient facilities. According to SAMHSA (2015), 10% of children with a mental illness are admitted to mental health inpatient facilities. Between 1997 and 2000, the number of youths who were admitted to inpatient mental health facilities increased by 330% (Doulas & Lurigio, 2010). With the increase in hospital admissions, there was also an increase in the amount of psychopharmacological interventions that were used for children (Sulkowski, Jordan & Nguyen, 2014).

The prevalence of mental health problems among children and adolescents is of growing importance. Intervening in children's mental health early in life has been shown to be more effective than trying to resolve these problems when children are older (Kato, Yanagawa, Fujiwara, & Morawska, 2015). Mental health problems can affect the ways that a child functions in his or her daily life. A mental health issue can cause problems in social and academic contexts, and may affect the child's ability to interact successfully with friends and family (Shah & Kumar, 2012). Approximately 50% of students age 14 and older with a mental illness will drop out of high school (NAMI, 2015). If not treated, mental health problems in childhood can become bigger problems in adulthood. If left untreated, only approximately 50% of preschool children with mental health issues show

a natural reduction in behavioral problems. The remaining 50% may experience long-term problems, which can include breakdowns in family functionality, dropping out of school, substance abuse, and criminal activity (Culler, 2015).

Theoretical Framework

For this study, I used Bronfenbrenner's bioecological model as the theoretical framework. Bronfenbrenner's model provides one framework for the research and practice of school-based mental health. It explains the impact of a child's interrelations with classmates, peers, parents, community, and society upon his or her development, particularly his or her mental health (Bronfenbrenner & Ceci, 1994). A child finds himself simultaneously enmeshed in different ecosystems, from the most intimate home ecological system, to the larger school system, and beyond to social and cultural systems (Bronfenbrenner & Ceci, 1994). Bronfenbrenner explains that the child's world consists of five systems of interaction: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Swick & Williams, 2006). The three main assumptions of Bronfenbrenner's theory are that (a) the individual is an active player and exerts substantial force on his or her environment, (b) the environment can force an individual to adapt to its restrictions and conditions, and (c) the environment is perceived to comprise dissimilarly-sized entities that are positioned one inside another.

The Bronfenbrenner bioecological model focuses on the impact that environment and biology has on an individual's development (Bronfenbrenner & Ceci, 1994). The child is the center of this theory, surrounded by the rings of his or her ecological systems. These systems accommodate each other mutually, and they affect the

child's ability to function in his or her world. To understand a child's mental health fully, the people responsible for the child's wellbeing need to consider all of the systems that affect the child's life. All of the different systems affect the child, whether it's directly or indirectly. The interrelatedness of the child and his or her ecology system (supports, afterschool activities, and mentors), and interventions that are directed towards the child will affect the surrounding agents and institutions (Huebner, Gilman, & Furlong, 2009).

Bronfenbrenner's bioecological model shows how the stakeholders in a child's life are in control of creation, implementation, and the child's participation in school-based mental health (Darling, 2007). Bronfenbrenner's model includes the distinction between proximal influences on development, such as family, teachers, and peers. The model also includes more indirect factors such as neighbors, crime rates, socioeconomic status, and health care (Bronfenbrenner & Ceci, 1994). Proximal and distal factors have a significant impact on a child's mental health, which implies that all students, teachers, school staff, school social workers, parents, community center, and policy makers participate in mental health care (Bronfenbrenner & Morris, 2006). The stakeholders in a child's ecology must play dynamic roles in the child's mental health to ensure a complete and holistic system of care (Huebner, Gilman, & Furlong, 2009).

The five systems surrounding the child make up his or her environment and have a direct effect on his or her development and mental health. A child spends the majority of his or her time with parents, teachers, peers, and at school; therefore, they often have the biggest impact on the child's mental health (Tudge, et al., 2009). People often spend time in more than one system, so those systems start to overlap. For example, if a mother

takes out her frustration from work on her child, the mother's job, which is an exosystem for the child, has a direct influence on the child, though the child does not go there directly (Tudge et al., 2009). The macrosystem is a context encompassing any group whose members share value or belief systems, resources, hazards, lifestyles, opportunity structures, life course options, and patterns of social interchange (Swick &Williams, 2006).

The bioecological model is especially applicable at the microsystems level in developing interventions and programs for children with disabilities. Cultural contexts must be considered because of the importance of culture and family rituals, roles, and expectations in the life of the child with a mental illness (Gardiner & Kosmitzki, 2008). If the three subsystems do not work together, then the ensuring dysfunction will interfere with the programs that have been developed to help the child with a mental illness (Gardiner & Kosmitzki, 2008). Once a child has been diagnosed with a mental illness, all of his or her systems must come together for the benefit of the child.

Conceptual Framework of the Study

Children attend school for about 32.5 hours a week, according to studies that give detailed snapshots of the way school-aged children spend their time (Heilmann et al., 2014: Sticher, Stromont et al., 2009). Because they spend so much of their time in school, children often have demands that need to be met while they are there. Schools equipped to meet the mental health needs of children while they are younger will help prevent the adverse effects of failing grades and negative feedback from family members,

peers, and authority figures (Jones, 2014). As youths and as adults, those with mental, emotional, and behavioral disorders are more likely to use drugs and alcohol to blunt their distress (Jones, 2014). In this study, my intention was to explore the resources that teachers need to make mental health referrals and to help manage behaviors in the classroom.

Systems theory helps to explain the importance of meeting the mental health needs of children. System theory is explains human behavior as the intersection of the influences of multiple interrelated systems. Systems theory's main focus is on how people interact with their environments (Payne, 2014). A child who is experiencing mental health problems will endure adverse effects upon his or her ability to socialize with peers, teachers, and parents. Each of the subsystems in which a child interacts affects all of the others and thus the whole system of the child's life (Payne, 2014). A child's individual functioning shapes his or her functioning in the family and school environments.

Purpose and Scope of the Study

This study's purpose was to use a qualitative approach to explore elementary teachers' perceptions of mental health service needs in Title I schools. My intent was to gain insight into what teachers in Title I schools feel is needed to help their students who have emotional and behavioral problems.

The design of the study included face-to-face interviews with 12 elementary school teachers, all of whom work at Title I elementary schools within the Guilford County School System in North Carolina. Given the inclusion of more than one

participant, this was a multiple case study (Baxter & Jack, 2008). The multiple case study design allowed me to examine several cases to understand the similarities and differences between them (Baxter & Jack, 2008).

Research Questions

I designed the following research questions to guide this qualitative case study:

*RQ*1: What are teachers' perspectives on mental health services and needs within the school system?

*RQ*2: What supports (training, strategies, assistance, and parent support) do teachers feel they need with their students?

*RQ*3: How does training in teaching affect teachers' understanding of mental health?

Definition of Terms

Chronosystem: An environment in which the child is not actively involved but has an influence on the child's life.

Elementary teacher: A person who received an education to teach children from pre-kindergarten to fifth grade in a variety of subject matters. The ages of the children in their classes run from 4 to 11.

Exosystem: The larger social system in which the child does not function directly (Payne, 2014).

General education teacher: An individual viewed in both federal and state laws as an "expert" in the general education curriculum (Cook et al., 2015).

Individual education plan (IEP): A plan that helps children with a disability receive assistance with their academics (Hootman et al., 2003).

Individuals with Disability Act (IDEA): An act created to help children with emotional and behavioral problems in a school setting *(*Doulas & Lurigio, 2010).

Macrosystem: A system composed of cultural values, customs, and laws. Example: social groups (Huebner, Gilman, & Furlong, 2009).

Microsystem: The social layer closest to the child that contains the structures with which the child has direct contact. Example: family, school, and neighborhood (Swick & Williams, 2006).

Special education teachers: Individuals who work with students who have a wide range of learning, mental, emotional, and physical disabilities (Cook et al., 2015).

Systems theory: A theory focused on how people interact with their environments (Payne, 2014).

Teacher: A person who provides education for students (Cook et al., 2015).

Title I schools: Educational institutions in which 40% of the enrolled students live in poverty (Shaunessy-Dedrick et al., 2015).

Zero tolerance policy: A disciplinary policy that punishes students for any infraction of the rules.

Strengths and Limitations of the Study

This study, I used a small sample sizing of teachers from Title I elementary schools. The results may have been different if the study had included teachers from schools that were not Title I, or from middle and high schools. Furthermore, if I had

included all elementary schools, there would have been a more comprehensive picture that would have provided a different perspective.

I focused on teachers' perceptions. The teachers who participated in the study might not have been willing to be honest about their feelings about the mental health services at their schools, or about what they think is needed to help these children become successful. Also, the participating teachers may have lacked knowledge about the mental health services needed for students in the school system. The perceptions of teachers who work at Title I schools may differ from those who do not work at Title I schools.

One strength of this study was that it helped bring to light the importance of mental health services for children and the benefits that these services can provide to the children who need them. The study's findings may help teachers, parents, and other school personal learn what teachers believe are important aspects of their jobs, including knowledge of the referral processes at their schools, the ability to recognize symptoms of mental illness, and the ability to handle behavioral problems in the classroom.

Delimitations of the Study

This study was delimited to teachers who taught at Title I elementary schools for at least three years. The teachers who participated in the study all taught at schools in Guilford County.

Assumption of the Study

Responses from the teachers who participated in the study were honest and truthful. All of the teachers who participated in the study did so, of their own free will and were not forced to partake in the study by administration or other faculty members at

the school. Finally, the teachers participated in the study because they recognized the importance of mental health services and the needs of the students with whom they work.

Significance of the Study

In this study, I used a qualitative case study to explore elementary teachers' perceptions of mental health service needs in Title I schools. My intent was to gain insight into what teachers in Title I schools feel is needed to help their students who have emotional and behavioral problems.

Mental health is an essential part of children's overall health, and has an effect on their ability to succeed in school, at work, and in society (Power et al., 2014). Studies have shown that as many as 20% of children and adolescents in the United States suffer from diagnosable psychiatric conditions but do not receive services (Powers et al., 2014). The schools are key settings where youths with mental health problems are identified and linked to treatment (Burnett-Zeigler & Lyons, 2012). Many children who are in need of mental health treatment do not get the services they need because of barriers such as limited access to services and the perceived stigma of seeking such assistance. School-based interventions are increasingly viewed as worthwhile and necessary in order to overcome these barriers (Burnett-Zeigler & Lyons, 2012). Researchers have recognized school-based mental health services for children as the best options this population; however, educators face challenges when they try to provide the services (Powers et al., 2014).

Implications for Social Change

Emotional health and school success are interrelated; therefore, teachers and schools should band together to meet those needs for the children whose lives they impact. School is the one place to which every child goes, and in which some receive support. Further, the academic environment is one of the best places to provided education and mental health services for children.

For this qualitative study, I obtained information regarding teachers' perceptions of what they need in order to provide learning environments that are conducive to their students who have emotional or behavioral problems in the mainstream classroom, since not all students qualify for special education services. This research helped me get insight into what teachers feel they need to help manage behaviors in the classrooms. There have been few studies that have looked at mental health needs in the school system from a teacher's perspective. Promoting the mental health of all students helps educators address barriers to effective learning, thus enhancing students' well-being. Mental health promotion can help to increase positive factors and decrease risk factors.

Summary

This study provided insight into teachers' perspectives of mental health needs in the school setting. Schools are primarily concerned with academics, but mental health is as essential to learning as social and emotional development. Teachers play a significant role in identifying children with mental health problems; however, there have been few studies that have looked at mental health needs in the school system from a teacher's

perspective. The purpose of the study was to use a case study approach to explore elementary teachers' perception of mental health service needs in Title I schools.

Chapter 2: Literature Review

In this literature review, I provide information regarding current research pertinent to the study, organized by six major themes: (a) mental health, (b) children and mental health, (c) children in the school setting, (d) Title I schools, (e) teachers' role, and (f) benefits of using the school setting.

Literature Search Strategy

In the search for journal articles, books, and doctoral studies, I accessed the following databases: Ebscohost, ERIC, Academic Search Premier Host, ProQuest Central, and Thoreau. Keywords I used in the search included *schools, children with mental illness, Title I schools, teachers' mental health, school mental health,* and *counseling*. I found additional articles by checking the references listed in the reviewed articles.

Mental Health

Poor mental health is a problem in today's society that is typically ignored until an event occurs that could have been prevented with mental health treatment (Jordan, Simar, Deasy, Carvalho, & McNamara, 2016). Children and adolescents have serious mental illnesses just like adults; however, their symptoms and behaviors may differ from those exhibited by adults. In the past two decades, there has been increasing attention given to the inadequacies of mental health services provided to children and adolescents (Farmer et al., 2003).

The Deinstitutionalization Movement

During the 1950s the deinstitutionalization movement resulted in a large-scale closure of mental health institutions in favor of less restrictive community-based facilities (Doulas & Lurigio, 2010). However, 20% of those who were institutionalized did not receive community-based treatment and went to private institutions (Weithorn, 2012). As the use of anti-psychotic drugs increased, admissions to in-patient institutions decreased. Often those who were admitted to the hospital were discharged without plans or skills to assist them in their attempts to adapt to life outside of the hospital (Doulas & Lurigio, 2010). The research on deinstitutionalization has been focused primarily on adults, and studies did not focus on how deinstitutionalization affected children until 2005 (Flanagan & Janness, 2005).

When a child enters an inpatient mental health facility, there is a limit on the number of days that he or she can remain there. The purpose of mental health reform was to decrease hospital admission; however, since the reform, there has been an increase in admissions for children. Between 1997 and 2000, the number of youths who were admitted to inpatient mental health facilities increased by 330% (Doulas & Lurigio, 2010). With the increase in hospital admissions, there was also an increase in the amount of psychopharmacological interventions that were used for children (Farmer et al., 2003). The latest estimate from the National Center for Health Statistics is that 7.5% of U.S. children between ages 6 and 17 were taking medication for "emotional or behavioral difficulties" in 2011-2012 (National Center for Health Statistics, 2016).

There has been an increase in the number of children who are taking psychotropic medication. Conversely, the number of children receiving mental health services has decreased (Shaley & Reid, 2012). The lack of treatment for children has resulted from the shift of psychiatric treatment from public to private sectors, especially for children who live in poverty.

Children and Mental Health

The prevalence of mental health problems among children and adolescents is a growing concern for educators. Intervening in children's mental health early in life has been shown to be more effective than trying to resolve these problems when children are older (Kato, Yanagawa, Fujiwara, & Morawska, 2015). One can have good mental health as well as poor mental health. Professionals in the mental health field recognize that conditions such as attention deficit hyperactivity disorder, autism spectrum disorder, depressive disorder, anxiety disorders, disruptive or impulse control disorders, and conduct disorders are typically childhood disorders (Culler, 2015). The World Health Organization has predicted that by 2030 mental health problems will surpass the HIV/AIDS epidemic in terms of diseases that place burdens on society (Kato et al., 2015).

Mental health problems can affect a child's daily life. A mental health issue can cause problems in social settings such as the school environment. This type of issue can also affect the child's ability to interact successfully with friends and family (Farmer et al., 2003). If not treated, mental health problems in childhood can become bigger problems in adulthood. If mental health challenges are left untreated, only approximately

50% of preschool children show a natural reduction in behavioral problems. The remaining 50% may experience long-term problems that can include family dysfunctions, dropping out of school, substance abuse, and criminal activity (Culler, 2015).

Risk Factors

Children who have been diagnosed with emotional disturbances are more likely to have academic problems and are overrepresented in special education classrooms (Culler, 2015). Symptoms such as hyperactivity and aggression at a young age can force those who work with the children on a daily basis to focus more on their behaviors than upon some of their educational needs. This focus often causes those children to fall behind academically. Studies have also found that children who exhibit aggressive behavior and other problems are at a greater risk for later criminal behavior because of their academic and interpersonal difficulties (England & Cole, 2015). There is no single system in the United States that treats children with mental disorders (England & Cole, 2015). Children who are diagnosed with or show symptoms of a mental health problem are more likely to be involved in the criminal justice system, social services departments, community mental health offices, and other agencies. Epidemiological studies have shown that mental health disorders in childhood, especially in school-age children, impact academic performance and social interactions (Mendes, Crippa, Souza, & Loureiro, 2013). Children often do not get the treatment they need, and their mental health problems can persist for years and lead to severe problems in adulthood including but not limited to unemployment, drug abuse, and criminality (Mendes et al., 2013).

Environmental Effects on Children

Environmental and individual conditions can affect a child's development. These conditions are deemed to be transitory and may have a negative impact depending on the developmental stage of the individual and the social context in which they occur (England & Cole, 2015). There are certain risk factors that may affect children negatively, and those children may have a higher probability of mental health problems than other children both in the present and in the future (Mendes et al., 2013). Parents are the primary influence on their children's development, and there have been several studies that focus on strengthening parenting skills. There is clear evidence that links poor parenting and family risk factors to the worsening of behavioral problems (Kato et al., 2015). Children then take these risk factors with them into their educational setting.

Several stress factors, such as community violence, food insecurity, and parental substance abuse can affect a child's mental health (Allen-Meares, Montgomery & Kim, 2013). Between 5% and 9% of children have been classified as having emotional disturbances that require mental health support at school (Koller & Bertel, 2006). In the United States 17.1 million children under the age of 18 have or have had a diagnosable psychiatric illness (National Association of Mental Illness, 2016). The number of children with mental health disorders is alarming, and shows that there is a need for mental health services for children (Scheyett & Diehl, 2004).

Children in the School Setting

Schools not only help children learn academically, but also help them learn how to socialize and how to communicate effectively and appropriately. Even though the

school environment was initially designed to provide academic training, school officials are now also responsible for meeting a range of other needs (Allen-Meares et al., 2013).

Individuals with Disabilities Education Act

Special education services were created to help children who have emotional and behavioral problems in the classroom. The IDEA was created to help guide children with emotional and behavioral problems to academic and social success in a school setting. IDEA required the federal government to provide 4% of the average per-pupil expenditure in the United States, multiplied by the number of special education students in each state, to educate students with disabilities (Doulas & Lurigio, 2010). However, not every child who has an emotional or behavioral problem qualifies for special education and may be required to stay in mainstream classrooms. In 1986, IDEA was amended to require schools to provide early intervention to children from birth through 2 years of age who have conditions that entitles them to receive special education services (Hootman et al., 2003).

The 1986 amendment caused a shift in the way that schools educated students. The changes affected children's education in two ways. First, the amendment broadened the age range of education for students to include those who were infants to students through the age of 21. Second, the amendment added a diverse array of disabilities (Culler, 2015; Hootman et al., 2003). Currently 11% of the nation's students are estimated to have disabilities (Culler, 2015). There has been an increase in the number of students who are chronically ill and technology-dependent in school systems over the last couple of decades (Hootman et al., 2003). Thirty-one percent of those children are

depressed, unhappy or sad (Mendes et al., 2013). The number of school children diagnosed with or at high risk for mental and emotional disorders is increasing as well.

Current IDEA Regulations

The number of children with disabilities, especially those with emotional or behavioral issues, is increasing. One in four children is at risk of school failure due to social, emotional, or health problems (Mendes et al., 2013). Even though there is an increase in the number of children with disabilities, there has not been an increase in the funding that schools receive to help these children. Children who had emotional or behavioral challenges have been removed or excluded from IDEA because they were considered socially maladjusted. That classification fell under the jurisdiction of Act 227 (Culler, 2015). Those whose behavior does not align with the socially maladjusted requirements do not necessarily have better success at school than those who do not meet those qualifications (Culler, 2015).

Individual Education Plans

Children who do qualify for services within the requirements for socially maladjusted behavior receive IEPs. These plans create opportunities for teachers, parents, school administrators, related services personnel, and students to work together to improve educational results for children with disabilities (Hootman et al., 2003). These plans are effective when they address the children's academic and physiological issues, but they fail to address the associated social and emotional issues (Culler, 2015). Mental health services are limited in their ability to meet many students' needs (Mendes et al., 2013). Mental health services in the school setting are often available during a

crisis such as a death or a natural disaster. Mental health education is also generally provided for a couple of hours out of the school year in the face of intense pressures for heightened academic achievement and limited financial resources (Culler, 2015).

The Zero Tolerance Policy

IDEA was not the only factor that affected students with emotional and behavioral challenges. The zero tolerance policies of the 1990s also led to negative outcomes for youths whose symptoms of mental illness included social disruption or violent behaviors (Douglas & Lurigio, 2003). Zero tolerance policies doubled the number of suspensions from 1.7 million to 3.1 million (Culler, 2015), but suspensions did not help to reduce the violent outbursts or behavioral disturbances that children exhibited in school settings. However, once the child has been suspended, his or her reputation is often tarnished and the child is then judged based on the fact that he or she has been suspended previously (Douglas & Lurigio, 2003). Because of their behavioral problems, some children who have emotional or behavioral challenges are alienated from their classmates (Culler, 2015).

Reforming zero tolerance policies would better assist those who have emotional and behavioral problems. The zero tolerance policies should take into consideration school context and teacher expertise, and principals and other school personnel should have some leeway with some of the reports that come across their desks. Research has shown that effective principals work with teachers to define which offenses should be referred to the office and which are better handled at the classroom level (Skiba & Rausch, 2006). Changing zero tolerance policies can help to move from swift and certain

punishment to using evidence-based research strategies. Changing these policies also helps those students who have a reputation for being in trouble excessively receive different consequences for their behavior that will not alienate them from the school community. Having an array of planned options such as restorative justice, alternative programs, or community service available to schools when disruption or violence occurs can help reduce the impact of serious disruptive behavior (Skiba & Rausch, 2006).

Parents and Their Children's Behaviors

Schools are presently under duress to increase their academic outcomes and maintain acceptable safety standards. They are also expected to manage students' social and emotional issues (Culler, 2015). Students often bring problems such as family issues, hunger, and troubles from their communities with them to school (Boase et al., 2013). Parents may recognize behaviors or other problems in their children, but may not get help for several reasons. In some cases, parents may have a poor understanding of mental health; they may not know how to seek help, and they may be hindered by parenting difficulties such as an inability to discipline their children effectively. Some parents may have mental health or substance abuse issues of their own.

Title I Schools

No Child Left Behind Act of 2001

The No Child Left Behind Act of 2001 increased the testing requirements for states and set demanding accountability standards for schools (Linn, Baker, & Betebenner, 2002). The Act was supposed to help improve education for all children.

The Act required states to set standards in reading and mathematics each year to students in grades third through eighth (Fusarelli, 2004). The Act does not assert a national achievement standard. Each state develops its own standards. Once the standards for testing were implemented the schools were then given report cards. Schools and districts are graded based on the children's test scores. Schools districts are rewarded based upon demonstrated success, which provides them with additional federal funding (Fusarelli, 2004). Failing schools are punished and lose federal funding and receive pressure to privatize.

The Act requires states to provide highly qualified teachers to all students. Each state sets its own standards for what counts as highly qualified. Similarly, the Act requires states to set one high, challenging standard for their students. Each state decides for itself what counts as "one high, challenging standard," but the curriculum standards, once established, must be applied to all students, rather than having different standards for students in different parts of the state.

Title I Funding

Title I Part A, "Improving Basic Programs Operated by Local Educational Agencies," designates that certain schools with high populations of students who live in poverty must receive funding from the federal government to improve those schools. For a school to be considered a Title I institution, at least 40% of the student population must live in poverty (Sticher et al., 2009). Once a school has been identified as a Title I institution, its administrators must develop a plan to meet the needs of its students. The

school must address all of the needs of children who are in the population targeted for federal funding (Isernhagen, 2010).

Types of Qualifications and Funding

Public schools and private schools can qualify for Title I services (Stitcher et al., 2009). Title I gives funding to schools that are low achieving, involved in the community, in need of funding or that need to improve test scores (Kim et al., 2012). The school only has to meet one of the criteria to receive the federal funding.

Title I provides two different types of assistance to schools. The first type provides money to system-wide program that allows each school to delegate its funding (Isernhagen, 2010). The second type of program is called the targeted assistance program, which requires school administrators to identify students who are failing or at risk of failing. They must use the funding to help those individuals (Isernhagen, 2010). The funding for school improvement includes government grants, allocations, and reallocations based on the school's willingness to commit to improving its standing in the educational system. A school has to submit an application in order to get the grants to improve academic improvement.

Teachers' Role

Teachers have an important role in the lives of children. Unlike adults, children do not refer themselves for services and instead the adults in the lives of troubled children are likely to seek help on their behalf (Loades & Mastroyannopoulou, 2010). Teachers play a significant role in identifying children with mental health problems: thus, it is crucial for teachers at the elementary level to have the necessary knowledge and

understanding about common mental disorders among children (Roeser & Midgley, 2013).

The Teacher's Role in the Classroom

A teacher's role involves more than simply standing in front of a classroom and lecturing. In fact, even though a teacher spends the majority of the day in the classroom, the actual teaching component is only part of the job. An effective teacher understands that teaching involves wearing multiple hats to ensure that the school day runs smoothly and all students receive a quality education. Perhaps the most important roles teachers fill involve interacting with students. Teachers are usually leaders in the classroom and in the school, earning the respect of students and setting a positive example. They typically are the disciplinarians, doling out fair and consistent punishments to students who break the rules. At the same time, teachers also show care and concern for students. A teacher has the power to build up or tear down a student's self-esteem and make a student's day or ruin it in an instant. When interacting with students, a teacher can take on the role of a counselor, a surrogate parent, a nutritionist and someone who has the best interests of every child at heart.

Teachers and Parents Working Together

Parents may notice that their children have behavioral problems, which may prompt them to consult with teachers and other school personnel about the development and behavior of their children (Shanley, Reid, & Evans, 2008). If parents do not seek help for their children or if additional help is needed in addition to a parental request, seeking help for a child depends on a teacher' awareness and perception of a child's

problems. The role of a teacher in their student's mental health varies by schools and is affected by the school's policies. Teachers are involved with children who have emotional and behavioral problems but do not receive any training in terms of problem recognition and early interventions (Loades & Mastroyannopoulou, 2010).

Teachers and Their Classrooms

Teachers are in a unique situation when they are in their classrooms. They are responsible not only for the academic progress of their students, but also for their social and emotional development of the children in that classroom. A part of that teacher's responsibility is making referrals to other school personnel when he or she notices that a child in their classroom is having some emotional and behavioral problems. Since there has been an increase on the number of children who have diagnosed or undiagnosed mental health issues, there has been an increased strain on classroom teachers, especially since budget cuts have caused increased student to teacher ratios and reduced teacher assistance in the classroom (Roeser & Midgley, 2013).

Lack of time and assistance may cause teachers to miss emotional problems, unless the child is screaming, crying, throwing items or is interrupting the class (Boase et al., 2013). Teachers will need to master ability to recognize issues and then follow through with referring students to services in light of increasing efforts to coordinate services in public schools. Teachers will be included in a more comprehensive system of services provided to students through public schools (Roeser & Midgley, 2013). The existing literature regarding teachers' ability to recognize and seek help for their students' mental health problems is limited (Loades & Mastroyannopoulou, 2010).

School Mental Health Professionals and Teachers' Roles in Mental Health

School mental health professionals are trained in assessments, individual and group therapy, crisis and case management and family outreach, which facilitates their direct work with children (Cappella, Jackson, Bilal, Hamre, & Soule, 2011). These professionals are aware of this information, but it is not passed on to teachers or other facility members who work with children in the school setting. Yet teachers have the most profound and direct effect on children's adaptation in schools (Roeser & Midgley, 2013). Having a classroom that can meet the social, emotional, and educational needs of students is critical to their development particularly among children experiencing multiple problems (Cappella et al., 2011). If mental health professionals trained teachers and other school personnel to work as effectively with students with behavioral difficulties, as they do with all other students, teachers could increase the effect that they have on children's development (Cappella et al., 2011).

Why Use the School for Mental Health Services?

In our current society children face situations that can affect their social and emotional development negatively. Further, children have to deal with problems that previous generations did not have to endure. The inequities between the rich and the poor have increased, which has caused children to go to school with additional problems that can affect teachers' classroom management strategies (Sancassiani, Pintus, Holte, Paulus, Moro, Cossu, Angermeyer, Carta, & Lindert, 2015). There are so many dynamics that children and their families encounter, all of which can affect those children and their family systems. Children can now turn on the TV, look online at social media

sites and find about a child who was kidnapped, abused sexually, or murdered. Students are faced with uncertainty in their daily lives and in their futures and may feel a sense of insecurity, disenfranchisement, disillusionment, and even fear (Zins & Elais, 2013). The constant changes in the world can cause questions that a child may not be willing or able to verbalize.

Need for Services

There has been an increase in the mental health needs of children today. Traditional training programs for school-based personnel in the area of mental health are insufficient to meet the children's needs. Schools have an important role in creating environments that strengthen children's relationships and promoting their mental health and well-being (Rowling & Weist, 2004). Studies have indicated that academic failure and school dropout rates are associated with the development of anti-social behaviors and emotional problems (Atkins et al., 2006).

Benefits of Using the School Environment

School structure and organization have a significant impact on students' well-being. Positive school environment has been associated with positive outcome (Kato et al., 2015). Other countries have started to utilize specific methods to create positive classroom atmospheres, employing such strategies as positive classroom management, participation in extra-curricular activities, tolerant disciplinary policies, and small school sizes to enhance students' experience (Rowling & Weist, 2004).

Barriers to Children Getting Help

Several barriers often prevent children from receiving mental health services. Many children who are in need of mental health treatment do not get the services that they need due to such barriers as access and stigma. School-based mental health programs have been in several schools since the 1970s and have been successful helping students who attend those schools (Rones & Hoagwood, 2000). These programs are typically in the high school setting. Programs such as Vanderbilt School counseling program focuses on meeting the mental health needs of children and families from socioeconomically disadvantaged backgrounds.

Benefits of School-based Mental Health

School based-mental health services help create an environment that promotes overall health for everyone. This process involves the quality of the relationships with parents, students, and the community agencies, positive school ethos, and reinforcing the role of school policies (Rowling & Weist, 2004). Figure1 illustrates how the comprehensive school environment works. Teachers having a positive classroom are able to provide a safe space for all children (Rowling & Weist, 2004). After classrooms have become positive learning environments, then a curriculum that incorporates mental health and helps to meet those needs can be structured and fine-tuned. Then the school can help to provided additional support to the students and their families.

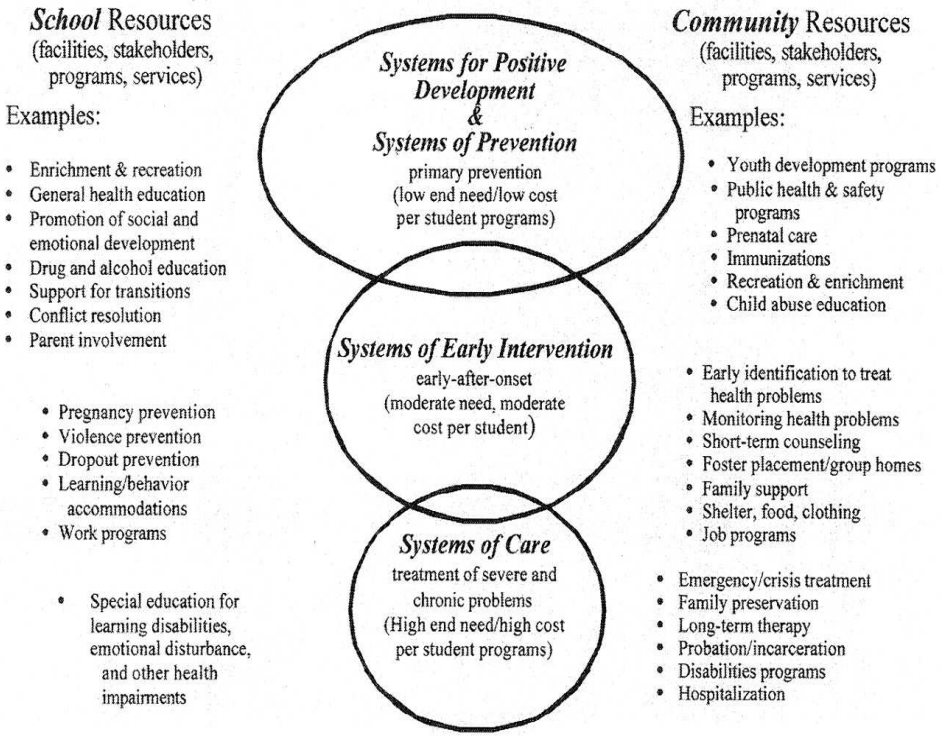

Figure 1. Department of Human Services systems for positive development and prevention.

The school environment has the potential to be an ideal place for children to receive mental health services and is the main system for children's mental health service delivery (Department of Human Health and Services, 2015). There are several different programs that could be implemented in the school system so that academic as well as mental health needs are met. An evidence-based program that works well in the school setting is social and emotional learning (SEL). SEL is the process through which children and adults acquire and apply the knowledge, attitudes, and skills necessary to understand and manage emotions effectively, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Social-emotional competence is an important aspect of children's development. Emotions can affect how and what a child learns in the classroom. A caring and safe environment can have a foundation for lasting learning (Nielsen, Meilstrup, Nelausen, Koushede, & Holsetin, 2014). Research has shown that SEL has had a positive impact on academic performance, benefits physical health, improves citizenship, is demanded by employers, is essential for lifelong success, and reduces the risk of maladjustment, failed relationships, interpersonal violence, substance abuse and unhappiness (Sancassiani et al., 2015).

Summary

The literature review explained the evolution of the mental health system's approach to children's mental health issues and how those changes affected services for children. The literature review also discussed the roles of teachers in assessing the emotional and social needs of children and their role in making mental health referrals. There are several different programs that could be implemented in the school system so that academic and mental health needs of children are met. There is still limited information available on teachers' perceptions of mental health services, their ability to make appropriate referrals and if their comfort levels with handling emotional and behavioral problems in the classroom. Research has shown that SEL has had a positive impact on academic performance, benefits physical health, improves citizenship, is demanded by employers, is essential for lifelong success, and reduces the risk of maladjustment, failed relationships, interpersonal violence, substance abuse and unhappiness (Sancassiani et al., 2015).

Chapter 3: Methodology

Introduction

In this chapter I explain why I chose the qualitative methodology to examine teachers' perceptions of children's mental health services needs in Title I schools. I offer more information on the purpose of the study, and the setting that I used to collect data. The chapter also includes a description of the participants, and details about the data collection process.

Research Design

Qualitative research helps provide researchers an understanding of the complexities of human behavior and the ways people interact within society (Draper, 2004). Unlike quantitative research, qualitative research does not introduce variables; rather, it uses observations and interviews to collect data. Qualitative research strives to provide clarity through firsthand experience, truthful reporting, and quotations of actual conversations (Attride-Stirling, 2001). In this study, I explored elementary teachers' perceptions of mental health service needs in Title I schools. I gathered detailed data from participants' answers to open-ended questions. I conducted the interviews and analyzed the data. This approach differs from quantitative research, in which researchers gather data by objective methods to provide information about relations, comparisons, and predictions, and attempt to remove their bias from investigation (Silverman, 2013). My intent was to gain insight into resources teachers in Title I schools feel they need to help their students who have emotional and behavioral problems.

A hypothesis was not tested in the study. Instead, I examined teachers' beliefs about what is needed in the classroom setting to help those students who have emotional and behavioral problems but who do not qualify for special education services. There have been few studies conducted on teachers' perceptions of this problem. If there is a system or a need that could be met in the elementary school setting, then finding viable solutions could help educators and mental health professionals with some of the negative outcomes that children with emotional and behavioral problems face in adolescence and adulthood.

Research Paradigm

Qualitative case study methodology provides tools for researchers to study complex phenomena within their specific contexts (Baxter & Jack, 2008). One of the advantages of this approach is the close collaboration between the researcher and the participant, which enables participants to tell their stories (Hancock & Algozzine, 2006). Through these stories, the participants are able to describe their views of reality, which enables the researcher to better understand the participants' actions (Hancock & Algozzine, 2006). The exploratory case study approach helped me explore what teachers feel about the mental health services in Title I schools, and identify common themes among the teachers.

Research Questions

I developed the following questions to guide this qualitative case study:

*RQ*1: What are teachers' perspectives on mental health services and needs within the school system?

*RQ*2: What supports (training, strategies, assistance, and parent support) do teachers feel they need with their students?

*RQ*3: How does training in teaching affect teachers' understanding of mental health?

Purpose of the Study

The purpose of this qualitative case study was to explore elementary teachers' perceptions of mental health service needs in Title I schools. My intent was to gain insight into what teachers in Title I schools feel is needed to help their students who have emotional and behavioral problems.

Mental health is an essential part of children's overall health and has an impact not only their physical health, but also on their ability to succeed in school, at work, and in society (Power, al., 2014). Studies have shown that as many as 20% of children and adolescents in the United States suffer from diagnosable psychiatric conditions but do not receive services (Powers et al., 2014). Schools are the key settings in which youths with mental health problems are identified and linked to treatment (Burnett-Zeigler & Lyons, 2012).

Role of Researcher

In qualitative research, the researcher is typically involved in every step of the research process, which includes design definition, interview, transcription, analysis, verification, and reporting the concepts and themes (Sanjari, Bahramezhad, Fomani, Shoghi, & Cheraghi, 2014). The researcher is considered an instrument of the research study. In the study, I conducted interviews and recorded additional information such as body language and other important information in field journals. To recruit participants, I sent Title I school principals flyers via email to pass along to their teachers. This mode of communication helped me with the initial recruitment of participants for the study. Subsequently, I contacted potential participants who had been referred by colleagues who had already agreed to participate in the study. I sent participants contact information for my dissertation chair to assure them that someone in addition to me was responsible for the research.

I became interested in elementary schools, especially Title I schools, because of previous work experience in a Title I school in Randolph County, North Carolina. Guilford County, North Carolina has 66 of the state's Title I schools (Guilford County Schools, 2015). Of that number, 49 are elementary schools, and that student population was a focus of this study. If there is a system or a need that could be met in the elementary school setting, then finding viable solutions could help educators and mental health professionals with some of the negative outcomes that those with mental health challenges face in adolescence and adulthood.

In order to help reduce bias in the study, I used the snowball method to recruit participants in the research study. This method helped to reduce sampling bias because participating teachers recommended other teachers. I asked all participants the same questions in the same order so that there was consistency in the interviews. The interviews were conducted at the University of North Carolina in Greensboro, in one of its study rooms.

Participants of the Study

I interviewed 12 elementary school teachers working at Title I schools in the Guilford County School system in North Carolina. I determined that including 12 participants would allow for a thorough examination into teachers' perspectives as they addressed the research questions, and would enable me to reach saturation. The snowballing technique was used to recruit research participants. This method allowed me to examine several cases to understand the similarities and differences among the cases (Baxter & Jack, 2008). All of the teachers read and signed consent forms to ensure that they understood the study, and to confirm that they gave their consent to participate in the study. After the teachers read the consent form, I asked if they had any questions or needed clarification on any part of the consent form, or if they needed any additional information about the study. Once the interviews had been completed, the teachers were given a $10 Starbucks gift card and were asked to recommend other potential participants.

Sampling Method

Snowball sampling is a useful sampling strategy when the population you are interested in studying is hidden or hard to reach. In order to acquire the first participant, I sent flyers to principals of Title I schools to circulate amongst their teaching staff. After completing the initial participants' interviews, I asked them to recommend others who would be interested in participating in the study. Each participating teacher had to have at least 3 years of teaching experience, had to be current teachers at a Title I school for 3 years, had to be the main teacher in the classroom, had no experience as a special education teacher, and had no training in special education.

Context of the Study

My intent in this qualitative case study was to gain insight into what teachers in Title I schools feel is needed to help their students who have emotional and behavioral problems. The schools used in the study were all Title I elementary schools in the Guilford County School system. Forty-nine of the 69 elementary schools in Guilford County are designated Title I schools. Each teacher picked a comfortable and convenient location for the interview. Once their interview was completed, I gave each teacher a $10 Starbucks gift card and asked them to recommend other teachers who would participate in the research study.

Data Collection Plan

In qualitative research, the three ways to collect data are by observations, interviews, and documentation. I collected data using teacher interviews and field

journals to determine teachers' experiences and perceptions regarding mental health services in the school system.

Interviewing is one of the main ways to obtain data in a qualitative study. In a semi-structured interview, the researcher uses open-ended questions that are carefully worded and arranged. This type of interview takes each respondent through the same sequence. In the interviews, I asked each respondent the same questions with essentially the same words (see Unluer, 2012). I allowed for some flexibility to ask clarifying questions if a participant's answer was not clear. The interview questions were developed based on the research questions and my previous experience working with teachers in a school setting. I designed them to gain insight into teachers' perceptions of the resources thy feel they need in their classrooms. The questions were not tested prior to the study.

Teachers from several Title I elementary schools participated in the study. As part of the participation criteria, I required that the participants were general education teachers and not special education teachers. General education teachers teach all subjects in a mainstream classroom. Each of the teachers participated in an hour-long interview at a location of their choice. I recorded interviews using a digital voice recorder and then transcribed the interviews. Field notes were used during interviews to record body language, voice tone, and other important observations I made of the teacher's behaviors.

Summary

I used the qualitative case study approach with semi-structured interviews to explore 12 elementary general education teachers' perspectives on mental health needs in

the school setting. Throughout the data collection process, I took careful measures to ensure that the participants understood what they were participating in.

Chapter 4: Results

Introduction

The purpose of this study was to use the qualitative approach to explore elementary teachers' perceptions of mental health service needs in Title I schools. I used a case study approach to explore the perceptions of 12 Guilford County, North Carolina elementary school teachers. In this chapter, I present the results of the study and discuss the setting, evidence of quality, demographics, data collection process, data analysis techniques, coding, categories and themes, results, and discrepancies in the data.

Setting

I gathered data from 12 teachers who work in Title I schools in Guilford County. The teachers had taught at a Title I school for at least 3 years, were general education teachers, and did not have any special education training and no experience in teaching in special education classrooms. I sent a flyer to the principals at the 49 Title I elementary schools in Guilford County and asked them to share the flyers with their teachers. Twenty-eight teachers were willing to participate in the study, but five did not meet criteria. I had difficulty coordinating a time to meet with seven of them, one started the interview, but then had a family emergency, and I was unable to contact three of them. After their interviews, I gave the participants a Starbucks' gift card and asked them to refer other participants. After they had received their gift cards, I asked them if they had any questions or anything that they wanted to add.

Evidence of Quality

For this qualitative study, I collected demographic information and relied on semi-structured interviews for data collection, and Nvivo 11 for data analysis. I used Nvivo 11 because I am somewhat familiar with the software that helps with transcribing interviews and coding data. With Nvivo, I was able to see my field notes and memos, and make links to relevant information. The software helped me establish themes.

Because the purpose of this study was to explore, not to interpret, a phenomenon, I kept a personal journal to ensure that my biases were not interjected into the data results. I strove to avoid commenting or following up with questions based on my pre-existing experience with teachers in the schools. When I had knowledge about the terms that the teachers were using, I still asked them to explain so that my biases were not interjected. I also sent participants transcriptions of their recorded interviews to ensure that I had documented their words correctly. I have included direct quotations from the interviews to render accurate account of what participants reported. During member checking, no participant reported any misperceptions or inaccurate accounts of what he or she said during the interviews.

Demographics

I used a qualitative case study approach and conducted semi-structured interviews with 12 elementary school teachers at Title I schools. The teachers' responsibilities included (a) creating instructional resources for the classroom; (b) planning, preparing, and delivering instructional activities; (c) meeting the course and school performance expectations; (d) participating in continuing education courses; (e) developing lesson

plans; (f) maintaining grade books; (g) tutoring students if necessary; (h) observing and evaluating student performance; and (i) managing students' classroom behaviors. The teachers had 20 to 28 students in their classrooms.

Table 1

Demographic Characteristics of the Sample

Years of teaching experience	3-7 years: 5
	8-11 years: 1
	12-15 years: 2
	16-19 years: 2
	Over 19 years: 2
Grades taught	K: 2
	1st: 2
	2nd: 2
	3rd: 4
	4th: 2
	5th: 0
Gender	Female: 11
	Male: 1
Education level	Bachelor Degree: 9
	Master Degree: 3

Data Collection

I used a purposeful snowball sampling approach to recruit participants. The recruitment and interviewing process occurred in two steps. First, I asked for permission from principals to forward flyers to teachers at various Title I schools in Guilford County about participating in my research study. Twenty-eight teachers responded and 12 participated fully. The 12 teacher interviews produced a theoretical assumption with data saturation and rich, thick description.

In the second, I invited 300 teachers to participate; 28 responded and 12 participated. I started the interview process by emailing and calling the interested participants to introduce myself and explain the purpose and process of the study. I also ensured that they met the criteria to participate in the research study. I then explained that the information and insights that they would share in the course of my research was confidential and for my use only.

I scheduled a face-to-face interview with each participant, and audio taped each meeting. The interviews took place over a period of 5 weeks between November 5, 2016 and December 10, 2016. When the participants met with me face-to-face, I reviewed the consent forms with them and had them sign the form before I started the interview. I conducted 13 interviews, but only 12 of them were completed. The interviews ranged in length from 30 to 45 minutes. I conducted nine of the interviews in the teachers' classrooms and three at other locations.

Before each interview began, I assigned a unique three-digit reference number to replace the participant's name. I used an interview protocol to guide the interview

process (Appendix B). I wrote field notes and memos throughout the audio taped interviews, and later reviewed the data, after transcribing it, to identify major themes, concepts, and relationships among them (see Montgomery & Bailey, 2007). I sent transcribed interviews to the participants via email, and I requested that they reply with their comments and revisions. All of the participants agreed with the transcriptions and did not make any revisions. The first phase of the data analysis, known as open coding, began with reviewing the transcriptions (Charmaz, 2006). All data were stored in a locked file cabinet that I will maintain for 5 years.

Data Analysis

Case study refers to the use of a descriptive research approach to obtain an in-depth analysis of a person, group, or phenomenon. A researcher uses an exploratory case study to explore those situations in which the intervention being evaluated has no clear, single set of outcomes (Yin, 2003). I applied a case study approach to explore teachers' perspectives on children's mental health needs in Title I schools. The process also helped me consider whether the number of years of teaching experience affects teachers' understandings of the mental health needs of their students.

After I transcribed the interviews and the participants reviewed the transcripts, I analyzed the data with NVivo 11, which is the latest version of the computer-aided qualitative data analysis software. The software can be used to test theories, identify trends, and cross-examine information in a multitude of ways using its search engine and query functions (QSR International, n.d.). I used field notes to help generate concepts,

categories, and properties, and to help control biases (see Janesick; Montgomery & Bailey, 2007).

Coding

The foundational question of my study was: What are teachers' perspectives on mental health services and needs within the school system? I used coding as the case study method from the transcribed interviews. The analytical steps included initial, focused, axial, and theoretical coding. Core categories emerged from ongoing comparative analyses of the properties and dimensions of data, leading me to identify interconnections.

The first phase of coding, initial coding, involved examining the words and lines of the transcribed interviews. This phase led to the defining and labeling of the data. The labeling, known as coding, also leads to the discovery of themes and commonalities. I started with coding the transcriptions and then catalogued and coded the field notes.

The second phase, focus coding, involved identifying the most frequent or significant initial codes. The focused coding revealed the major categories that correlated with the interview questions. The three categories that emerged were schools' role in mental health, supports at schools, and training and classes on mental health. From these three categories, 10 subthemes emerged.

- Category 1: Schools' role in mental health.
    - Schools current plan to help with mental health problems.
    - Quality of mental health services.
    - Changes to the classroom to benefit those with mental health problems.

- Typically behaviors and reasons for referrals.

- Category2- Supports at schools
  - Faculty to ask about mental health
  - Lack of supports in the classroom
  - Barriers to services
- Category3- Training and classes on mental health
  - Classes on mental health in school
  - Years teaching and needing training
  - Behavioral management

Results of the Open-Ended Interview Questions

Category 1: School's Role in Mental Health

All participants (100%) felt that their schools could benefit from changes to the way that mental health services are handled, and that mental health services for children is needed in the school setting. Corbin and Strauss (2008) recognized properties as the characteristics of an item, incident, or place that presents details to distinguish the item, incident, or place. All 12 of the teachers interviewed felt that their schools did have a role in children's mental health in the school setting.

Many of the participants noted the need for a school-wide commitment to providing a good environment for all students. For instance, Participant 7 stated:

> Well, I think we just need to just as an entire school try and make it a good environment for them. I think they need to feel comfortable … to feel like they

are here for the same reasons that everybody else is. Not feel singled out … in any type of way. Just to make them as comfortable as possible and meet all their needs in whatever way we can. In whatever way we have to. Educational needs, personal needs, social needs, that kind of stuff.

Participant 2 said:

I would say that to make sure that they are comfortable and safe even if a child has issues that they are still able to get the same education as everybody else. You know not singling them out … but making sure that the child feels they can be successful and be a child and do the same thing.

Participant 4 said:

We are in a supportive role. When kids are sent to school there is a more structured and social setting so then some children have problems with adjusting to the school and then we have a referral system to help make sure that they get the help that they need.

Subtheme: Schools' current plans to help children with mental health problems.

All of the 12 study participants stated that their schools had plans to help those children identified as having mental health issues. The following quotations come directly from some of the participants.

Participant 3 said:

We put into place.... a variety of strategies depending on what their mental health needs are. Like I said earlier I had one three years ago and for a co-worker of mine this year it has mainly been behaviors. So, we have done a variety of

behavior modifications plans to help a child see success that hadn't seen success before. We give them a very structured curriculum and a very structured behavioral plan to help them be successful. It included consequences when their behavior does not meet the strategies that they have set into place. We do work very closely with the parents of that child and if there are any outside sources that the parents have contacted for the help of the child, then we will work with them as well. And that was the case with my student three years ago and that was the case for my co-worker's student this year.

Participant 11 said:

For me, I know, it's an important part because we have so many children with different types of needs and especially for the mental part of it ... a lot of them just need somebody else to talk to and try to get those frustrations out and for somebody to listen with a non-judgmental ear. So, it's definitely an important role and I know that administrators will you know, if they see an issue , they will get with the counselors and try to get with the parents in order to get that child any type of assistance.

Participant 1 stated:

Ok, so some of the things that we do for students with mental health issues... One of the first things that I do… is depending on the children, their behavioral plans can vary. Putting some kind of plan in place. Even though you see that attention is an issue, everyone does not have a diagnosis in place. So, then my responsibility is to put a plan in place. Because you have parents that are not

willing to seek medical help, so it is still my responsibility to help that child as much as I can.

Subtheme: Quality of Mental Health Services

The teachers were all asked to evaluate the quality of the mental health services that their school provides to their students. 10 of the 12 teachers believed that improvements needed to be made at their schools, while 2 of the teachers believed that their schools' methods of service for children with mental health needs did not need any improvements.

Participant 4 stated:

> I would say that the quality of mental health services at my school is pretty good. We try to pull in any and all people that we can get to help us meet the needs of those children. If it's not there in house in the building then we try to pull others in like the school psychologist. We also try to use … well we don't have a self-contained classroom but we do have a self-contained EC exceptional children class, so sometimes the EC teacher will give us strategies that we can use as well. But if none of those things work, then we go outside of the school, but still within the school system.

Participant 5 said:

> I think that they are trying; unfortunately, it's so overwhelming. There are so many students that need support with mental health that it's overwhelming for the counselors and the assistant principal to deal with, and then the office staff having to get involved. There are so many students that need the support that

there are just not enough adults to supply it. It's taxing and so it could be better and they need more resources.

Subtheme: Typical behaviors and reasons for referrals

Teachers observe behaviors at school that may not be seen by the parents. Those behaviors may indicate that a child needs mental health services. The participating teachers had a variety of reasons for believing that certain children needed mental health services. 12 of the participants believed that it was necessary for a mental health referral to be made for different behaviors that they were able to identify in students. Behaviors that they identified were:

- Emotional and behavioral problems
- Subdued and quiet children
- Harming self or others
- Difficulty following directions and with paying attention
- Disruptive and manipulative behaviors
- Difficulty socializing with peers
- Difficulty handing anger
- Pica (eating inappropriate items)
- Stealing
- Telling stories of a mature nature
- Difficulty with Transition

Participant 5:

The outburst that we may call temper tantrums but this is more, like, violent… like throwing things, using their bodies to hurt themselves or to hurt others. More so the physical things but I have also noticed the quiet ones and they don't say much but you can tell that they are frustrated and aggravated and don't know how to express that is of concern too, but mostly the physical outburst.

Participant 8:

I would say self-harm, a lot of times I'll see Pica and stealing. When you see things like self-harm, stealing things that are not like stickers like the typical things that catch a child's interest, but food… telling stories that are just creepy in nature… when children talk about sexual things and they're very young, it just kind of brings up a red flag.

Participant 12:

It's kind of… lots of different things. I mean I've actually had to refer several people, but it's all been for different things. .. Sometimes it's… like a child is just completely not socializing with other kids, with adults and more just like… and I know this is more physical but just his face in general. Thinking of one child in particular, the child's face was just droopy. I mean, just his whole demeanor was just very docile. Would that be the word? Does that sound…, and some other things might be if they struggle with keeping their hands to themselves inappropriately. If there's something, you know, where they're just… they are in a rage and throwing things and don't understand or struggle to handle like our typical everyday things that make us upset.

Categories 2- Supports at School

When a child has been identified as having a mental health issue, whether diagnosed or undiagnosed, he or she is going to need specific supports in place. Not only do these children need support, but the teachers who are working with them in the classroom need to be able to talk to professionals who have information on mental health to receive appropriate and useful advice. All (100%) of participants were able to name someone at the school that they could go to for advice currently on mental health.

Subtheme- Faculty to ask about mental health

All 12 of the participants identified several people at their schools from whom they can get advice. The teachers identified the school nurse, school psychologist, school guidance counselor, and EC teachers. None of the teachers said anything about school social workers.

Participant 12 replied:

> My school has several people that I can go to. Guidance counselor and school psychologist. Also I can talk to the teachers in the EC department, but I try not to go to them because they are so busy. But those are the people that I can go to. There should be more people.

Participant 6 stated:

Probably a little bit of a sore subject actually... I think … that sadly enough, the person I go to for a lot of any of that is, our school counselor. And that… That's why I say it's a sore subject because she's probably like the only person. I mean, that's for a

whole school and we have like nine hundred plus kids here. There are two of them, here and another one, but the school counselor is like my contact, all our contact really.

Participant 5 stated:

"The school counselors or the school nurse. Probably the school counselors because the school nurses are rarely at the schools."

Subtheme: Administration

At any school, administration is a big part of the supports received by teachers, students, and parents. Because administration is an integral part of the school's operations, it is important for the teachers at the school to be on the same page as administration when it comes to supporting their students, especially those who have mental health problems. The study participants were asked to discuss the supports they felt were needed from the administration at their schools to help with behavioral or mental health meltdowns in the classrooms. The teachers' responses to this question varied. 2 of the teachers felt that their administration was supportive and helpful. While 10 of the others teachers felt that their administration was not consistent, that the students didn't know who they were and, that they did not have follow through. Participant 7 and 2 quotes are from teachers, who felt that their administration could use improvement, where participant 3 felt that the administration at her school was supportive.

Participant 7 replied:

> I would like it to be more… what's the word … Like when the behavior happens and we call they're there because sometimes it takes a while and we went to an online thing where we could type in an administrative review and it would

go straight to their phones, so they said they would show right up, but then understandably they get caught in meetings and things like…So they can't always come right then, but sometimes it's not until hours later that they actually come down to handle those situations and then by that point its passed and you know, it's kind of hard to reprimand them for it because they've already even forgotten that it happened or they forgot what they did that upset this kid that caused this problem. So I would like their response to be a little bit more immediate and for the consequences.

Participant 2 stated:

Particular for me I don't usually have to send students to the office, but when I do I would like for it to be consistent and to for the punishment to go with what they did.

Participant 3 stated:

I think that is what they are already doing, by making themselves available. To come in the classroom and visit, to let a child know that the principal, vice principal, teachers and they're parents have an invested interest in what the child is learning, how their learning and their behavior, their consequences and their successes. I can say that my administration does that very well.

Subtheme: Lack of support in the classroom

10 of the 12 participants felt that they needed help in the classroom when they have a child that has a mental health problem. The participants stated that they though an

assistant would be helpful when being able to meet the needs of the children in their classroom Participant 9 felt that he could handle his classroom with no problem and participant 10 felt that her classroom ran well with just her in the classroom.

Participant 10 replied:

I use a lot of alternative seating, stability balls and other creative things in my classroom so; I don't usually have any problems with behaviors. I have had students with ADHD in the past and I was able to work well with them, once we were able to develop an understanding. Having someone else in the classroom would be too much of a distraction.

Participant 6 stated:

I would want smaller classrooms and an assistant. An assistant could help with being able to meet the needs of all of the children in the classroom, without anyone being neglected. An assistant would give me the ability to be able to give more one on one attention to those students that need it.

Participant 4 replied:

I would like to have an extra person in the room. Sometimes it's difficult to meet the needs of all 20 to 25 kids. Having an extra person in the room could help with that and help to give me some availability to give some more one on one time for those children that need extra time.

Subtheme: Barriers to Services

There are barriers that prevent children from getting mental health services, whether in school or outside of school. The teachers were asked to identify some of

those barriers they encountered that prevented their students from getting the mental health services that they need. The barriers that the teachers identified were funding, parents, communication between parents, teachers, and school personnel, teachers', and parents' lack of knowledge about mental, and the lack of teacher assistants in the classroom. 12 of the participants were aware of barriers that prevent some of their students from getting mental health services.

Participant 2:

> I would say to make sure that the communication is there between the school and the parent. At times we see stuff as teachers that they may not see at home and vice versa or that the parents may see some things that we don't see. Making sure that the communication is there and that we are on the same page to make sure that they get the best service and help that they need. Making sure that everyone is on board like the teachers, school, parents, and doctors to make sure that this is what's going on. This is what we see and not that they will grow out of it or that they will get over it.

Participant 8:

> I think more training is needed. A deeper understanding of what exactly mental health is, so we can eradicate that stigma because a lot of times people are slow to talk about those issues because there is such a stigma regarding mental health issues. So, I think we need to kid of eradicate the stigma attached.

Participant 4:

Honestly, the barrier that we see the most is parents. Honestly, sometimes you have parents that don't see what we see. One child comes to mind in particular and he is clearly autistic, but the parents don't see it and he is not getting help. The parents don't believe that he is. When we try to get him help, the parents don't want to accept that because they think that he is fine the way that he is. Sometimes the parents are really the key piece to that honestly. They can either help it or hinder it because we can get assistance or help.

Categories 3-Training and Classes on Mental Health

A general education elementary teacher in North Carolina, must be certified by the state. Certification requires a bachelor's degree and the completion of an approved teacher preparation program. The prospective teacher must also complete at least ten weeks of student teaching in an elementary classroom (Teachercertificationdegrees.com). Teachers attend several courses on how to educate children as well as training sessions for continuing education credits to help them stay current on teaching techniques and classroom behavior management. All 12 of the participants reported that they did not have any classes in school on mental health, because they were not offered, and also reported that they have not received any training at their schools on children's mental health, but felt the necessity for that, kind of training.

Participant 9 stated:

> Wow… I went to college long ago but I don't remember seeing a class talking about that.

Of course, that is something that is very necessary, because sometimes we don't have the skills to deal with those types of problems. Sometimes we may, like, confuse a mental problem a student has with just misbehavior because they want to disrupt the class or because they don't want to do what they have to do, but maybe sometimes it's more serious and they need more attention, more professional like ways to address their needs.

Participant 1 replied:

I cannot think of one on the top of my head. I really can't remember any classes that covered mental health in school.

I cannot think of any specific training… and again, the training that comes to mind has not dealt specifically with students with mental illnesses or that have diagnoses. I think, for me, they all come on an as-needed basis… nothing… I can't think of a specific training. I can't think of any of those come from have questions or somebody has had questions and maybe as a group we have discussed it. Oh, my gosh… now that you are asking me these questions, I cannot recall any. Yes it would be beneficial because it gives you another bag of ideas to pull from… wow.

Participant 10:

I haven't received any training. Umm… There have been short little segments introducing our new coordinators and things like that and the coordinators will discuss with us how to handle certain situations, but it's never

been like an in-depth thing. I think training is needed. I mean, because a lot of our students today do have special needs that they need addressed.

Participant 6 replied:

Yeah, I do because I feel like a lot of times too… I mean you know, people joke around about stuff like "Oh Gosh, they are Schizo!" you know what I mean? But they really don't know what a Schizophrenic looks like or what it really is you know or "They're so autistic" or mean, just certain things, just behaviors that you know… so yeah. I think teachers are ignorant to it unfortunately.

Subtheme: Classes on Mental Health

Elementary education majors take classes focusing on kindergarten through sixth grade students. All elementary education majors take classes in curriculum development, assessment, child development and teaching methods. Children's literature and language development are covered as well. 12 out of 12 of the participants stated that they did not have any classes in college that went over mental health for children.

Participant 1 replied:

"I cannot think of one on the top of my head and I cannot think of one that touched on learning disabilities or mental illnesses but I cannot think of one."

Participant 7 replied:

"Oh wow… that's been so long ago… well now that I sit here and think about it, I don't think that I had any classes in college on mental health. That's really sad."

Participant 8 stated:

" Um, at the undergraduate level, I can say that I didn't have any. Um… now that I am working on my masters, I would say that very few have really touched on mental health. It's still a topic that is kind of taboo in a way, so I would say that more needs to be done to kind of prepare teachers for the real world because once you get out there it's like, oh these aren't the steps for children."

Subtheme: Behavioral Management Systems

Behavioral management is the process by which teachers and schools create and maintain appropriate student behavior in classroom settings. Using a behavioral management system helps teachers provide rewards and consequences for classroom behavior. 9 of the teachers reported that they use the Clip chart management system; 2 of the teachers used the tally system; and 1 teacher reported that he didn't use anything at all.

Participant 3 said:

> I use the clip system that hangs on my door, where everybody starts on green, which is 'ready to learn'. Then, during the course of the day, the children move their clothespins up or down the chart, based on the behavioral choices they make. If they are making good choices, they can move their clothespin up a level at a time. Inappropriate behavior would cause them to move down a level. Since the children start in the middle of the chart, they have numerous opportunities to work their way up the chart. Even if they move up and down during the day they have an opportunity to do both. Then I also, for those that are having really good

days, get to hang their clip on my necklace and I walk around with their names on it for the day. Then at the end of the day they have to color in where their clips ended for the day. Then, parents get to see what their child has done for the day… Friday is prize box days, so children whose clips have been green or higher for three out of five days they get to go to the prize box. As the year goes on the number of days goes higher like it will go up to you have to be green or higher for four out of five days a week to get something out of the prize box. It's a challenge, and even the student that I had with a behavioral problem … had his own sticker sheet and a clip so he got double the prizes. Sticker sheet was a daily reward system, and if he earned eight out of ten stickers for that day, he got a bigger sticker… If his clip stayed green for those five days, he got to go to the prize box. The other kids understood that because they knew that he was just a little bit different and need a little bit of extra attention.

Participant 1 stated:

It varies … depending on the kids... This year I used … I had two systems. One for rewards and one for misbehavior. Cause you don't want to focus on misbehavior all the time and then those same kids would get pointed out. For misbehavior … at the beginning of the year, we came up with a set of rules and if they broke a rule they received a tally mark and… after a certain number, you would get a note home or phone call home. But then, for reward I had a blank bingo board… where if at the end of the week, you don't have so many tallies you got to sign the bingo board. Not only did you get to sign the bingo board, but if

you were able to answer a question that I asked or if you did something nice for someone... it gave everyone an opportunity to shine…once the bingo board was full, we would play bingo, and if your block was called you got to go to the price box.

Participant 9 doesn't use a behavioral management system and stated:

"I usually talk a lot to my students about the importance of value and, the time that they spend in school. Their learning time and not getting distracted."

Subtheme: Number of years teaching

The number of years that the participants had with teaching varied. The number of years that they taught did not have any correlation to their comfort level with children that have a mental illness. The table below gives the participant's number and the number of years that they have been teaching and if they thought they needed training in mental health. The only participant that felt that she didn't need training in mental health was participant 3, but thought that younger teachers did. Participant 3 replied:

Yes, because a lot of young teachers that are coming out do not know how to handle children with mental health problems. Here again I am going back to the script thing. Following a script does not help all children. Some children in your classroom are not going to fit that script or that model. Yes, having more training in mental health is going to be very important.

Table 2

Participants' years of teaching and if they think mental health training is needed

Participant Number	Number of years teaching	Training needed
001	14	y
002	12	y
003	29	n
004	16	y
005	14	y
006	9	y
007	4	y
008	6	y
009	23	y
010	4	y
011	5	y
012	17	y

Discrepancies in Data

The teachers had different perspectives when it came to several of the questions they were asked. Because they didn't all agree, discrepancies arose in some areas. The discrepancy in my data evolved from there being no consensus among the teachers on the support that they receive from administration, the most appropriate behavioral management systems to use, and the quality of mental health services available for students in their schools.

The teachers perspectives varied for several of the questions. For example, the participating teachers' responses were split down the middle when asked "what would you like for the administration (principal and vice principal) at your school to do to help with behavioral issues in the classroom?" Six teachers felt that their administration already did a good job of supporting the teachers and being available when they were needed. The other six teachers felt that their schools' administrations lacked consistency and did not make themselves visible to the teachers and the students. Participant 6 stated, "

We need consistency and we need to..., and I really do, our admin is phenomenal like here, it really is. If you know anybody that needs to teach, needs a job, send them here. But ...we've got to be consistent, and then the other things is we end up , and for a lack of better words, we hone in on the labeled bad children and so as soon as we see these children that are the ones that, you know ,are the talkers or the ones that have the discipline problems. As soon as we see them take two steps in the hallway the right way, we're like, making it rain. I mean, we're throwing PawBucks [according to the school's website, this is a "program that allows all students to earn 'play' money throughout each day for demonstrating outstanding job performance (behavior and academic)."] at them, we're doing...So like… by the end of, you know, a month, these kids have a hundred PawBucks, whereas… our kids that are good all the time have like ten. So...And then we have, like, a group where we have a group of the most,… hate to keep saying 'bad' because that's terrible, you're not supposed to say that, but to get my point across. But the group of boys that are not as good as the others, they get pulled on Fridays and they make

cookies and they...And while, yes, some need that because maybe they don't get it at home or you know, maybe, you know, because we have a lot where you know, they don't know Dad or Mom is locked up or you know, mom is 18 or yeah, that's fine for those kids if they need that extra, but it's not...what's that saying, I'm wanted for all...you know what I mean, we can't just say alright, all these boys that are terrible and cuss out teachers and throw desks and pee on the walls and smear poop on there, let's every Friday, let's make cookies. Let's call a big football game and let them while all the other kids have to sit and watch."

The teachers used various types of behavioral management systems in their classrooms. Two of the teachers stated that they used the tally system; nine stated that they use the clip system; and one stated that he didn't use a behavioral management system at all. Although all the study participants teach in Guilford County School System there is not consistency in the behavioral management systems that they use in the classroom.

Two out of the twelve teachers felt that their schools did a great job with mental health while 10 of the teachers felt that their schools could improve on the mental health services that they provide for the children at their schools. The teachers believed that the schools could do more to help children in the schools. Participant #1 stated:

"Umm…. For the cases that I can think of I do think that the needs are met. Here for kids that are identified with having some type of disorder or are diagnosed the services that are provided are wonderful and typically and for the most part they are kids that are considered resourced for learning disabilities and other disorders and their needs

are well met. I can think of one that was autistic and his needs were more than learning. He was the first case that I have seen in the regular setting I and think that his needs were meet very well. It was a challenge and for the team of people of that we had to meet the needs and come up with strategies and things to help this child they were very beneficial."

Where oppose to participant #1, participant #4 stated:

"I would say that it's about a 3 because, our first or our secondary we are there to teach the child to learn but if there is something going on that prevents that, then it needs to be addressed and to do all we can so that they can learn. I say a 3 because it's not what we are trained to do but we end up having to do it and we want every person to be a productive person or a productive citizen in their lives and so that they can provide for theirsevles later."

Summary

Chapter 4 provided a report of the findings based on my study of teachers' perspectives of mental health services in Title I schools. This section noted demographics, generated, collected, and recorded data, design procedure, and discussion of themes. Relevant themes included the school's role in mental health; school's current plan to help children; quality of mental health services; barriers to services; supports at school for mental health; reasons for referrals; administration Training and classes on mental health; behavioral management systems; and changes to classrooms that will benefit children with mental health problems. Chapter 5 will present interpretations of the findings; descriptions of the connections between the data and Bronfenbrenner's

bioecological model; strengths and limitations of the study; implication for social change; and recommendations for future action and study conclusion.

Chapter 5: Interpretations, Limitations, and Recommendations

Introduction

The purpose of this study was to explore teachers' perceptions of the mental health needs of children in Title I elementary schools. The general education teacher participants had been teaching for at least 3 years, had not had any special education training, had not taught in a special education classroom, and were teaching at Title I schools at the time of the study. In order to achieve this purpose, I was careful to put aside my own personal experiences with student mental health needs in the school system and maintain a state of neutrality during interviews and analysis.

Title I schools are located in communities with high rates of poverty and crime (Stitcher et al., 2009; McKinney, 2014). Schools in these communities often inherit the difficulties of the communities as well as the problems of the children who live there (Williams et al., 2007). Most of the research that has been conducted in Title I schools has been focused on the link between a school's performance and the effects of issues such as delinquency, violence, and substance abuse in the surrounding community (Williams et al., 2007), but there has been little research on teachers' perceptions of students mental health needs in these schools. Thus, my intention was to gain insight into what teachers' in Title I schools feel is needed to help their students who have emotional and behavioral problems. Insight into their viewpoints came from interviews during which they responded to specific interview questions related to my primary research questions. The interviews revealed 3 major themes: schools' roles in mental health,

supports at schools for mental health, and training and classes in mental health. From these 3 major themes, 10 subthemes emerged, including:

- Schools current plan to help with mental health problems.
- Quality of mental health services.
- Changes to the classroom.
- Typical behaviors and reasons for referrals.
- Faculty to ask about mental health.
- Lack of supports in the classroom.
- Barriers to services.
- Classes on mental health in school.
- Years teaching and need for training.
- Behavioral management.

Based on responses from the 12 participants, I found that teachers had similar perceptions of mental health services in Title I schools. In this chapter, I present my interpretation of the research findings, explain the limitations of the study, offer recommendations for further research, and discuss the implications and conclusions of the study.

Interpretation of the Findings

Research Questions

There were three foundation research questions for this study. The research questions were: (a) What are teachers' perspectives on mental health services and needs

within the school system? (b) What supports (training, strategies, assistance, and parents supports) do teachers feel they need with their students? (c) How does training in teaching affect teachers' understanding of mental health?

Research Question 1. The 12 participants varied in their responses to the first research question, and ultimately my findings were inconclusive because the 12 participants had such different views on what their schools needed. Even though all participants taught at schools in the same county, the way that mental health is handled at each school varies. It was unanimous that mental health in the school was important, but none of the teachers could really give a definitive answer on what they thought that they needed to help students with mental health problems in the classroom. Most of the teachers focused on what the school could do as a whole, instead of what they themselves needed. Even though the study was focused on their individual needs, the teachers responses focused on the school. The one thing that teachers constantly brought up was that they wanted knowledge and training on students' mental health needs. For instance, Participant 7 replied:

> I would need assistance just in general knowledge about it. I would say I don't have a broad span of knowledge when it comes to that kind of stuff. I would need help with strategies on what to do, how to help, how to handle certain situations. Uh, multiple strategies so just in case one doesn't work, there is always another option and just extra support. Just knowing that I had support if I needed it or if it came down to it you know, that I had somebody I could go to and they would be there for whatever I needed.

As I stated in Chapter 2, there has been in increase in the number of children who have diagnosed or undiagnosed mental health issues which has resulted in an increased strain on classroom teachers, especially since budget cuts have caused increased student to teacher ratios and reduced teacher assistants in the classroom (Roser & Midgley, 2013). Teachers have been left in an awkward situation because they are asking for support to help them in the classrooms, but the lack of funding for schools has made it difficult for them to get that additional support. With school guidance counselors focusing on testing, and school psychologists, nurses, and social workers working at several different schools during the school week, there is not a lot of support staff for teachers to call on to help them better understand students' mental health and to give them the additional support that they want during school hours. Having a classroom that can meet the social, emotional, and educational needs of students is critical to their development, particularly for children experiencing multiple problems (Cappella et al., 2011). Participant 2 recognized this and replied:

> I would say that to make sure that they are comfortable and safe even if a child has issues that they are able to get the same education as everybody else. You know now singling them out, but making sure that child feels successful and be a child and do the same thing.

Research Question 2. The 12 participants all had ideas of what is needed in the school and classroom to help students with mental health problems. As I stated in Chapter 2, the teacher has several different roles in the classroom besides teaching. The biggest issue that one of the teachers brought up was funding. School funding was cut by

North Carolina's senate by $376.1 million for the 2016-2017 school years (North Carolina Association of School Administration). Title I funding that is provided to the schools is used to help improve test scores, which benefits the children academically, but the funding is not being used to help children with mental health problems. The teachers reported that the following items were what they felt were needed in the school system and classroom to help with mental health:

- Funding.
- Center and more activities besides sitting all day.
- Alternative seating (stability balls, different height settings, and standing desks).
- Safe places in the classrooms.
- More support staff knowledgeable in mental health.
- Assistance in the classroom for those with mental health problems.
- Smaller number of students in the classroom.
- Focus on positive reinforcement.
- More technology.
- Comfortable environment for children.
- Parent support.

Participant 12 stated:

> Well… I think that as the school we have to meet their mental health needs, because if we don't meet their mental health needs then we can't meet their academic needs. So, we have to come together so that we can meet their needs.

> We have to develop so type of plan, whether that's getting them an IEP or a one on one, or having outside help come to help. We have to meet those needs.

Participant 6 reported a different view from other teachers as to what is needed, noting:

> Well I feel like the teacher at that point needs to do some research really and truly. Get with the school psychologist, get with a counselor. Get with someone that probably knows a lot more about it than we do. But, I really think the teachers have got to do some research. They got to find out some information also. It can't just be, they can't just rely on the psych or the counselor."

Participant 6 was the only one who felt that the level of knowledge that teachers have of mental health is up to them. Teachers are involved with children who have emotional and behavioral problems, but do not receive any training in terms of problems recognition and early intervention (Loades & Mastroyannopoulou, 2010). Participant 6 was the only teacher who felt that teachers needed to take ownership of the amount of education that they have in mental health. Indeed, this participant provided a view that I had never considered but found interesting because none of the other participants took ownership for their lack of knowledge of student mental health.

Research Question 3. The results for this particular research question were inconclusive. The number of years that a teacher has been teaching did not really have any relation to their ability or lack of ability in understanding those that have a mental illness. All of the participants felt that mental health training was necessary for teachers and were excited by the thought that they could receive training in mental health.

Participant 3 had 29 years of experience in teaching and had a different perspective of which teachers needed training in mental health.

Participant 5 replied:

> Yes, because I think that sometimes we think that ADD is the only things that kids have to deal with, cause I know that for me my brother has schizophrenia and, he's always had some issues. The diagnosis didn't come till he was out of school. But, I think that if his teachers had known somethings about him in school it could have helped him to be a little more successful. So, I think that it's important to teach teachers about mental health--what it looks like and what it is as well as it's not just one thing. Because you know in school we think just ADD or ADHD. So many things kids face like bipolar and depression. I don't think that we think kids deals with those things and we think of it as an adult thing. We should have some in service training with those.

Drawing on her personal experiences, Participant 5 gave a great reason why teachers should receive training in mental health. She had insight into the mental health problems that children face and gave a great reason of why mental health services in the school system are needed.

Themes

As I previously discussed in Chapter 4, there were 3 themes and 10 subthemes that emerged during data analysis. The three themes emerged from the research questions, 10 subthemes that emerged from the data.

The schools that the participants currently work at all have different ways of handling mental health in their schools. It was good to know that all of the schools were able to have a plan in place that their teachers are aware of but some of the teachers had difficulty with being able to give details about the process. As reported in Chapter 2, unlike adults, children do not refer themselves for services and instead the adults in the lives of troubled children are likely to seek help on their behalf (Loades & Mastroyannopoulou, 2010). Being that teachers are the ones that make the referral for their students, it would be important for them to know the process on the current mental health services in their schools and how to access those services for their students. Teachers knew that a process existed but were not able to give different steps or specifics. Participant 6 stated:

"I'm not real sure. We have tried focus groups, but that hasn't really happened. They set up some. I know that we work with psychologist. We have a play therapist lady that comes and so, I know that they come and help, but I don't know exactly. I'm not sure like the whole, what happens first and all that, but there are kids that get pulled and seen."

According to the study findings, the prevailing perspective that the participating teachers have on mental health services in the schools at which they work is that those programs need improvement. The schools are the key settings in which youths with mental health problems are identified and linked to treatment (Burnett-Zeigler & Lyons, 2012); which makes it even more important for teachers to know what their school offers to help children with mental health problems.

In order for children to receive mental health services in the school system or outside of the school, a teacher needs to do a referral. Teachers play a significant role in identifying children with mental health: this, it is crucial for teachers at the elementary level to have the necessary knowledge and understanding about common mental disorder among children. Figure 1 shows the behaviors that teachers felt required a referral. The behaviors that the teachers gave typically had to do with behaviors that were aggressive and that disrupted the classroom. Participant 4 was the only teacher that stated "quiet and subdue that you know are having difficulty with expressing themesevles, also need a referral."

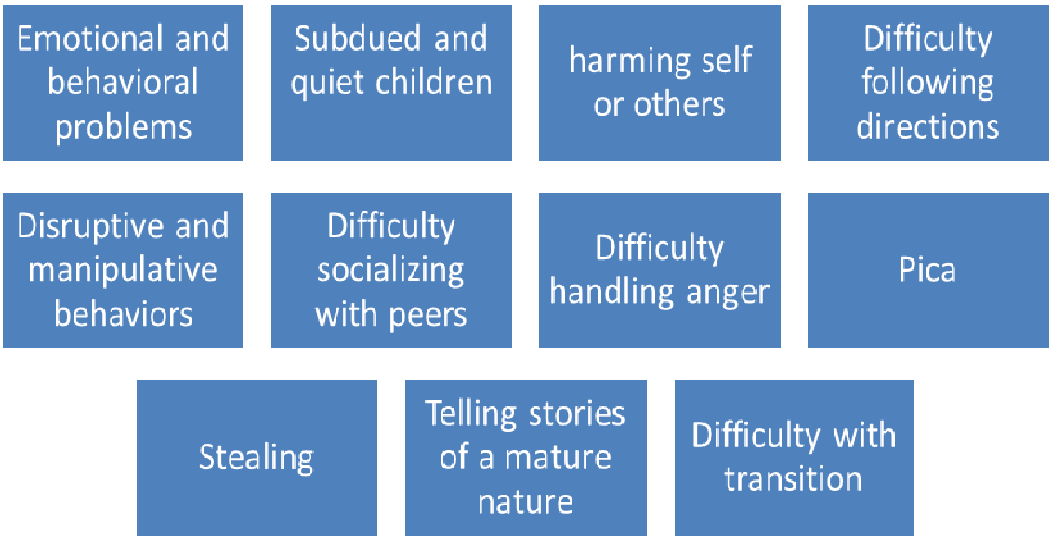

Figure 2. Behaviors that require a referral.

Schools have an important role in creating environments that strengthen children's relationships and promote their mental health and well-being (Rowling &Weist, 2004). Thus, having quality services in the schools for those children is important. School-based mental health services for children have been recognized as the best options for children because these services are needed; however, educators face challenges when they try to arrange for the students to receive mental health services (Powers et al., 2014).

Seven out of the 12 participants felt that their schools needed to improve their services. While 5 out of the 12 teachers felt that their mental health services were average or okay at their schools. Three of the participants that felt that their schools had quality mental health services, made comments about having children with mental health problems to go to the exceptional children's (EC) classroom, but in reality due to lack of funding, classroom availability, and some children's IQ level they do not qualify for the EC classroom (Mendes et al., 2013). Participant 12 is one of the teachers that thought that the quality of their services were good and participant 2 believed that the services were not

Participant 12 stated:

"I think that the quality of services in my school are pretty good. They have EC classrooms for the kids that have mental health problems. As well as they have school guidance counselors that they can talk to and they can go talk to."

All of the teachers had reasons for making referrals to help certain students. Teacher's felt that some students needed individual support to help them with behavioral

problems in the classroom, anger, depression, anxiety, or trauma that they may have experienced. Teacher's also made referral for children to have group support to help them with developing social skills and becoming more comfortable in a group setting. Teacher's made referrals for family support for a child whose family may be experiencing problems with poverty, substance abuse, homelessness, and childcare. Referrals were also made to help children in the community. Some teachers felt that the child needed a mentor to give them additional support outside of the school, so referrals were made to programs such as Big Brother, Big Sister, and the Boys and Girls club.

Many children who are in need of mental health treatment do not get the services they need due to barriers such as limited access to services and the perceived stigma of seeking such assistance. School-based interventions are increasingly being viewed as worthwhile and necessary in order to overcome these barriers (Burnett-Zeigler & Lyons, 2012). School-based mental health services for children have been recognized as the best options for children because these services are needed; however, educators face challenges when they try to arrange for the students to receive the services (Powers et al., 2014).

As reported in Chapter 2, several barriers often prevent children from receiving mental health services. 12 out of 12 participants were able to recognize and to list barriers that prevent children from getting mental health services. The teachers were able to recognize several barriers to getting mental health services for their students. The teachers stated that the barrier that they encountered the most is parents. The teachers reported that either communication does not exist between school personnel and parents

or that the parents don't agree that their child has a problem. Figure 2. lists several of the environmental and stressful events that can prevent parents from getting their children the mental health services they need.

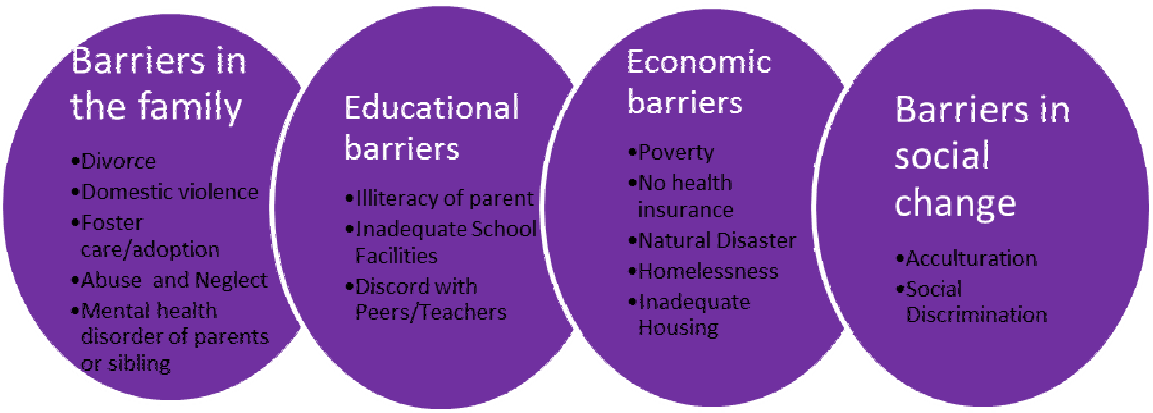

Figure 2. Barriers that prevent children from receiving mental health services.

Participant 4 stated:

"Honestly the barrier that we see the most is parents. Honestly sometimes you have parents that don't see what we see. One child comes to mind in particular and he is clearly autistic but the parents don't see it and he is not getting help. The parents don't believe that he is. When we try to get him help and the parents don't want to accept that because they think that he is fine the way that he is. Sometimes the parents are really the key piece to that honestly. They can either help it or hinder it cause we can get the

assistance or help. Without then we can only take it so far in the school building without the cooperation of the parents so that we can do what we need to do."

School mental health professionals are trained in assessments, individual and group therapy, crisis and case management and family outreach, which facilities their direct work with children (Cappella, Jackson, Bilal, Hamre, & Soule, 2011). 12 out of 12 particpiants were able to name someone at their school that they could go to, to ask questions about mental health. Out of the 12 participants and the faculty that they can ask for mental health advice, none of them mentioned school social workers. In Guilford County a school social worker works splits their time between two to three different schools. The participants named the following participants as:

- School guidance counselors
- School psychologist
- School nurses
- Administation
- EC teachers
- Fellow teachers

Participant 6 statement on this topic sticks out. Particpant 6 explained that the school where she teaches that there is a lack of people that she can go to for advice on mental health.

Participant 6 stated:

"This is probably a sore subject actually. I think that sadly enough, the person I go to for a lot of any of that is D, our school counselor. And that's why I say that it's a

sore subject because she's probably like the only person. I mean, that's for a whole school and we have like 900 plus kids here."

This is another example how the lack of funding for schools has effected children and teachers. Traditional training programs for school-based personnel in the area of mental health are insuffcient to meet the children's needs. School have an important role in creating environments that strengthen children's relationships and promoting their mental health and well being (Rowling & Weist,2004). With the lack of personnel at schools to help with mental health, the schools are failing to meet the needs of the children.

Since there have been such large budget cuts in the school system, it often leaves teachers in the classroom alone with between 20 and 25 students. 12 out of 12 participants wanted an assistant in the classroom. As reported in chapter 2 schools are currently under duress to increase their academic outcomes and maintain acceptable safety standards , as well as manage students' social and emotional issues (Culler, 2015). With a ratio of 20 students to 1 teacher, it makes it very difficult for that 1 teacher to meet the needs of all of her students.

Participant 12 replied:

"I would like to have an extra person in the classroom. Sometimes it diffiuclt to meet the needs of all 20 to 25 students that are in my classroom. Having an extra person in the room could help with that and help to give me some availability to give some more one on one attention for those children that need the extra time."

Theoretical Framework

This research study used the Bronfenbrenner's bioecological model to explain the importance of the impact of a child's interrelationships with classmates, peers, parents, community, and society upon his or her development, particularly his or her mental health (Bronfenbrenner & Ceci, 1994). The bioecological model is composed of the following components: microsystem, mesosystem, exosystem , macrosystem , and chronosystem. In order for a child to get the mental health services he or she needs, all of these systems need to work together.

The microsystem refers to the institutions and groups that most immediately and directly impact the child's development: family, school, religion, institutions, neighborhood, and peers. This system helps to form how he or she interacts with others. The mesosystem is the interconnections between the microsystems, specifically interactions between the family and teachers, and relationships between the child's peers and the child's family. The child's school is important because it is the place, and it is usually a part of the child's neighborhood, particularly in the case of students at Title I schools. That is in their neighborhood where they get their education. The school and the relationships the school's personnel have with the child's family are important to helping with the child's progress. Participant # 4 stated, "First, parents see if there is something wrong with their child. So we are in a supportive role of supporting the parents and giving the child the best environment that they can have. Sometimes we initiate it because some times when kids are sent to school there is a more structured and social setting. So then some children have problems with adjusting to the school and then we

have a referral system to help to make sure that they get the help that they need." Participant #4 statement summarizes the relationship that school personnel and parents have. In order for the children to get mental health services at school, the parents first have to agree that there is a problem for which they must find a solution. If the parents don't agree, then the school is in an awkward position

The family might not see the behaviors that the teacher sees at the school, so it is important for the school and the parents to work together for the betterment of the child. Participant #2 said, "I would say to make sure that the communication is there between the school and the parent. At times, we see stuff as teachers that they may not see at home and vice versa or… the parents may see some things that we don't see. Making sure that the communication is there and that we are on the same page to make sure that they get the best service and help that they need. Making sure that everyone is on board like the teachers, school, parents, and doctors to make sure that this is what's going on and… this is what we see and not that they will grow out of it or that they will get over it.

The exosystem is the link between a social setting in which the individual does not have an active role and the individual's immediate context. There are several different things that can affect a child, even if a factor does not affect him or her directly. Such factors as a child's parents getting divorced, a parent getting a promotion, or even a parent having a mental health problem can cause a child to have problems at school. Participant 11 stated that "just to know what is it that I could do to assist them to help them or to be pro-active instead of reactive…. Make sure a situation doesn't occur if it is at all helpful especially if you know, a child has a huge issue with transition or if there is

a home issue like what is it that I could do to make them feel better, feel safe so that they're able to cope throughout the school day."

Providing teachers with training can help them with children who have problems as soon as they walk into the school and enable teachers to calm the students down and help them re-focus on their school day. When children's needs are not being met, their ability to focus in school and their overall health are adversely affected (Scheyett & Diehl, 2004). Research has found that there is a relationship among higher academic achievement, on-task behavior, and lower incidents of problem behaviors (Isernhagen, 2010: Shaunessy-Dedrick et al., 2015). If students' needs are not being met, they may find it difficult to focus on their academics, especially if they are a part of the approximately 20% of children between the ages of 13-18 live with a mental health condition (National Alliance on Mental Illness, 2016).

The macrosystem describes the culture in which individuals live. Children have two main cultures: the one at home and the one at school. Children who have a mental health can be bullied by their peers for being different or because the other children notice that child is removed from the classroom. Participant 7 stated,

"I like the idea of inclusion where the teacher aide or whoever is in the room with the student, so that they're not always being taken out…. I know that just based on my class, my kids… start to pay attention to who's leaving the room and they start to kind of pick up on maybe why they are leaving the room and I think keeping them in the classroom environment I think… helps them a lot and… gives them the social interaction.…And just having conversations with students about it, I know that on certain

occasions we've had to say, you know, not everybody is the same way. This student in particular sometimes gets upset and we have these reactions and what we can do as a class to try and keep those from happening or what can we do as a class to calm them down. Just things like that. Having conversations with them about it so that they don't look at them different per se, but they understand that they have to handle things differently."

Teachers have noticed that students who have a mental health challenges are treated differently by their peers. Bullying affects young people's mental health, emotional well-being and identity. However, the relationship between bullying and mental health is complicated by the bi-directional nature of these issues (Green, 2004). See Figure 3. Some children are bullied as a result of their mental health issues and some children develop mental health issues as a consequence of being bullied (Green, 2004). Using a social and emotional learning model can help to reduce some of the bulling that children with mental health problems experience.

Figure 1. Bi-directional relationship between bullying and mental health

Chronosystem is the patterning of environmental events and transitions over the course of a person's life, as well sociohistorical circumstances. A common example of the chronosystem is divorce. Children are affected negatively during the first year after the divorce. The next years after it often reveal that the family interactions become more stable and agreeable (Bronfenbrenner & Ceci, 1994:Santrock, 2007). This information would be helpful for teachers to know since children's behaviors change when their parents are getting divorced. Educating teachers, about divorce, including some of the signs and symptoms to look for, and offering them appropriate classroom strategies can help the child be successful.

Limitation of the Study

The limitations that were addressed earlier in this study were snowball sampling, small sample sizes, including non-Title I schools, the inclusion of middle and high schools, and the accuracy of teachers' responses. Each of the limitations was identified, and an explanation was given of how it was addressed in the study.

The first limitation was the inability to generalize the study results due to the sampling size and restriction of participants to one North Carolina County. The small sample size provided data that fulfilled the purpose of this study, which was to use a qualitative approach to explore elementary teachers' perceptions of mental health service needs in Title I schools. The second limitation was using only Title I schools. Using others schools would have provided a broader view of mental health in all elementary schools and not just in Title I schools. The third limitation is using only elementary

schools when there are Title I middle and high schools as well. The fourth limitation is the accuracy of the teachers' responses. The teachers may not have felt comfortable about talking openly about their school.

Another limitation of this study was using the purposeful snowball sampling in Guilford County, North Carolina. The advantage of this sampling is that it helped to reduce the bias of the researcher because the participants were referred by other participants. The small sampling size allowed for saturation, which also helped to reduce bias. Using the snowballing method is also a limitation because most of the teachers referred colleagues that they considered friends. As a result, those referred may not have met the criteria of the study.

Recommendations

The results of this study helped identify that there are some areas of school mental health that teachers feel need to be improved. Further, they would like to be provided with training on mental health information, strategies, and interventions. The study also helped identify barriers that prevent children from getting mental health services. This study was conducted with a small purposeful sampling, thus hindering the researcher's ability to generalize the findings. However, the findings provide baseline to opening dialogue for teachers and school personnel to discuss the current services for children and training that the teachers are provided.

The results show that there should be further studies that look at mental health services in elementary, middle and high schools throughout the state of North Carolina.

This study focused on Title I elementary schools but all schools should be the focus of future study. This study helped to give the perspective of teachers in Title I elementary schools in Guilford County, North Carolina which is just a small sample of the teachers around the state. Further studies could be conducted in all 100 counties, and including all schools, not just Title I elementary schools. This study helped bring light the importance of mental health services for children and the benefits that these services can provide to the children who need them. The study helped teachers, parents, and other school personnel find out what teachers believe are important aspects of their jobs, including knowledge of the referral processes at their schools, the ability to recognize symptoms of mental illness, and the ability to handle behavioral problems in the classroom.

Having additional studies that look at teachers' perspectives of mental health services for children in schools is important and can help provided a standard of mental health services in the schools. Qualitative case study methodology provides tools for researchers to study complex phenomena within their contexts (Baxter & Jack, 2008). One of the advantages of this approach is the close collaboration between the researcher and the participant, while enabling participants to tell their stories (Hancock & Algozzine, 2006). Through these stories, the participants are able to describe their views of reality, which enables the researcher to understand the participants' actions more fully (Hancock & Algozzine, 2006).

There is an interrelationship between emotional health and school success; therefore, teachers and schools should band together to meet those needs for the children

whose lives they impact. School is the one place to which every child goes and where some receive support. Further, the academic environment is one of the best places to provide not only education but also mental health services for children. A school can be a great location for mental health promotion, early identification, and intervention. This study can help to provide discussions about policies and plans that help with integrating mental health into schools. Also having "on-site" mental health professionals could help the teachers as well as the students. The mental health professionals could provide mental health services to the students and educational opportunities to the teachers. Also, incorporating a mental health worker in the classroom would help reduce some of the bullying and singling out that children with mental health problems often face.

Addressing mental health needs in school is critically important because one in five children and youth have diagnosable emotional, behavioral, or mental health disorders. Further, one in ten young people has mental health challenges that are severe enough to impair how they function at home, school or in the community (Kessler, 2005). The study showed that teachers want a deeper understanding of mental health. Providing teachers with training on mental health can help with their understanding and recognizing mental health problems in students. Having mental health professionals in schools could also help with combating the stigma associated with mental health issues. It is also helpful to look at how mental health symptoms may affect a child in the classroom and the accommodations that may help. For example, children with anxiety disorders may often struggle in school because they are so pre-occupied with their symptoms that paying attention in class is difficult for them. They may have physical complaints such

as stomach and headaches and may be absent frequently. They may also have trouble starting or completing their work because they are worried that it won't be accurate. Sometimes their fear of being embarrassed, getting something wrong, or their fear of having to interact with others may lead them to them to avoid group and social activities and perhaps school altogether.

This researcher recommends the following:

- Teacher assistance in the classroom.
- More school social workers and school guidance counselors.
- Providing teachers with training on mental health.
- Implementation of school-wide behavioral management systems.
- Additional studies that utilize other elementary schools, middle schools, and high schools.
- Mental health services in the schools for all children.
- Mental health professionals on site.

Social Change

Acknowledging that children need mental health services and that those services could prevent problems in adulthood (unemployment, drug abuse, and criminality) could be the first step to social change. In our current society children face situations that can affect their social and emotional development negatively. Further, children have to deal with problems that previous generations did not have to endure. The inequities between the rich and the poor have increased, which has caused children to go to school with

additional problems that can affect teachers' classroom management strategies (Sancassiani, et al., 2015).

School structure and organization have a significant impact on students' well-being. Positive school environment has been associated with positive outcome (Kato et al., 2015). Other countries have started to utilize specific methods to create positive classroom atmospheres, employing such strategies as positive classroom management, participation in extra-curricular activities, tolerant disciplinary policies, and small school sizes to enhance students' experience (Rowling & Weist, 2004). Having mental health services for all children can also help the socialization problems that some children with mental health problems face at school.

Teachers should advocate for themselves to get the training and additional support that they need in order for them to feel like they are getting the information and have strategies to help their students. It's a teacher's job to teach the whole child, which includes their mental well-being. Teachers gaining an understanding of mental health challenges and learning to intervene helps to reduce disruptive behaviors while teaching student effectively. If teachers use therapeutic principles they will be better at reaching students that they had trouble teaching before. Teachers are on frontlines everyday with students and should have all the training that's needed to help their students be successful.

Conclusion

Children spend more time in school than they do anywhere else accept their own home. School is one of the best places for both educators and students to become aware of

mental health, mental health problems, and mental disorders. The results of this study showed that teachers believe that there should be some changes made to the mental health services that are provided to children in schools. Schools are primarily concerned with academics, but mental health services are essential to learning as social and emotional development. Teachers play a significant role in identifying children with mental health problems; however, there have been few studies that have looked at mental health needs in the school system from teachers' perspectives. A baseline assumption was formulated from the data in this study, giving a foundation for further research.

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Appendix A: Teacher Consent Form

Consent Form

You are invited to take part in a research study about teachers' perspectives of mental health needs of children that attend a Title I school. The researcher is inviting general education teachers that work at a Title I elementary school to participate in the study. When not recruiting face to face, I obtained your name/contact info via other elementary teachers. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Natalie Yates who is a doctoral student at Walden University.

Background Information:

The intent is to gain insight into what teachers' in Title I schools feel is needed to help their students who have emotional and behavioral problems. Also to determine if the teachers feel that they need anything to better assists those students in their classrooms.

Procedures:

- Interviewer will go over this consent form and answer questions about the research study
- This interview will take approximately an hour to complete
- Once the interview is completed there will be time for you to ask question or to give additional comments
- Interviewer will ask for a teacher that you recommend to participate in the study
- Researcher will then give you a Starbucks gift card for participating

Here are some sample questions:

1. What grade do you teach?
2. How long have you been a teacher?
3. What is the school's role in attending to children's mental health?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one with Guilford County School system will treat you

differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time. Even if you choose to stop participating in the study you will still receive your gift card.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as becoming upset and confused feelings. Being in this study would not pose risk to your safety and wellbeing.

Benefits of participating in this study include:

Participating in this research study can help parents, mental health workers and school system to know what training or other materials that teachers feel are needed to help the students that they work with daily. It could help to develop a different form of curriculum for the school system as well as for curriculum that is taught to student teachers.

Payment:

Participants will be given a $10 gift card to Starbucks for participating in the research study. Even if the participants decided that they do not want to continue with the research study they will still be given a gift card. When the participants have completed the interview they will be given their giftcard.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purpose outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure behind password protection, use codes in place of names, and will use coded software. Data will be kept of a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via (336)464-7190 or Natalie.yates@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is10-31-16-0464413 and it expires on October 30, 2017.

For face to face research, the researcher will give you a copy of this form to keep for your records.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it, please indicate below.

Printed Name of Participant _____

Date of consent _____

Participant's Signature _____

Researcher's Signature _____

Appendix B: Interview Protocol

Opening question: What behaviors do you see that make you think that a child needs professional help, meaning needs a referral for mental health services?

1. Tell me about the people at your school that you can get advice or information from about children with mental illness during the school year.
2. What is the school's role in attending to children's mental health?
3. Describe what your school does to help children with mental health problems in the classroom.
4. How would you describe the quality of mental health services in your school?
5. Once a child has been identified as having a mental health problem, what assistance do you as a teacher need?
6. What is needed to help reduce or eliminate barriers to children getting mental health services?
7. What can a teacher or a school do about those barriers that you previously described?
8. Please describe the behavioral management or level system that you use in your classroom.
9. What changes would you make in the classroom to benefit the learning of children with a mental illness?
10. What would you like for administration (principal and vice principal) at your school to do to help with behavioral issues in the classroom?
11. Describe the classes that you had in college that discussed mental health of children.
12. Explain the in-service training that you received that helped you handle mental illness in the classroom.

Appendix C: Interview Protocol with Alignment of Research Questions

QUESTIONS ALIGNED WITH RESEARCH QUESTIONS	**RESEARCH QUESTION #1:** RQ1: What are teachers' perspectives of mental health services and needs within the school system?	**RESEARCH QUESTION #2** RQ2: What supports (training, strategies, assistance, and parent support) do teachers feel they need with their students?	**RESEARCH QUESTION #3:** RQ3: How does training in teaching affect teachers' understanding of mental health?
What behaviors do you see that make you think that a child needs professional help, meaning needs a referral for mental health services?	X		
What is the school's role in attending to children's mental health?	X		
Describe what your school does to help children with mental health problems in the classroom.	X		
How would you describe the quality of mental health services in your school?	X		
Tell me about the people at your school that you can get advice or information from about children with mental health problems during the school year.		X	
Once a child has been identified as having a		X	

mental health problem, what assistance do you as a teacher need?		
What is needed to help reduce or eliminate barriers to children getting mental health services?	X	
What can a teacher or school do about those barriers that you previously described?	X	
What changes would you make in the classroom to benefit the learning of children with a mental illness?	X	
What would you like for administration (principal or vice principal) at your school to do to help with behavioral issues in the classroom?	X	
Describe the classes that you had in college that discussed mental health of children.		X
Explain the in-service training that you received that helped you handle mental illness in the classroom		X
Please describe the behavioral management or level system that you use in your classroom.	X	X

Appendix D: Letter to Principals

Dear Principal,

My name is Natalie Yates and I am a doctoral student with Walden University. Currently, I am working on collecting data for my dissertation. The purpose of the research to gain insight into what teachers in Title I schools feel is needed to help their students who have emotional and behavioral problem. This information would be obtained through interviews. I have attached a PDF flyer that I would greatly appreciate if you could forward to your teachers.

If there are any additional questions or if you need more information, I can be reached by email at Natalie.yates@waldenu.edu or call me at (336) 464-7190. Thank you so much for your assistance.

Sincerely,

Natalie Yates

Appendix E: Recruitment Flyer

Research Participants Needed

General Education Teachers

Purpose: The intent is to gain insight into what teachers in Title I schools feel is needed to help their students who have emotional and behavioral problems.

Eligibility: Participants must have met the following criteria to be eligible to participate:

- Teach at a Title I school in Guilford County for at least 3 years
- Be a general education elementary teacher

Benefits: Your participation in the research study will be of benefit to society by helping researchers to learn more about children's needs in the school environment.

Compensation: Starbucks gift card (valued at $10.00)

Contact: Natalie Yates, phone: (336) 464-7190, email: Natalie.yates@waldenu.edu to set up an interview