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## The Perceptions of Principals and Teachers Regarding Mental Health Providers' Impact on Student Achievement in High Poverty Schools

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The University of Southern Mississippi

THE PERCEPTIONS OF PRINCIPALS AND TEACHERS REGARDING  
MENTAL HEALTH PROVIDERS' IMPACT ON STUDENT  
ACHIEVEMENT IN HIGH POVERTY SCHOOLS

by

Teresa Perry

Abstract of a Dissertation  
Submitted to the Graduate School  
of The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

May 2012

ABSTRACT

THE PERCEPTIONS OF PRINCIPALS AND TEACHERS REGARDING  
MENTAL HEALTH PROVIDERS' IMPACT ON STUDENT  
ACHIEVEMENT IN HIGH POVERTY SCHOOLS

by Teresa Perry

May 2012

This study examined the perceptions of principals and teachers regarding mental health provider's impact on student achievement and behavior in high poverty schools using descriptive statistics, *t*-test, and two-way ANOVA. Respondents in this study shared similar views concerning principal and teacher satisfaction and levels of support for the use of mental health services. They believed that principals were highly supportive of mental health services in their schools and they themselves were supportive of mental health services in their school. Respondents believed that teachers were not as supportive. Principals and teachers combined seemed to agree that mental health providers impact student emotional functioning. They were only modestly satisfied with the level of mental health services in their schools. Their rating of parent support for the mental health provider services was at a similar modest level.

The findings of this study indicated that there were no significant differences between the perceptions of principals and teachers regarding mental health providers' impact on student achievement in high poverty schools. There were no significant differences between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) with respect to their

perceptions regarding mental health providers' impact on student achievement, but there were significant differences found in the level of school (elementary and middle) of the participants with respect to their perceptions regarding mental health providers' impact on student achievement.

There was a significant difference between the perceptions of principals and teachers regarding mental health providers' impact on student behavior. There were no significant differences between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) with respect to their perceptions regarding mental health providers' impact on student behavior. However, there were significant differences found in the level of school (elementary and middle) of the participants with respect to their perceptions regarding mental health providers' impact on student behavior. This study revealed that middle school principals and teachers believed that mental health providers had a greater impact on student achievement and behavior than elementary school principals and teachers.

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A Dissertation  
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May 2012

## DEDICATION

I would like to first give honor to God for providing me with such an extraordinary opportunity and the determination to complete this strenuous, yet rewarding dissertation. I would like to dedicate this work to my loving daughter, Ambernecia B. Cooksey-Perry, who has been my rock, my fortress, and my strength through this entire process. I would like to thank her for being so enduring with me. She is my motivation and I love her dearly.

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To my parents, Earl and Dianne Richardson, thank you for always believing in me and encouraging me to keep striving for excellence. Thank you for raising me the way



that you have, with God being the head and not the tail. I love you both so much. Thank you, daddy, for loving me to the fullest and always being there for me. You inspire me to be the best in all that I do. Thank you, mom, for your daily motivational prayers. I also thank you for loving me and being there for me through every event of my life. I thank you so much for reminding me daily that I could accomplish this goal. I will never forget your words, “if anyone else has done it, then so can you.” Thank you for all those home-cooked meals that you delivered to me and my daughter every week. I would like to extend my gratitude to Ervin and Lilah Perry for their love and encouragement throughout this journey. I love you both. A special thanks to all my sisters and brothers for their love and support through this process. To my sister-in-law, Danyatta, thank you for staying up late all those nights encouraging me not to give up. I would like to extend a special thanks to my friend, Candice Fontenette Dozier, for being there for me every step of the way through this process. I thank her for encouraging me and believing in my ability to complete this accomplishment. I thank God for her friendship. Lastly, I thank all of my friends for staying in my corner cheering me on.

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## CHAPTER I

### INTRODUCTION

In this chapter, the statement of the problem and purpose for this study is described. The primary purpose of this study was to determine the perceptions of principals and teachers regarding the impact of mental health providers on student achievement and behavior. The study also explored whether there were differences in perceptions between principals and teachers regarding mental health providers' impact on student achievement and behavior in high poverty schools. The study further examined the differences between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student achievement and behavior. Walker, Severson, and Seely (2010) stress the urgency for research to investigate the value of addressing student needs through the use of early identification screening tools, a measure and approach frequently employed by mental health providers (MHPs). This research into perceived value addresses the Walker, et al. (2010) call for research and further stresses the importance of identifying students in need of mental health services. This study was also aimed at adding to the research literature by addressing the perceptions of educators regarding mental health services and the impact of such perceptions in access to school-based services. This study addressed the value-added movement in education, where those involved in education demonstrate the value that they provide to students through a measurement of their impact on student achievement.

The justification for this study addressed the importance of determining key stakeholder beliefs regarding the need for mental health services within the school system and the effectiveness of mental health services. This chapter also contains the research

questions, which arise from topics that were revealed through the literature review in the following chapters. Within this chapter, important terms, assumptions, and delimitations were identified and defined.

### Background

Increasing student success is very important to contemporary schools, as the well-being of individual students is significantly impacted by their achievement in school. School success has also become a more politically charged issue. Closing achievement gaps is a primary focus of the No Child Left Behind Act 2001 (No Child Left Behind, 2002), as well as many state accountability systems. The pressure to have schools accelerate the rates of academic performance considered to constitute success has risen, however, there is typically little mention of addressing student social emotional needs. Research indicates that in addition to poor academic performance, social factors are among the risk factors for school failure (Frymier, 1992). Children of impoverished families experience more emotional and behavior problems than children of middle and upper class families (Brooks-Gunn & Duncan, 1997), placing students with the risk factor of poverty at a greater risk for school failure. This discrepancy between socioeconomic resources determines the level and intensity of supports needed by a school population.

There is an increase in the population of students that come to school unprepared for learning due to emotional and behavioral problems (Vanderbleek, 2004). According to a national survey of public school teachers, students being unprepared for learning was the most prevalent problem (National Center for Education Statistics, 2007). Lack of parental involvement and poverty followed being unprepared as the most prevalent serious problem across locales (city, suburban, rural, and town) as well as school levels

(elementary, middle, and high school) (National Center for Education Statistics, 2007). Current literature suggests that emotional, behavioral, and social problems interfere with student learning and lessens the advantage from the educational process (Rones & Hoagwood, 2000). Problem behaviors, known as academic disablers, compete with students' abilities to acquire social and academic skills (Gresham & Elliot, 2008 as cited in Gresham, 2010). Educators recognize that the difficulties of students, who suffer from social and emotional problems, as well as other barriers to learning, need to be addressed in order for students to achieve satisfactory performance levels. These difficulties and barriers can be addressed through mental health services provided within the school environment.

Mental health has been defined by the U. S. Surgeon General as “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity” (U. S. Department of Health and Human Services, 2001, p.7). Students who experience mental health problems often have a tendency to struggle with school attendance and tardiness, completing assignments, and experience frequent conflicts with other students and adults. Research suggests that students, who exhibit positive mental health, are more successful in school (Bush & Wilson, 1997; National Association of School Psychologists, 2008a). School-based mental health services reduce problem behaviors, attendance issues, and academic problems (Bush & Wilson, 1997). Rates of student absenteeism and tardiness are higher for students that experience mental health disturbances (Gall, Pagano, Desmond, Perrin, & Murphy, 2000 as cited in Duncan & Fodness, 2008).

According to the National Association of School Psychologists (NASP, 2008a), “Mental health is directly linked to educational outcomes” (p. cxii). In addition, NASP asserts that schools provide the optimal setting to provide mental health services, as they offer a common place in which services for all children are easily accessible. Schools offer the opportunity for a multidisciplinary approach to mental health through the collaboration of educators, MHPs, and families, serving to minimize barriers to mental health supports (NASP, 2008a). Children spend a considerable portion of days of the year at school. For this reason, schools may serve as convenient locations to effectively reach students who are most in need of mental health interventions (Atkins, Graczyk, Frazier, & Abdul-Adil, 2003; Weist, Evans, & Lever, 2003). Schools may be the only service provider for students in high-poverty schools who experience emotional disorders as economic factors may influence access to services for students outside of the school system. Furthermore, schools normally are key agencies for promoting the mental health of students. Evidence suggests that society’s failure to adequately address student mental health needs has led to decreases in academic achievement and significant increases in problem behaviors such as violence, substance abuse, and crime (Kutash et al., 2006; New Freedom Commission on Mental Health, 2003; U. S. Department of Health and Human Services, 1999 as cited in Duncan & Fodness, 2008).

Students’ school success is likely to increase when their mental health needs are identified and appropriately addressed. Mental health services have been found to be effective and associated with increased academic achievement and competence, decreases of occurrences of unwanted behaviors, and a positive difference in school and classroom climates (Elias, 2006; Greenberg et al., 2004; President’s New Freedom



Commission on Mental Health, 2003 as cited in Hurwitz & Weston, 2010). School-based mental health services have a positive impact on the social, emotional, and behavioral issues of students, as well as their academic achievement (Haynes, 2002). According to a 2005 study, interventions that strengthened school-aged students' social, emotional, and decision-making skills had a positive effect on the students' academic achievement and resulted in improvements in grades (Fleming, et al., 2005).

Mental health providers are school-based district personnel who provide mental health services to public school students that may include counseling, teacher consultation, crisis intervention, and direct skill instruction to develop social and coping skills. The mental health provider is a distinct role within the school setting separate from the school counselor, school psychologist, and school social worker as these professionals fulfill different roles within the setting; however, professionals with these credentials may serve the school as a mental health provider. These other professionals may also provide mental health services, but this is not their primary role. Adelman and Taylor (1997) found that mental health counselors play a major role in addressing the barriers to learning and help increase student achievement. Additionally, schools that utilize mental health counselors show improvement in educational results by significantly improving attendance and test scores, while decreasing discipline referrals (Collaborative for Academic, Social, and Emotional Learning, 2008). Mental health services are accessed as a function of the Student Assistance Team (SAT) process, formally named School Building Level Committee (SBLC), (St. Tammany Parish School Board, 2009). The referral of students for mental health care is a core function of the school counselor (Tucker, 2009).

The intertwining factors of poverty and mental health needs, as well as the associated factors, place a burden on contemporary schools that differs from those experienced by schools in the past. Reading, writing, and arithmetic are only a portion of the instructional and support services required in contemporary learning environments. It is anticipated that this study will help principals, teachers, school counselors, and school districts better understand the impact of mental health providers in high poverty schools and produce findings that will enable principals, teachers, school counselors, and mental health providers to work collaboratively to make a positive difference in students' academic success.

#### Statement of the Problem

Given the state of education budgets around the country, it has become increasingly difficult to maintain adequate staff to provide direct educational instruction in the classroom setting. The budget crisis not only affects classroom educators, but also ancillary staff such as mental health providers. When budget issues arise, it is often the case that services outside of the classroom setting are not as valued as those provided by the classroom teacher. Yet these ancillary services often provide foundational supports needed to make the student and the teacher's interactions in the education process successful. Mental health providers address student body mental health crises, and provide other intervention support that can facilitate academic achievement and appropriate behaviors. Without these services, students may fail to receive necessary supports in these areas that increase the chances of student and school success.

This study provides information regarding the value of mental health services within the school setting. The degree to which administrators and teachers value these

services may in turn determine the degree to which these ancillary services are supported or diminished when schools are faced with budget and performance crises. If this service is not well understood, received, and accessed by critical school staff, these services are at risk of extinction within the school setting. The absence of such services leaves distressed students to cope with the skills that they have acquired from other sources, which may not be appropriate or facilitate success in schools.

### Research Questions

The researcher employed a quantitative research design to examine the differences in perceptions of principals and teachers regarding the effectiveness of mental health providers in impacting student achievement in high poverty schools.

#### *Research Questions*

The research questions addressed the following:

1. What are the perceptions of principals and teachers regarding mental health providers' impact on student achievement in high poverty schools?
2. What are the perceptions of principals and teachers regarding mental health providers' impact on the behavior of students in high poverty schools?
3. Do principals and teachers differ on their perceptions regarding mental health providers' impact on student achievement in high poverty schools?
4. Is there a difference between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student achievement in high poverty schools?
5. Do principals and teachers differ on their perceptions regarding mental health providers' impact on student behavior in high poverty schools?

6. Is there a difference between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student behavior in high poverty schools?

#### Delimitations

This study was limited by the self-report format employed. It relied on responders to honestly report their perceptions regarding a topic. While the researcher could not guarantee honest responses, surveys were anonymous in the hopes that this fostered communication of actual beliefs. The participant sample was limited to principals and teachers. While these two professions are not inclusive of all educational staff, it was believed that these staff members were key participants due to their direct involvement with students and their ability to make referrals for mental health services within schools where available. It is important to note that the value that is held and communicated to other administrators and key governmental officials may also have a great impact on the perceived value of mental health with the schools. Therefore, it is unknown if the results of this study can be generalized to the beliefs held by school boards, district administrators, and legislators.

#### Assumptions

It was assumed that all of the participants would be able to read and understand the questions that were contained within the survey instrument. In addition, it was assumed that the participants would candidly respond to the items within the survey instrument from their own personal experiences. It was also assumed that participants would follow the directions provided and complete the survey as directed. Lastly, it was

assumed that if there were any questions left unanswered, that it was by choice of the respondent.

### Definition of Terms

The following terms are used expansively in this study and are defined for this particular research project.

*Abuse* – Abuse is “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm” (Child Welfare Information Gateway , 2008, p. 2).

*Academic disablers* – Academic disablers are “problem behaviors, particularly externalizing behavior patterns, [that] interfere or compete with the acquisition and performance of both social and academic skills...” (Gresham, 2010, p. 341).

*Adequate Yearly Progress (AYP)* – Adequate yearly progress represents “the minimum level of achievement or improvement that a school must achieve within a set time frame” (Louisiana Department of Education, 2010). No Child Left Behind calls for each state to define adequate yearly progress annually to measure school and district progress (No Child Left Behind, 2002).

*At-risk* – The term at-risk “generally refers to students who are at risk of school failure” (Mid–continent Research for Education and Learning, 2002, p. 9).

*High-poverty schools* – This term refers to public schools with “more than 50 percent of students eligible for free or reduced-price lunch” (National Center for Education Statistics, 2007, p. 138).

*Homeless* – The term homeless refers to lacking a permanent fixed adequate nighttime residence. Situations such as shared housing, frequent moves, motels, cars, and shelters are considered homeless placements (Mizerek & Hinz, 2004).

*Intervention* – Strategies, practices, and programs that are used to change student academic and social behaviors are deemed interventions.

*Low-poverty Schools* – This refers to schools with less than 50 percent of students eligible for free or reduced price lunch (National Center for Education Statistics, 2007).

*Mental health* – Mental health is defined as “the successful performance of mental function resulting in productive activities, fulfilling relationships, with other people, and the ability to adapt to change and cope with adversity” (U. S. Department of Health and Human Services, 2001; Skalski & Smith, 2006, p. 13).

*Mental health provider* – “Mental health providers offer the counseling services of licensed mental health professionals to all public school students (St. Tammany Parish School Board, 2009, Section M). “Included [mental health services] are individual, group, or family counseling, as well as teacher consultation” (St. Tammany Parish School Board, 2009, Section M).

*Minority* – a minority is a smaller segment of the given population that differs from the larger segment of the population based on characteristics such as race and/or minority status.

*No Child Left Behind Act of 2001* – Originating from the Elementary and Secondary Act (ESEA) of 1965, No Child Left Behind “is the largest federal funding program for education in U. S. history” (Braden & Schroeder, 2004, p. 3-73). It seeks to provide equal opportunities to education for all children regardless of minority status or

disadvantage and requires states to demonstrate that this has been provided through student proficiency on state assessments. The components of No Child Left Behind addresses the need for highly qualified educators ensuring students receive optimal instruction; provides funding to teach limited English proficient children and immigrants; provides grants for safe and drug free schools and communities, supports local educational reform and program development; requires states to develop assessments as a measure of accountability that schools are achieving the high quality standard of education; provides special provisions for Native Americans and Native Alaskans; and mandates the important move to research based instruction and practices and furthers the use of data to guide decision making in schools (No Child Left Behind, 2002).

*Poverty* – Poverty is defined as insufficient financial resources to provide necessary care and services for individuals and families. The federal government publishes poverty measure yearly (U. S. Department of Health and Human Services, 2010).

*Psychopathology* – The presence of internalizing (i.e., depression, anxiety) and/or externalizing psychological disorders (i.e. conduct disorder) is referred to as psychopathology (Suldo & Schaffer, 2008).

*Self-efficacy* – Self-efficacy is the behavior of an individual is motivated by self-influence (Bandura, 1986). “The belief that you have skills that you can rely on to help you navigate life and reach your goals” (NASP, 2010, p. 1).

*Stress* – Stress is defined as “a way that [one’s] body responds to the demands made ... by the environment, our relationships, and our perceptions and interpretations of those demands” (National Association of School Psychologists, 2008b, p. 1).

*Suicide* – Suicide is the act of harming oneself to the point of death.

*Value-added* – The term value-added is used to reflect the value of services as related to student achievement and performance (Louisiana Department of Education, n.d.).

### Justification

The importance of this study lies in the recording of key stakeholder perceptual beliefs regarding not only the need for mental health services within the school system, but also the effectiveness of such services to provide results that are important to teachers and administrators. The recording of these perceptions allows for analysis of the beliefs held which may influence the availability and cultural acceptance of these services within the school community. The findings may lead to conclusions that can be used in the development of a more effective system of school-based mental health services. If the study discloses positive perceptions among school practitioners relative to mental health services, the results can also be used to provide legislators with data that may potentially impact funding for mental health services and the propensity of school systems to provide such services.

The federal government has acknowledged the relationship between mental health and academic achievement by stating that mental and social wellbeing are essential to learning; the federal government further advocates for partnership between educators and mental health providers (The President's New Freedom Commission on Mental Health, 2003 as cited in Skaliski & Smith, 2006). Some legislators view community-based mental health services as the preferred support to address child mental health (Duncan & Fodness, 2008). "Policymakers believed that approximately 7-10% of children were in



need of mental health services and that most children were receiving services through public or private therapists...” (Doll & Cummings, 2008, p. 1333). Unfortunately, access to community-based mental health services can be limited by socioeconomic resources and cultural beliefs. Private mental health services can be costly, unavailable in some communities, and viewed as unnecessary by parents of children in need of services. In addition to providing data to policy makers on where mental health services are preferred, the current study addresses the perceived value of mental health service providers. This study will provide data to help guide the provision of mental health services in the schools.

### Summary

Chapter one introduced the problem, discussed the purpose of the study, and outlined the research questions that guided this research project. All children, regardless of their socio-economic status and home environment, must attend school and receive an appropriate education. Research studies indicate that children who come from impoverished families often bring a variety of social and emotional factors to school that interfere with their learning and the learning environment of others (Vanderbleek, 2004). These factors should be addressed in order for learning to occur and schools to function satisfactorily. The perceptions held by teachers and principals can impact student access to mental health services that have been shown to improve student academic and behavioral outcomes. Examining these perceptions is the initial step in examining how accessibility and social acceptance of school-based mental health services, especially in high-poverty schools, are impacted by the perceptions held by key stakeholders. The researcher anticipated that this study would produce findings that will enable principals,

teachers, school counselors, and mental health providers to engage in collaborative efforts to make a positive difference in students' academic achievement and address barriers to these services. These data expand the literature by addressing the provision of school-based mental health services and the perceived value of the providers. Chapter II provides an overview of the pertinent literature. Additionally, the theoretical framework and potential significance of this study are presented.

## CHAPTER II

### REVIEW OF LITERATURE

The purpose of this chapter is to provide an overview of the theoretical framework, pertinent research literature, and historical perspective on the study topic. This research project sought to determine if there is a difference in perceptions between principals and teachers regarding mental health providers' impact on student achievement in high poverty schools. The population of students that comes to school not prepared for learning due to emotional and behavioral problems has increased (Vanderbleek, 2004). Schools have a stake in identifying these emotional and behavioral problems because these problems affect the students' academic performance significantly (Adelman & Taylor, 2002a; 2002b; 2002c).

According to the National Institute of Mental Health (2003), about 21% of all children are affected by a mental health problem of some kind. Children today are faced with new forms of critical stressors such as grinding poverty, environmental impoverishment, economic instability, family dysfunction, increased threat of violence, temptation, and predation (National Institute of Mental Health, 2003). A survey conducted by Clarke, Coombs, and Walton (2003) revealed that school age children can be impacted by stressors, which are often precursors to mental health concerns. Within this chapter, the researcher addresses the contemporary factors interacting within the high poverty school environment.

#### *Theoretical Framework*

The framework of social cognitive theory maybe used by mental health providers in high poverty schools in order to assist in improving student's emotional problems.

Miller and Dollard (1941) proposed a social learning theory. They suggested that people who are motivated to learn a behavior would learn this behavior through observations and consequently imitating the observed behavior (Miller & Dollard, 1941). This theory was broadened in 1963 with principles of observational learning and vicarious reinforcement (Bandura & Walters, 1963).

The broadening of the theory resulted in social cognitive theory, which provides a framework for understanding, predicting, and changing human behavior. This theory identifies human behavior as an interaction of personal factors, behavior, and the environment (Bandura, 1977; Bandura, 1986). In 1994, Albert Bandura expanded upon the foundation of this theory. This theory addresses the social processes that influence environmental outcomes associated with behavior. Social cognitive theory deals with cognitive, emotional aspects of behavior for understanding behavioral change. This theory explains that certain behavioral patterns are acquired and maintained by people, and it provides the basis for intervention to create behavioral change (Bandura, 1997).

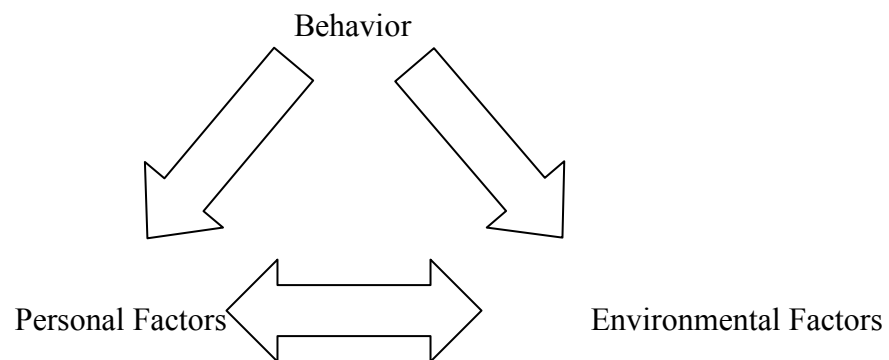
Environments can be social or physical based on Bandura's theory. Family members, friends, and colleagues are considered to be elements of the social environment (Bandura, 1997). Examples of physical environment are the size of a room, the ambient temperature, or the availability of certain foods. Environmental aspects and situational contexts provide the framework for understanding behavior (Parraga, 1990). Researchers also suggest that the situational context refers to the cognitive or mental representations of the environment that may affect a person's behavior (Glanz, Rimer, & Lewis, 2002). The situational context is a person's perception of the place, time, physical features and activity (Glanz et al., 2002). According to Jones (1989), "The fact that behavior varies

from situation to situation may not necessary mean that behavior is controlled by situations, but rather that the person is construing the situations differently and thus the same set of stimuli may provoke different responses from different people or from the same person at different times” (p. 25). It is believed by some theorists that environmental influences can predict human behaviors (Bandura & Locke, 2003). In contemporary work, Bandura (2006) suggests that in order for a person to understand the difficulties of human functioning, the person has to understand the cognitive processes of an individual and the interpretation of the behavior. It is from this theory that emerged the idea that human functioning involves affiliation with person, environmental, and behavioral influences.

This research suggests that environment, people, and behavior are factors that constantly influence each other. Behavior is not simply the result of the environment and the person, just as the environment is not simply the result of the person and the behavior (Glanz, et al., 2002). According to Bandura (1997), the environment provides models for the behavior. Observational learning occurs when an individual watches the actions of another person and the reinforcements that the individual receives reinforce the assimilation of what was observed (Bandura, 1997). Bandura believed that in order for an individual to understand the complexities of human functioning, the individual has to understand one’s cognitive processes and the interpretation of those outcomes (Bandura, 2006). Social cognitive theory asserts that thoughts as well as observational learning can adjust actions.

### *Conceptual Model*

In this model, there are three interactions. The interaction that is between the person and the behavior involves the influences of a person's thoughts and actions. The interaction between the person and the environment involves human beliefs and cognitive competencies that are developed and modified by social influences and structures within the environment. The interaction is between the environment and behavior, which involves a person's behavior determining the aspects of their environment that causes the behavior (Bandura, 1977, Bandura, 1986). Bandura (1986) further suggests that individuals interpret their behavioral outcomes and therefore alter personal factors, which lead to a change in the subsequent behavior that is referred to as reciprocal determinism. Reciprocal determinism is the belief that cognitive personal factors, environmental influence, and behavior interact (Bandura, 2006). Figure 1 represents the interaction, which is bi-directional.



*Figure 1.* Triadic reciprocal determinism model (Bandura, 2006).

The reciprocal determinism is the dynamic interaction of three major constructs, behavior, environment, and personal factors that provide stability for how an individual engages with the world (Bandura, 1994). Contained by this system, the three bi-

directional model shows how an individual is a producer of the environment and not just a product of the environment. Social cognitive theory stresses that strategies to improve functioning can be aimed at increasing motivational cognitive processes and in doing so improving behavioral capabilities (Bandura, 1994). The reciprocal nature of the determinants of human performance in social cognitive theory makes it possible for mental health providers' efforts to be directed at personal, environmental, and/or behavioral factors.

Self-efficacy is a major component of Bandura's (1986) social cognitive theory, which contends that the behavior of an individual is motivated by self-influence. Surrounded by the triadic reciprocal model, self-efficacy makes possible the process in which individuals decide their behaviors based on their perceptions of their own potential to achieve their goal(s) (Stajkoic & Luthans, 1998). Locke and Latham (1990) add that self-efficacy is related to goal setting, as well as work in self-regulation (Kanfer & Kanfer, 1991). Bandura (1986) defined self-efficacy as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (p. 391). Wood and Bandura (1989) expanded upon the definition of self-efficacy by adding that self-efficacy "refers to beliefs in one's capabilities to mobilize the motivation, cognitive resources, and courses of action needed to meet situational demands" (p. 408).

According to the National Association of School Psychologists (2010), self-efficacy is a major construct in forecasting the success of an individual on a range of tasks throughout life, including the school years. Bandura (1982) emphasizes that the foundation of self-efficacy is that a person's belief in their ability to perform successfully

will positively manipulate the outcome, creating greater levels of success. Bandura later expounded upon this, stating that the association of self-efficacy and performance, perceptions of efficacy serve as a behavioral predictor (Bandura, 1986). Bandura believes that an individual avoids tasks that are perceived to be over and above their potential, while they commence and perform successfully the tasks they feel they are capable of managing (Bandura, 1978). Individuals who exhibit a strong sense of self-efficacy are more likely to assume difficult tasks, persist longer, and perform more productively than those individuals with low self-efficacy (Wood & Bandura, 1989).

Social cognitive theory is the theoretical basis for behavior modification and behavior therapy. Behavioral therapy is widely used in classroom and school settings to address a variety of student needs (Schultz & Schultz, 2004) in group and individual sessions. These services are provided by mental health providers within the school setting in to replace challenging behaviors with more productive positive academic behaviors. These methods of behavioral change are applied more frequently in elementary settings where students are younger and perceived to be learners of behaviors as opposed to middle school children who are expected at that developmental point to behave in a certain way based on prior learning.

Not only does social cognitive theory provide a theoretical base for behavioral change in students, but this same theory can be employed in creating behavioral change within systems, such as schools. Creating changes in behavior begins through an assessment of the needs and values of the system, which is undertaken by this study in order to assess the educator perceptions regarding mental health providers and their services. If these services are deemed to be of value, schools can create plans to address



barriers to their delivery. In exploring the importance that educators attach to these professionals and the services they provide, the researcher seeks to educate practitioners, policymakers, and the public on whether these services are needed and valued within the educational setting.

### Research Context

This section profiles the policy and practice environment in which the study is being conducted. It presents information about the No Child Left Behind Act and its impact upon the current status of mental health providers. Mental health providers are school personnel, hired by the school district to provide mental health services addressing students' social-emotional needs within the confines of the school setting. The section also addresses the status and challenges of these professionals within the current policy and practice environment.

#### *The No Child Left Behind Act of 2001*

*Accountability for Student Performance.* Schools have been mandated to meet academic standards by the federal and state governments. In 2004, the Individuals with Disabilities Education Act (IDEA) mandated that school systems provide an appropriate educational program for all handicapped children, including those children who suffer from emotional and behavioral disorders (Jacob & Hartshorne, 2007). The No Child Left Behind Act of 2001, the 2002 revision of the Elementary and Secondary Education Act (ESEA), holds schools, administrators, and teachers accountable for the academic success of their students, including students' achievement of proficient scores in reading and math (No Child Left Behind, 2002). According to Lagana-Riordan & Aguilar (2009), this is one of the most complex policies in the history of the educational system of the

United States. The No Child Left Behind act holds all schools, regardless of student characteristics, accountable for students achieving proficient reading and math scores (Miranda, 2008). By putting a demand on schools to report the achievement for all racial, ethnic, and economic groups, the accountability system aims to put the attention on schools that “Leave Children Behind” (Rothstein & Jacobsen, 2006) by failing to adequately address their academic needs. This act emphasized assessment and accountability. The combination of these two mandates sheds light on the importance of addressing student mental health needs within schools and through collaboration with outside service providers to facilitate the expected level of successful performance in math and reading.

According to the U. S Department of Education (2002), a purpose of No Child Left Behind is to “improve the academic achievement of the disadvantaged” by ensuring “that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at minimum, proficiency on challenging state academic achievement standards and state academic assessments” (U. S. Department of Education, 2002, p.15). Additionally, the No Child Left Behind act has three major requirements that all states are to abide by, including the obligations to develop content standards to determine what students are to know, administer assessments to measure whether students are meeting those standards, and institute accountability mechanisms to ensure that all students attain the proficiency standards (No Child Left Behind, 2002). It is also a requirement that all states test their students and report their progress (No Child Left Behind, 2002). The progress of these states is measured by the percentage of students who make adequate yearly progress (AYP) by scoring at least at the proficient level (Hursh, 2005). Students

who are considered at risk are classified into several subgroups such as low-income students, minority students, students with disabilities, and English as Second Language students. This is so that their performance can be compared to the performance of their peers. When schools do not meet AYP targets for their student population as a whole or for any subgroup for two or more years they are subject to monetary and organizational sanctions (Hursh, 2005).

In particular, the No Child Left Behind act is designed to improve the education of disadvantaged children and to close the achievement gap between white, economically advantaged students and the students who are at risk of school failure (Orlich, 2004). Shavelson and Huang (2003) have found that students who are at a higher risk of school failure are minority students and those students who come from lower socio-economic status. According to Shavelson and Huang (2003), the achievement gap between minority students and the white economically advantaged is a primary concern in the United States educational system. In addition to poor student achievement, a number of social issues are risk factors for school failure (Frymier, 1992). One study suggests that school demographics can reveal some of the reasons there are problems in school (Gates, Ringel, Santibanez, Ross, & Chung, 2003). Additionally, this research contends that principals perceived students to be more problematic in schools that have a large percent of students who qualify for free and reduced lunches (Gates, et al., 2003).

Scores from the 2007 release of the National Assessment of Education Progress (NAEP) revealed that there were large gaps between reading and math achievement for African American, Hispanic, and low-income students as compared to scores of White students and students who were from high socio-economic status families. Lee, Griggs,

and Donahue's (2007) study reports that on an average, African American, Hispanic, and low-income fourth grade students scored 26 points or below their white classmates on the NAEP assessment.

Among students who fail to graduate, students of color and those of low-incomes are more likely to drop out of school (U. S. Department of Education, 2008). In 2006, it was reported that the percentage of young people ages 16 to 24 who have dropped out of school was higher for African American students (10.7%) and Hispanic students (22.1%) than it was for the white students (5.8%) (U. S. Department of Education, 2008). These statistics emphasize the importance of mandates to provide services that help to diminish the risk factors that students face.

*Challenges of No Child Left Behind.* It has been well established that the No Child Left Behind Act focuses on academic performance as an indicator of school failure. However, school social workers, who can serve as mental health providers (MHPs), rely on a different perspective, an ecological perspective (Germain, 1999). This is the interaction between the person and the environment when assessing problems in school (Germain, 1999). From the ecological perspective, factors that contribute to poor school performance are factors within the community, neighborhood, family, home, and the personal characteristics of the students.

According to literature, the No Child Left Behind act does not directly address the development of the youth's positive social and emotional competence (Lagana-Riordan & Aguilar, 2009). No Child Left Behind also does not address the systemic barriers that children face when they live in poverty or oppression. According to Shealey (2006), the solutions to differential achievement that are put in place by the No Child Left Behind act

do not address the “roots of inequality.” Research demonstrates the positive role of social and emotional competencies toward successful youth outcomes, including academic achievement (Masten & Coatsworth, 1998). Scholars suggested that children’s social and emotional functioning should be addressed in order to improve student’s academic achievement (Brigman, Webb, & Campbell, 2007; Wang, Haetel, & Walberg, 1994; Weist & Ghuman, 2002).

While a purpose of the No Child Left Behind act is to uphold educational success for all children, high stakes pressures associated with this and state accountability and accreditation models appear to have redirected funds to academics and withdrawn them from ancillary supports like mental health services (Daly, et al., 2006). Many believe that instead of being motivated by the desire to improve educational equity for the disadvantaged students, No Child Left Behind was motivated by the fear that United States students were falling behind those of other industrialized nations and that this would lead to negative economic consequences for the United States (Shaker & Heliman, 2004). Additionally, the focus on academic achievement and the absence of accountability indicators for children’s social and emotional growth and development has most likely led to negative outcomes in academic achievement. For example, the National Institute of Mental Health reported that between 5% and 9% of students are not learning and achieving in school because of emotional and behavioral issues (U. S. Department of Health and Human Services, 1999).

There are serious concerns about the effects of No Child Left Behind on students who are at-risk (Allbritten, Mainzer, & Ziegler, 2004; Leone & Cutting, 2004; Mathis, 2004). The students who are considered to be at-risk are those students from culturally

diverse backgrounds, those who are English as second language students, those who live in poverty, or those who live with emotional and behavioral disabilities (Allbritten, et al., 2004; Leone & Cutting, 2004; Mathis, 2004). Mathis (2004) also suggests that the No Child Left Behind makes schools responsible, even penalizes schools, for students' poor home lives, learning disabilities, lack of student motivation, and varying academic abilities. According to Urrieta (2004), this policy creates an "assistencialist" education system in which education policy attacks the symptoms, but not the cause, of the problems it aims to solve.

Addressing purely academic needs fails to produce a whole and productive student and leaves many students with needs behind. No Child Left Behind calls for academic accountability but fails to address the social-emotional needs of students and how these and other factors, such as poverty, impact student performance. This research seeks to further investigate the need for social emotional factors to be addressed within the school setting through examining the perceptions of key educators regarding the importance of mental health services.

#### *Current Status of Mental Health Providers*

School-based mental health services are provided, in large part, by school-employed or contracted school counselors, school psychologists, school health professionals, and school social workers who are trained in school functioning and learning, as well as family contexts and mental health. Mental health providers seek to be supportive of teachers, improve school safety and climate, and are available for students and families; this enhances the opportunity of teachers to teach and students to learn more effectively (NASP, 2008a). According to the American Mental Health

Counselors Association (AMHCA) code of ethics, mental health counselors have a responsibility to respect the dignity and integrity of the person and are committed to building the knowledge of human behavior and understanding of themselves and others (AMHCA, 2010); ideally, such counselors are ethically driven to collaborate in a school environment for the benefit of students.

Historically, the services that mental health counselors provided in the schools were focused upon students in the special education population and were developed in response to special education legislation. According to Carnegie Council on Adolescent Development (1989), educators reported that children and family psychosocial needs that are not met overwhelm the resources they have in schools and cause challenges that impair their ability to educate children. It was mandated by the Education for All Handicapped Children Act of 1975, which is now named the Individuals with Disabilities Education Act (most recently reauthorized in 2007) that an appropriate education program be provided by school systems for all handicapped children, including children with emotional and behavioral disorders in the least restrictive environment (Jacob & Hartshorne, 2007). The barriers to learning must be addressed for all students, not just those students within the special education population. Schools have a responsibility to have a system of resources in place to address the barriers.

Mental health counselors in schools play a major role in addressing barriers to learning and helping to increase student achievement (Adelman & Taylor, 1997). Such barriers include physical and mental health problems, psychosocial problems, psychopathology, environmental stressors, and student and environment mismatch. According to Becker and Luthar (2002), students' academic success is a determining

factor in successful accomplishment of life tasks and is greatly dependent upon the students' psychological health and academic abilities. This assertion supports education's goal of preparing students for life beyond academics and further supports the importance of mental health services within schools.

In the past 20 years, the development of mental health counseling programs has increased the emphasis on scientific methods, because of the managed care movement in mental health treatment and more recently, evidence-based practices (Calley, 2009). This is in step with the educational movement to employ evidenced-based practices to address student needs in multiple areas, which was spurred by IDEA (2004). Mental health providers contribute uniquely to the educational environment through their training, which focuses on social and emotional aspects of students. Such training is often lacking in educational programs; this may lead educational professionals to lack an understanding of mental health-related school services and the importance of such services.

According to Teich, Robinson, and Weist (2007) a national survey of mental health services found, "almost one-third of school districts (32%) reported that they used only school or district-based staff to provide mental health services, while 28% of districts reported that they contracted only with outside providers for mental health services" (p. 18). Most schools in the study, 96%, had at least one mental health provider, with most schools having up to three staff providing these services (Teich, et al., 2007). "The average overall ratio of mental health staff to students was 1.0 per 500 students" (Teich et al., 2007, p. 18). Funding for mental health services in schools was reported to come from IDEA and various funds (state special education, local, state (Teich, et al., 2007). In Louisiana, every school district except one has an on-site mental



health provider hired by the district. The remaining district is contracted by an outside agency. (D. Duhe, personal communication, November 3, 2011)

School districts reported an increase in the need for mental health services, but a decrease funding to provide these services (Teich, et al., 2007). “Many districts cited competing priorities for the use of funds, such as the need to document increases in academic achievement, as a major impediment to providing mental health services in schools” (Teich, et al., 2007, p. 19).

The need in high poverty schools for mental health services far exceeds the availability. With cuts across the board in programs designed to benefit children from low-socioeconomic backgrounds, responsibility for helping these children often falls on school’s mental health providers. MHPs are employed part-time to fulfill these children’s needs that any professional would be hard pressed to satisfy in a 40-hour work week. Because of the limited availability of MHPs, many children who really need mental health services often fall through the cracks. (L. Guidry, personal communication, October 28, 2011)

#### Pertinent Research and Professional Perspective

The information presented in this section will review topics in relation to poverty and mental health providers. Poverty as it relates to student factors such as homelessness, mental health, and access to mental health services will be explored. Research on high-poverty schools indicates that virtually all of the lowest performing schools in the nation are economically disadvantaged (Kannapel & Clements, 2005). Low-income students in these schools regularly confront a variety of social and emotional factors that hinder their learning (Vanderbleek, 2004). Conditions that contribute to the mental health problems

of students are poverty, homelessness, substance abuse, physical and sexual abuse, and domestic and community violence (Lockhart & Keys, 1998). Mental health providers address mental health crises among students and provide other intervention support that can facilitate academic achievement and behavioral success.

### *Poverty*

Poverty has many defining characteristics with financial need being one of them. Raphael (2005) describes poverty as extending beyond the boundaries of money to include feelings of powerlessness, humiliation and exclusion. However, Payne (2005) describes poverty as one's lack of resources. He also has identified eight resources whose existence or absence determines the effect of poverty: financial, emotional, mental, spiritual, physical, support systems, relationships and role models, and knowledge of hidden rules.

Poverty among children has placed a profound challenge on contemporary educators and counseling professionals. These impoverished children are more likely to experience an increased level of anxiety and depression, a greater incidence of behavioral difficulties, and a lower level of positive school engagement than children of middle-class backgrounds (Black & Krishnakumar, 1998; Caughy, O'Campo & Muntaner, 2003). As a result, it has also been found that children of poverty have a larger occurrence of school failures, developmental difficulties and delays, lower standardized test scores and lower graduation rates, higher rates of school tardiness and absenteeism, and dropout rates than middle-class students (Fontes, 2003).

The effects of poverty on children have remained steady over the years. According to Hodgkinson (1993), approximately 40% of students nationwide are in "very

bad educational shape ...[and] at risk of failing to fulfill their physical and mental promise” (p. 620). These students bring issues to school that are associated with poverty, extremely difficult family circumstances, lack of English language skills, violent neighborhoods, physical and emotional problems, and lack of health care (Hodgkinson, 1993). In addition to a lack of financial resources, children living in poverty “often lack emotional, mental, spiritual, and physical resources; support systems; relationships; and role models” (Whitehouse, 2006, p. 835). In 1997, Brooks-Gunn and Duncan noted that children who come from families of poverty experience more emotional and behavioral problems than do children from middle and upper class families. Eamon (2001) identified lower self-esteem, lower popularity, and conflict-laden peer relationships as socio-emotional effects of poverty, while Gray (as cited in Whitehouse, 2006) added increased feelings of depression and isolation. Poverty is also associated with lower levels of cognitive, literacy, and language enrichment in the home environment (Whitehouse, 2006). This lesser degree of stimulation means that students living in poverty are at risk of trailing their middle and upper class age peers in academic performance.

Brooks-Gunn and Duncan (1997) further suggested that the condition of poverty has a negative effect on children’s cognitive and academic abilities. Poor verbal skills, low IQ, grade-level retention, and student dropout rates are examples of negative outcomes that living in poverty places on impoverished children. These children may exhibit serious mental health and educational needs and are less likely than children of middle and upper class socioeconomic status to have access to mental health care and sufficient educational services (Children’s Defense Fund, 2005). It is essential to student

success to have these problems identified and addressed. Mental health providers typically possess knowledge and skills that can be used in the school setting to help students cope with poverty, build resiliency, and educate school staff about the challenges that these students face and how it impacts their performance, academically and behaviorally (J. Stein, personal communication, September 7, 2011).

According to the Children's Defense Fund (CDF) (2006), 1.3 million children fell into poverty between 2000 - 2004. The number of children living in poverty is increasing steadily. The United States is currently leading other industrialized nations in child poverty rates, with 12.3% of children living in poverty (CDF, 2006; Reid, 2006). In 2007, the poverty rate for children was 18 %, which is much higher than the poverty rates for adults ages 18-64, which is 10.9 % (U. S. Census Bureau, 2008).

The U. S. Census Bureau (2000) defines poverty as a state in which a family of four has an annual income of below \$21,947.

The world's most ruthless killer and the greatest cause of suffering on Earth is extreme poverty. It is the main cause of reduced life expectancy, of handicap and disability and of starvation. Poverty is a major contributor to mental illness, stress, suicide, family disintegration, and substance abuse. (World Health Organization, 1995)

Researchers believe that poverty is associated with issues of child welfare including low birth weight, infant mortality, growth stunting, lead poisoning, learning disabilities and developmental delays (Brooks-Gunn & Duncan, 1997). In addition, researchers noted that growth retardation, high blood lead levels, and obesity are more common in poor

children than in children that are not poor (Bradley & Corwyn, 2002; Evans & Kantrowitz, 2002; National Center of Health Statistics, 2006).

Children living in poverty have a 50% higher risk of having a mental health problem than children who are not in poverty (Brooks-Gunn & Duncan, 1997; Buckner & Bassuk, 1997; Olbrich, 2002). Living in poverty has been found to be detrimental to a person's psychological, physical and educational ability. Studies show that poverty is a contributing factor to the development of children and adult psychopathology (Wadsworth & Achenbach, 2005). Poverty is highly connected with children's cognitive abilities, physical health, and social-emotional development (Bradley & Corwyn, 2002). Socio-emotional difficulties and behavioral problems are reported more in children of low-income families than children of middle-income families (Wadsworth & Achenbach, 2005). Additionally, teens from impoverished families are more likely to exhibit problematic behaviors that have serious physical and social consequences (Farrington & Loeber, 2000). The Federal Interagency Forum on Child and Family Statistics (2007) reports that impoverished children are more likely to be raised in a single, female parent home (43%) than two parent homes (9%). The National Center for Children in Poverty, Children and Welfare Reform (2000) suggests that the educational level of caregivers of children living in poverty usually is no more than a high school education, if that much. More cases of substance abuse, domestic violence, and maternal depression are reported in families of poverty than other families that are not of the poverty population (National Center for Children in Poverty, Children and Welfare Reform, 2000). Additionally, greater occurrences of emotional disorders, behavioral problems, and substance abuse

have been reported in poverty children than non-poverty children (World Health Organization, 2001).

The stress of living in poverty is associated with several other stressors that can affect children and adolescents adversely, such as family conflicts (Wadsworth & Compas, 2002), violence exposure (Evans & English, 2002), discrimination, traumatic experiences (Simons, Murry, McLoyd, Lin, Cutrona, & Conger, 2002), and multiple relocations and transitions (Attar, Guerra, & Tolan, 1994). Researchers conducted a study that tested a theoretical model where poverty was related to child and adolescent psychopathology, deviancy, physical health, and academic achievement indirectly through poverty-related stress (Wadsworth, et al., 2008). Stressors found to be associated with poverty include economic strain; conflicts among family, violence and exposure of discrimination are important factors of the experience of poverty among children (Wadsworth, et al.). Researchers concluded that this stress is correlated with the signs of depression, anxiety, hostility, and aggression in children of poverty (Evans & English, 2002) and adolescents (Hammack, Robinson, Crawford, & Li, 2004).

Impoverished children often experience acute stress and chronic stress that has a devastating impact on their lives. Abuse and violence are examples of acute stress; chronic stress is associated with stress that is continued over time (Almeida, Neupert, Banks, & Serido, 2005). These children have been found to experience chronic stress at a significantly greater rate than children who are not of poverty (Almeida, et al., 2005). As a result, impoverished students who experience the devastating effects of acute stress and chronic stress may have problems with coping skills and exhibit negative behavior and academic problems in school.

Many studies suggest that learning and the behavior of children are affected negatively by chronic stress and that the signs/symptoms should be recognized in the classroom (Erickson, Drevets, & Schulkin, 2003; Johnston-Brooks, Lewis, Evans & Whalen, 1998). Moreover, chronic stress is associated with more than 50 percent of all absences (Johnston-Brooks, et al., 1998) and causes the attention and concentration of students to be impaired (Erickson, et al., 2003). Students who live in homes that are stressful bring stress to school and exhibit disruptive behaviors that can impair the development of a healthy social and academic life (Bradley & Corwyn, 2002).

Several studies have found abuse to be a major stressor in impoverished children (Gershoff, 2002; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). It was reported that as the income of the parent decreases, the crueler the disciplinary actions become (Gershoff, 2002; Slack et al., 2004). According to the U. S. Department of Health and Human Services (2010), there were about six million children in 2008 that were reported to the child welfare system as victims of some form of neglect and abuse. On average, parents of poverty are often found to employ harsher demands on their children and punish them physically by spanking (Bradley, Corwyn, Burchinal, McAdoo, & Coll, 2001). In comparing neglect and sexual abuse in poor children to well-off children, Hussey, Chang, and Kotch (2006) found that poor children were 1.52 times more prone to report physical neglect and 1.83 times more prone to make a report of sexual abuse than well-off children (Hussey, Chang, & Kotch, 2006).

*Poverty and homelessness.* The McKinney-Vento Homeless Assistance Act of 2001 defines homeless students as those children and youth “who lack a fixed regular and adequate night time residence” (National Center on Family Homelessness, 2003).

Poverty and unaffordable housing are often the cause of homelessness (Eddowes, 1993). Regardless of the reason that children are homeless, the McKinney-Vento Act has mandated that all homeless children be provided with equal access to the same free and appropriate public education that is provided for other students (McChesney, 1993).

Literature on homeless children and poverty suggests that homeless children experience poverty and deprivation in ways that have caused them to lose environmental constancy in terms of food, clothing, shelter, their personal space, belonging, and relationships (Timberlake & Sabtino, 1994). Because these children are poor and different from peers due to their homelessness status, they are isolated from peer groups and experience negative interactions with others. As a result, these children experience decreases in self-esteem and this causes feelings of a great sense of loneliness (Timberlake & Sabatino). More recently, Buckner, Bassuk, and Weinreb, (2001) found that homeless children frequently go through social exclusion, which causes issues with them being able to adjust or make the necessary use of coping decisions. Ridge (2002), reported that children of poverty ages 10-17 were more likely to be left out of groups socially, or to exclude themselves at school.

For the past two decades, homelessness among children has caused major social and public health problems in the United States (Buckner, 2008). Researchers reported that poverty is connected with a greater rate of problems between homeless children and low-income children than the children of other populations (Buckner, 2008). According to the National Law Center on Homelessness and Poverty, 3.5 million people are considered homeless. Of these people, 17% are women and 39% are children (National Coalition of the Homeless, 2008).



*Poverty and schools.* The United States Department of Education (2002) defines high poverty schools as having 50% or more of the student population eligible to receive federal free or reduced lunch. Children living in poverty are more likely to attend high poverty schools, where teacher quality and school conditions are typically worse than in schools in wealthier areas (Peske & Haycock, 2006). As a result, these impoverished children are placed in classrooms with teachers who are not as experienced and are less educated than the teachers of other children who are in low-poverty schools (Peske & Haycock, 2006). Researchers report that children of poverty usually have teachers who are less qualified and have low expectations for student learning (Ingersoll, 1999; Weinstein, 2002). Additionally, research shows that impoverished students are more likely to experience low-quality instruction throughout their elementary years (Pianta, Belsky, Houts, Morrison, 2007, & National Institute of Child Health and Human Development Early Child Care Research Network, 2007).

High-poverty, high-minority schools are given less state and local funds than the schools that are more affluent (Ali & Jerald, 2001). The researchers elaborate that high-poverty, high-minority students are more likely to have teachers who are not experienced and not qualified for the subject area being taught (Ali & Jerald, 2001). There is evidence that poor communities have inadequate school funding and school facilities with overcrowding, deficiencies in environmental quality, and educational materials (Evans, 2004). In 2005, Constantino conducted a study in Los Angeles, California that examined six communities and found that children from low-poverty areas have ease of access to significantly more books than children from high-poverty areas. Additionally, she found that students from low-poverty areas had more books in their homes than the

children from high-poverty homes with all their schools' resources sources combined (Constantino, 2005).

Teachers are in the position of scaffolding learning for students. Teachers prepare to become instructors through higher education institutions and field experiences such as practicum and internships. This formal preparation process prepares the teacher for the act of instructing as well as serves to hone skill development. New teachers may also participate in mentoring relationships with master teachers or administrators to help them problem solve and further develop skills once they enter their formal employment.

According to Cochran-Smith (2004), most new teachers who are hired in high poverty schools reported that they were not prepared for the challenges that they were faced with when teaching poor students and working with their parents or caregivers. Additionally, these teachers reported that their working conditions were drastically worse than working conditions in low-poverty schools, such as poor facilities, supplies and textbooks were limited, poor support from the administration, and larger classroom sizes (National Commission on Teaching and America's Future, 2003). A survey conducted by the National Center for Educational Statistics (2007) revealed that only 32% of teachers who have direct contact with students who experience mental health issues feel satisfactorily prepared with the appropriate knowledge to identify and address such needs. A mixture of social, psychological, and environmental factors have been found to effect student achievement (Rothstein, 2004), but contemporary teacher training programs fail to address these factors. Literature suggests that there is a need for schools to focus on the connection between academic challenges that students experience and issues that they are

faced with because of race, ethnic group, and socio-economic status (Noguera, 2008; Payne, 2008). This can be extended to teacher training programs.

All children must attend school, but the backgrounds of some students cause them to be below their classmates academically, beginning in the primary years. According to Strickland (2001), children of poverty are more likely to begin school with linguistic disadvantages because of the lack of experiences that would assist with promoting their literacy and reading readiness. Researchers have found that children from low income families are more educationally disadvantaged than children from middle and upper income families, in part because of the fact that during the summer months, these middle and upper income families often expose their children to enrichment activities such as museums and camps (Alexander, Entwistle, & Olson, 2001). Additionally, low-poverty families engage in activities that promote their children's social and intellectual development during the summer months (Koppelman & Goodhart, 2005).

Ruby Payne (1998) describes differences in values, language patterns, and resources among low income, middle income, and upper income families. Payne (1998) stresses how important it is for educators to encourage lower income students to change their values, language patterns, and resources. She goes further to stress how important it is for educators to encourage lower income students to change their values and habits by acquiring the values and habits of middle class people. Payne (1998) emphasizes that this will help low income students rise above their current family situations.

However, Ng and Rury (2006) contested Payne's view of low-income families. They contended that the work of Payne was a reinforcement of educators' misconceptions and stereotypes of low-income people and suggested that poor people

have a choice about whether to stay in poverty or not (Ng & Rury, 2006). As a result, it misdirects the efforts of educators to teach children who are poor by ignoring the larger social context in which these poor children live and are expected to succeed. Not only do these conceptualizations of low-income families not take notice of the lack of economic or political resources that are available to them, they allow educators to continue to ignore their own advantaged status as the perspective from which these students are viewed (Ng & Rury, 2006). Additionally, Tutwiler (2005) adds that Payne's view on poor families reinforces the belief that one group is more competent, valued, and deserving than the other.

*Substance abuse.* Substance abuse has been reported to be a contributing factor for the maltreatment of between one and two-thirds of children in the child welfare system (U. S. Department of Health and Human Services, 1999). The number of children born each year who have been prenatally exposed to drugs and alcohol was estimated at one point to be between 550,000 and 750,000 (Landdeck-Sisco, 1997). The mental functioning of a parent can be interfered with by substance abuse, as can their parental judgment, inhibitions, and protective capacity. Studies suggest that substance abuse can influence the discipline choices and child-rearing styles of a parent (Tarter, Blackson, Martin, Loeber, & Moss, 1993). Substance abuse and maltreated children often co-occur with other problems, such as mental illness, domestic violence, and poverty. These co-occurring problems produce extremely complex situations that can be difficult to resolve (U. S. Department of Health and Human Services, 1999). Additionally, identifying and obtaining appropriate resources to address these needs is a challenge in many communities as substance abuse was identified as one of the top three problems

addressed by school based mental health providers, with substance abuse increasing as the student age increases (Teich, et al., 2007).

*Physical and sexual abuse.* Another issue that mental health providers face in schools is the physical and/or sexual abuse of students (Teich, et al., 2007). Children who are from single parent homes may be at a higher risk of experiencing physical and sexual abuse than children that are from two parent homes (Sedlak & Broadhurst, 1996). The income of a single parent is substantially more likely to be below the poverty line. The lower the income, the greater the stress level of parents that is linked with the burden of being solely responsible for meeting family needs. Such families have fewer support systems: this further contributes to the risk of single parents maltreating their children.

The National Data System on Child Abuse and Neglect (NCANDS) indicates that more than 152,000 children experienced physical abuse and more than 84,000 children experienced sexual abuse in the United States in 2004 (U. S. Department of Health & Human Services, 2006). Although physically abused children may develop a wide variety of emotional and behavioral difficulties, current treatment outcome research has focused on addressing the physically abusive behaviors of the parents who perpetrate the abuse (Chaffin, et al., 2004).

*Domestic and community violence.* Domestic violence is a demoralizing social problem that impacts every segment of the community. It is estimated that 10-20% of children are at risk of exposure to domestic violence (Carlson, 2000). Children exposed to domestic violence are faced with several risks such as exposure to traumatic events, neglect, experiencing abuse, and losing one or both parents. Because of these risks, children's safety and stability may be affected (Carlson, 2000; Edelson, 1999; Rossman,

2001). According to Child Welfare Information Gateway (1999), children who are from violent homes may witness parental violence, may be victims of physical abuse themselves, and may be neglected by parents who are focused on their partners or unresponsive to their children due to their own fears. Children exposed to domestic violence are likely to experience several undesirable psychosocial and behavioral problems (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Sternberg, Baradaran, Abbot, Lamb, & Guterman, 2006; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). In the United States, children are more likely to be exposed to violence and crime than adults are (Finkelhor, 2008; Hashima & Finkelhor, 1999). In 2005, youth ages 12-19 were more than twice as likely to be victims of violent crimes in the community (Baum, 2005). Even though community violence affects all racial, ethnic, and socioeconomic groups, the occurrence is highest for poor and minority populations (Bureau of Justice Statistics, 1997; Christoffel, 1990).

In the preceding paragraphs, poverty and other conditions that contribute to mental health problems among children are discussed. These factors can create a toxic mix that impairs a student's ability to function academically and develop appropriate life skills. These risk factors are issues that school based mental health providers can address; they can help students develop appropriate coping skills as well as assist families and teachers as they support student growth and development.

### *Mental Health Providers*

Schools have called upon experts in the mental health field to address student needs within the school setting. Although mental health and social-emotional learning have not been traditional areas addressed by educators, the need for such services in

contemporary schools has driven the implementation of mental health provider programs throughout the state of Louisiana. The mental health of contemporary students and the impact of services are discussed in the subsequent paragraphs.

*Mental health of students.* Schools today are faced with the challenge of educating a rapidly growing population of students whose social-emotional issues frequently interfere with the learning process (Lockhart & Keys, 1998). Twelve to 22% of all children suffer problems that consist of mental, emotional, or behavioral disorders, but only a small number of these students receive mental health services (Costello, 1989; Hoagwood, 1995). Other researchers suggest that a large number of children and adolescents in the nation are experiencing difficulties in meeting the challenges of typical child development (Greenberg, Domitrovich, & Bumbarger, 2000). In schools that utilize mental health services, evidence has shown a reduction in challenging behavior, an increase in attendance, and a decrease in academic problems among students (Bush & Wilson, 1997).

There is a documented need for mental health services for school-aged children. Many children bring problems to school that interfere with learning (Romualdi & Sandoval, 1995). It is recognized that social, emotional, physical health problems and other barriers to learning should be addressed in order for schools to function satisfactorily and students to learn to perform effectively (Carlson, Paavola, & Talley, 1995). Additionally, students who are failing in school early in life are likely to have difficulty or failure later in school, work, life and may experience more severe mental health problems. Schools are responsible for educating students and play a major role in addressing problems, increasing opportunities, and enhancing the well-being of students.

A recent study revealed that higher levels of school interaction and better social, emotional, and decision making skills predict higher standardized test scores and grades, while attention problems, negative behavior of peers, and disruptive and aggressive behavior predict lower test scores and grades (Fleming, et al., 2005). Additionally, school-based mental health services in schools for children experiencing emotional and behavioral difficulties have produced reductions in conduct disordered behavior (Hussey & Guo, 2003). Researchers have indicated that when student's barriers to learning are addressed, they achieve better in academically in school (Greenberg, et al., 2003; Welsh, Parke, Widaman, & O'Neil, 2001).

*Impact of mental health services.* The 1999 Surgeon General's Report on Mental Health stated that 21% of U. S. children age 9-12 diagnosable mental health problems and 70% of those children did not receive mental health services (U. S. Department of Health and Human Services, (USDHHS), 1999). Additionally, Weist (1999) reported that a large gap existed between the number of children who need mental health services and the number of these children who receive the services. Research was done to determine the reasons why students who needed mental health services were not receiving services and whether the services that students were receiving are effective (USDHHS, 1999). It was found that students underutilize mental health services due to structural barriers and perceptual barriers (Adelman & Taylor, 2002b; Keys & Bemak, 1997). However, when students do utilize school-based mental health services, family involvement was effective in improving student achievement (Cerio, 1997).

More recent studies estimated that 1 in 10 children experience acute mental health concerns and 1 in 5 children have emotional and behavioral problems (Knoph, Park, &



Mulye, 2008). Students who are not receiving the mental health care that they need are not likely to perform well academically in school, and can disrupt the learning environment for others (Bussing, Zima, Gary & Garvan, 2003; Chow, Jaffee, & Snowden, 2003). Unidentified and unaddressed mental health concerns can contribute to the inability of the children to be successful at home, in school, or in the community (Nelson, Benner, Lane, & Smith, 2004). Students in high poverty schools often have several primary needs that require attention in order for learning to occur.

Students who receive social-emotional support and prevention services perform better academically in school (Fleming, et al., 2005). Programs in schools that preventively address problematic behaviors help manage classroom behavior and improve academic achievement. A longitudinal study produced evidence that suggested that interventions targeting students' social, emotional, and decision-making skills have a positive impact on their academic achievement (Fleming, et al., 2005).

In response to the need for mental health support, advocates have called for organizing mental health care for school-aged children as a school-based multidisciplinary partnership among mental health professionals (Bailey, 2000). The American School Counselor Association (ASCA) national model argues against school counselors specifically serving as mental counselors in the schools (American School Counselor Association, 2005). Referring students to the mental health counselor is a core job function of the school counselor. School counselors play a very important support role in addressing the person-social, academic, career, and college needs of children (American School Counselor Association, 2005). Furthermore, a very important aspect of the school counselor's job is to refer students who are experiencing behavioral

problems to the mental health counselor (Baker, 1996; Erford, 2003; Ritchie & Partin, 1994). Referring these students to the mental health counselor could be a turning point for accessing the resources these students need (Bussing, et al., 2003). Conversely, students experiencing problems that would benefit from mental health care, but are not receiving the services, are more likely to perform poorly in academic measures, and maybe disruptive for other students (Chow, et al., 2003). Weist (1999) suggests that when schools positively address the mental health needs of students, the prevention opportunities increase.

Results from a qualitative study explored the experiences of four participants who were diagnosed with a mental illness while attending a post-secondary school (Knis-Matthews, Bokara, DeMeo, Lepore, & Mavus, 2007). The four participants believed that education help them to find purpose in their lives. However, there were challenges for them while attending schools that were associated with their mental illnesses. It was found that supportive professionals and counselors were helpful to them in overcoming these barriers (Knis-Matthews, et al., 2007).

The numbers of children with social and emotional problems are steadily increasing. These problems negatively impact students' ability to successfully complete school (Haynes, 2002). Additionally, Haynes suggests that mental health services implemented in the schools have been shown to have a positive impact on the social, emotional, and behavioral issues of students as well as their academic achievement. Past research suggests that suicide, sudden death, and gang violence are crises with which schools are routinely faced (Thompson, 1995). Suicide has been considered a leading cause of death for all groups in the United States (National Institute of Mental Health,

2003), and accounts for approximately 5.8% of deaths in children aged 10-14 (Gould, Shaffer, & Greenberg, 2003). It remains between the third and seventh leading cause of the deaths in children aged 5-14 (American Association of Suicidology, 2006). Mental health counselors are professionals who are trained to address suicidal issues with children.

Despite increasing attention in the literature to children's mental health problems, barriers to learning, disruptive behaviors, and poverty, research to date has failed to examine the perceptions of principals and teachers regarding the impact of school-based mental health providers on student achievement and behavior. Perceptions of these services may impact their prevalence, social acceptance, and rate of access through referral by principals and teachers. Without the support of educators, resources for mental health providers are likely to be diminished in the academic environment due to a lack of perceived relative value.

The mental health provider, perhaps considered a luxury by legislators, is in fact a needed staple in the contemporary school. Educators are typically not trained in the skills necessary to address the depth of students' social and emotional needs, yet mental health providers have the professional knowledge of social cognitive theory and can apply this theoretical base to their provision of direct and consultative services. Given that teachers are often referred to as being underpaid, yet are constantly given more tasks to achieve, they may welcome the support from others in the educational environment that would help to alleviate some of their responsibility. A useful way to determine the perspectives of educators regarding mental health providers is to ask them about their experiences and the perceptions that they hold based on their own social learning experiences that are

associated with mental health providers and the services that they provide to improve student behavioral and academic outcomes. The value of these services has not been addressed from an educator's perspective.

### Summary

The mental health providers are an important figure in the contemporary school. The social-emotional needs of children have been highlighted as influencing academic performance. With the focus of lawmakers on No Child Left Behind and data-based decision-making, quantifying the value of mental health providers in the academic setting is important. Poverty, mental health issues, and homelessness are barriers faced within high-poverty schools. In general, educators are usually not trained in the skills necessary to address the depth of students' social and emotional needs; the mental health provider, on the other hand, has the professional knowledge of SCT and can apply this theoretical base to his/her provision of direct and consultative services. Given that teachers are often referred to as stretched to fulfill even the tasks for which they are well-trained, one would conclude that they would welcome the support from others in the educational environment who can address very specific social, emotional, and behavioral issues that facilitate the ease of their instructional presentations. The current study employed the use of an instrument to determine what educators think about mental health providers and asked them about their experiences and the perceptions that they hold regarding mental health providers and the services that they provide to improve student behavioral and academic outcomes.

## CHAPTER III

### METHODOLOGY

This chapter describes the research design and methodology that was used for this study. Research questions and the related hypotheses are outlined in this chapter. The justification for the selection of principals and teachers as the population is explained. Chapter III also included an explanation of the method, procedures, and data analysis. The chapter goes further to describe the instrument that was used to collect the data, as well as the independent and dependent variables. A description of variables and the statistical processes that were utilized is also discussed.

#### Research Questions and Hypotheses

The researcher employed a quantitative research design to explore the perceptions of principals and teachers regarding the effectiveness of mental health providers in impacting student achievement in high poverty schools. The independent variables for this study are the perceptions of the participants, principals and teachers and the dependent variables are student achievement and behavior.

The research questions addressed the following:

1. What are the perceptions of principals and teachers regarding mental health providers' impact on student achievement in high poverty schools?
2. What are the perceptions of principals and teachers regarding mental health providers' impact on the behavior of students in high poverty schools?
3. Do principals and teachers differ on their perceptions regarding mental health providers' impact on student achievement in high poverty schools?

4. Is there a difference between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student achievement in high poverty schools?
5. Do principals and teachers differ on their perceptions regarding mental health providers' impact on student behavior in high poverty schools?
6. Is there a difference between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student behavior in high poverty schools?

Research questions 3-6 prompted the creation of hypotheses. In light of the dearth of research into this topic, these were stated as null hypotheses.

H<sub>1</sub>: Principals and teachers do not differ on their perceptions regarding mental health providers' impact on student achievement in high poverty schools.

H<sub>2</sub>: Elementary and middle school principals' and teachers' perceptions do not differ regarding mental health providers' impact on student achievement in high poverty schools.

H<sub>3</sub>: Principals and teachers do not differ on their perceptions regarding mental health providers' impact on student behavior in high poverty schools.

H<sub>4</sub>: Elementary and middle school principals' and teachers' perceptions do not differ regarding mental health providers' impact on student behavior in high poverty schools.

### Participants

Participants for this study included a convenience sample of principals and teachers at selected high-poverty schools within southern Louisiana. Louisiana's Board

of Elementary and Secondary Education (BESE) has divided the parishes into 8 districts. The researcher requested and received the approval of the superintendents in the southern districts. The researcher was granted permission from superintendents before applying to Institutional Review Board (IRB). The researcher was given permission for the participation of teachers and principals at the selected schools through the building administrator. Schools were selected for participation based on their high poverty status. The researcher requested participation from approximately 500 participants in high-poverty Louisiana elementary and middle schools. Of those to whom survey instruments were sent, 156 responded. Of these respondents, 89 were teachers, and 67 were principals.

## Study Design

### *Research Design*

A quantitative methodology was employed in the design of the survey instrument. Participants were principals and teachers currently working within high-poverty schools at the time of the data collection. The survey instrument, developed by the researcher, focused on the perceptions held by principals and teachers regarding mental health providers' impact on student achievement.

### *Variables in the Study*

The variables for the study were the perceptions of teachers and principals regarding the impact of mental health providers as well as student achievement and behavior. The variables for the study were based on contemporary research and literature on the impact of and need for mental health services within schools. The variables in the

survey were worded positively and allowed the participant to determine their level of agreement with statements about the variables.

### *Instrumentation*

The instrument that was used for data collection for this study was a survey created and piloted by the researcher (Appendix A). The opening sections of the instrument consisted of items related to participant demographics and participant perceptions about the need for and delivery of mental health services. Eighteen quantitative items, using a Likert scale, were related to perceptions about the support for mental health services and the impact of mental health providers on student achievement and behavior. The Likert scale ratings were designed such that a rating of 1 equated to a response of *disagree*; a rating of 5 equated to a response of *agree*. The instrument was created to directly address the research questions and developed to enrich the contemporary literature base related to school-based mental health services and the perceptions held by key stakeholders. Within the instrument, there were several categorical constructs including demographic information, satisfaction and support, and impact of mental health providers.

The demographic section of the survey included profession, school level, years of profession, and years at current school. Demographic information was collected through the use of categorical choices for profession and level of school. Years in profession and years at current high poverty school were designed in continuous ranges. Items 1 and 2 addressed the awareness of mental health needs and services. Participants were asked in question 1 to estimate the percentage of students in their school who are in need of mental health services. This question aimed to uncover the perceived need for mental



health services within the school setting. Question 2 asked participants to indicate the services that mental health providers provide within their school setting. This question informed the researcher of the services of which participants are aware that are being provided in the school setting.

Items 3 through 18 ask participants to use a Likert scale to rate their level of agreement with each statement regarding the impact of mental health providers. In the analysis of results, these instrument items were grouped into subscales. Items 3 through 7 addressed the support level for mental health services. Item 8 addressed student emotional functioning. Items 9 through 13 addressed student achievement and items 14 through 18 addresses student behavior. Research questions 1, 3, and 4 were supported by the constructed-items 9 through 13 of the survey instrument. Research questions 2, 5, and 6 were supported by items 14 through 18 of the survey instrument.

A panel of experts including principals, teachers, and mental health providers was used to determine content validity. Although mental health providers did not participate in the formal study, they were included on the expert panel, as their expertise assisted with determining validity of the instrument. Prior to the formal study, the researcher conducted a pilot study that was administered to 13 participants, including principals and teachers from selected high poverty schools within the state of Louisiana. This was done in order to determine the reliability and question clarity of the instrument. The data assembled from the pilot test were analyzed using the SPSS statistical program. The Cronbach alpha reliability coefficient test was used to determine reliability. The test disclosed a reliability of greater than 0.70 for all subscales. The Cronbach's alpha for items that addressed student achievement yielded a reliability of .875. The Cronbach's

alpha for items that addressed student behavior yielded a reliability of .933. The Cronbach's alpha for items that addressed satisfaction and support yielded a reliability of .854. A Cronbach's alpha of 0.70 or greater is considered acceptable.

### Procedures

This study investigated the differences between the perceptions of principals and teachers in high poverty elementary and middle schools in Louisiana regarding mental health providers' impact on student achievement. The researcher contacted school districts in Louisiana and requested permission for the principals and teachers employed in high-poverty schools to participate in this study by completing the survey. Five hundred instruments were disseminated to high-poverty schools in the Louisiana districts for which permission was granted, with hopes that 150 would be completed and returned. Data from the principals' and teachers' responses to questions from the survey designed by the researcher were analyzed in order to address the research questions and hypotheses.

Once participating school district superintendents granted permission and the Institutional Review Board (IRB) granted approval (Appendix D), this study commenced. A template for the letters through which the permission of superintendents was requested is included as Appendix B. The survey instrument (Appendix A) was designed to gather data for this research project based on the proposed research questions. The instrument was submitted to a population of approximately 250 principals and 250 teachers in high-poverty schools. The researcher hoped to collect at least 150 instruments from 75 principals and 75 teachers. The number of participants to which the instrument was distributed was expected to provide an adequate confidence level in the research findings.

The mailed survey consisted of the cover letter (Appendix C) and the instrument. The cover letter requested participation and provided the guidelines of informed consent. The letter advised the participant that participation is voluntary and that there were no negative consequences for choosing not to participate in the research. By completing the survey, participants gave consent for their anonymous data to be used in the current research. An addressed, pre-stamped envelope was included with the mailed survey for participants to use as they returned the instrument. Upon completion of the survey, the participant was asked to mail it to the address that is on the pre-stamped envelope by sending the envelope through the U. S. Postal Service. The researcher maintained confidentiality of responses by storing all information in a locked file box throughout the entire study.

#### Data Analysis

The researcher developed the survey instrument to determine if there was a difference in perceptions between principals and teachers regarding mental health counselors' impact on student achievement in high poverty schools. For the demographic section and questions 1 and 2 of the survey, the data were analyzed using descriptive statistics. Data from responses to questions 3 through 17 of the survey were first analyzed by calculating basic descriptive statistics. Four hypotheses were generated for this study. A *t*-test was used to analyze Hypothesis 1. Hypothesis 2 was analyzed using a two-way ANOVA. Hypothesis 3 was analyzed using *t*-test. Two-way ANOVA was used to analyze Hypothesis 4. The survey data were analyzed using the SPSS program.

## Summary

As previously stated, the purpose of this study was to examine the perceptions of principals and teachers regarding mental health provider's effectiveness relative to student achievement and behavior in high poverty schools. A survey instrument was used to collect data for this research project. The same survey was piloted by the researcher prior to the final implementation. The survey instrument was the resource used to collect the data necessary to complete the research analysis. The data collected addressed principals' and teachers' demographic information, years in profession, years at current school. Approximately 250 principals and 250 teachers in high poverty schools were asked to participate in the survey. Out of the 500 surveys disseminated, there were 156 surveys received. Data collected were analyzed using descriptive, *t*-test, and two-way ANOVA statistical measures. Chapter IV describes the results of these analyses.

## CHAPTER IV

### RESULTS

This chapter describes the results and statistical findings of the study. Elements of this chapter include a description of the respondents, frequencies, descriptive statistics, and hypotheses results. The number of students who come to school not prepared for learning due to emotional and behavior problems has increased (Vanderbleek, 2004). Social factors are among the risk factors for student and school failure (Frymier, 1992). Mental health providers address mental health needs of students and provide intervention support that can facilitate academic achievement and positive behavior support. The primary purpose of this study was to determine the perceptions of principals and teachers regarding the impact of mental health providers on student achievement and behavior. The study also explored whether there were differences in perceptions between principals and teachers regarding mental health providers' impact on student achievement and behavior in high poverty schools. The study further examined the differences between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student achievement and behavior.

This study employed a non-experimental, quantitative design. Data were gathered from surveys completed by elementary and middle school principals and teachers. The survey focused on the professional opinions of principals and teachers regarding mental health providers' effectiveness relative to student achievement and behavior. This chapter describes the results and statistical findings of the study.

### Description of the Respondents

The participants in this study were principals and teachers from selected high poverty schools within southern Louisiana. Of the 500 surveys distributed to principals and teachers regarding their perceptions of mental health providers' impact on student achievement, 156 surveys were returned representing, representing a 31% rate on returned surveys. There were 250 surveys distributed to principals and 250 distributed to teachers. The return rate for principals was 27% and 36% of teachers returned the instrument. Of the 156 respondents, 67 (42.9%) were principals and 89 (57.1%) were teachers. Descriptive statistics were used to describe the responses from the demographic items for principals and teachers. A frequency table was generated for all items. The following demographic information was obtained from the data: for the demographic item addressing professional position, 156 responses were received. Table 1 provides the frequencies and percentages for this item.

Table 1

*Frequencies of Professional Positions*

Position	Frequency	Percent
Teacher	89	57.1
Principal	67	42.9
Total	156	100.0

Out of the 156 respondents, 66 (42.3%) reported that they worked at the elementary school level and 90 (57.7%) reported that they worked at the middle school level. The frequencies and percentages can be found in Table 2.

Table 2

*Frequencies of Elementary or Middle Level*

Level	Frequency	Percent
Elementary	66	42.3
Middle	90	57.7
Total	156	100.0

The 156 respondents reported a range of years of professional experience. Of the 156 respondents, 24 (15.4%) reported 1-2 years of experience, 40 (25.6%) reported 3-4 years of experience, 49 (31.4%) reported five or more years of teaching experience, and 43 (27.6%) reported five or more years of principal experience. The frequencies and percentages can be found in Table 3.

Table 3

*Frequencies of Experience*

Years of Experience	Frequency	Percent
1-2	24	15.4
3-4	40	25.6

Table 3 (continued).

Years of Experience	Frequency	Percent
5 or more teaching	49	31.4
5 or more principal	43	27.6
Total	156	100.0

There were 156 individuals that responded to the item regarding the years of experience at current school. Out of 156 respondents, 52 (33.3%) reported 1-2 years at current school, 40 (25.6%) reported 3-4 years at current school, 29 (18.6%) reported five or more years of teaching experience at current school, and 35 (22.4%) reported five or more years of principal experience at current school. The frequencies and percentages are listed in Table 4.

Table 4

*Frequencies of Years of Experience at Current School*

Years of Experience at Current School	Frequency	Percent
1-2	52	33.3
3-4	40	25.6
5 or more teaching	29	18.6
5 or more principal	35	22.4
Total	156	100.0



Following the demographics section, the instrument was divided into two sections: participant perceptions about the need for and delivery of mental health services and perceptions about the support for mental health services and the impact of mental health providers on student achievement and behavior. The descriptive results from these analyses are in the following sections.

#### *Need for Mental Health Services*

There were 153 individuals who responded to question 1, which addressed the percentage of students in need of mental health services in their schools. As shown in Table 5, responses to this item generated the mean of 52.2%. The standard deviation of 22.81 indicated wide variability in the perceptions of respondents regarding the need for mental health services among students.

Table 5

#### *Mean and Standard Deviation for Percent of Students in Need of Services*

	N	Mean %	Standard Deviation
Percentage of students in your school who are need of mental health services.	153	52.2	22.81

#### *Mental Health Services Provided in Schools*

Of 156 respondents, 152 (98.7%) reported that individual counseling is a service provided in their schools, 88 (57.1%) reported that group counseling is a service provided in their schools, 82 (53.2%) reported that social skills training is a service provided in their school, 68 (44.2%) reported that crisis counseling is a service provided in their

school, and 79 (51.3%) reported that anger management is a service provided in their school. Individual counseling was the service noted by the largest percentage (98.7%) of respondents. Results are shown in Table 6.

Table 6

*Frequencies of Mental Health Services Provided*

Services	Frequency	Percent
Individual counseling	152	98.7
Group counseling	88	57.1
Social Skills training	82	53.2
Crisis counseling	68	44.2
Anger management	79	51.3

*Satisfaction and Support Items*

Additional information was gathered in order to gain an understanding of the participants' satisfaction and support level for mental health services provided in their schools. Descriptive statistics were used to analyze the participants' responses.

Questions 3-7, using a Likert scale, addressed the support level for mental health services and question 8, using a Likert scale, addressed the impact of mental health providers on student emotional functioning. The Likert scale ratings were designed such that a rating of 1 equated to a response of *disagree*; a rating of 5 equated to a response of *agree*.

Means for the individual items were as follows: participants' level of satisfaction with mental health services provided (item 3) (M=3.66), parent population support level for

mental health services (item 4) (M=3.53), teacher support level for mental health services (item 5) (M=3.95), principal support level for mental health services (item 6) (M=4.34), participants' level of support for mental health services (item 7) (M=4.44), and the impact of mental health providers on student emotional functioning (item 8) (M=3.92). As shown in Table 7, responses to question 7 regarding participants' support for mental health services in their school generated the highest mean of 4.44. Question 4 regarding parent population support level for mental health services generated the lowest mean of 3.53.

Table 7

*Means and Standard Deviations for Satisfaction and Support Items*

Satisfaction and Support	N	Mean	Standard Deviation
I am satisfied with the level of mental health services provided to students in my school.	155	3.66	1.10
Parent population is supportive of mental health services in my school.	156	3.53	.90
Teachers in my school are supportive of the use of mental health services in my school.	155	3.95	.80
Principals in my school are supportive of the use of mental health services in my school.	155	4.34	.80
I support mental health services in my school.	156	4.44	.70

Table 7 (continued).

Satisfaction and Support	N	Mean	Standard Deviation
Mental health providers positively impact student emotional functioning.	156	3.92	.80

### *Impact of Mental Health Providers on Student Achievement*

Items 9 through 13 addressed perceptions of respondents regarding the impact of mental health providers on student achievement. Questions 9-13 were on a 5-point Likert scale with a rating of 1 equating to *disagree* and rating of 5 equating to *agree*. Means for the following items 9 through 13 are as follows: mental health providers' impact on student achievement (item 9)  $M = 3.77$ , impact mental health providers have on student achievement through direct academic intervention (item 10)  $M = 2.86$ , impact mental health providers have on student achievement through providing direct skills instruction (item 11)  $M = 2.90$ , impact mental health providers have on student achievement through counseling services (item 12)  $M = 3.88$ , and impact mental health providers have on student achievement through crisis intervention (item 13)  $M = 3.59$ . As shown in Table 8, responses to question 12 regarding the impact of mental health providers on student achievement through counseling services generated the highest mean of 3.88. Question 10 regarding the impact of mental health providers on student achievement through direct academic intervention generated the lowest mean of 2.86.

Table 8

*Means and Standard Deviations for Impact on Student Achievement*

Student Achievement	N	Mean	Standard Deviation
Mental health providers positively impact student achievement.	155	3.77	.92
Mental health providers positively impact student achievement through direct academic intervention.	156	2.90	1.15
Mental health providers positively impact student achievement through providing direct skills instruction.	156	2.90	1.09
Mental health providers positively impact student achievement through counseling services.	156	3.88	.92
Mental health providers positively impact student achievement through crisis intervention.	155	3.59	1.18

*Impact of Mental Health Providers on Student Behavior*

Items 14 through 18 addressed perceptions of respondents regarding the impact of mental health providers on student behavior. Questions 14-18 were on a 5-point Likert scale with a rating of 1 equating to *disagree* and rating of 5 equating to *agree*. Means for the following items 14 through 18 are as follows: mental health providers' impact on student behavior (item 14)  $M = 3.76$ , impact mental health providers have on student achievement behavior through direct behavioral intervention (item 15)  $M = 3.45$ , impact mental health providers have on student behavior through providing direct skills

instruction (item 16)  $M = 3.23$ ), impact mental health providers have on student behavior through counseling services (item 17)  $M = 3.90$ , and impact mental health providers have on student achievement through crisis intervention (item 18)  $M = 3.79$ . As shown in Table 9, responses to question 17 regarding the impact of mental health providers on student behavior through counseling services generated the highest mean of 3.90. Question 10 regarding the impact of mental health providers on student behavior through direct academic skills instruction generated the lowest mean of 3.23.

Table 9

*Means and Standard Deviations for Impact on Student Behavior*

Student Behavior	N	Mean	Standard Deviation
Mental health providers positively impact student behavior.	156	3.76	.90
Mental health providers positively impact student behavior through direct behavioral intervention.	155	3.45	.96
Mental health providers positively impact student behavior through providing direct skills instructions.	156	3.23	.95
Mental health providers positively impact student behavior through counseling services.	156	3.90	.86
Mental health providers positively impact student behavior through crisis intervention.	156	3.79	.99

## Hypotheses Results

Descriptive statistics were used to provide elements needed in the analyses related to perceptions of principals and teachers regarding mental health providers' impact on student achievement and behavior in high poverty schools and were used to answer Research Questions 1 and 2. The mean for the subscale items related to perceptions about the impact of mental health on student achievement was ( $M = 3.40$ ). The mean for the subscale items related to perceptions about the impact of mental health on behavior was ( $M = 3.63$ ). Results are shown in Table 10.

Table 10

### *Descriptive Statistics of Perceptions of Principals and Teachers*

	N	Mean	Standard Deviation
Perceptions of principals and teachers regarding mental health providers' impact on student achievement in high poverty schools.	156	3.40	.87
Perceptions of principals and teachers regarding mental health providers' impact on student behavior in high poverty schools.	156	3.63	.83

Six research questions were generated for this study. Research questions 3-6 each had an associated hypothesis. Hypothesis 1 was related to Research Question 3 and was stated as follows: principals and teachers will not differ on their perceptions regarding mental health providers' impact on student achievement in high poverty schools. A *t*-test

was used to test Hypothesis 1. This test indicated that there were no significant differences between principals' perceptions ( $M = 3.54$ ) and teachers' perceptions ( $M = 3.29$ ) regarding mental health providers' impact on student achievement in high poverty schools  $t(154) = -1.805, p = .073$ . Hypothesis 1, which was stated as a null hypothesis, was, therefore, supported. The results are shown in Table 11.

Table 11

*Means and Standard Deviations for Perceptions of Impact on Student Achievement*

Profession	N	Mean	Standard Deviation
Teacher	89	3.29	.97
Principal	67	3.54	.70

Hypothesis 2 was related to Research Question 4 and was stated as follows: elementary and middle school principals' and teachers' perceptions will not differ regarding mental health providers' impact on student achievement in high poverty schools. A two-way ANOVA was used to test Hypothesis 2. This test revealed that there were no significant differences between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) with respect to their perceptions regarding mental health providers' impact on student achievement in high poverty schools  $F(1,152) = 2.019, p = .157$ . Thus, this dimension of the hypothesis, which was state as a null hypothesis, was supported. However, there were significant differences found in the level of school (elementary and middle) of the participants with respect to their perceptions regarding mental health providers' impact



on student achievement in high poverty schools  $F(1,152) = 12.882, p < .001$ . This test revealed that middle school participants' perceptions were significantly higher than those of elementary participants regarding the impact of mental health providers on student achievement. Therefore, this dimension of the hypothesis was rejected. No significant interaction between professions or school level was found. The results are shown in Table 12.

Table 12

*Means and Standard Deviations for Perceptions of Impact on Student Achievement*

Profession	Level	Mean	Standard Deviation
Teacher	Elementary	2.99	.83
	Middle	3.57	1.02
	Total	3.29	.97
Principal	Elementary	3.27	.68
	Middle	3.70	.67
	Total	3.54	.70
Total	Elementary	3.09	.79
	Middle	3.63	.86
	Total	3.40	.87

Hypothesis 3 related to Research Question 5 and was stated as follows: principals and teachers will not differ on their perceptions regarding mental health providers' impact on student behavior in high poverty schools. A *t*-test was used to test hypothesis

3. This test did find significant differences between the perception of principals ( $M = 3.80$ ) and teachers ( $M = 3.49$ ) regarding mental health providers' impact on student behavior in high poverty schools  $t(154) = -2.345, p = .020$ . Principal participants' perceptions were higher than those of teacher participants. For this reason, the hypothesis, which was stated as a null hypothesis, was rejected. These results are shown in Table 13.

Table 13

*Means and Standard Deviations for Perceptions of Impact on Student Behavior*

Profession	N	Mean	Standard Deviation
Teacher	89	3.49	.95
Principal	67	3.80	.59

Hypothesis 4 was related to Research Question 6 and was stated as follows: elementary and middle school principals' and teachers' perceptions will not differ regarding mental health providers' impact on student behavior in high poverty schools. A two-way ANOVA was used to test Hypothesis 2. There were no significant differences between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) with respect to their perceptions regarding mental health providers' impact on student behavior in high poverty schools  $F(1,152) = 3.512, p = .063$ . Thus, this dimension of the hypothesis, which was stated as a null hypothesis, was supported. However, there were significant differences found in the level of school (elementary and middle) of the participants with

respect to their perceptions regarding mental health providers' impact on student behavior in high poverty schools  $F(1,152) = 22.508, p < .001$ . This test revealed that middle school participants' perceptions were significantly higher than those of elementary participants regarding the impact of mental health providers on student behavior. Therefore, this dimension of the hypothesis was rejected. No significant interaction between professions or school level was found. Results are shown in Table 14.

Table 14

*Means and Standard Deviations for Perceptions of Impact on Student Behavior*

Profession	Level	Mean	Standard Deviation
Teacher	Elementary	3.14	.70
	Middle	3.82	1.04
	Total	3.49	.95
Principal	Elementary	3.46	.53
	Middle	3.98	.54
	Total	3.80	.59
Total	Elementary	3.25	.66
	Middle	3.90	.84
	Total	3.62	.83

## Summary

This study investigated whether there were differences between principals' and teachers' perceptions regarding mental health providers' impact on student achievement. This study included 156 participants from selected high poverty schools in southern Louisiana. Data were collected and analyzed to address the research questions and hypotheses. Descriptive statistics, *t*-tests, and two-way ANOVAs were used to identify statistically significant differences among the variables.

The frequency data from this sample indicated that teachers outnumbered the number of principals who responded. The majority of the respondents worked in middle schools. A majority of the respondents had 5 or more teaching experience. A very large percent of the participants had 1-2 years of experience at their current schools.

This study indicated that there were no significant differences between principals' and teachers' perceptions regarding mental health providers' impact on student achievement in high poverty schools. This study also showed that there were no significant differences between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) regarding their perceptions of mental health providers' impact on student achievement in high poverty schools. However, there were significant differences found in the level of school (elementary and middle) of the participants regarding their perceptions of mental health providers' impact on student achievement in high poverty schools. This is an indication that middle school participants' perceptions were significantly higher than the perceptions of elementary school participants in regards to mental health providers' impact on student achievement in high poverty schools. The perceptions of principals

and teachers regarding mental health providers' impact on student behavior were significantly different. Principal participants' perceptions were higher than those of teacher participants regarding mental health providers' impact on student behavior. There were no significant differences found between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) of the respondents perceptions regarding mental health providers' impact on student behavior in high poverty schools. Lastly, there were significant differences found in the level in the level of school (elementary and middle) of the respondents perceptions regarding mental health providers' impact on student behavior in high poverty schools. This is an indication that middle school participants' perceptions were significantly higher than elementary school participants' perceptions regarding mental health providers' impact on student behavior. There was no significant interaction found between professions or school level.

## CHAPTER V

### CONCLUSION

#### Introduction

The primary purpose of this study was to determine the perceptions of principals and teachers regarding the impact of mental health providers on student achievement and behavior. The study also explored whether there were differences in perceptions between principals and teachers regarding mental health providers' impact on student achievement and behavior in high poverty schools. The study further examined the differences between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student achievement and behavior.

The intent of this research was to present findings that can be used in the development of a more effective system of school-based mental health services. The intent of this research was also to produce findings that can be used to provide board members, legislators, and other policymakers with data that may potentially guide decision making processes that may impact funding for mental health services and the propensity of school systems to provide those services. In addition, this information was intended to help principals, teachers, school counselors, and school districts better understand the impact of mental health providers in high poverty schools. This chapter includes a summary of the procedures, discussion of the findings, conclusions, and future recommendations.

#### Summary of Procedures

The primary data for this study were obtained from 156 principals and teachers from selected high poverty schools within southern Louisiana. For this quantitative

study, the responses were analyzed using descriptive statistics, *t*-tests, and two-way ANOVAs.

Permission was granted from The University of Southern Mississippi's Institutional Review Board (IRB) before the study was conducted. Surveys were mailed to potential participants through the United States Postal Service along with the cover letter. The cover letter requested participation and provided the guidelines of informed consent. The participants returned the surveys to the address that was on the pre-stamped envelope. Data were compiled and analyzed by the researcher. A Cronbach's alpha test of coefficient reliability, which was performed on each of the subscales of survey items, revealed acceptable levels of reliability.

#### Major Findings

The demographic data from the study indicated that a majority of the respondents were teachers. A majority of the respondents worked in middle schools. Typically there are more teachers in a school building than principals, so this could be the cause of the discrepancy in respondents. A large number of respondents (27.6%) had five or more years of principal experience. A number of respondents (25.6%) reported 3-4 years of experience. A small number of respondents (15.4%) reported 1-2 years of experience. There were a large number of respondents (31.4%) who reported five or more years of teaching experience. A large number of respondents (33.3%) reported 1-2 years of experience at current school. Many of respondents (25.6%) reported 3-4 years of experience at current school. A number of respondents (22.4%) reported five or more years of principal experience at current school. A small number of respondents (18.6%) reported five or more years of teaching experience at current school.

Descriptive statistical summaries indicated that, on average, principals and teachers believed that just over half of the students in their schools are in need of mental health services. The standard deviation for the need of services was large; the respondents reported a range from 2% to 90%. Descriptive statistical summaries indicated that in response to the question regarding which services are provided in schools, respondents most frequently cited individual counseling. Many respondents reported that group counseling was available to students in their schools. A number of respondents reported that social skills training and anger management was available to students in their schools. A smaller number of respondents reported that crisis counseling was available in their schools.

Descriptive statistical summaries indicated that the two groups of respondents shared similar views concerning principal and teacher satisfaction and levels of support for the use of mental health services. They believed that principals were highly supportive of mental health services in their schools. The respondents also reported that they themselves were supportive of mental health services in their school. On the other hand, respondents believed that teachers were not as supportive. Descriptive statistical summaries indicated that both groups of respondents combined seemed to agree that mental health providers impact student emotional functioning. They were only modestly satisfied with the level of mental health services in their schools; the mean rating for this item was only 3.66 in the range of ratings from 1 to 5. Their rating of parent support for the mental health provider services was at a similar modest level.

Descriptive statistical summaries, which addressed research questions 1 and 2, indicated that principals and teachers combined did not have a strong belief that mental



health providers have a great impact on student achievement and behavior. However, a small difference in their perceptions did exist. Respondents believed that mental health providers had a greater impact on student behavior than on student achievement.

Research question 3 asked if principals and teachers differ on their perceptions regarding mental health providers' impact on student achievement in high poverty schools. There were no significant differences between the perceptions of principals and teachers regarding mental health providers' impact on student achievement in these schools.

Research question 4 addressed whether there were differences between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student achievement in high poverty schools. There were no significant differences between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) with respect to their perceptions regarding mental health providers' impact on student achievement in high poverty schools. However, there were significant differences found in the level of school (elementary and middle) of the participants with respect to their perceptions regarding mental health providers' impact on student achievement in high poverty schools. This was an indication that middle school participants' perceptions were significantly higher than elementary school participants' perceptions regarding the impact mental health providers had on student achievement. There was no significant interaction found between professions or school level.

Research question 5 addressed whether there were differences between principals and teachers perceptions regarding mental health providers' impact on student behavior

in high poverty schools. There were significant differences between the perception of principals and teachers regarding mental health providers' impact on student behavior in these schools.

Research question 6 addressed whether there were differences between the perceptions of elementary and middle school principals and teachers regarding mental health providers' impact on student behavior in high poverty schools. There were no significant differences between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) with respect to their perceptions regarding mental health providers' impact on student behavior in high poverty schools. However, there were significant differences found in the level of school (elementary and middle) of the participants' with respect to their perceptions regarding mental health providers' impact on student behavior in high poverty schools. This was an indication that middle school participants' perceptions were significantly higher than elementary school participants' perceptions regarding the impact mental health providers had on student behavior. There was no significant interaction found between professions or school levels.

### Discussion

The results from this study suggest that mental health providers have a limited impact on student achievement and behavior in high poverty schools. Many of the findings in this study are not consistent with previous research. However, this study did concur with some of the findings of previous literature. According to the National Association of School Psychologists (NASP, 2008a), "Mental health is directly linked to educational outcomes" (p. cxii). Mental health providers are school-based district

personnel who provide mental health services to public school students that may include counseling, teacher consultation, crisis intervention, and direct skill instruction to develop social and coping skills. Mental health providers address mental health crises among students and provide other intervention support that can facilitate academic achievement and behavioral success. This study concurred with Teich, et al. (2007), who indicated that school districts reported an increase in the need for mental health services in schools. This study indicated that over half of the students in high poverty schools are in need of mental health services.

This study indicated that individual counseling was most frequently reported by respondents a service mental health provider utilizes in the school. Many respondents reported that group counseling was available to students in their schools. A number of respondents reported that social skills training and anger management was available to students in their schools. A smaller number of respondents reported that crisis counseling was available in their schools. Research studies have shown that students who receive social-emotional support and prevention services perform better academically in school (Fleming, et al., 2005).

This study disclosed respondents' views of principal and teacher satisfaction and levels of support for the use of mental health services. They believed that principals were highly supportive of mental health services in their schools. This study also revealed that respondents themselves were supportive of mental health services in their school. On the other hand, respondents in this study believed that teachers were not as supportive. The respondents in this study combined seemed to agree that mental health providers impact student emotional functioning. They were only modestly satisfied with the level of

mental health services in their schools. This study also indicated that the parent support for mental health provider services was at a similar modest level.

Researchers have found mental health services to be effective and associated with increased academic achievement and competence, decreases of occurrences of unwanted behaviors, and a positive difference in school and classroom climates (Elias, 2006; Greenberg, et al., 2004; President's New Freedom Commission on Mental Health, 2003 as cited in Hurwitz & Weston, 2010). However, this study found that principals and teachers believed that mental health providers did not have a great impact on student achievement. Haynes (2002) found that school-based mental health services have a positive impact on the social, emotional, and behavioral issues of students, as well as their academic achievement. Findings from this study moderately concurred with Haynes (2002) which suggests that mental health providers positively impact student emotional functioning.

The means for responses to individual items in the subscale that addresses mental health providers' impact on student achievement are of interest. The respondents did not appear to believe that mental health providers impacted student achievement through direct academic intervention and direct skills instruction. The respondents had a more positive perception regarding mental health providers' impact through counseling and crisis intervention.

The means for responses to individual items in the subscale that addresses mental health providers' impact on student behavior are also of interest. The respondents' perceptions were fairly neutral about the impact through direct behavioral intervention

and direct skills instruction, but provided more positive ratings of impact through counseling and crisis intervention.

Principals, more so than teachers, believed that mental health providers had a higher impact on student behavior. A survey revealed that only 32% of teachers who have direct contact with students who experience mental health issues feel satisfactorily prepared with the appropriate knowledge to identify and address such needs (National Center for Educational Statistics, 2007). This study indicated that the perceptions' of principals and teachers regarding the percentage of students in need of mental health services were somewhat skewed. This inconsistency could be that teachers are prepared by universities and field experiences to become educational instructors, but not properly trained to identify the students that are in need of mental health services.

The results from this study suggest that principals and teachers believed that mental health providers have a greater impact, albeit modest, on student behavior than achievement in high poverty schools. Prior research to date failed to address the actual difference in principal and teacher perceptives regarding the impact of mental health providers on student achievement and behavior. This current study adds a new useful insight into the perceptions of school practitioners. Impoverished students often confront a variety of social and emotional factors that hinder their learning (Vanderbleek, 2004). These students regularly have several primary needs that require attention in order for learning to occur. Romualdi and Sandoval (1995) asserted that many children bring problems to school that impede with learning. Other researchers have indicated that when students' barriers to learning are addressed, they achieve better academically in school (Greenberg, et al., 2003; Welsh, et al., 2001).

Participants in this study appeared to believe that principals and teachers support mental health services for students in their schools, and the respondents themselves expressed firm support for such services. This concurs with the research of researchers Bush and Wilson (1997), who identified the utilization of mental health services in schools as an important factor in student achievement and behavior. Additionally, school-based mental health services in schools for children experiencing emotional and behavioral difficulties have produced diminutions in conduct disordered behavior (Hussey & Guo, 2003).

While participants asserted their own support and that of others for mental health services, it is important to note that participants in the present study expressed only modest satisfaction with the level of mental health services provided in their schools. These findings could be a result of the students' difficulties generalizing skills learned through mental health services to the classroom environment, factors impacting teacher satisfaction such as loss of instructional time, or feelings that mental health services have not met their specific concerns for the student. In high poverty schools there may be more focus on academic achievement or test scores that improve the school's overall grade; this focus may interfere with the time and funding for services that might produce more positive opinions toward the delivery of mental health providers within such schools. Further investigation would be required to specify factors influencing these findings.

Questions from this study that addressed the perceptions of principals and teachers regarding mental health providers' impact on student achievement and behavior yielded no significant differences concerning student achievement. However, this study

indicated that there were significant differences in perspectives concerning student behavior. This study was conducted using both elementary and middle school principals and teachers. There were no significant differences found between the professions (middle school principal and middle school teachers nor elementary school principals and teachers) of the participants' perceptions concerning mental health providers' impact on student achievement and behavior. However, there were significant differences found between the level of schools (elementary and middle) of the participants' perceptions concerning mental health providers' impact on student achievement and behavior. Middle school principals and teachers believe that mental health providers have a greater impact on student achievement and behavior than elementary school principals and teachers.

There is little prior analysis in extant literature that addresses the difference between middle school and elementary school practitioners. Research to date has failed to examine variations in the perceptions of principals and teachers regarding the impact of school-based mental health providers on student achievement and behavior. These findings may be indicative of increases in discipline problems and/or a decrease in parental involvement as student age increases. At the elementary grade level, parents are more directly involved with students' academic behaviors and are the expected providers of mental health care for their children. In middle school, students' expectations change as they become more independent, are given bigger responsibilities, and begin to experience hormonal changes. A combination of these factors may be at work, making the need for mental health provider services more intense and creating the difference in beliefs between elementary and middle school staff.

### Limitations

There were a few factors that limited this study's findings. Participants for this study were limited to principals and teachers who work in schools within southern Louisiana. Also, principals and teachers used in this study were limited to high poverty elementary and middle schools. Finally, the study did not actually examine the impact of mental health providers' on student achievement and behavior; rather, the study was limited to practitioner perspectives regarding such impact.

### Recommendations for Policy and Practice

Based on the findings of this study and a review of the literature, the researcher offers several recommendations to policymakers and school districts regarding the continued perceived value of mental health service providers. In spite of the connections cited in previous research between mental health services and student achievement and behavior, participants in the present study acknowledged only very modest impact. Further, they expressed only modest satisfaction with these services in their schools. Thus, districts should critically examine the impact mental health services provide through quantitative data driven models that track student performance and intervention. Such examination should contribute to the decision to utilize mental health providers in schools that serve impoverished students. Vanderbleek (2004) reports that children who come from impoverished families often bring a variety of social and emotional factors to school that impede with their learning and the learning environment of others. These needs should be met, and it is important for administrators and policymakers to gauge whether the current model of service provision is adequate. While stakeholder perceptions are important, measuring actual impact is imperative.



The services that mental health providers offer have been identified in previous studies as important factors that impact students' success, both academically and socially. The relationship between mental health and academic achievement was acknowledged by the federal government by stating that mental and social wellbeing are essential to learning; the federal government further advocates for partnership between educators and mental health providers (The President's New Freedom Commission on Mental Health, 2003 as cited in Skaliski & Smith, 2006). While a purpose of the No Child Left Behind act is to uphold educational success for all children, Daly et al., (2006) has found that it has resulted in a preponderant allocation of funds that were exclusively for academic purposes. Therefore, the children who are in need of mental health care often do not receive the care that they require.

Research suggest that the No Child Left Behind act acknowledges and seeks to close the achievement gap, but does not address the barriers to learning impoverished children bring to school (Shealey, 2006). It is recommended that policymakers address family problems and gaps in performance by addressing local policies and funding efforts using data-based decision making processes as well as consulting previous research-based findings. It is also recommended that new legislation may need to designate funding and clarify the roles of the mental health providers and their contributions to the success of students by providing mental and emotional health services.

This study suggests that principals and teachers were supportive of mental health providers serving the students in their school. However, they were not wholly satisfied with the level of services provided. The previously mentioned 2007 National Center for Education Statistics study found that only 32% teachers who have direct contact with

students who experience mental health issues feel adequately prepared with the appropriate knowledge to identify and address such needs. It is recommended that policies and procedures be implemented that require teachers to participate in training to educate them on the roles of mental health providers and how to identify and address mental health needs of students. Literature suggests that there is a need for schools to focus on the connection between academic challenges that students experience and issues that they are faced with because of race, ethnic group, and socio-economic status (Noguera, 2008; Payne, 2008). School districts as well as teacher training programs should create professional development opportunities in which the teachers and mental health providers together teach lessons that focus on the fundamental skills needed to handle relationships, recognize and manage emotions, develop concern for others, make decisions, and handle challenging students through role-playing.

#### Recommendations for Future Research

New research consistently creates the opportunity to investigate further. The current findings reveal additional opportunities for future inquiry. The following studies would produce additional understanding of the impact of and need for school-based mental health services.

1. It is recommended that future studies explore the perceptions of educators regarding mental health services and the impact of such perceptions in access to school-based services.
2. In light of additional family/personal stresses driven by the economic downturn, and concurrent reductions in services produced by budget cuts,

future studies should explore the impact of the economy on mental health services.

3. Future studies should focus on parents' perceptions of how school-based mental health services affect students' home behavior.
4. Future studies should focus on determining how mental health providers affect student dropout rates.
5. Future studies should focus on determining if mental health services provided in schools elevate the workload of mental health service providers in community-based programs.
6. High schools were not represented in this study. It is recommended that future studies include the perspectives of high school practitioners regarding mental health providers' impact on student achievement and behavior.
7. It is recommended that future studies investigate factors that would prompt differences between the perceptions of principals and teachers regarding mental health providers' impact on student behavior.
8. It is recommended that future studies investigate factors that would prompt differences between the perceptions of middle school practitioners and elementary school practitioners regarding mental health providers' impact on student behavior.

### Summary

The primary purpose of this study was to examine the perceptions of principals and teachers regarding mental health provider's effectiveness relative to student

achievement and behavior in high poverty schools. Previous literature discusses the positive impact mental health providers have on students' achievement and behavior.

Primary data for this study were obtained from 156 principals and teachers from within high poverty schools in southern Louisiana. Descriptive statistical summaries indicated that the respondents shared similar views concerning principal and teacher satisfaction and levels of support for the use of mental health services. The respondents believed that principals were highly supportive of mental health services in their schools. The respondents also reported that they themselves were supportive of mental health services in their school. In contrast, respondents believed that teachers were not as supportive. Descriptive statistical summaries also indicated that both groups of respondents combined seemed to agree that mental health providers impact student emotional functioning. They were only modestly satisfied with the level of mental health services in their schools. Their rating of parent support for the mental health provider services was at a similar modest level.

Descriptive statistical summaries indicated that principals and teachers combined did not strongly believe that mental health providers have a great impact student achievement and behavior. However, a small difference in their perceptions did exist. Respondents believed that mental health providers had a greater impact on student behavior than on student achievement.

The findings indicated that there were no significant differences between principals' and teachers' perceptions regarding mental health providers' impact on student achievement in high poverty schools. There were no significant differences between the professions (middle school principals and middle school teachers nor

elementary school principals and elementary school teachers) with respect to their perceptions regarding mental health providers' impact on student achievement in high poverty schools. However, there were significant differences found in the level of school (elementary and middle) of the participants with respect to their perceptions regarding mental health providers' impact on student achievement in high poverty school. Middle school participants' perceptions were significantly higher than those of elementary participants regarding the impact of mental health providers on student achievement. There were no significant differences between the professions (middle school principals and middle school teachers nor elementary school principals and elementary school teachers) with respect to their perceptions regarding mental health providers' impact on student behavior in high poverty schools. However, there were significant differences found in the level of school (elementary and middle) of the participants with respect to their perceptions regarding mental health providers' impact on student behavior in high poverty school. This indicates that middle school participants' perceptions were significantly higher than those of elementary participants regarding the impact of mental health providers on student achievement and behavior. No significant interaction between professions or school level was found.

Although this study had some limitations, recommendations for policy and practice were made that included districts examining the impact of mental health services. Such examination should contribute to decisions about utilizing mental health providers in the schools. A recommendation was made for policymakers to address family problems and gaps in performance by addressing local policies and funding efforts. It was also recommended that new legislation may need to designate funding and

clarify the roles of the mental health providers and their contributions to the success of students by providing mental and emotional health services. Another recommendation was made that policies and procedures be implemented that require teachers to participate in training to educate them on the roles of mental health providers and how to identify and address mental health needs of students. Finally, recommendations for school districts and teacher training programs to create professional development opportunities in which the teachers and mental health providers together teach lessons that focus on the fundamental skills needed to handle relationships, recognize and manage emotions, develop concern for others, make decisions, and handle challenging students through role playing.

Recommendations for future research included implementing further studies in reference to exploring the perceptions of educators regarding mental health services and the impact of such perceptions in access to school-based services. Another recommendation was to explore the impact of the economy on mental health services. Another recommendation was to focus on parents' perceptions of how school-based mental health services affect students' home behavior. Another recommendation was to determine how mental health providers affect student dropout. Another recommendation included determining if mental health services provided in schools elevate the workload of mental health service provided in community-based programs. It was also recommended that future studies include the perspectives of high school practitioners regarding mental health providers' impact on student achievement and behavior. It was recommended that future studies investigate factors that prompt differences between the

perceptions of principals and teachers and between middle school and elementary school practitioners regarding mental health providers' impact on student behavior.

## APPENDIX A

## SURVEY

This research deals with the impact mental health providers have on student achievement and behavior. Mental health providers are school-based district personnel that provide mental health services to public school students that may include counseling, teacher consultation, crisis intervention, and direct skill instruction to develop social and coping skills. Mental health providers are trained contracted school counselors, school psychologists, school health professionals, and school social workers.

Your input will provide a meaningful source of information on the perceptions principals and teachers have regarding mental health providers' impact on student achievement and behavior in high poverty schools. I respectfully request that you read each question item carefully, and respond to it. Please abstain from including any identifying information. This questionnaire is completely anonymous.

Thank you for your participation.

### **Demographic Information**

Profession:   Teacher   Principal

Level:           Elementary   Middle

Years in profession:

- One to two years of experience
- Three to four years of experience
- Five or more years of teaching experience
- Five or more years of principal experience

Years at current school

- One to two years of experience
- Three to four years of experience
- Five or more years of teaching experience
- Five or more years of principal experience

**Please complete the following statements/questions based on your personal experiences and thoughts regarding mental health provider services.**

1. Please estimate the percentage of students in your school who are in need of mental health services \_\_\_\_\_



2. What services do mental health providers provide to your school? Check all that apply.

- Individual counseling
- Group counseling
- Social skills training
- Crisis counseling
- Anger management
- Other \_\_\_\_\_

**Please rate the following items on a scale of 1-5, circling one number for each item.**

3. I am satisfied with the level of mental health services provided to students in my school.

Disagree 1 2 3 4 5 Agree

4. My parent population is supportive of mental health services in my school.

Disagree 1 2 3 4 5 Agree

5. The teachers in my school are supportive of the use of mental health services in my school.

Disagree 1 2 3 4 5 Agree

6. The principal in my school is supportive of the use of mental health services in my school.

Disagree 1 2 3 4 5 Agree

7. I support mental health services in my school.

Disagree 1 2 3 4 5 Agree

8. Mental health providers positively impact **student emotional** functioning.

Disagree 1 2 3 4 5 Agree

9. Mental health providers positively impact **student achievement**.

Disagree      1   2   3   4   5   Agree

10. Mental health providers positively impact **student achievement** through direct academic intervention.

Disagree      1   2   3   4   5   Agree

11. Mental health providers positively impact **student achievement** through providing direct skills instruction.

Disagree      1   2   3   4   5   Agree

12. Mental health providers positively impact **student achievement** through counseling services.

Disagree      1   2   3   4   5   Agree

13. Mental health providers positively impact **student achievement** through crisis intervention.

Disagree      1   2   3   4   5   Agree

14. Mental health providers positively impact **student behavior**.

Disagree      1   2   3   4   5   Agree

15. Mental health providers positively impact **student behavior** through direct behavioral intervention.

Disagree      1   2   3   4   5   Agree

16. Mental health providers positively impact **student behavior** through providing direct skills instruction.

Disagree      1   2   3   4   5   Agree

17. Mental health providers positively impact **student behavior** through counseling services.

Disagree      1   2   3   4   5   Agree

18. Mental health providers positively impact **student behavior** through crisis intervention

Disagree      1   2   3   4   5   Agree

## APPENDIX B

## SUPERINTENDENT LETTER

Dear Superintendent,

I am currently a doctoral candidate at the University of Southern Mississippi. I am conducting a research study on the perceptions of principals and teachers regarding mental health providers' impact on student achievement and behavior. I am interested in the professional opinion of principals and teachers regarding mental health providers' effectiveness relative to student achievement.

I would like your permission to conduct my study within your school district. If granted permission, I will be requesting that principals and teachers in some of your schools complete a questionnaire. The questionnaire contains 18 items and should take no more than 15 minutes to complete. The first section seeks to gather demographic information about the principals' and teachers' professional experiences and thoughts regarding mental health provider services. The second section asks for the participant to rate items on a scale of 1 – 5 in reference to mental health services in their school. Information about participating districts and schools will remain confidential and will be shared only with my dissertation committee.

The data collected from the completed questionnaires will be compiled and analyzed. All participants will be anonymous. All information gathered will be kept completely confidential and reported only in aggregate. To ensure confidentiality of principals and teachers, no one will be identified by name. Upon completion of this research study, I will shred all surveys.

As the researcher, I would appreciate your district's participation in this study. Should you have any questions please contact: Teresa Perry, email: [teresaperry87@yahoo.com](mailto:teresaperry87@yahoo.com); phone: 985-507-6922. This research is being supervised by Dr. Mike Ward, University of Southern Mississippi, email: [mike.ward@usm.edu](mailto:mike.ward@usm.edu); phone: 601.266.5832.

This research project will be reviewed and approved by the Human Subjects Protection Review Committee, which ensures that all research adheres to the federal guidelines for research involving human subjects. Any questions or concerns about the rights of a research subject should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266- 6820.

Thank you for your consideration.

Sincerely,  
Teresa Perry

## APPENDIX C

## PARTICIPANT LETTER

Dear Participants,

I am currently a doctoral candidate at the University of Southern Mississippi. I am conducting a research study on the perceptions of principals and teachers regarding mental health providers' impact on student achievement and behavior. I am interested in your professional opinion of principals and teachers regarding mental health provider's effectiveness relative to student achievement. Please take a few moments of your time to complete the enclosed questionnaire. The survey should take no more than 15 minutes to complete. The questionnaire contains 18 questions. Section 1 seeks to gather demographic information about you and your personal experiences and thoughts regarding mental health provider services. Section 2 asks for the participant to rate items on a scale of 1 – 5 in reference to your beliefs about mental health services in your school. Upon completion, this information will be shared with my dissertation committee.

The data collected from the completed questionnaires will be compiled and analyzed. All data collected is anonymous. All information gathered will be kept completely confidential and reported only in aggregate. To ensure confidentiality of principals and teachers, no one will be identified by name. Upon completion of this research study, I will shred all surveys. As the researcher, I am very appreciative for your participation; your completed questionnaire will serve as your consent to participate. However, you have the option to decline to participate if you so wish. If you decide to withdraw from participation at any time there is no penalty or risk of negative consequence. As a part of this study, I will be asking principals and teachers to complete a survey to gather data that can provide valuable information on mental health providers' impact on student achievement in high poverty schools. I will use the data you provide to add to the research bank on mental health providers effectiveness on student achievement. Should you have any questions please contact: Teresa Perry, email: [teresaperry87@yahoo.com](mailto:teresaperry87@yahoo.com); phone: 985-507-6922. This research is conducted under the supervision of Dr. Mike Ward, University of Southern Mississippi, email: [mike.ward@usm.edu](mailto:mike.ward@usm.edu); 601-266-5832.

This research project has been reviewed and approved by the Human Subjects Protection Review Committee, which ensures that all research fits the federal guidelines for research involving human subjects. Any questions or concerns about the rights of a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

Thank you for your participation.

Sincerely,  
Teresa Perry

## APPENDIX D

## INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

**INSTITUTIONAL REVIEW BOARD**

118 College Drive #5147 | Hattiesburg, MS 39406-0001

Phone: 601.266.6820 | Fax: 601.266.4377 | www.usm.edu/irb

**NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.

Projects that exceed this period must submit an application for renewal or continuation.

**PROTOCOL NUMBER: 11121504**

**PROJECT TITLE: The Perceptions of Principals and Teachers Regarding Mental Health Providers' Impact on Student Achievement in High Poverty Schools**

**PROJECT TYPE: Dissertation**

**RESEARCHER/S: Teresa Perry**

**COLLEGE/DIVISION: College of Education & Psychology**

**DEPARTMENT: Educational Leadership & School Counseling**

**FUNDING AGENCY: N/A**

**IRB COMMITTEE ACTION: Expedited Review Approval**

**PERIOD OF PROJECT APPROVAL: 12/17/2012 to 12/16/2013**

**Lawrence A. Hosman, Ph.D. Institutional Review Board Chair**

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