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SCHOOL-BASED MENTAL HEALTH REFERRALS' REPRESENTATION OF ACTUAL MENTAL HEALTH DISORDERS AMONG ADOLESCENTS

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SCHOOL-BASED MENTAL HEALTH REFERRALS' REPRESENTATION OF

ACTUAL MENTAL HEALTH DISORDERS AMONG ADOLESCENTS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Alva M Dominguez

June 2019

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ACTUAL MENTAL HEALTH DISORDERS AMONG ADOLESCENTS

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Approved by:

Dr. Armando Barragan, Faculty Supervisor

Dr. Janet Chang, M.S.W. Research Coordinator

ABSTRACT

Increasingly, health providers are recognizing the importance of providing behavioral and mental health services to children and adolescents. As a result, school districts are adopting the School-Based Mental Health Program approach to provide mental health services to their students. The purpose of this study is to test if there is a disparity between children being referred due to externalizing behavior versus internalizing behaviors. The data was collected from archival sources, and it was analyzed utilizing the SPSS software for a quantitative and descriptive study. The findings indicated that students experiencing Internalizing and/or Externalizing behaviors are almost equally receiving services. This study found that most of the referrals were made by school counselors, only a few by parents and even less by students themselves. For this reason, the study's recommendation is for social workers to engage in providing training for parents and students in identifying mental health issues before they become a significant problem.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

In Merikangas et.al., (2010) research study of more than 10,000 youths aged 13 to 18 years, nearly half met the criteria for at least one mood, anxiety, behavior or substance abuse disorder. With such alarming numbers, it is no surprise that school-based mental health services are becoming more common, with 75% of those children who receive mental health services, doing so within the school environment (Langley, Nadeem, Kataoka, Stein, & Jaycox, 2010).

However, when a student is referred to mental health services, it is usually because his/her behavior has become a concern due to its disruptive nature in the classroom (Siceloff, Bradley, & Flory, 2017). Such problem behaviors (e.g., aggression, delinquency and hyperactivity) is often identified as externalizing behaviors (Marsh, 2016). Conversely, in the case of children experiencing internalizing behavior such as anxiety-related disorders and mood disorders, these behaviors do not usually interfere with classroom activities. Consequently, they are often overlooked because their behavior is not problematic to the class (Marsh, 2016). It is important that school personnel be able to identify such internalizing behavior because depression is often an indicator of other mental health concerns (Johnson, Eva, Johnson, & Walker, 2011).

Before evaluating the effectiveness of school-based mental health interventions, it is important to determine if the appropriate referrals are being

made and if the students with the greatest need for services are, indeed, receiving them. According to Marsh (2016), it can be difficult for teachers and other school staff to identify a student with a mental health concern before his/her behavior becomes problematic. In other words, many students' mental health issues may go unrecognized because they fail to manifest as behavioral problems. This is not only a problem for those current students whose needs go unmet, but for the future adults they will become. As those concerns that are ignored are likely to follow them into adulthood and may ultimately require interventions that are lengthier and more intensive in nature (Siceloff et al., 2017). The later the mental health issue is discovered, the more difficult it may be to treat. This is also of concern to social workers as they are one of many professionals who will eventually be providing those services. Social workers are concerned with the wellness, both physical and psychological, of individuals. It is in the best interest of every individual who is struggling with a mental health issue to have it identified and treated as soon as possible.

Purpose of the Proposed Study.

The purpose of this study is to test if there is a disparity in the children being referred for externalizing and internalizing behaviors at a school district in California. Furthermore, this study will evaluate who is making the referrals and if there is a correlation between the referral party and the type of behavior referred. While school-based mental health programs are nothing new, the

program at that district is in its inaugural year and it is, therefore, important to determine if it is doing exactly what it intends to do.

This study focused mainly on the student body from middle school to high school ages (11-18 years old). Children at those ages are more likely to develop substance use disorder and other problems that can continue from childhood to adulthood, and into lifelong mental health problems, if their early mental health problems are not addressed. Therefore, the issues mentioned above, needed to be addressed, especially when programs such as the Integrated Model have proven to be effective in the medical field. By addressing the training issue, the provision of mental health services can be more equally distributed between the children with problems of conduct and the children experiencing depression. Many children who have not been identified could have a better chance of receiving preventive intervention with appropriate staff training

The research method used for this study was a quantitative method. The data source most useful in answering the question were retrospective chart reviews and case records. Some of the data was already recorded in an electronic database while some were recorded in paper referrals from different referral parties. Since this study was conducted at a school district, there was access to a large sample, which gave a greater power to support or deny the study research question.

Significance for Social Work Practice

Johnson et al. (2010) believed that teachers should not only create a supportive environment within their classroom but must remain cognizant of the indicators of possible mental health concerns among their students. Furthermore, Brueck (2016) argues that, not only do school-based mental health programs need to be more readily available but that teachers and other school personnel who interact with students need more education in mental health as well. The findings from this study will impact social work practice by helping their service to be more effective and to help them develop training programs for parents and school personnel.

Merikangas et al. (2010) found that 31.9% of the youth surveyed had an anxiety disorder, with 19.6% having a behavior disorder. If, in fact, school-based referrals for mental health services are reflective of the actual prevalence of mental health disorders discussed in the Merikangas et al. (2010) study, there should be a greater number of diagnoses for anxiety disorders than for behavioral disorders among middle and high school students in the school district's newly implemented Department of Behavioral and Mental Health. The question, therefore, is: Is there a disparity in referrals between children experiencing externalizing behaviors and those experiencing internalizing behaviors?

CHAPTER TWO

LITERATURE REVIEW

Introduction

School-Based Behavioral and Mental Health Programs

The mental health of children and adolescents is getting increasing

attention by mental health professionals. Mental health professionals are

emphasizing the importance of implementing mental health programs in schools.

More than 20% of children and adolescents suffer from mental health disorders

(Committee on School Health, 2004). Thirteen percent of middle and high school

students suffer from Attention Deficit Hyperactivity Disorder (ADHD) and/or

anxiety and 6.2% suffer from mood disorders (Marsh, 2016; Committee on

School Health, 2004). Of all the children affected by mental health disorders,

very few of them get mental health services (Merikangas et al., 2010). The

following literature review covers this and other aspects of School-Based Mental

Health (SBMH) services as well as behavioral and mental health problems that

students face.

School Behavioral Health Programs

School Behavioral Health Programs (SBHP) are behavioral and mental

health services provided in schools. These intervention programs have become

more popular as mental health providers' concerns for youth's behavior and

mental health needs increase. The SBHPs are intervention programs designed to

assist students with any behavioral and mental health-related issues. They are designed to reduce stigma, provide preventive interventions, as well as a supportive environment for students and parents requiring services (Committee on School Health, 2004).

Implementation

At present, most schools have mental health services that are provided to students in special education. Children and adolescents are first identified and referred by either teachers or parents. After the referral, the students are assessed to identify the level of intervention needed.

The SBHP's goal is to provide behavioral and emotional support for all students regardless of their special education status (Perfect & Morris, 2011). For example, some programs might only target students who are experiencing academic difficulties, but SBHPs should address psychological problems as well. After students are assessed, they are placed in intervention programs facilitated by psychologists, social workers, and trained staff on the school grounds (Committee on School Health, 2004). In cases where the intervention programs cannot be implemented on school grounds, schools may establish links between community agencies and private professionals in the mental health arena.

Structure

One way that SBMH programs are structured is by the Positive Behavioral Intervention and Supports (PBIS) model. This model addresses the student's behavioral and mental health disorders utilizing a multi-tiered system (Perfect &

Morris, 2011; Siceloff et al., 2017). The tiers represent the different levels of intervention: first tier for prevention, second tier for students who have a mental health disorder but who can still function independently, and the third tier for more severe mental health disorders (Committee on School Health, 2004; Perfect & Morris, 2011). Students in the first two tiers are provided preventive intervention on school grounds by trained mental health professionals (Siceloff et al., 2017). Students with severe mental health needs are referred to community providers (Committee on School Health, 2004).

<u>Importance</u>

Behavioral and mental health disorders can negatively affect students' ability to learn (Committee on School Health, 2004). In the 2017 National College Health Assessment (NCHA), organized by the American College Health Association (ACHA), students were asked to report which factors interfered with their academic performance. Anxiety was mentioned by 24.2% of the students and depression by 15.9% of them (American College Health Association, 2017). Hunt and Eisenberg (2010) reported that mental health issues are the number one problem among college students. They also said that schools are the perfect opportunity to reach many students suffering from these problems (Hunt & Eisenberg, 2010). Although Hunt and Eisenberg are optimistic about reaching a large number of college students with any sort of mental health problems during their postsecondary education, there is a smaller number of high school graduates who will attend a college or a university. For the school year of 2017,

about 50.7 million children and adolescents enrolled in elementary and secondary schools, but only 20.4 million students are expected to attend college or a university (Institute of Educational Sciences, National Center for Education Statistics, 2017). Moreover, of all the students who experienced the onset of mental health problems during elementary or high school, a very small amount will attend a postsecondary school. As a result, more of them are out of reach of any type of intervention (Johnson et al., 2011).

<div align="center">Ramifications of Untreated Mental Health Disorders</div>

One ramification of untreated mental health disorders are lifetime mental health issues. A study by Costello, Copeland, and Angold (2011) found that psychiatric disorders increased as children and adolescents aged. The reported increase was almost 4% of the age range of 8-10 to 13-15 years of age. Some anxiety-related disorders that increase are panic disorders, agoraphobia, social phobia and conduct disorder (Costello, Copeland, & Angold, 2011). Rates of mood disorders and substance use (behavior disorder) were higher within older adolescents (Merikangas et al., 2010). The prevalence of such disorders is a rate of more than 40% for a period of a year and more than 49% across the lifespan (Marsh, 2016; Siceloff et al., 2017).

The failure to recognize and effectively treat students with mental health needs, comes with a high price in terms of future health care expenditures. Tolan and Dodge (2009) estimated that mental health disorders constitute more than 6% of health care expenditures (Insel, 2008), but more than $80 billion are

directed to adult care compared to less than $12 billion toward people under 21 years of age. From 2006 to 2016 the cost of health care in the United States was estimated to increase from 16% to 20% of the Gross Domestic Product (GDP). Although mental health expenditures are estimated at approximately 6.2% of total health care costs, the indirect costs associated with mental health disorders are far-reaching and difficult to quantify. Such things as loss of work, publicly funded relief programs, incarceration, and homelessness are but a few of the many indirect costs that must be considered (Tolan and Dodge, 2009).

Internalizing and Externalizing Behaviors

Children's and adolescents' mental health issues manifest their symptoms behaviorally in two different ways. One way is through externalizing behaviors that are expressed toward the social environment and include physical aggression, defiance, bullying and other behaviors that might hurt others or defy established rules (Marsh, 2016). Some mental health disorders that manifest themselves through externalizing behaviors include ADHD, Oppositional Defiant Disorder and Conduct Disorder. Conversely, internalizing behaviors are inward behaviors (Marsh,2016). These behaviors affect the person experiencing them and include concerns such as sadness, hopelessness, and anxiety. The two classes of disorders which most often manifest themselves with internalizing behaviors are anxiety-related disorders (Panic Disorder, Social Anxiety Disorder, Separation Anxiety Disorder) and mood disorders (Major Depressive Disorder, Bipolar Disorder) (Marsh, 2016; Merikangas et al., 2010).

Limitations of School-Based Health Programs

One of the limitations of SBHPs is that even though internalizing behaviors are the most common mental health issues experienced by adolescents (31.9%) and externalizing behaviors the less common (19.6%) (Merikangas et al., 2010), externalizing behaviors are still the most common referrals for SBHP. This happens because externalizing behaviors are easier to identify by untrained teachers and school staff, while children experiencing internalizing behaviors are easily overlooked because they typically do not disrupt the classroom setting (Marsh, 2016). Another limitation is that even though studies indicate that universal screening is important to be able to offer mental health services to students at risk, due to lack of funding, sometimes universal screening is not possible to implement throughout the school district and, likewise, the training of teachers and school staff (Siceloff et al., 2017). The lack of training makes it difficult for teachers and school staff to effectively identify students experiencing internalizing behaviors.

Theories Guiding Conceptualization

The integrated model is a systematic coordination of different systems (Substance Abuse and Mental Health Administration, n.d.). It started with primary and specialty physicians who developed an integrated model in which they referred clients to one another. The system made easy the creation of care plans that facilitated the observation of their client's health care needs and improvements (McCarthy, 2015).

The Integrated Delivery System (IDS) provides a supportive and friendly environment for patients. The system helps make clients' accessibility to primary or specialized care easy, continuous, comprehensive, patient-centered, and coordinated. The IDS creation was guided by the ecological theory and embraces a population approach. This approach helps to assess the entire student body of the district in which it is implemented for individuals with a higher health risk. After their identification, preventive and treatment care is provided by the system's members (doctors, nurses, social workers, case managers, and mental health professionals). The team of care professionals is usually in the same clinic (McCarthy, 2015).

The integrated model is also being implemented in schools. This model facilitates the ability to help more students with behavioral and mental health needs (Siceloff et al., 2017). It provides a better understanding of the interconnected systems around the students and provides more emphasis on their needs (Zastrow & Kirst-Ashman, 2016). It also helps to build a bridge between the school, home, neighborhood and mental health professionals favoring the prevention and intervention for students' mental health concerns (McCarthy, 2015).

The three-tier system is recognized as the comprehensive integrated care model and it is being implemented by the school district's Department of Behavioral and Mental Health program. This study will utilize the ecological

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perspective to analyze the effectiveness of the three-tier integrated system being implemented with by the Department of Behavioral and Mental Health.

Summary

This study analyzed the SBMH program at a California school district and focuses on students, ages 11 – 18. It is important to address not only the behavioral but the emotional problems in children and adolescents.   Many internalizing behaviors are overlooked in children and adolescents because school staff and parents are not trained to identify the behaviors. Unidentified internalizing problems not only interfere with academic performance but also are carried out into adulthood which translates into billions of dollars spent on the treatment of behavioral and emotional problems and social welfare programs. This study might help with the development of training programs for schools' staff and parents to engage in an effective application of the DBMH program.

CHAPTER THREE

METHODS

Introduction

The following subtitles were included in this chapter to better understand

the process: an overview of the specific purpose of the study design, a sample

from where data was obtained, the type of data that was collected and the

instruments used, procedures of how the data was gathered, protections of

human subjects, and the data analysis to answer the research question.

Study Design

A descriptive design was used to gather in-debt information from a large

archive of case records either on paper or electronically. The study used a

quantitative method to better analyze the relationship between the variables. A

strength of this method is that since the data was collected from archived cases

either on paper or electronically, the collection of data did not interfere with the

students', parents' or school personnel's natural attitudes or reasons for making

the referrals.

One limitation of this method is the difficulty in determining the validity of

the data provided by the referrals made by students themselves, parents and

school personnel. Even though the tools utilized to collect the data may be valid

and reliable, the lack of training for parents and personnel to recognize

internalizing behaviors could leave many potential recipients of mental health services out of the program.

Sampling

All cases were randomly selected from the school district's DBMH archival dataset either on paper or electronically. At the time this study was conducted, the DBMH program was in its second year of providing mental and behavioral interventions to students, and the hope was that there would be a large number of students participating in the DBMH and that there would be at least one hundred cases from which to collect data. The information that was available for data collection was from students who were referred to receive mental health services, and whose parents had agreed to their participation in the school district and the CSUSB's partnership for a longitudinal study of the effectiveness of the SBMH program. The selection criteria were simply being referred to the mental health services department by the students themselves, parents and/or any school employee. The symptoms marked by the referral party must have been symptoms that qualify them for either tier 1 or tier 2, which are services provided in the districts' schools, and tier 3 which are services provided in the local community. The sample for this study was118 cases students ranging from 11 to 18 years of age.

Data Collection and Instruments

This study collected quantitative data from archival case records kept either on paper or electronically. The data that qualified for the collection was from students whose parents' have agreed to and signed a participation consent form. To ensure the students' and parents' confidentiality, the researcher collected un-identifiable data. The data collected to operationalize the variables consisted of gender, age, ethnicity, date of the referral or case opened, primary language, grade, and who referred the student (self-referral, parent or school employees) to receive SBMH services. This data was utilized to analyze who is getting access to the SBMH services and who is referring them. Additional information collected were the symptoms that helped to identify internalizing and externalizing behaviors such as suicidal thoughts, anxiety, depression, social issues, and more. The referral form provided by the SBMH program was provided to whoever wished to refer students to the mental health department. This same form was reviewed by the researcher to collect the data.

The goal of the school district is to provide access to mental and behavioral health services to any student identified as potentially benefiting from the program. The study's method was quantitative, the independent variables were gender, referral party, grade level, and ethnicity and the dependent variable was the type of behaviors referred (internalizing, externalizing, or both). The level of measurement for the independent and dependent variables was nominal-dichotomous.

Procedures

The data was collected by the researcher from archival case records on paper and electronically. In order to have data collected, parents and students were educated about the school district's research partnership with the School of Social Work at CSUSB and the study being conducted, and they were asked to sign the informed consent agreement authorizing their student's information to be collected for this study. This researcher, who was interning in the school district, coordinated the time and the location for the data collection with the school district's officials in charge of the data protection. Only the researcher had access to the referral forms and was responsible for collecting de-identified information.

Protection of Human Subjects

This study did not collect identifiable data, and all collected data was randomly assigned a key number to protect participants' identity. All deidentified data was saved on a password encrypted folder shared with the research advisor, who is the primary investigator of a larger study using the same respondents. Once this study is completed, all collected data will be used for further research by the primary investigator.

Data Analysis

The data collected for this study was analyzed using the SPSS software. The researcher created a data analysis codebook with the SPSS program to

convert the collected data (words) from each case into a form that facilitated the usage of the SPSS program, into categorical numbers. Descriptive statistics were conducted to provide a demographic profile of the sample. Chi-square testing was done to evaluate the relationship between gender, referral party, grade level and ethnicity with the type of behavior referred.

Summary

Chapter Three takes us through the process of identifying the purpose and methods of this study. Its purpose is to analyze the rate at which a certain age group of students are referred to Mental Health Services for externalizing versus internalizing behaviors. A descriptive design was used to mine data from more than one hundred archived cases. Parental permission and student consent were discussed, as were the protections that were put into practice to ensure the security of the information gathered and the protection of human subjects. A data set of unidentifiable demographic information and symptomology was used to analyze the type of behaviors mostly referred to the mental health department, and who was referring them. The goal of the school district is to provide access to mental and behavioral services to any student who is identified as potentially benefiting from the program.

CHAPTER FOUR

RESULTS

Demographics

Descriptive statistics were conducted to identify the demographic breakdown of the respondents in this study. A total of 118 respondents were analyzed, and the average age of respondents was 14.2 years old (SD=1.79) with 45.3% males and 54.7% females. Most students (78%) identified as Hispanic, whereas the remainders were Anglo American (15%) and 7% identified as another ethnic group. Most students' primary language spoken at home was Spanish (75.4%) whereas the remainder spoke English (23.7%) or Arabic (0.8%). Middle school students (7th and 8th grade) constituted 43.2% of the respondents and the remaining 56.3% were high school students (9th through 12th grade). This study found that from the students who were referred, 37% of them were referred for internalized behaviors, 28.8% for externalized behaviors and 33.9% were for both. Who made the referral also varied, with school counselors being the most common (72.0%), followed by the students' parents (20.3%), a district employee (5.9%) and, finally, students' self-referral (1.7%).

Inferential Statistics

Further testing was done using the Chi-Square Test of independence with a value of 0.05 to determine if there was a significant association between the behaviors referred (internalizing, externalizing, or both) and other important factors including gender, ethnicity, grade level, and referral party. A Chi-Square

test for independence indicated no significant association between ethnicity and behavior referred, χ^2 (4, n = 118) = 7.33, p =.12, nor was there a significant association between referral party and behavior referred, χ^2 (6, n = 118) = 7.10, p = .31. Finally, there was no significant association between grade level and behavior referred, χ^2 (10, n = 118) = 12.77, p = .24. There was, however, a significant association between gender and behavior referred, χ^2 (2, n = 117) = 7.33, p = .12. Crosstabulation results indicate that 74.4% of females referred were for internalizing behaviors, whereas 67.6% of males referred were for externalized behaviors.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter contains a discussion of the findings in relation to the research question. It will also discuss whether the information found by this study supports the information reported in the literature reviewed in this study. It will also identify unanticipated results, limitations, conclusions and the implications for social work practice.

Discussion

This study found that within the participants of this study, students experiencing internalizing behaviors are the most referred to receive mental health services from the SBMH program with a little more than 37 percent, the second most referred is for externalizing behavior with a little more than 28 %, and a little more than 33 % for both. The results showed that at the school district involved in this study, the mental health department is providing services to an almost equal number of students who need mental health services either for their internalizing, externalizing or for both behaviors. Since the value utilized to analyze the data was 0.05, and the results are greater than that number, the findings are not consistent with Marsh's (2016) findings, i.e., that most of the children who are referred to receive mental health services are those expressing externalizing behaviors. A significant finding that was made is the association of

gender and the type of behavior referred, with many respondents of internalizing behaviors being female while externalized behaviors were often males. This finding is consistent with substantial literature (Seedat, 2009.) of the gender differences in the type of problem behaviors often referred for services.

One of the limitations of the SBHP is that children experiencing internalizing behaviors are easily overlooked because, typically, they do not disrupt the classroom setting (Marsh, 2016). The results of this study do not support previous findings. It could be said that it is almost an equal number of students being referred to the mental health department due to the internalizing, externalizing or both behaviors. The study found that students experiencing internalizing were the most referred to the mental health department and the second most referred behavior was the externalizing behaviors.

The results of this study were unanticipated due to the previous studies findings. The literature suggests the internalizing behaviors are easily overlooked due to teachers and school personnel lack of training in mental health (Marsh, 2016). This study found that 72% of the referrals were made by school counselors and that they are almost equally referring students to the mental health department due to internalizing, externalizing, or both behaviors. A possible explanation for these results is that the mental health program manager in this District has engaged in mental health training for the district's teachers and other employees and that the result of the training is the ability of the school counselors to identify internalizing and externalizing behaviors more effectively.

Limitations

The most significant limitation of this study is that the data for this study was collected from referrals that did not clearly indicate who was specifically referring the student to receive mental health services. School counselors would fill out mental health referrals based on the student's or the student's parent's reported symptoms. Therefore, it is unclear if the school counselors and other district employees are truly capable of identifying internalizing behaviors.

A second limitation is that this researcher, as a mental health intern at the school district for this research project, could be confused sometimes in identifying the referred behaviors/symptoms as either internalizing or externalizing. As a mental health intern, this researcher learned that some externalizing behaviors are a result of some internalizing symptoms.

Implications for Social Work Practice

This study's findings indicated that the people making referrals to the Mental Health Department are able to identify, almost equally, internalizing and externalizing behaviors. This study also found that most of the referrals were made by school counselors and very few were made by parents, other district employees, and by the students themselves. Based on these findings, social workers should engage in providing training for the students and the student's parents.

Another activity in which the school social worker should engage is in policy development. This researcher learned that teachers' association's

restrictions might prevent teachers from engaging in mental health training, as it is difficult for them to see the relevance of mental health with academic performance (Spratt, Shucksmith, Philip, and Watson, 2006). As a result, mental health training is offered as a voluntary activity for teachers, but it's not required for them to attend the training. Since the training is not mandatory, some who attend the training do so with a lack of genuine interest, making the training unsuccessful. Policies within school districts or teachers' associations should be implemented to help increase awareness of the connection between mental health and academic performance.

Conclusion

This study's findings differed from the literature reviewed in that the referrals at this school district for externalized and internalized behavior were approximately the same. The referrals were made mainly by school counselors who might have benefited from the program manager's training in mental health. This study also found that the student's parents and the students themselves are not seeking help from the mental health department in very significant numbers. These findings indicate a need for social workers to develop mental health training to be provided to the school district's parents and students. Policy change to make mental health training for teachers mandatory would be beneficial.

APPENDIX A

DATA COLLECTION GUIDE

Data Collection Guide

- Referral date.
- Intake Date.
- Referral Source (school staff or parent/guardian).
- Client/Student name and ID.
- Ethnicity.
- Primary Language.
- Stressor: homeless, dealing with parental divorce, parent incarcerated or domestic violence.

Behaviors or Concerns

Externalizing behaviors:

Anger: irritability and lack of self-control.

Conduct Issues: gang involvement, profanity, suspensions/expulsions, taking things that don't belong to the student, involvement with the law, and truancy/running away.

Difficulties at School: Behaviors out of context/inappropriate and if not friends/unable to make friends, Difficulty concentrating

Grief/Loss: Alienation/rejection by parents, Loss of significant peer relationships, loss of significant person by death, divorce, separation.

Social: Associates with a negative peer group, accepted by peers, limited social skills, does not get along well with others, bullying-physical/verbal, rejected by peers, class clown, and has few friends.

Physical Disabilities: visual, hearing, speech, physical impairment-mobility, developmental, and other physical impairment.

Mood/Affect: normal, appropriate, flat, labile, anxious, tearful, depressed, positive, negative, serious, uninterested.

Oriented: to place, time, person and situation.

Internalizing Behaviors:

Mental Health Issues: Decline in general health, poor hygiene, preexisting medical diagnosis, medication.

High Risk Behaviors: suicidal thoughts and/or talking about death, signs of psychosis (hearing voices and/or see things that others cannot see), severe/explosive anger outbursts, substance use/abuse, and Suicide attempt.

Mood Disturbances: Anxiety, Depression, frequent mood changes, Lack of interest in school/social activities, overeating/loss of appetite, withdrawal/crying/non-compliance, change in personal appearance, difficulty concentrating, giving away prized possessions, low self-esteem, sad mood, self-criticism.

Table 1: Demographic characteristics (n=118)

Age Mean (SD)		14.22 (1.79)
Variable	**Frequency (n)**	**Percentage (%)**
Gender		
MALE	53	45.3
FEMALE	64	54.7
Ethnicity		
HISPANIC	92	78.0
ANGLO AMERICAN	18	15.3
OTHER	8	6.8
Primary Language		
SPANISH	89	75.4
ENGLISH	28	23.7
ARABIC	1	.8
Grade		
7Th	28	23.7
8Th	23	19.5
9Th	20	16.9
10Th	20	16.9
11Th	18	15.3
12Th	9	7.6
Referral Party		
SCHOOL COUNSELOR	85	72.0
PARENT	24	20.3
DISTRICT EMPLOYEE	7	5.9
SELF-REFERRED	2	1.7
Behavior Referred		
INTERNALIZING	44	37.3
EXTERNALIZING	34	28.8
BOTH	40	33.9

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) _____ Alva M. Dominguez _____

Proposal Title _ School-Based Mental Health Referral's Representation _
_ of Actual Mental Health Disorders Among Adolescents _
_ (Secondary Data) _

_ SW1852 _____

Your proposal has been reviewed by the School of Social Work Sub-Committee of the

Institutional Review Board. The decisions and advice of those faculty are given below.

- -

Proposal is:

____✓____ approved

_____ to be resubmitted with revisions listed below

_____ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

_____ faculty signature missing

_____ missing informed consent _____ debriefing statement

_____ revisions needed in informed consent _____ debriefing

_____ data collection instruments missing

_____ agency approval letter missing

_____ CITI missing

_____ revisions in design needed (specified below)

_____
_____
_____
_____
_____
_____

Committee Chair Signature   Date 5/23/2018

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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