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THE UTILIZATION OF MENTAL HEALTH EDUCATION IN

SCHOOLS FOR PREVENTION NOT JUST INTERVENTION

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Ashley Na Shay Williams

May 2021

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Approved by:

Dr. Carolyn McAllister, Faculty Supervisor, Social Work

Dr. Armando Barragán, M.S.W. Research Coordinator

ABSTRACT

The prevalence of mental illness in adolescents is more extensive than in previous years. In schools, social workers have been utilized to address mental health episodes in students, however, they generally do not get involved until the adolescent's mental health episode is critical and unmanageable without social support. This needs to change. The purpose of this research study is to assess for adolescent's knowledge of mental illness and mental wellness. The targeted population is school-aged children in grades K through 12, however the respondents of the study were student educators due to the protected status of school-aged children. This study utilized a non-probability chain sample of current and former student educators. Participants were solicited via an online platform to adhere to current state-mandated social distance policies resulting from the COVID-19 pandemic. The results indicated three areas of positive statistical significance between mental health education and mental health knowledge. The results also signified in six areas of positive statistical significance between mental health education and mental health service utilization. The findings from this project address the deficit in knowledge surrounding adolescent mental health and aid in the reduction of the social stigma surrounding mental illness in our society.

Keywords: adolescent, mental health, prevention,

ACKNOWLEDGEMENTS

"If you want to go fast, go alone. If you want to go far, go together"

-African Proverb

Thank you to all of my dear family, friends, and boyfriend, for your endless support, loving critique, and most importantly your never-ending faith in me during *all* of my academic ventures. I am exceptionally grateful to God for your support and it means more to me than you will ever know. I would not have made it this far without you.

DEDICATION

To my beloved grandmother and uncle, Willer Mae Landrum and Anthony Brian Turner "Uncle B". God's newest Angels and my two Guardian Angels. I hope I made you both so proud.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

The prevalence of mental illness in adolescents is more pervasive than in previous years. The National Alliance of Mental Illness (2019) suggests that one in six United States teens aged six to seventeen have or will experience a mental health disorder each year. In 2016 alone, it was projected that almost 20% of United States adolescents ages six to seventeen had a mental disorder which equates to more than 7.6 million people (NAMI, 2019).

Mental illness not only impacts youth personally, but it also impacts them socially. Due to the miseducation, misunderstanding, and misinterpretation of mental health on media platforms, the negative ramifications of unaddressed mental illness can consequently cause youth to experience loneliness, low self-esteem/self-worth, and depression (Bulanda, Bruhn, Byro-Johnson and Zentmyer, 2014). The misrepresentation of mental illness can also cause youth to exhibit an unwillingness to seek help due to the fear of social stigma, being called "crazy" or ostracization from their family, friends, and loved ones. Income level, juvenile justice involvement, race and ethnicity, and disability are just a few of the many elements that can contribute to adolescents being at a higher risk for mental illness (Youth.gov, 2017). These are all areas in which the social work profession finds itself. These areas are significant to social work practice

because advocacy and social justice are embedded within social work ethics and both values sit at the core of social work principles.

Social workers have historically participated in treating and diagnosing mental illnesses for years. For example, social workers within school settings have approached mental illness in students with the goal of treatment. This goal of treatment aims to reduce the prevalence of the disorder through rehabilitation practices, which subsequently decreases the effects of the disorder (CASW, n.d.). These aims are achieved through psychoeducation in individual therapy, push-in curriculums, play therapy, or group therapy. Although there is evidence to support that these methods have been effective for some adolescents, more should nonetheless be done for the youth that these methods do not help.

Social workers in schools often get involved in a student's mental health case once the mental health episode is so severe that it is unmanageable without social support. This is problematic for social workers because before the social worker can provide any additional support, they must first address the student's crisis state. The time that is expended addressing the student's crisis is time that is not spent addressing the potential causes of the student's mental health episode. This makes the need for advocacy for mental health education and prevention even more crucial. This form of advocacy in schools can not only assist in eradicating the misunderstandings surrounding mental health in our society but also support and provide mental health educational tools to students that may have otherwise been overlooked.

Purpose of the Study

The purpose of this research study is to assess adolescent's knowledge of mental illness and wellness. Even though the targeted population is school-aged children in grades K through 12, the respondents of the study are student educators. The rationale behind this decision is that since adolescents are a protected class the likelihood of receiving approval in the time restraint allotted for this study is highly unlikely. The researcher's proposed solution to this predicament was to ask the student educators to provide their perception of their student's knowledge of mental health.

Due to the exploratory nature of the research topic, the chosen research method that was utilized in this study was quantitative. The researcher conducted the study in a survey format and administered the questions on an online platform to adhere to current state-mandated quarantine and social distance policies. The researcher chose this method because although there has been extensive research conducted on adolescent mental health, the researcher found that the effects of mental health education as a preventative tool is an area of study that requires more research. The researcher will use their data as evidence to advocate for the need for mandated mental health education in schools for all students.

Significance of the Project to Social Work

The findings from this research project can help to expand the social work profession's knowledge about mental health knowledge in adolescents. The findings from this research project can also be used as evidence to support meaningful changes in school's curricula and the school systems approaches to mental health treatment and education. Assessment is the phase of the generalist intervention process that informed this research study. The findings from this project can also promote transformation around the current narrative around mental illness among youth. Furthermore, this research can aid in the reduction of the social stigma surrounding mental illness in our society. As stated by the National Alliance of Mental Illness (2019) the stigmatization of people with mental illnesses remains one of the fundamental obstacles to treatment, prevention, and mental illness recovery efforts and support services in America. This needs to change.

Mental health education for adolescents is essential to social work practice because prevention efforts that are geared toward the youth of today can assist in eliminating the negative consequences of poor mental health education, such as social stigma, from perpetuating in future generations. Therefore, the question that this research study addresses is: how can mental health education in schools be utilized as a prevention measure instead of its contemporary use as an intervention measure?

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CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an examination of the effects of mental health

stigma on youth. The subsections include factors that affect adolescent mental

health and well as educator's perception of their student's mental health. The

final subsection assesses the two theories guiding the conceptualization of this

research study, which are the strengths-based approach and cognitive-

behavioral theory.

Effects of Mental Health Stigma on Youth

Mental health stigma, miseducation, and the misrepresentation of mental

illness on media platforms plague our society and is a grossly misunderstood

topic among teens. This is problematic because it is estimated that roughly 1 in 5

adolescents will have a mental health disorder at some point in their lifetime

(Merikangas et al, 2010). Bulanda, Bruhn, Byro-Johnson, and Zentmyer (2014)

argue that the social stigma surrounding mental health put youth at high risk for

not helping themselves or helping their peers who experience mental distress.

Prejudice, stereotypes, and discrimination are just a few of the many deterrents

for adolescents who need mental health services but are not seeking help

(Ahemdani, 2011). Ahemdani (2011) argues that there is a widely perceived

dichotomy between what is considered "normal" and "abnormal". Since having a mental disorder is commonly considered to be "abnormal" it fuels the desire for adolescents to be considered "normal" to avoid social criticism (Ahemdani, 2011). As a consequence, adverse mental health symptoms are downplayed or disregarded. Liegghio (2017) also suggests that these attitudes can also extend beyond individual groups to familial lines and even across generations.

Although mental health stigma is pervasive in our society, Liegghio (2017) offers comprehensive suggestions on how to address mental health stigma among adolescents. Liegghio (2017) proposes that clinical and policy practice can be aimed at addressing structural stigma and miseducation surrounding mental illness. This change would subsequently improve the quality of life of adolescents and their caregivers requesting mental health services. Ahmedani (2011) also recommends that a significant way to eradicate social stigma is through education on a micro-level and advocacy for policy change on a macro-level.

This study seeks to decrease the stigma associated with the miseducation of mental health by using the data to push for accurate mental health information among youth. The results of this study can also assist in normalizing discussions about mental health among adolescents thus increasing adolescent's likelihood to seek mental health support services when needed.

Factors that Affect Adolescent Mental Health

Location and its Effect on Academics

        According to the U.S. Census Bureau (2013), there are over 60 million people that live in rural areas in America. Although there are several advantages to a rural lifestyle such as closer community ties, remoteness, and privacy, one disadvantage to living in a remote area is the lack of mental health support service opportunities for youth (Moore and Walton, 2013). The location of an adolescent's home can also affect the adolescent's view of themselves and shape their identity. Price and colleagues (2019) assessed the intersectionality of identity-centered victimization in youth and how mental health affects academic achievement in high school students. Price and colleagues (2019) discovered that identity-based victimization was not only traumatic to students but also showed a strong positive association with poor mental health and academics. The study implied that adolescents that possess multiple marginalized and stigmatized identities face a higher risk of both persecution and diminished mental health (Price et al., 2019). It also suggests that youth who possess several marginalized identities may benefit from tailored and targeted mental health support treatments and services (Price et al., 2019).

Race/Ethnicity

        Race and ethnicity are other cited factors that affect youth's mental health. Researchers have noted that for the youth of color, mental health symptomology, occurrence and treatment for mental health-related issues vary according to race

(Youth.gov, 2017). In a mental health study that analyzed race and ethnicity in a school setting it was discovered that close to 90% of Latinx children and youth have unmet mental health needs (Youth.gov, 2017). These numbers are dramatically different in comparison to the almost 80% of African American and Caucasian youth who needed mental health service support (Youth.gov, 2017). Research has also shown that about 30% of Caucasian adolescents have received mental health support services while the youth of color have received close to 13% of mental health support services (Youth.gov, 2017).

Assari & Caldwell (2017) argue that mental health service utilization and access vary greatly according to one's race or ethnicity. Assari & Caldwell's (2017) school-based study illustrated that factors such as a youth's socioeconomic status, ethnicity, presence of a mental health disorder, and self-rated health score were all elements of mental health service utilization among African American adolescents. (Assari & Caldwell, 2017). Another school-based study conducted by DuPont-Reyes and Villatoro (2019) illustrated that when a school's ethnic composition, as expressed by the school's density and diversity, had a higher same race/ethnic peer density, there was a positive association of improved mental health for all adolescents. Due to the blatant disparities of mental health education, service access, and service utilization this research study seeks to aid as an advocacy tool for mental health education in the K-12 curriculum for all students.

Educators Conceptualization of Mental Health

Frauenholtz, Conrad-Hiebner, and Mendenhall (2015) argue that parents of children with mental health needs often lack adequate mental health literacy and understanding of their child's mental illness. The lack of mental health literacy amongst student's parents consequently leaves the responsibility of student's mental health education to schools. Capp (2015) highlights that public schools have increased demand and support for mental health supports and services for students and their families. Almost 80% of adolescents receive their mental health services from schools (Capp, 2015). Capp (2015) argues that this challenges school districts on two fronts: first, to provide adequate mental health supports to students, and secondly to acknowledge how the need for mental health support affects the student body both mentally and academically.

Iachini, Pitner, Morgan, and Rhode (2015), in a study assessing several principals' perceptions of the mental health needs of their students, discovered that one of the greatest identified needs among students, teachers, and school staff was mental health. This suggests that more emphasis should be placed on current mental health support services within the school system. Iachini, Pitner, Morgan, and Rhode (2015) also found that school principals identified the need for early identification, education, and treatment to adequately equip teachers with not only managing student's mental health but also the mental health of the faculty as well. Osagiede and colleagues (2018) findings support this statement. In a study conducted assessing teacher's perceptions of student mental health,

Osagiede and colleagues (2018) discovered that educators with on-site

therapists were only comfortable accessing mental health symptoms in students

but not discussing mental health with students. This needs to change. The need

for change is why this study seeks to contribute to previous studies conducted on

K through 12 educator's conception of student's mental health by emphasizing

the need for mental health education for both students and faculty.

Theories Guiding Conceptualization

There are several notable methods and theoretical frameworks that

social workers have utilized to address mental health symptomology in clients.

Some of those theories and models include the strengths-based approach,

recovery theory, resilience theory, vulnerability theory, and cognitive-behavior

theory. The theories that were utilized to conceptualize the researcher's study,

however, are the strengths-based approach and cognitive-behavioral theory.

The first theoretical framework that guided the researcher's study is the

strengths-based approach. A strengths-based approach is a theoretical approach

that emphasizes an individual's strengths and it is a model in which the clinician

encourages the individual to utilize their strengths to aid their recovery process

(Francis, 2014). The strengths-based approach has been utilized by social

workers to encourage and empower their clients experiencing negative mental

health symptoms. This approach also serves as a positive and holistic alternative

to other models that may criticize and criminalize an individual for experiencing

mental health episodes. This approach is significant to the researcher's study because strengths-based questions were asked of the respondents to assess their perception of their student's knowledge of mental health.

The second theoretical framework that guided the researcher's study is cognitive-behavioral theory. Cognitive-behavioral theory is a theory that has been used to address mental health symptoms in clients and also serves as a foundation for cognitive behavior therapy. Cognitive-behavioral therapy is a form of therapy that has been used by social work professionals not only to address mental health symptomology but also conditions such as addiction and anger and impulse control (Cherry, 2020). Cognitive-behavioral therapy encompasses a broad range of techniques that address the way one's thoughts, emotions, and behaviors intertwine and connect (Janu Setiyowati, 2017). When assisting clients with mental health conditions, social workers have used cognitive-behavior therapy as a tool to challenge the client's negative thoughts and feelings. Social workers have also utilized cognitive-behavior therapy to help teach clients how to change their damaging thought patterns that lead to negative feelings and damaging behaviors (Cherry, 2020). This approach was utilized in the researcher's study to assess educator's perceptions of their student's mental health state.

Summary

This study seeks to challenge the miseducation, misrepresentation, and social stigmas surrounding mental health in adolescents. The perpetuation of adverse notions of mental health in mass media and within community groups consequently causes youth to suffer in silence. The social stigma surrounding mental health also deters youth from seeking the support that they desperately need out of the fear of being ostracized by their peers, families, or communities. Several additional factors that affect adolescent mental health have been identified in the literature. Mental health education in schools would not only normalize discussions surrounding mental health but also encourage students to seek additional support when they are experiencing negative mental health symptoms. This study can add to social works knowledge and approach to adolescent mental health and can be used as an advocacy instrument to push for social and structural change that would positively benefit all students.

CHAPTER THREE

METHODS

Introduction

This study seeks to collect data about adolescent mental health in school-aged youth. This chapter contains specific details about how this study was executed. The following sections that this chapter addresses are study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study is to evaluate adolescent's knowledge about mental health. The researcher suggests that this research project is a descriptive-explanatory study because there has been extensive research conducted on adolescent mental health. Albeit adolescent mental health is an area of study that has wide-spread research, the effects of mental health education as a prevention mechanism is an area of study that has a limited amount of information and thus requires more research. A descriptive-explanatory study allows the researcher to not only obtain information about the study subjects without direct intervention but also allows the researcher to further assess the potential cause and effect relationship between mental health education and adolescent mental health service utilization. To obtain this

information, the researcher proposed a quantitative study that was executed using the internet platform Qualtrics to adhere to the state-mandated social distancing guidelines. This new approach towards adolescent mental health could work towards the prevention of future adverse mental health episodes in youth.

A strength of this quantitative research design is that this particular perspective is a new approach to examining what social work already knows and has yet to discover about adolescent mental health. The findings from this research project can be utilized to systemically describe a large body of adolescents and provide reproducible knowledge to the social work profession. Another strength to this research design is the anonymity of the participants. Since this study was conducted using an internet platform the researcher was able to design the survey to maintain the anonymity of the respondents. This is beneficial to the researcher's study because it not only eliminates researcher bias but also increases the likelihood that the respondents will answer the research questions truthfully.

Although anonymity is a perceived strength, it is also a perceived limitation to this research project. Since respondents remained anonymous the researcher was not able to conclude with full certainty who the respondents of the survey were. This could be troublesome for the researcher as the researcher cannot ensure that they received data from the targeted sample. Another perceived limitation of the anonymity of this research project is if the targeted respondents

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do not participate, the researcher will not know whom to follow up with to obtain their insight. An additional perceived limitation to this research study is the non-probability chain sampling method. This is a limitation because not all student educators have an equal chance of being a part of this research study.

Sampling

This study utilized a non-probability chain sample of current and former student educators and faculty. Although the targeted population is school-aged children in grades K through 12, the respondents in this research study were student educators, administration, and faculty. The rationale behind this decision is that since adolescents are considered to be a vulnerable population, and thus a protected class, the prospect of receiving approval from the Institutional Review Board, the school administrators, the teachers, and parents/guardians in the time restraint allotted for this study is highly unlikely. The researcher's proposed solution to this predicament was to ask the student educators to provide their perception of their student's knowledge of mental health since school faculty work closely with adolescents. The researcher aimed to achieve no more than 100 participants. Although this study did not utilize information from adolescents directly, the findings from this research project could provide insight into adolescent's contemporary perception of mental health. This could then be used to create a more in-depth study that does include responses directly from youth.

Data Collection and Instrument

For this research study, the data that was collected was student educator's perception of their student's knowledge of mental health. The independent variable in this study was mental health education and the dependent variables were adolescent's knowledge of mental health and adolescent's willingness to seek mental health treatment. The independent variable and dependent variables were measured through a strategic set of questions and statements were study participants marked which answer best supported their belief and understanding of their student's mental health. The independent variable and the dependent variables both have an interval level of measurement.

Upon review of existing instruments used to address adolescent mental health education, the researcher decided to create an instrument tool for this study (see Appendix A). The questions in the instrument tool were specifically designed to measure each identified variable. The benefit of creating an instrument tool was that this tool could be modified to adhere to the study's needs. A potential limitation to the instrument tool is that the respondents could have misinterpreted the question being asked which would consequently skew the results of the study. To account for this potential limitation, the researcher elicited feedback from their research advisor to test for validity. The instrument was also pretested among the researcher's colleagues for reliability.

Procedures

The participants for this study were solicited via an online platform to adhere to state-mandated quarantine and social distance policies resulting from the on-going COVID-19 pandemic. The researcher generated an email to student-faculty and educators in Southern California school districts that detailed the purpose of the study, the aims of the study, the researcher's need for participants, as well as what the researcher intends to do with the findings from the study. The researcher then included a separate line that stated that if the potential participant was interested in being a part of the research study then they should continue reading the rest of the email for more detailed instructions. However, if the potential participant decided that they did not want to be a part of the study, then they should disregard the remainder of the email.

After reading the first half of the email if the potential participant decided that they wanted to be a part of the study, then the sub-sequential paragraphs provided specific details as to what the participant will expect when partaking in the study. The sub-sequential paragraphs included an explanation of the format of the Qualtrics survey, what was required of the participants, how the participant's identity was protected, who had access to the data, the estimated timeframe to complete the survey, gratitude for completing the survey and lastly a request from the participant to refer other student educators and faculty to the study.

Protection of Human Subjects*.

The nature of this study required the involvement of human subjects. Although the target audience was the students, the adolescent's instructors and administration responded on the student's behalf. The implementation of the study on an online platform also adhered to current state-mandated social distance policies as a result of the on-going COVID-19 pandemic. The use of an online platform to implement this study also provided an additional layer of protection for participant's confidentiality. The researcher designed a Qualtrics survey to which the first window that research participant saw was the informed consent (see Appendix C). The informed consent outlined the purpose of the study, the potential risks of being part of the study, their rights as a participant, and a statement that indicated that their identity and responses would remain anonymous, even from the researcher. The only individuals who had access to the data were the researcher and the researcher's advisor. The anonymity of the research respondents protects not only their identity but also substantially lowered the risks associated with being a part of the study.

Data Analysis

The data collected from this study was analyzed using the Statistical Package for the Social Sciences software (SPSS). The data collected from the demographic section of the survey was used to interpret the data in the succeeding sections of the assessment tool. The knowledge and mental health

service utilization sections of the survey was examined using a bivariate analysis for correlations between the independent variable, mental health education, and the dependent variables, adolescent knowledge of mental health, and adolescent's willingness to utilize mental health support services. SPSS was also utilized to perform a descriptive statistic on the gathered data.

Summary

This quantitative study examined school-aged youth's understanding of mental health however due to adolescents being a protected class, the data gathered was obtained from student educators. The study was conducted via the internet-based platform to adhere to state-mandated social distancing policies resulting from the on-going COVID-19 pandemic. The researcher intends to use their findings to promote the necessity for more studies from this particular angle and or approach. Numerous studies have been executed on mental health intervention however very few have discussed mental health education as a preventative tool. The researcher also intends to use the data collected as evidence to advocate for the need for mandated mental health education in schools for all students.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the general results of the study. To adhere to adolescents' protected status, current and former K through 12 educators were used as the sole data source for this quantitative study. It was hypothesized that a greater understanding of mental health (mental health education), would positively correlate with mental health service utilization, and negatively correlate with mental health stigma. During this study, the participants provided their beliefs about their students' mental health education and knowledge of their students' mental health service utilization. The data was collected over a three-week period to which the study received 100 participants. In the following sections of this chapter, the researcher will address the participant demographics as well as review and summarize the participants' responses to the survey.

Demographics

Personal

The first set of demographics that the study participants were asked related to their identities. Out of the 100 participants in the study, 79% identified as female, 17% identified as male, 2% identified as gender variant/non-conforming, and 2% preferred not to answer. Table 1 below illustrates this

demographic characteristic. When asked about the participants' ethnicity, 31.2% of participants identified as Hispanic/Latino, 25.7% of participants identified as Black or African American, 33% of participants identified as White or Caucasian, 1.8% of participants identified as American Indian or Alaska Native, 5.5% of participants identified as Asian, and 2.8% of participants identified as two or more races. Figure 1 below demonstrates this demographic characteristic. The self-reported ages of the study participants ranged from 22 to 68 years of age. From the study sample, 12% of the participants were in the age group 18-24 years old, 17% of participants were in the age group 25-30 years old, 12% of participants were in the age group of 31-35 years old, 8% of participants were in the age group 36-40 years old, 11% of participants were in the age group 41-45 years old, 10% of participants were in the age group 46-50 years old, 12% of participants were in the age group 51-55 years old, 8% of participants were 56-60 years old, 2% of participants were in the age group 61-65 years old, 3% of participants were in the age group 66-70 years old, and 5% of participants ages were unknown. Table 2 below showcases this demographic characteristic.

Table 1. Participants Gender Identity Demographic

Which gender identity do you identify with the most?

	N	%
Female	79	79.0%
Male	17	17.0%
Gender Variant/ Non-conforming	2	2.0%
Prefer not to answer	2	2.0%

Figure 1. Participants Race/Ethnicity Demographic

Participants Race/Ethnicity Percentage

Statistics
- Hispanic/Latino
- Black or African American
- White or Caucasian
- American Indian or Alaska Native
- Asian
- Two or more races

5.50% 2.75%
1.83%
31.19%
33.03%
25.69%

** Race/Ethnicity selections: "Native Hawaiian or Pacific Islander" and "Race and/or Ethnicity Unknown" were left off this pie chart due to 0 respondents selecting that choice
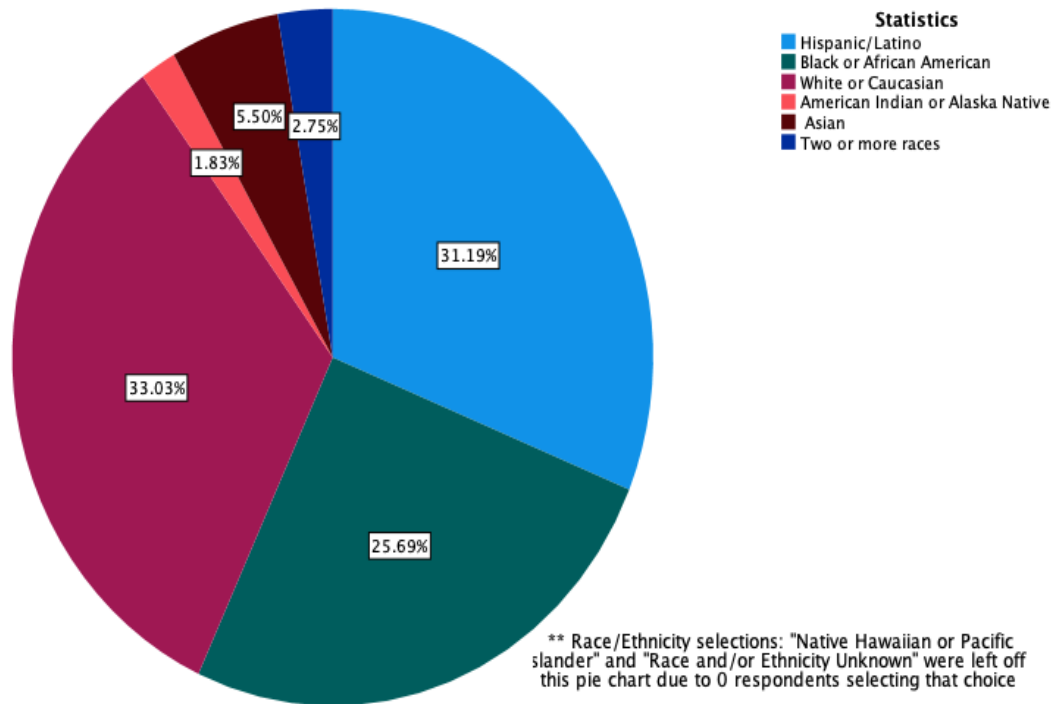
Table 2. Participants Age Demographic

What is your age?

		N	%
Valid	Age Unknown	5	5.0
	18–24	12	12.0
	25–30	17	17.0
	31–35	12	12.0
	36–40	8	8.0
	41–45	11	11.0
	46–50	10	10.0
	51–55	12	12.0
	56–60	8	8.0
	61–65	2	2.0
	66–70	3	3.0
	Total	100	100.0

<u>Professional</u>

The next set of demographic questions asked of participants related to

their profession. When asked what grade level the participants taught, 32

(~29.1%) taught elementary school K through 5 aged children, 34 (~30.9%)

taught middle school 6 through 8 aged children, 37 (~33.6%) taught high school-

aged children, and 7 (~6.4%) taught two or more grade levels. Figure 2 below

illustrates this demographic characteristic. When asked what subject(s) the

participants taught, 11% of participants self-reported they taught General

Education, 16% of participants self-reported they taught English, 15% of

participants self-reported they taught History/Social Science, 12% of participants self-reported they taught Mathematics, 9% of participants self-reported they taught Science, 5% of participants self-reported they taught Physical Education, 6% of participants self-reported they taught Multiple Subjects, 21% of participants subjects taught a subject not listed, and 5% of participants subject's taught were unknown. Table 3 below demonstrates this descriptive statistic.

Figure 2. Grade Level Taught Demographic

Grade Level Taught
$N = 110$

Values (y-axis)

Variable	Value
Elementary (K–5)	32
Middle School (6–8)	34
High School (9–12)	37
Two or more	7

Variables (x-axis)
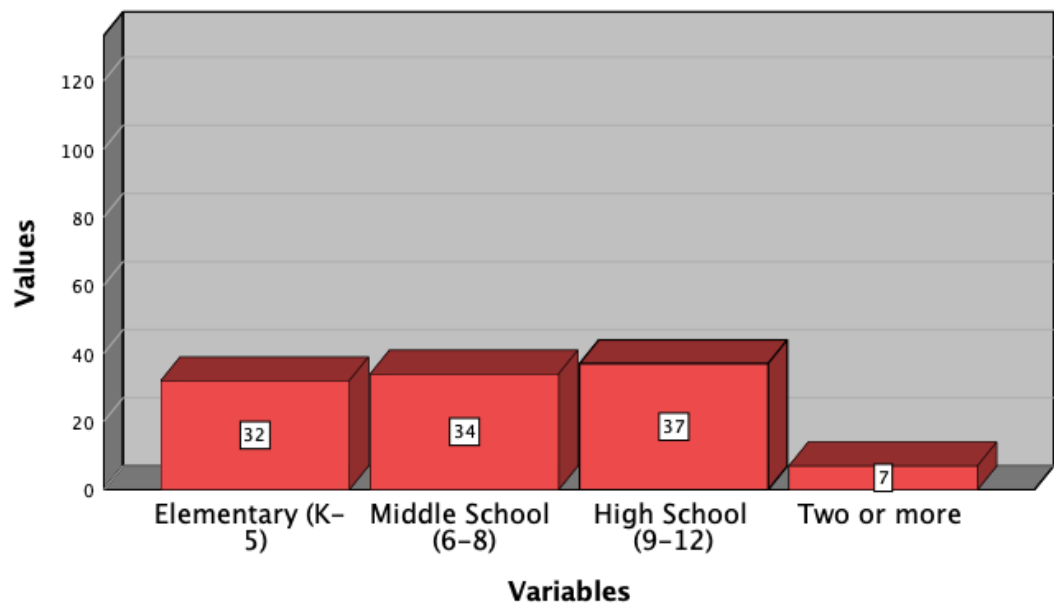
**Total equals more than sample size due to participants ability to select all that apply

Table 3. Subjects Taught Demographic

Subjects Taught

	N	%
All– General Education	11	11.0
English	16	16.0
History/ Social Science	15	15.0
Mathematics	12	12.0
Multiple Subjects	6	6.0
Other	21	21.0
Physical Education	5	5.0
Science	9	9.0
Subject(s) Unknown	5	5.0
Total	100	100.0

Presentation of the Findings

<u>Correlations Tests</u>

A bivariate analysis correlations test was run twice to examine the statistical significance between the independent variable mental health education and the two dependent variables mental health knowledge and mental health service utilization. On the first correlations test, mental health education and mental health knowledge were compared. Out of the five survey questions that assessed mental health education and the four that assessed mental health knowledge, three significant correlations were found. The Pearson correlation coefficient indicated a moderate, positive relationship between the educator's belief that their students were able to clearly define mental health ($r = .45$, $p = .000$) and that their students have a good understanding of their mental health.

Another moderate positive relationship that the Pearson correlation coefficient indicated was between the educator's observation of mental health discussed outside of the classroom (r = .33, p = .001) and the educator's beliefs about their students' understanding of their mental health. A small positive relationship identified by the Pearson correlation coefficient was between the educator's belief that their students were able to clearly define mental health (r = .21, p = .031) and the educator's belief that their students have a negative perception of mental health. Table 4 below illustrates these findings.

Table 4. Correlation Test with IV and DV1

Correlations

		Do you think that your students have a good understanding of their own mental health?	Do you think that your students have a negative view of mental illness?	Students believe seeking mental health treatment means that they are "crazy".	Students have a negative perception of mental health.
Do you think your students can clearly define what mental health is?	Pearson Correlation	.452**	-.061	.177	.216*
	Sig. (2–tailed)	.000	.544	.078	.031
	N	100	100	100	100
Have you observed mental health discussed by students in or outside of the classroom?	Pearson Correlation	.333**	.046	-.060	-.022
	Sig. (2–tailed)	.001	.647	.555	.831
	N	100	100	100	100
Mental health education should be taught to all students.	Pearson Correlation	.079	-.182	-.147	.161
	Sig. (2–tailed)	.436	.070	.144	.110
	N	100	100	100	100
The school faculty should address mental health concerns with students.	Pearson Correlation	.108	-.083	-.145	.074
	Sig. (2–tailed)	.285	.411	.149	.466
	N	100	100	100	100
My school should do more to address adolescent mental health.	Pearson Correlation	.074	-.034	.152	.097
	Sig. (2–tailed)	.466	.738	.130	.337
	N	100	100	100	100

**. Correlation is significant at the 0.01 level (2–tailed).

*. Correlation is significant at the 0.05 level (2–tailed).

On the second correlation test, mental health education and mental health service utilization were compared. Out of the five survey questions that assessed mental health education and the four that assessed mental health service utilization, six significant correlations were found. The Pearson correlation coefficient indicated a small positive relationship between the educator's beliefs that their students were able to clearly define mental health ($r = .22$, $p = .026$) and the educator's beliefs about their student's level of comfortability with seeking mental health services. Another small positive relationship perceived by the Pearson correlation coefficient was the between educator's observation of mental health discussed outside of the classroom ($r = .22$, $p = .022$) and the educator's belief that their students can benefit from mental health services. The Pearson correlation coefficient also suggested a small positive relationship between the educator's belief that mental health education should be taught to all students ($r = .24$, $p = .015$) and the educator's belief that their students could benefit from mental health services. An additional small positive relationship that the Pearson correlation coefficient indicated was between the educator's beliefs that school faculty should address mental health concerns with students ($r = .29$, $p = .003$) and the educator's beliefs that their students could benefit from mental health services.

The Pearson correlation coefficient also indicated a moderate positive relationship between the educator's beliefs that their students were able to clearly define mental health ($r = .40$, $p = .000$) and the educator's beliefs that

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their students know how to access mental health services if needed. Another

moderate positive relationship that the Pearson correlation coefficient suggested

was between the educator's observation of mental health discussed outside of

the classroom (r = .31, p = .001) and the educator's beliefs that their students

know how to access mental health services if needed. Table 5 below illustrates

these findings.

Table 5. Correlation Test with IV and DV2

Correlations

		Do you think your students are less likely to receive mental health treatment out of fear of ostracization?	Do you think that your students feel comfortable seeking mental health support services?	Do you think that your students know how to access mental health support services if needed?	You have students that can could positively benefit from mental health services.
Do you think your students can clearly define what mental health is?	Pearson Correlation	.048	.223*	.406**	-.019
	Sig. (2-tailed)	.633	.026	.000	.852
	N	100	100	100	100
Have you observed mental health discussed by students in or outside of the classroom?	Pearson Correlation	.055	.167	.316**	.229*
	Sig. (2-tailed)	.590	.096	.001	.022
	N	100	100	100	100
Mental health education should be taught to all students.	Pearson Correlation	.058	.046	-.083	.243*
	Sig. (2-tailed)	.564	.647	.414	.015
	N	100	100	100	100
The school faculty should address mental health concerns with students.	Pearson Correlation	.038	.158	.110	.296**
	Sig. (2-tailed)	.706	.116	.276	.003
	N	100	100	100	100
My school should do more to address adolescent mental health.	Pearson Correlation	.013	.062	-.125	.143
	Sig. (2-tailed)	.901	.538	.215	.155
	N	100	100	100	100

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Mental Health Education. The survey participants were asked five

questions that measured the researcher's independent variable, mental health

education. Table 6 below indicates the descriptive statistics on the educator's

beliefs about their student's mental health education. When asked if the

educator's believed if their students can clearly define what mental health is 8%

responded yes, 69% responded somewhat yes, and 23% responded not at all.

Almost half, 41%, of participants, reported that they have heard mental health

discussed by students outside of the classroom, while 29% reported somewhat

yes, and 30% reported not at all. When stated mental health education should be

taught to all students, 68% of participants strongly agreed with the statement,

28% agreed with the statement, 0% disagreed or strongly disagreed, and 4%

were unsure. When stated that school faculty should address mental health

concerns with students 60% of respondents strongly agreed, 27% of respondents

agreed, 4% of respondents disagreed, 1% of respondents strongly disagreed,

and 8% of respondents were unsure. Lastly, when participants were presented

with the statement their school should do more to address adolescent mental

health 45% of participants strongly agreed, 41% of participants agreed, 7% of

participants disagreed, 0% of participants strongly disagreed, and 7% of

participants were unsure.

Table 6. Independent Variable Frequency and Percentage

Variable	Frequency (N)	Percentage (%)
Do you think your students can clearly define what mental health is?	Yes- 8	8%
	Somewhat yes- 69	69%
	Not at all- 23	23%
Have you observed mental health discussed by students in or outside of the classroom?	Yes- 41	41%
	Somewhat yes- 29	29%
	Not at all- 30	30%
Mental health education should be taught to all students.	Strongly agree- 68	68%
	Agree- 28	28%
	Disagree- 0	0%
	Strongly disagree- 0	0%
	Unsure- 4	4%
The school faculty should address mental health concerns with students.	Strongly agree- 60	60%
	Agree- 27	27%
	Disagree- 4	4%
	Strongly disagree- 1	1%
	Unsure- 8	8%
My school should do more to address adolescent mental health.	Strongly agree- 45	45%
	Agree- 41	41%
	Disagree- 7	7%
	Strongly disagree- 0	0%
	Unsure- 7	7%

Knowledge of Mental Health. The survey respondents were asked four questions that concentrated on one of the researcher's dependent variables, knowledge of mental health. Table 7 below details the descriptive statistics on

the educator's beliefs about their student's knowledge of health. When asked if

the educator's believed their students had a good understanding of their mental

health, 7% of respondents stated yes, 67% of respondents stated somewhat yes,

and 26% of respondents stated not at all. Almost one-fifth of educators, 17%,

believe that their students have a negative view of mental illness, 51% reported

somewhat yes, and 32% reported not at all. When asked if the participants

believed their students feel that seeking mental health treatment means that they

are "crazy", 7% of participants strongly agreed, 36% of participants agreed, 26%

of participants disagreed, 7% of participants strongly disagreed, and 24% of

participants were unsure. Lastly, when stated students have a negative

perception of mental health 7% of participants strongly agreed, 35% of

participants agreed, 32% of participants disagreed, 5% of participants strongly

disagreed, and 21% of participants were unsure.

Table 7. Dependent Variable 1 Frequency and Percentage

Variable	Frequency (N)	Percentage (%)
Do you think that your students have a good understanding of their own mental health?	Yes- 7	7%
	Somewhat yes- 67	67%
	Not at all- 26	26%
Do you think that your students have a negative view of mental illness?	Yes- 17	17%
	Somewhat yes- 51	51%
	Not at all- 32	32%

Students believe seeking mental health treatment means that they are "crazy".	Strongly agree- 7	7%
	Agree- 36	36%
	Disagree- 26	26%
	Strongly disagree- 7	7%
	Unsure- 24	24%
Students have a negative perception of mental health.	Strongly agree- 7	7%
	Agree- 35	35%
	Disagree- 32	32%
	Strongly disagree- 5	5%
	Unsure- 21	21%

Mental Health Service Utilization. The survey participants were also asked four questions that focused on the researcher's second dependent variable, mental health service utilization. Table 8 below reveals the descriptive statistics on the educator's beliefs about their student's mental health service access and utilization. When asked if the participants believed their students were less likely to seek mental health treatment services out of fear of ostracization 30% of participants said yes, 46% of participants said somewhat yes, and 24% of participants said not at all. When asked if the respondent students felt comfortable seeking mental health support services 10% reported yes, 56% reported somewhat yes, and 34% reported not at all. When inquired if the educator's believed their students knew how to access mental health support services, 11% of educators said yes, 47% of educators said somewhat yes, and 42% of educators said not at all. Lastly, when asked if the educators had

students they believed could benefit from mental health services 68% of

participants strongly agreed, 30% of participants agreed,

0% of participants disagreed and strongly disagreed and 2% of participants were

unsure.

Table 8. Dependent Variable 2 Frequency and Percentage

Variable	Frequency (N)	Percentage (%)
Do you think your students are less likely to receive mental health treatment out of fear of ostracization?	Yes- 30 Somewhat yes- 46 Not at all- 24	30% 46% 24%
Do you think that your students feel comfortable seeking mental health support services?	Yes- 10 Somewhat yes- 56 Not at all- 34	10% 56% 34%
Do you think that your students know how to access mental health support services if needed?	Yes- 11 Somewhat yes- 47 Not at all- 42	11% 47% 42%
You have students that can positively benefit from mental health services.	Strongly agree- 68 Agree- 30 Disagree- 0 Strongly disagree- 0 Unsure- 2	68% 30% 0% 0% 2%

Summary

This chapter comprehensively explained the results of the researcher's quantitative study that sought to understand the relationship between the researcher's independent variable, mental health education, and the researcher's dependent variables, mental health knowledge, and mental health service utilization. The study hypothesized that the data would reveal a greater understanding of mental health (mental health education) would positively correlate with mental health service utilization, and negatively correlate with mental health stigma. The results indicated three areas of positive statistical significance between mental health education and mental health knowledge. The results also signified in six areas a positive statistical significance between mental health education and mental health service utilization.

CHAPTER FIVE

DISCUSSION

Introduction

Due to the limited research conducted on mental health education with adolescents as a preventative measure, this research study sought to explore adolescent's knowledge of mental health and adolescent mental health service utilization. This chapter discusses the significant findings discovered during the researcher's survey in addition to the implications of the survey findings for social work practice. Furthermore, this chapter will review the limitations of this study as well as offer suggestions for future research concerning adolescent mental health.

Discussion

This study intended to assess adolescent's knowledge of mental health. It was theorized that a greater understanding of mental health (mental health education), would positively correlate with mental health service utilization, and negatively correlate with mental health stigma in students. The literature suggests that social stigma relating to mental health puts adolescents at an elevated risk for not helping their peers or themselves when experiencing mental distress (Bulanda, Bruhn, Byro-Johnson, and Zentmyer, 2014). Nevertheless, current research does not reflect the use of mental health education as a preventative measure to assist in decreasing the social stigma surrounding

mental health among students. The findings from this study contributed to filling a gap in the literature on mental health education as a prevention measure.

Three areas of positive statistical significance between mental health education and mental health knowledge emerged from the findings. The study results also revealed a statistically significant connection between mental health education and mental health service use in six areas. One significant finding from the survey results was between student educator's beliefs about their student's mental health education and mental health service utilization. When asked if the research participants believed their students were less likely to pursue mental health care services due to fear of ostracization, 30 percent said yes, 46 percent said somewhat yes, and 24 percent said no. This discovery supports the argument about mental health stigma outlined by Bulanda, Bruhn, Byro-Johnson, and Zentmyer (2014).

Another significant finding occurred when educators were asked if they thought their students understood how to access mental health support programs, 11 percent said yes, 47 percent said somewhat yes, and 42 percent said no. This possibly suggests that there is insufficient dissemination of information about resources available to students. Additionally, when educators were asked if they had any students that they thought would benefit from mental health services 68 percent of participants strongly agreed, 30 percent agreed, 0 percent disagreed and strongly disagreed, and 2 percent were undecided. This suggests that educators believe there is a greater need for mental health

services within school systems. This finding supports the discovery outlined by Iachini, Pitner, Morgan, and Rhode (2015) when they determined that mental health was one of the most commonly reported needs among students, teachers, and school staff.

<center>Limitations</center>

One identified limitation of this study was the sampling method utilized to collect the study's data. Although this method was convenient and significantly aided in the researcher achieving their maximum sample size, one of the shortcomings of a non-probability snowball sample is that the research respondents may not be representative of the population. This may have caused an unintended restriction on having a sample size that is truly reflective of the population. An additional shortcoming of the snowball method is that the sampling process is beyond the researcher's influence. Furthermore, the researcher cannot be certain who the study respondents were because of the confidentiality of the survey design.

Another identified limitation of this study was the sample population. Although this study had a larger same size (n=100), the sample size was not nationally representative. Also, due to the protected status of minors, the survey participants were student educators. This is a limitation as educators' perception of their student's beliefs may be biased or inaccurate, and thus the data may not reflect the true attitudes of adolescents about mental health. However, while

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students were not the source of the data gathered since students spend approximately six to seven hours a day in school, teachers are an essential resource in assisting in the identification of students with mental health challenges; that working parents may misunderstand or be unaware of (National Center for Education Statistics, n.d.). To eliminate this limitation in future research one suggestion for future social work research on this topic is to utilize adolescents as the sole data source.

Recommendations

One suggestion for adolescent educational systems is the reconstruction of contemporary school curricula to include a mental health section within the health class that students are already required to take. Whether the school district brings in a mental health specialist to teach this segment or one of their licensed mental health professionals, this exposure to accurate mental health information could assist in the mitigation of widespread false beliefs about mental illness.

Another suggestion for youth instructional systems is the alteration of school policies to include mandatory mental health education and crisis intervention training for K through 12 staff members. This is imperative because if school faculty had appropriate training and knowledge of mental health crisis and intervention, then they would be able to assist in servicing students who are experiencing a mental health crisis while the school counselor or social worker is either not on campus or is assisting another student. A mental health crisis and

intervention training may be easily incorporated during the school's mandatory faculty days or all-staff orientation.

One other potential change in school policies could include K through 12 staff members reviewing with students and their parents/guardians all the school resources available to them at the beginning of each semester. In addition, students and their parents/guardians could also receive information regarding mental health services during their respective orientations. This would assist in ensuring equal distribution of information about vital services that are available to all students and their families.

Implications for Social Work Practice and Policy

The results from this study suggest that the social stigma surrounding mental illness in our society continues to persist among youth. Despite the increase in social awareness via social media platforms and television series about the importance of mental health, miseducation and misinformation about mental illness persistently permeate not only social settings but also academia. Adolescents spend a substantial amount of time in school settings. Chalabi (2014) estimates that children would spend approximately 943 hours a year in elementary school. Given that adolescents spend so much time under the influence of peers and school faculty, it is not unreasonable to assume that mental health would be a subject matter discussed in school. Particularly when

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one considers that a mental health episode or crisis may occur at any time, even during school hours.

This makes the push for more social workers in schools to address the mental health concerns of students, in addition to faculty training on mental health crisis intervention all the more invaluable. In most cases, social workers and mental health personnel become involved with students only after they have shown signs of a crisis. This needs to change. It should not take an adolescent exhibiting signs of a mental health crisis or the student having a severe mental health episode for them to receive the attention and support that they need.

Various factors such as social stigma, miseducation, fear of ostracization, language, cultural beliefs, and economics could be just a few of the many barriers that prevent a student from seeking the mental health services that they need. Conversely, if mental health education was utilized as a preventative measure and there was an increase in the dissemination of the correct information surrounding mental illness, then more students may feel comfortable utilizing mental health support services when they or a friend are in need.

The push to eradicate miss education and misinformation around mental illness especially among youth should be one of the forefronts of social work mental health practice. Until mental well-being is recognized as an essential area that necessitates attention, then adolescents will consequently suffer in silence and not receive the help they desperately need and, more importantly, deserve. It is vital to invest in the youth of today as they are the future. It is simply not

enough for society to invest in youth academically, economically, and socially but investments in the mental well-being of students is just as essential. This concept can become activated through social work practice.

Conclusion

This study was conducted to explore adolescent mental health education and service utilization. Although the intended population was students, due to their protected status as minors' adolescent educators were utilized as the sole data source. Some significant findings from this study included that majority of student educators believed that their students did not know how to access mental health services if needed. Another significant finding that corresponds with the previous literature, suggested that the majority of teachers believe that their students did not receive mental health services out of fear of ostracization and social stigma. Furthermore, almost 100% (98%) of student educators strongly agreed or agreed that they had students that could benefit from mental health services. This is a finding that should not be disregarded.

According to the National Alliance on Mental Illness (2019), one out of every six American adolescents aged six to seventeen has or will have a mental health problem next year. Amid the ongoing tension, anxiety, sorrow, and confusion brought on by the COVID-19 pandemic, children and teenagers may be particularly in distress (American Academy of Pediatrics, 2020). During periods of high stress, both teenagers and adults are more likely to commit

suicide (American Academy of Pediatrics, 2020). This makes mental health education all the more crucial. It is imperative that all youth receive mental health education, not just the adolescents that have demonstrated adverse mental health symptomology.

The COVID-19 pandemic has wreaked havoc on the world and the exact impact and toll that it has taken on the mental health of youth specifically may not be understood for the years to come. This is just one of several reasons why we cannot wait to act. Historically mental health education has been utilized as an intervention, but now more than ever is the time for school systems to make critical changes that could benefit all their students. With fundamental changes to school curricula, school policies, and the equal dissemination of information about resources and services available to students, the public school system can not only wholly service its students but also assist social work practice in the mitigation of social stigma surrounding mental health in our society.

APPENDIX A

SURVEY

Survey

Demographic Information: Please mark the answer choices that best reflects you.

1. What is your race/ethnicity? (Check all that apply)

    a. Hispanic/Latino
    b. Black or African American
    c. White
    d. American Indian or Alaska Native
    e. Asian
    f. Native Hawaiian or Pacific Islander
    g. Two or more races
    h. Race and/or Ethnicity Unknown

2. Which gender identity do you identify with the most?

    a. Female
    b. Male
    c. Transgender Female
    d. Transgender Male
    e. Gender Variant/ Non-conforming
    f. Not listed
    g. Prefer not to answer

3. What is your age?

    a. *participants will type their age in the box provided*

4. Which grade level do you teach? (Check all that apply)

    a. Elementary (K-5)
    b. Middle School (6-8)
    c. High School (9-12)
    d. Two or more

5. What subject(s) do you teach?
    a. *participants will type the subject(s) they teach in the box provided*

Directions: Please mark the answer choice that <u>best supports</u> your understanding of your student's mental health education:

1. Do you think your students can clearly define what mental health is?

    a. Yes
    b. Somewhat yes
    c. Not at all

2. Do you think that your students have a good understanding of their mental health?

    a. Yes
    b. Somewhat yes
    c. Not at all

3. Have you observed mental health discussed by students in or outside of the classroom?

    a. Yes
    b. Somewhat yes
    c. Not at all

4. Do you think that your students feel comfortable seeking mental health support services?

    a. Yes
    b. Somewhat yes
    c. Not at all

5. Do you think that your students know *how* to access mental health support services if needed?

    a. Yes
    b. Somewhat yes
    c. Not at all

6. Do you think that your students have a negative view of mental illness?

    a. Yes
    b. Somewhat yes
    c. Not at all

7. Do you think your students are *less* likely to receive mental health treatment out of fear of ostracization?

    a. Yes
    b. Somewhat yes
    c. Not at all

8. Have you witnessed bullying based on perceived mental health challenges?

    a. Yes
    b. Somewhat yes
    c. Not at all

9. Have any of your students approached you to discuss mental health issues?

   a. Yes

   b. Somewhat yes

   c. Not at all

10. Do you feel comfortable discussing mental health concerns with students?

   a. Yes

   b. Somewhat yes

   c. Not at all

11. Do you have a mental health curriculum at your school?

   a. Yes

   b. Somewhat yes

   c. Not at all

12. If yes, please type in the name of the curriculum or curricula below.

   a. *a box will be provided for them to type below*

Directions: For the following statements below, please mark the answer choice that <u>most closely represents</u> your belief about mental health education in schools.

13. You have students that can *positively* benefit from mental health services.

   a. Strongly agree

   b. Agree

   c. Disagree

   d. Strongly disagree

   e. Unsure

14. Students have a negative perception of mental health.

    a. Strongly agree

    b. Agree

    c. Disagree

    d. Strongly disagree

    e. Unsure

15. Students believe seeking mental health treatment means that they are

"crazy".

    a. Strongly agree

    b. Agree

    c. Disagree

    d. Strongly disagree

    e. Unsure

16. Mental health education should be taught to all students.

    a. Strongly agree

    b. Agree

    c. Disagree

    d. Strongly disagree

    e. Unsure

17. The faculty should address mental health with students.

    a. Strongly agree

    b. Agree

    c. Disagree

    d. Strongly disagree

    e. Unsure

18. My school should do more to address adolescent mental health.

    a. Strongly agree

    b. Agree

    c. Disagree

    d. Strongly disagree

    e. Unsure

Survey created by Ashley Na Shay Williams

APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVAL

IRB #: IRB-FY2021-74
Title: THE UTILIZATION OF MENTAL HEALTH EDUCATION IN SCHOOLS FOR PREVENTION NOT JUST INTERVENTION
Creation Date: 10-22-2020
End Date:
Status: Approved
Principal Investigator: Carolyn McAllister
Review Board: Main IRB Designated Reviewers for School of Social Work
Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt

Key Study Contacts

Member	Carolyn McAllister	Role	Principal Investigator	Contact	cmcallis@csusb.edu
Member	Carolyn McAllister	Role	Primary Contact	Contact	cmcallis@csusb.edu
Member	Ashley Williams	Role	Co-Principal Investigator	Contact	ashley.williams6242@coyote.csusb.ed

APPENDIX C

INFORMED CONSENT

CSUSB

WE DEFINE THE *future*

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

INFORMED CONSENT

The study in which you are asked to participate is designed to assess for adolescent's knowledge of mental health. The study is being conducted by Ashley Na Shay Williams, a graduate student, under the supervision of Dr. Carolyn McAllister, Associate Professor, Research Supervisor, and Director of the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board (IRB) at CSUSB.

PURPOSE: The purpose of this research study is to assess adolescent's knowledge of mental health.

DESCRIPTION: Participants will be asked brief questions on demographics. Participants will also be asked questions about their perception of their student's mental health knowledge and their beliefs about mental health education in schools.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences. If you choose to discontinue your participation the data entered will be disregarded.

CONFIDENTIALITY: Your responses will be recorded anonymously.

DURATION: It will take roughly 10 to 15 minutes to complete this survey.

RISKS: There are no anticipated risks to the participants.

BENEFITS: There will not be any direct benefits to the participants. However, the findings from the study will contribute to the social work professions knowledge of adolescent mental health. This study can also potentially serve as an advocacy tool to bring social awareness to the deficit in knowledge about adolescent mental health. Furthermore, this study can be used to increase mental support services for youth in schools.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Carolyn McAllister at cmcallis@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2021.
****

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____   _____

Placing a mark here to indicates your consent   Date

REFERENCES

Ahmedani, B. (2011). Mental health stigma: Society, individuals, and the

profession. *Soc Work Values Ethics*, *8*(2). Retrieved from

https://www.ncbi.nlm.nih.gov/pubmed/22211117.

American Academy of Pediatrics. (2020). Mental Health During COVID-19: Signs

Your Child May Need More Support. Retrieved from

https://www.healthychildren.org/English/health-issues/conditions/COVID-

19/Pages/Signs-your-Teen-May-Need-More-Support.aspx.

Assari, S., & Caldwell, C. H. (2017). Mental health service utilization among black

youth; psychosocial determinants in a national sample. *Children* (Basel,

Switzerland), *4*(5), 40. doi:10.3390/children4050040.

Bulanda, J., Bruhn, C., Byro-Johnson, T. and Zentmyer, M. (2014). Addressing

mental health stigma among young adolescents: Evaluation of a youth-led

approach. *Health & Social Work*, *39*(2), 73-80.

Canadian Association of Social Workers. (n.d.). The role of social work in mental

health. Retrieved from https://www.casw-acts.ca/en/role-social-work-

mental-health.

Capp, G. (2015). Our community, our schools: A case study of program design

for school-based mental health services. *Children & Schools*, *37*(4), 241-

248.

Chalabi, M. (2014). American kids will spend an average of 943 hours in

elementary school this year. Retrieved from

https://fivethirtyeight.com/features/american-kids-will-spend-an-average-of-943-hours-in-elementary-school-this-year/.

Cherry, K. (2020). How cognitive behavior therapy works. *Verywell Mind.* Retrieved from https://www.verywellmind.com/what-is-cognitive-behavior-therapy-2795747.

DuPont-Reyes, M. and Villatoro, A. (2019). The role of school race/ethnic composition in mental health outcomes: A systematic literature review. *Journal of Adolescence, 74*(66), 71-82.

Francis, A. P. (2014). *Social Work in Mental Health: Contexts and Theories for Practice.* Sage Publications Pvt. Ltd.

Frauenholtz, S., Conrad-Hiebner, A. and Mendenhall, A. (2015). Children's Mental Health Providers' Perceptions of Mental Health Literacy Among Parents and Caregivers. *Journal of Family Social Work*, *18*(1), 40-56.

Iachini, A., Pitner, R., Morgan, F. and Rhodes, K., 2015. Exploring the Principal Perspective: Implications for Expanded School Improvement and School Mental Health. *Children & Schools*, *38*(1), 40-48.

Janu Setiyowati, A. (2017). Emotion focused cognitive behavioral therapy: An attempt to resolve emotional deficiency and strengthen cognitive behavioral therapy efficacy. Advances in Social Science, Education and Humanities Research. *Atlantis Press, 128*, 261-264.

Liegghio, M. (2017). Our Biggest Hurdle Yet: Caregivers' Encounters with

    Structural Stigma in Child and Youth Mental Health. *Families in Society:*

    The Journal of Contemporary Social Services, 98(4), 300-309.

Merikangas, K. R., He, J. P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D.

    S. (2010). Prevalence and treatment of mental disorders among US

    children in the 2001–2004 NHANES. *Pediatrics*,*125*(1), 75–81.

Moore, M. and Walton, B. (2013). Improving the mental health functioning ff

    youth in rural communities. *Contemporary Rural Social Work Journal,*

    5(6), 85-103.

National Alliance of Mental Illness. (2019). Mental health by the numbers.

    Retrieved from https://www.nami.org/learn-more/mental-health-by-the-

    numbers.

National Center for Education Statistics. (n.d.) Average number of hours in the

    school day and average number of days in the school year for public

    schools, by state: 2007–08. Retrieved from

    https://nces.ed.gov/surveys/sass/tables/sass0708_035_s1s.asp.

Osagiede, O., Costa, S., Spaulding, A., Rose, J., Allen, K., Rose, M. and Apatu,

    E. (2018). Teachers' Perceptions of Student Mental Health: The Role of

    School-Based Mental Health Services Delivery Model. *Children &*

    Schools, *40*(4), 240-248.

Price, M., Polk, W., Hill, N., Liang, B. and Perella, J. (2019). The intersectionality

    of identity-based victimization in Adolescence: A person-centered

examination of mental health and academic achievement in a U.S. high

school. *Journal of Adolescence*, *76*, 185-196.

U.S. Census Bureau. (2013). *Summary population and housing characteristics:*

2010 census of population and housing. (CPH-1-1). Washington, DC:

Government Printing Office. Retrieved from

http://www.census.gov/prod/cen2010/cph-1-1.pdf

Youth.gov. (2017). Prevalence. Retrieved from Youth.gov:

https://youth.gov/youth-topics/prevalence-mental-health-disorders-among-

youth.