California State University, San Bernardino

CSUSB ScholarWorks

Electronic Theses, Projects, and Dissertations

Office of Graduate Studies

5-2024

IMPACT OF SCHOOL-BASED MENTAL HEALTH SERVICES ON STUDENT ATTENDANCE AT A SOUTHERN CALIFORNIA SCHOOL DISTRICT

Johanna Garcia-Fernandez

Morgan Stokes

Follow this and additional works at: https://scholarworks.lib.csusb.edu/etd

Part of the Social Work Commons

Recommended Citation

Garcia-Fernandez, Johanna and Stokes, Morgan, "IMPACT OF SCHOOL-BASED MENTAL HEALTH SERVICES ON STUDENT ATTENDANCE AT A SOUTHERN CALIFORNIA SCHOOL DISTRICT" (2024). *Electronic Theses, Projects, and Dissertations*. 1958.
https://scholarworks.lib.csusb.edu/etd/1958

This Thesis is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

IMPACT OF SCHOOL-BASED MENTAL HEALTH SERVICES ON STUDENT ATTENDANCE AT A SOUTHERN CALIFORNIA SCHOOL DISTRICT

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

Johanna Garcia-Fernandez

Morgan Stokes

May 2024

IMPACT OF SCHOOL-BASED MENTAL HEALTH SERVICES ON STUDENT ATTENDANCE AT A SOUTHERN CALIFORNIA SCHOOL DISTRICT

A Project

Presented to the

Faculty of

California State University,

San Bernardino

---

by

Johanna Garcia-Fernandez

Morgan Stokes

May 2024

Approved by:

Carolyn McAllister, Faculty Supervisor, Social Work

Yawen Li, M.S.W. Research Coordinator

© 2024 Johanna Garcia-Fernandez and Morgan Stokes

ABSTRACT

When children experience trauma, it impacts their development, mental stability, learning, and behavior. This causes an increased need for prevention and early intervention mental health services within the public school system. Some California school districts offer mental health services students can utilize at their schools. Social workers are best equipped to assist and provide students with the necessary mental health resources due to their education, training, and role. This study used secondary data from 101 randomly selected Southern California school district participants. This study examined the relationship between children's attendance, age, gender, primary diagnosis, living arrangements, number of traumatic events experienced, problems children have at school, family mental health history, and program completion. The findings will help school districts conceptualize the need for mental health services.

ACKNOWLEDGEMENTS

We want to acknowledge God; he has been our strength every step of the way. We wish to recognize the school district that provided the secondary data for this research project. We want to thank the mental health director for his support and guidance. We thank our research advisor, Carolyn McAllister, who patiently provided guidance and feedback throughout this study. We thank our family and friends for supporting us throughout our graduate studies. Their continued support allowed us to complete our research and other requirements to obtain our Masters. We want to send a special thanks to our husbands, Otis Stokes Jr and Edgar Fernandez, for their support and motivation in continuing our education and career and obtaining our Master's. We want to thank our children Ezra JJ Fernandez, Otis Stokes III, and Pierre M Stokes, Malakai Stokes; we love you. We want to thank my nieces, Kloie Lewis and Jayda Lewis; I love you. We thank our parents, Nydia Garcia, Juan Garcia, Sharon Huerta-Brewster, and Matthew Brewster. You all have a special place in our hearts, and with much gratitude, thank you for supporting our journey in the master's program.

DEDICATION

I want to thank God for ordaining my path in social work and to touch the lives of the people he has ultimately and will put in my life. I trust the next chapter because I know the author Luke 1:37. I dedicate this project to my husband and our five wonderful children. They are why I have come this far; they motivated me to heal and become the person God called me to be. They are the light of my life and allow me to reflect their light. I owe a special thanks to my husband Otis for being so supportive and my rock through all the tough, ugly, and stressful times over these past three years in grad school. You were handpicked for me, and I cannot thank you enough for being the supportive and loving husband that you are. To my three boys, Otis III, Pierre, and Malikai, I love you and thank you for motivating me to continue my path. I am so grateful to be a boy mom. To my two nieces, Kloie and Jayda, I see you as my own daughters; the day I became your guardian, I knew I needed to return to school and have a career to support you. You two made me a mom before I gave birth to my own. I will always have a special place in my heart for you two beautiful girls. All five of you know how to light up a room in your way. Life will never be dull with you all, and I am proud of you. I want to thank my mom and dad for all the continued love and support you have given me. Thank you to my sisters Candace, Mary, and Jazzmien for your encouragement and support in my educational endeavors. Candace, you made sure I finished my application for the master's program; you are one of the reasons I am here. Mary, thank you for watching the kids when I was at school or

needed time to do my work. Lastly, I thank my best friend, Sabrina Marie Stevenson (Smith). I love and miss you so much. You were always there when I needed you. Not a day goes by that I do not think about the career plans we made together. It was hard losing you in the middle of this program, but I persevered. You were an angel God sent into my life to heal me and show me what true love was. I know you are not physically here, but you will remain in my heart. I dedicate this project and my life's work to you. I will carry on your memory, Brina girl. Thank you, best friend, in loving memory of Sabrina Marie Smith, sunrise August 16, 1993; sunset June 13, 2022.

I dedicate this project to my family. I want to thank my supportive husband, Edgar, who encouraged me to keep going when times became difficult for me. I want to thank my son, Ezra, for motivating me to complete this journey. This journey was difficult with having a newborn, but it also made it so rewarding. Also, I thank my mother, who graciously helped care for my son when I worked on homework.

Por último, pero no menos importante, quiero agradecer a mi padre. Él me inspiró a comenzar este viaje. Te extraño muchísimo. Sé que nos estás mirando a todos desde el cielo y puedo sentir tu presencia cuando más lo necesito. Te amo, y descansa en paz. In loving memory of Juan Garcia.

TABLE OF CONTENTS

ABSTRACT iii

ACKNOWLEDGEMENTS iv

LIST OF FIGURES vii

CHAPTER ONE: PROBLEM FORMULATION 1

Introduction 1

School-Based Social Workers and What They Do 2

Research Question 3

Significance of the Project for Social Work Practice 4

CHAPTER TWO: LITERATURE REVIEW 6

Reasons for Truancy 6

Family 6

Community 7

School Environment 7

Effectiveness of Interventions 8

Lack of Research and Their Limitations 10

Theories Guiding Conceptualization 11

CHAPTER THREE: METHODS 12

Study Participants 12

Data Collection and Analysis 13

Protection of Human Subjects 14

Summary 15

CHAPTER FOUR: RESULTS 16

Introduction 16
Presentation of the Findings 17
Demographics 17
Primary Diagnosis 19
Home Environment 19
School Environment 21
Trauma Experiences 22
Attendance 24
Treatment 27
Correlations 28
CHAPTER FIVE: DISCUSSION SUMMARY/CONCLUSION 30
Introduction 30
Discussion 30
Implications for Social Work Practice, Policy, Education and Research 33
Future Research and Education 33
Policy and Social Work Practice 34
Strengths and Limitations 34
Strengths 34
Limitations 35
Conclusion 36
APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL 38
ASSIGNED RESPONSIBILITIES 40
REFERENCES 41

LIST OF FIGURES

Table 1. Gender Demographics.. 17

Table 2. Participants Age 18

Table 3. Statistics on Age.. 18

Table 4. Primary Diagnosis 19

Table 5. Who Does the Participant Live With 20

Table 6. Participants Living Arrangements 21

Table 7. Number of Problems Participants Have at School 21

Table 8. Number of Trauma Experiences Reported by Parent........................... 22

Table 9. Number of Trauma Experiences Reported by Child 23

Table 10. History of Mental Health 24

Table 11. Attendance 6 Weeks Pre 24

Table 12. Attendance 6 Weeks Post 26

Table 13. Met Treatment Goal(s).. 27

Table 14. Number of Days in Treatment... 28

Table 15. Correlations 29

CHAPTER ONE

PROBLEM FORMULATION

Introduction

Many children who experience trauma are impacted by stress, which can interfere with brain development, learning, and behavior and ultimately cause mental health issues (Bryant & VanGraafeiland, p.122, 2020). Adverse childhood experiences or ACEs are traumatic events that occur sometime in childhood and include such adverse events as abuse, neglect, separation or divorce of parents, and death or incarceration of a parent. Studies have verified that ninety percent of children from all different backgrounds have had at least one adverse childhood experience (Bryant & VanGraafeiland, p.122, 2020).

Research has established a correlation between ACE scores and mental health conditions in children. Bonnie et al. (2015) state, “ACEs were associated with poor early childhood mental health and chronic medical conditions” (p.510). Mental health issues among children can affect their daily school, home, and social life, leading to poor performance in their roles in each of these realms. These children often have trouble concentrating, participating, being motivated, and being present in school (Bryant & Van Graafeiland, 2020).

Truancy in school is one of the most common issues among children with high ACE scores (Blodgett, 2018). Unresolved trauma can affect children’s behavior and their motivation to attend school. Truancy is an early warning sign of education failure, delinquency, and social isolation (Kim & Streeter, 2008).

Chronic truancy can lead to low graduation rates, and young adults who do not graduate high school have higher rates of low-paying jobs and are more likely to be low-income than those who graduate high school (Huffman, 2012). This can lead to further trauma into adulthood, especially if they do not receive help (Bryant & VanGraafeiland, 2019).

Truancy rates are tied to school district funding. California, for example, "is one of seven states that use Average Daily Attendance (ADA) to determine school district funding" (Meyerhoff, 2022, para. 4). The more absences there are at schools, the less money the districts will receive. Therefore, truancy hurts the child and the school. Lack of funding affects the other children attending high truancy schools (Meyerhoff, 2022). School social workers can help children who have truancy issues. The following section will explore ways social workers can support children in these schools.

School-Based Social Workers and What They Do

School social workers emerged in 1906 and were initially called visiting teachers. The profession started in three cities: Boston, MA, New York, NY, and Hartford, CT. It was created due to a community need for more robust communication between home and school. By 1930, 31 states placed 244 school social workers (Stalnecker, 2022).

School social workers are taught to assess individual, family, and community risk factors. They do so by completing an initial assessment with the parents and the child. School social workers are trained to meet the needs of

students and teach them the skills they need to overcome their circumstances. These workers have the proper knowledge to address mental health and social support needs that can enhance the school climate. Other school administrators typically do not have the training or tools to help students in this capacity. Social workers can provide students with resources and home visits, find the family community support, and possibly mitigate future trauma, mental health, and other related issues (Jones, para. 3, 2022).

The study by Newsome et al., 2013, “found that school social work interventions had positive influences on reducing the risk factors measured” (p.32). Unfortunately, California has a low ratio of school social workers to students. California has a 1:6,132 ratio of school social workers to students (CHFC, 2022).

Research Question

Additional research is needed to explore how best to support children experiencing adverse environmental situations (e.g., trauma, mental health issues, and other home- and school-based issues) to mitigate problems like truancy. Thus, the research question for this study is, are extensive trauma experiences, diagnosis, living arrangements, and problems at school associated with school attendance? To answer the research question, this study used data from a school district in Southern California that has established a school-based mental health program staffed by licensed social workers. This program addresses each area that the researchers want to explore. Thus, the study

examined whether participation in the mental health program is associated with school attendance.

Significance of the Project for Social Work Practice

The micro implication of the problem is that the children are affected by external forces. Children with low school attendance tend to show greater behavioral and learning problems than children who do not have attendance problems (Huffman, 2012). Truancy can set children up for failure in school, which can cause problems later in life, such as employment, legal, marital, and other problems (Huffman, 2012; Kim, 2008; USC, 2019).

Youth with poor attendance are at a greater risk of not graduating. This impacts the community. Individuals not graduating from high school often are stuck in low-wage jobs. This could increase community poverty and social services costs (Kim, 2008). The community will need to provide for the needs they lack.

The findings of this study can contribute to social work practice by highlighting the need for preventive services for students with school attendance problems. Suppose any associations exist between traumatic events, students' environment, and school climate. In that case, social workers can use the data to adjust their practice and tackle the issues earlier rather than later.

If mental health services were implemented early in the school system, it could prevent children from dropping out, committing suicide, or having detrimental outcomes. If students learn the tools they need to become resilient,

they will be empowered to work on themselves. The concept is that if children are healed, fewer adults will still suffer from their childhood trauma in the future. Early intervention will take the burden off the child welfare system; issues in the home can be recognized quicker and possibly reconciled before things get extreme.
The system would be more proactive than reactive.

CHAPTER TWO

LITERATURE REVIEW

How to address student truancy has been a hotly debated topic. There are multiple research articles regarding the topic and the solutions to what can fix the problem. Most research on truancy is focused on the viewpoint of the school administration. In California, for example, school districts with a 93% attendance rate are considered low, and those schools miss out on 4.5 million a year because of it (LaFortune & Herrera, 2021). Due to the amount of money lost by schools due to truancy, this issue is particularly crucial for districts with low attendance rates. Even with extensive research on truancy in schools, the problem has not been remedied. Truancy can also lead to additional social problems for the individual if they continue to be absent, creating a higher need for county programs to help the individual.

Reasons for Truancy

Family

Research has shown that adolescent truancy is more than just a school problem; it often indicates underlying psychiatric problems affecting the students' attendance. Not only is school attendance a legal problem, educational, or social issue, but it can be a psychiatric issue that needs to be addressed. Nik Jaafar et al. (2013) found that “Truancy has a significant association with an externalizing syndrome, in addition to other significant psychosocial variables like parental and schooling factors” (p.27). The research found that students who were uncertain

of the reason to go to school often had divorced parents, separation anxiety, conduct disorder, attention deficit hyperactive disorder, or a substance abuse problem. These also were the students who had issues with truancy. Before truant students can do better in school, underlying psychiatric issues must be addressed.

Community

Research has shown that school truancy involves individual, peer, family, and community stressors that affect the individual's attendance. Newsome et al. (2008) state that “school social workers are trained to address individual, peer, family, and community risk factors” (p.24). School social workers are trained to meet the needs of students and teach them the skills they need to overcome their circumstances. These workers have the proper knowledge to address mental health and social support needs that can enhance the school climate. Other school administrators typically do not have the training or tools to help students in this capacity.

The study by Newsome et al., 2013, “found that school social work interventions had positive influences on reducing the risk factors measured” (p.32). This shows that implementing school social workers positively impacts the students to whom they provide services. When students receive the support they need, they are more likely to engage in school.

School Environment

School truancy has been linked to school culture and the COVID-19 pandemic (Jacobson, 2022). Children reported that making their school safer

adds to the school culture and would make them attend school (Jacobson, 2022). Other researchers have focused on gathering minors' feedback on how to reduce truancy. They asked the minors what they thought the schools could do to help reduce the problem. Results indicated that students wanted “clear and meaningful consequences for truancy and [to be] supported by a school system that addresses their emotional and mental health needs and engages their families as part of the solution” (Gase et al., 2016, p. 316).

Effectiveness of Interventions

Research has shown that one effective early intervention is utilizing school social workers in elementary schools to tackle school attendance issues before they become problematic. The study was conducted to implement an attendance program at an elementary school to offer incentives to students who had a high number of absences and those who were at risk for high absenteeism (Ford & Sutphen, 1996). The study used a pre-test and post-test to determine the student's progress in attendance. At the end of the study, attendance was slightly improved. The results of the new program were inclusive; there was not enough improvement to suggest the program implemented improved attendance. However, many students benefited from the school social workers' support. A survey was given to teachers at the end of the program, and most teachers stated that the program was a success.

There are some interventions that schools have utilized that did not decrease truancy. For example, punishing children and parents does not affect truancy rates (Keppens, 2020, p.6). In the research conducted by Gerrad,

Burhans, and Fair (2003), they concluded that in cases where children were assigned probation officers due to truancy, conducting police sweeps, and distributing financial sanctions to the parents of the individual who were truant did not reduce truancy.

An intervention that reduces truancy by changing the school climate has positively impacted attendance. If the culture at the school made students feel cared for and safe, then truancy would be low (Sheldon, 2007). Another intervention that worked was bringing the school, community, and parents together. Partnerships between the school, family, and the community positively impacted attendance by the resources they offered (Sheldon, 2007).

Schools that implemented programs that helped families partner with the community did so utilizing school social workers. School social workers are trained to understand that people's environment impacts their lives. Focusing on the school, community, and family helps relieve the student from everyday problems that can hinder them from attending school. A hostile school climate can influence students' attendance. Families can be going through traumatic events such as domestic violence or substance abuse, which can also negatively affect students. The community in which a student lives can also negatively affect them. Furthermore, communities that lack transportation or affordable childcare for families can hinder school attendance (Kim, 2008).

Lack of Research and Their Limitations

There is a lack of research on intervention implementation and its outcomes. While there is a vast amount of research on what interventions might work best, there is limited research on specific interventions that reduce truancy.

Longitudinal studies have limitations in social science research, as they are costly and require extensive sampling and expert analysis. Another limitation is that they focus on why students are truant. Future studies must examine how truancy behavior (absences) serves the child. Understanding the reasoning behind their truancy can help alleviate the problem. Another limitation of this study is that it utilizes secondary data, which does not provide data on school culture or student input on how schools can alleviate truancy.

Research has shown that school culture is a major determining factor in students' attendance. Students have stated that they attend school when the school culture supports safety (Jacobson, 2022). Students have stated that schools can alleviate truancy issues by setting clear expectations of the consequences of truancy and supporting students' emotional well-being (Gase et al., 2016).

Existing research on the effects of school-based mental health interventions on truancy rates has offered inconsistent results (Kang-Yi et al., 2013). Some studies show a positive effect on attendance and behavior, but other studies have shown no effect. More research is needed that explores how to track student success in school-based mental health settings. School

administrators have acknowledged that school social workers are helping the students; however, little data supports that.

The current study explored students' attendance rates in a school-based mental health program and other factors affecting attendance. The authors discussed how the findings may support the need for such school programs.

Theories Guiding Conceptualization

Systems theory: “Systems theory does not view the individual as having a fixed personality, or fixed traits, but as acting and reacting in response to contextual cues or crisis intervention models.” (McDaniel, 1981). Systems theory will show the researchers that the student's truancy problem could be a response reaction to their environment.

Another theory that will guide the research is the empowerment theory. “Empowerment is an active, participatory process through which individuals and groups gain greater control over their lives, acquire rights, and reduce marginalization” (Peterson, 2014, p.96). The theory of empowerment focuses on building student's strengths and skills. Hence, they gain control over their lives by better managing crises and coping with the trauma they have endured. Empowered students can focus on living their lives instead of living in a crisis state, making it difficult to focus on everyday tasks. Students then can manage future crises more effectively. They may still struggle with certain situations that put them in a crisis state, but they would have gained the skills they can use to bring them out of it.

CHAPTER THREE

METHODS

In this section, the researchers discussed the methods used for the current study, including the research site, participant selection, and data collection to address the research question. Specifically, the current study explored factors that might cause students to miss school and whether participation in a school-based mental health program increased school attendance.

Study Participants

The study utilized data from students attending a Southern California Unified School District. The researchers extracted secondary data from the district for kindergarten through twelfth-grade students participating in a school-based mental health program. The researchers selected data from 101 participants using an online random number generator from files for the 2022-2023 school year.

The mental health program participants were referred to receive counseling services at the school-based behavioral mental health program. The students are guided by counselors, teachers, and parents. The participants' parents signed consent forms for the services and data collection before the intervention. After the student's services were completed, the researcher extracted the necessary data for the study with permission from the program director. The participants were given detailed information on the collected data

and how it would be used, and they signed a consent form. Initial assessments were given before mental health services began. The assessments were generally between one to two hours. The first part of the assessment was conducted with the parent(s) or guardians(s), and the second part was done with the student. The other party was not present for each part of the assessment. The researchers went directly into the client files and extracted the data needed.

Data Collection and Analysis

The researchers extracted data from the initial assessment, diagnostic summary, and discharge summary sections on students participating in the program. Specifically, information was collected on student's age, gender, primary diagnosis, living arrangements, number of traumatic events, and problems children have experienced at school, including poor grades and peer relationships. The researchers also gathered data on children's school attendance six weeks before and six weeks after mental health services began and ended.

The researchers coded the collected data into four sections: living arrangements, the number of traumatic events, and the problems the child faces at school. Living arrangements included information about whom the child resides with; the assessment gave the following options: biological parents, biological family, non-biological caretakers, and foster parents. Data was collected on the current living arrangements; the assessment options were house, apartment, motel, and homeless.

The trauma assessment involves collecting the number of traumatic events experienced by the child from both the parent's and child's perspective. The assessment has two sections, one for parents and one for students to report trauma experiences, which appear as checkboxes. The options given are the following: sexual abuse, physical abuse, emotional abuse, neglect, medical trauma, witness of family violence, witness of community/school violence, natural or manmade disaster, war/terrorism affected, witnesses of criminal activity, disruption in caregiving/attachment, losses parental criminal behavior, and bullied by others. The clinician can input detailed information about the events, but only the trauma identified by the parent or child is included in the data collected.

Children's current problems at school were recorded as boxes that could be checked off. The options were none, suspensions/expulsions, problems separating from home/parents, receiving special education services, teachers, truancy, the recent drop in grades, grades, resists going to school, and peers.

The researchers performed descriptive statistics, paired t-tests, and correlations to determine the association between children's environments and experiences on truancy and the impact of school-based mental health services on students' attendance.

Protection of Human Subjects

To protect the participants' privacy, no identifiable information was collected that linked participants to the responses collected. The quantitative data was exported from Qualtrics and transferred directly to the researchers' CSUSB-

issued Google Drive storage space, to which only the researchers and research advisor have access. All computer access to Google Drive is password-protected and locked if the researcher steps away. Before starting services, families were informed and consented regarding data release for future research purposes. The researchers sent all documents through a school-provided Google email to share the information on this study.

The identity of the students and the name of the specific district and school from which data was collected remained anonymous. The data used is in the school district's database, which only they can access. All collected data will be permanently destroyed three years after the study's conclusion.

Summary

The current study utilized secondary data to address the research question: Are extensive trauma experiences, living arrangements, and problems at school associated with school attendance? Specifically, the researchers utilized assessment data collected by mental health providers in a school-based mental health program to explore associations between various circumstances and experiences of children and truancy levels. Further, the data was utilized to examine whether participation in the mental health program affects truancy levels.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the results of students' initial assessment, diagnosis summary, and discharge summary. The data was analyzed using the Statistical Package for the Social Science (SPSS) statistical application. Frequency analysis and correlation analysis were used to examine the relationship between children's attendance, age, gender, primary diagnosis, living arrangements, number of trauma events experienced, problems children have experienced at school, including poor grades and peer relationships, family mental health history, and program completion. The data was collected from 101 students participating in the district's mental health program.

As part of the mental health services provided, the participants undergo an initial assessment to determine their level of need. Interns and program supervisors conduct these assessments. Since the program is part of the school district, it caters to tier 1 and tier 2 students. The program provides preventative and early intervention services. Any client who needs a higher level of care is referred to outside agencies. Some of the data is missing which is indicated in the appropriate sections. The data is missing due to the incompletion of the assessment, diagnosis summary, discharge plan, attendance data, or the client never following through with individual therapy.

Presentation of the Findings

Demographics

The first section of the study focuses on the demographics of the students. There were 101 participants, 35 (34.7%) identified as male, 57 (56.4%) as female, 1 (1.0%) did not answer, and 8 (7.9%) of the data missing in the system. The results are listed below in Table 1.

Table 1. Gender Demographics

gender

	N	%
Male	35	34.7%
Female	57	56.4%
Did not Answer	1	1.0%
Missing System	8	7.9%

The participants' ages ranged from 5 to 18 (M=13 SD=3.2); Tables 2 and 3 list these results.

Table 2. Participants Age

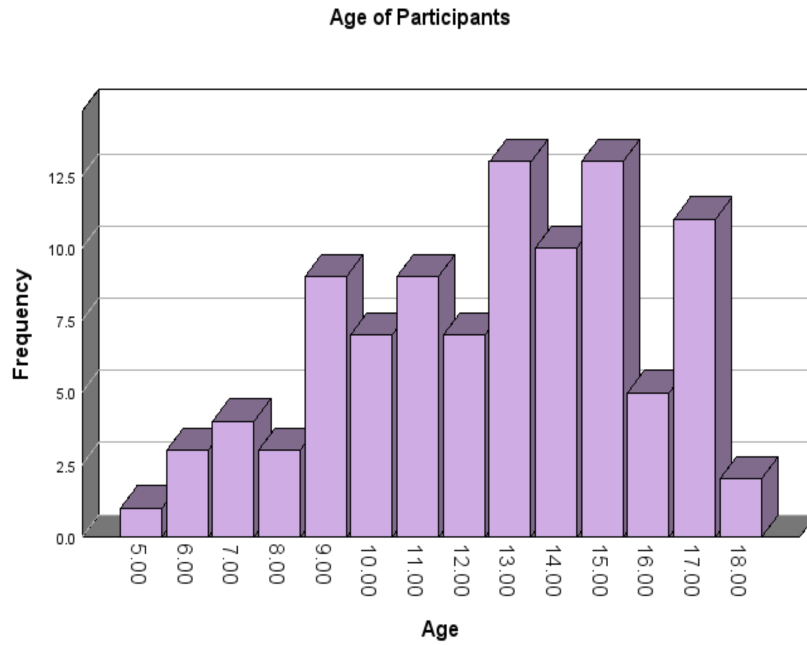


Table 3. Statistics on Age

Statistics

age

N	Valid	97
	Missing	4
Mean		12.5361
Median		13.0000
Std. Deviation		3.21475
Minimum		5.00
Maximum		18.00

Primary Diagnosis

Table 4 represents data collected on the participants' primary diagnosis. Results show that 24 (23.8%) had depressive disorders, 13 (12.9%) had trauma and stressor-related disorders, 2 (2.0%) had attention deficit disorders, 3 (3.0%) had disruptive disorders, 20 (19.8%) had anxiety disorders, 1 (1.0%) obsessive-compulsive disorder, 27 (26.7%) had v codes, and 11 (10.9%) of the data missing in the system. These results are listed below in Table 4.

Table 4. Primary Diagnosis

Primary Diagnosis

	N	%
Depressive Disorders	24	23.8%
Trauma and Stressor Related Disorders	13	12.9%
Attention Deficit Disorders	2	2.0%
Disruptive Disorder	3	3.0%
Anxiety Disorder	20	19.8%
Obsessive Compulsive Disorder	1	1.0%
V-Code	27	26.7%
Missing System	11	10.9%

Home Environment

Data was collected on who the participants lived with. Results show that 88 (87%) of participants lived with their biological parents. 5 (5%) participants lived with a biological family, such as a blood-related family. 1 (1%) participant was in

a foster care placement. 7 (6.9%) of the data missing in the system. The results are shown in Table 5.

Table 5. Who Does the Participant Live With

Client Resides With

	N	%
Biological Parents	88	87.1%
Biological Family	5	5.0%
Foster Placement	1	1.0%
Missing System	7	6.9%

Table 6 illustrates the participants' living arrangements. The number of participants living in an apartment was 17 (16.8%). There were 77 (76.2%) participants who lived in a home. There were 7 (6.9%) of the data missing in the system.

Table 6. Participants Living Arrangements

Living Arrangements

	N	%
Apartment	17	16.8%
House	77	76.2%
Missing System	7	6.9%

School Environment

Table 7 indicates the number of problems the child faces at school. Out of 101 participants, 17 (16.8%) stated they had 0 problems at school, 22 (21.8%) had 1 problem, 23 (22.8%) had 2, 24 (23.8%) had 3, 4 (4%) had 4, 1(1%) had 5, 1 (1%) had 6, and 9 (8.9%) of the data missing in the system.

Table 7. Number of Problems Participants Have at School

Number of Problems at School

	N	%
.00	17	16.8%
1.00	22	21.8%
2.00	23	22.8%
3.00	24	23.8%
4.00	4	4.0%
5.00	1	1.0%
6.00	1	1.0%
Missing System	9	8.9%

Trauma Experiences

Table 8 displays the number of traumas the minors have experienced reported by their parents. The data shows that 31 (30.7%) parents believed their child had experienced 0 traumas. There were 23 (22.8%) parents who indicated that their child has two experiences. There were 26 (25.7%) parents that stated their child had 3 experiences,6 (5.9%) stated there were 4 experiences, 4 (4%) stated there were 4 experiences, 1(1%) stated there were 5 experiences,1 (1%) stated there 6 experiences, 1(1%) stated there were 8 experiences and 8 (7.9%) of the data missing in the system.

Table 8. Number of Trauma Experiences Reported by Parent

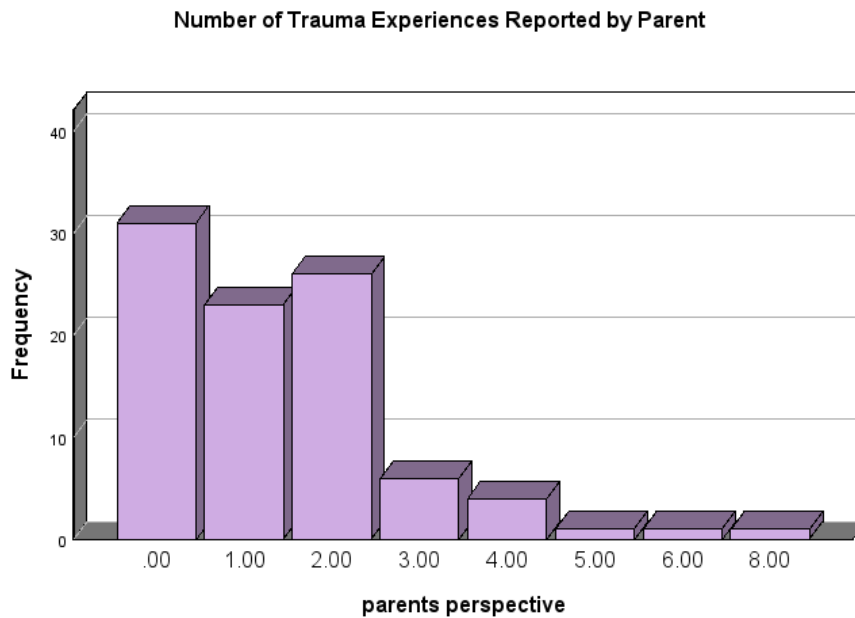


Table 9 demonstrates the number of trauma experiences as reported by the child. The data results were that 25 (25.7%) reported having 0 experiences, 28 (27.7%) stated there was 1 experience, 12 (11.9%) revealed that they have had 2 experiences, 13 (12.9%) reported having 3 experiences, 5 (5%) stated they had 4 experiences, 2 (2%) indicated that they had 6 experiences, 3 (3%) revealed that they have had 7 experiences, 1 (1%) stated they had 8 experiences. There were 11 (10.9%) of the data missing in the system. The results are shown below.

Table 9. Number of Trauma Experiences Reported by Child

Trauma Experiences Reported by Child

		N	%
.00		26	25.7%
1.00		28	27.7%
2.00		12	11.9%
3.00		13	12.9%
4.00		5	5.0%
6.00		2	2.0%
7.00		3	3.0%
8.00		1	1.0%
Missing	System	11	10.9%

Table 10 illustrates the data results on parents indicating if there is a family history of mental illness. The number of parents who stated no was 69 (68.3%). The parents who stated yes were 23 (22.8%). There were 9 (8.9%) of the data missing in the system.

Table 10. History of Mental Health

Hx of mental health

		N	%
No		69	68.3%
Yes		23	22.8%
Missing	System	9	8.9%

Attendance

Table 11 shows the data statistics on the student's attendance 6 weeks before participating in sessions. The attendance included the number of absences. There were 84 valid data points, and 17 were missing. The average number of days missed was 4.7, and the standard deviation was 4.7.

Table 11. Attendance 6 Weeks Pre

Statistics

6 weeks before

N	Valid	84
	Missing	17
Mean		4.7738
Median		3.0000
Std. Deviation		4.66815
Minimum		.00
Maximum		22.00

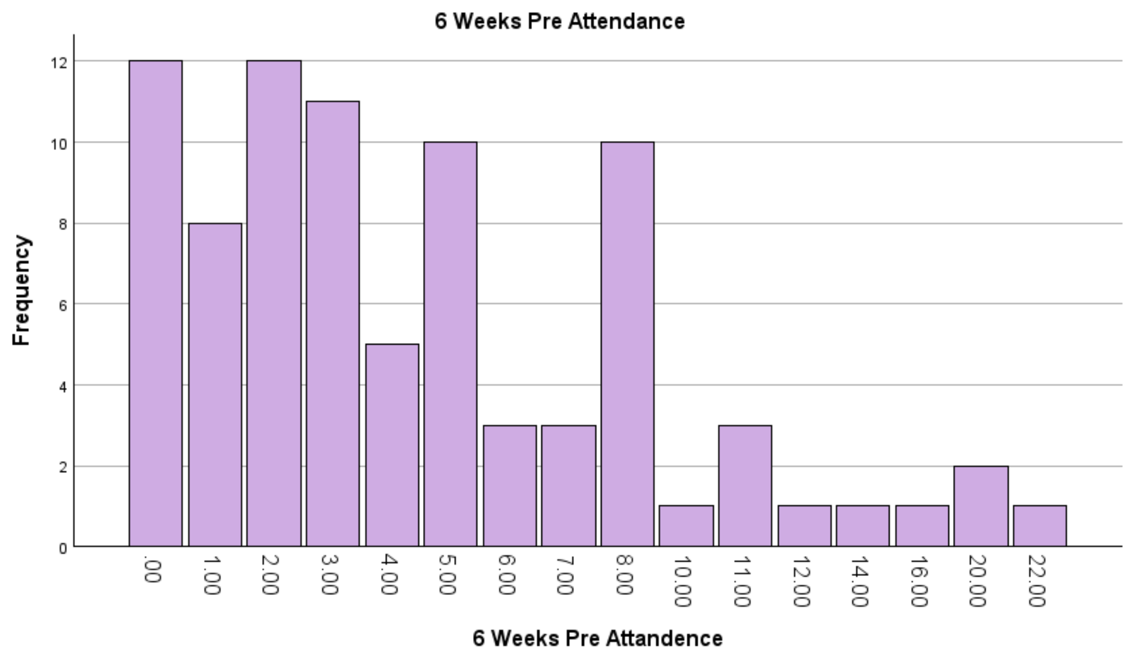


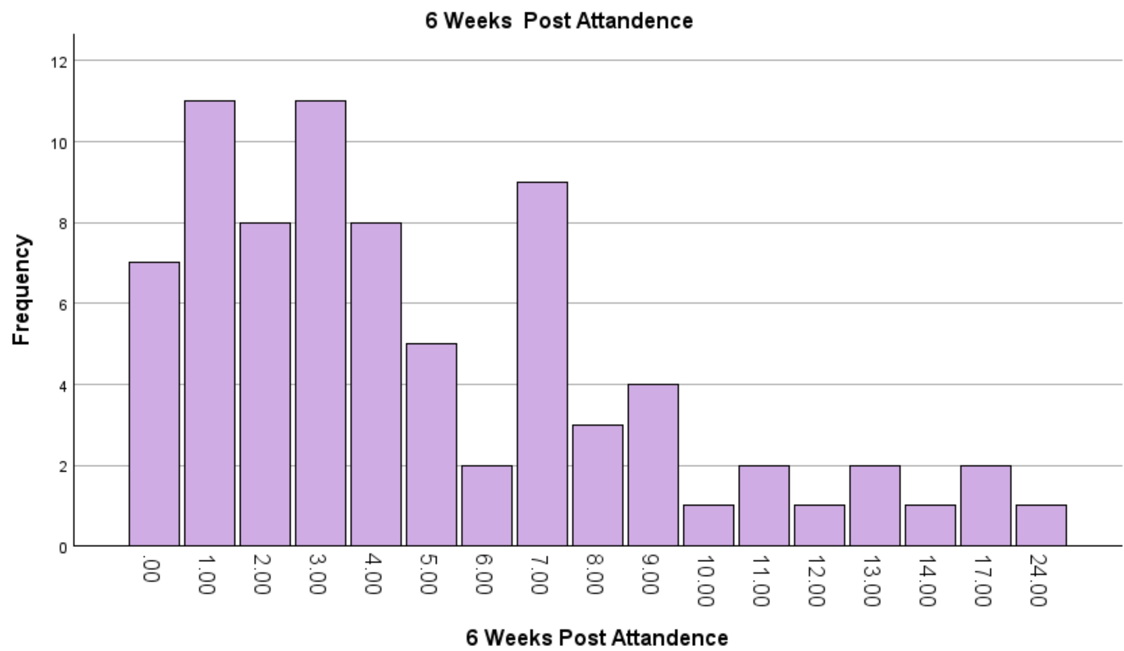
Table 12 provides data statistics on the students' attendance 6 weeks after participating in sessions. Attendance includes the number of absences. There were 78 valid data points, and 23 were missing. The average number of days missed was 5, and the standard deviation was 4.56951.

Table 12. Attendance 6 Weeks Post

Statistics

6 weeks after

N	Valid	78
	Missing	23
Mean		5.0513
Median		4.0000
Std. Deviation		4.56951
Minimum		.00
Maximum		24.00



Treatment

Table 13 demonstrates the data statistics on individuals who met their treatment goals. The data included 61(60.4%) participants who reached their goals, 19 (18.8%) partially met their goals, 9 (8.9%) did not meet their goals, and there were 2 (2%) individuals who were listed as others. There were 10 (9.9%) of the data missing in the system.

Table 13. Met Treatment Goal(s)

Met Treatment Goal

	N	%
Reached Goals	61	60.4%
Partially Reached Goals	19	18.8%
Did Not Reach Goals	9	8.9%
Other Reasons	2	2.0%
Missing System	10	9.9%

Table 14 summarizes the data statistics on the number of days the individuals participated in sessions. The data included 92 participants, and 9 were unaccounted for due to missing data. The average number of days in treatment was 107.859, and the standard deviation was 56.1620.

Table 14. Number of Days in Treatment

Number of Days Statistics

Days_TX

N	Valid	92
	Missing	9
Mean		107.859
Median		98.000
Std. Deviation		56.1620
Minimum		2.0
Maximum		260.0

Correlations

Table 15 states the data statistics on the number of days the individuals participated in sessions. The data included 92 participants, and 9 were unaccounted for due data missing in the system. The average number of days in treatment was 107.859, and the standard deviation was 56.1620.

Table 15 findings indicate that there is a moderate positive relationship between the number of traumas reported by the parent and child ($r(88)=.530$, $p<.001$). The table also shows that there is no significant finding regarding the amount of time spent in treatment and attendance.

Table 15. Correlations

Correlations

		Days_TX	Trauma Experiences Reported by Child	Problems at School	Trauma Experiences Reported by Parent
Days_TX	Pearson Correlation	1	.026	-.138	-.017
	Sig. (2-tailed)		.807	.193	.875
	N	92	88	90	91
Truma Experiences Reported by Child	Pearson Correlation	.026	1	.130	.530**
	Sig. (2-tailed)	.807		.226	<.001
	N	88	90	89	89
Problems in School	Pearson Correlation	-.138	.130	1	.098
	Sig. (2-tailed)	.193	.226		.355
	N	90	89	92	92
Trauma Experiences Reported by Parent	Pearson Correlation	-.017	.530**	.098	1
	Sig. (2-tailed)	.875	<.001	.355	
	N	91	89	92	93

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

CHAPTER FIVE

DISCUSSION SUMMARY/CONCLUSION

Introduction

The aim of this study was to investigate whether there is a correlation between extensive trauma experiences, diagnosis, living arrangements, and problems at school with school attendance. The research focused on mental health services as an all-encompassing program that could address these areas. Mental health services can help to identify and address issues related to diagnosis, living arrangements, and problems at school.

This study investigated the impact of school-based mental health services and student attendance in a K-12 public school system in a southern California school district. The data utilized in the study was secondary data. This section will discuss the results provided in the results section. Additionally, this chapter will discuss the implications of social work regarding policy, education, and research. The last section of this section will discuss the strengths and limitations of the research and end with a conclusion.

Discussion

The study analyzed data from students six weeks before and six weeks after they received mental health treatment. The researchers anticipated that the student's attendance would improve once their mental health issues were being addressed. Surprisingly, the research did not show an improvement in students'

attendance once they completed mental health treatment. The data showed that the maximum number of absences before treatment was twenty-two, and the maximum number of absences after treatment was twenty-four. The data shows that the number of max absences increased after treatment. The reasons for the student's attendance were unknown, and the data did not account for excused or unexcused absences.

Additionally, there was missing data on students' attendance; the data for pre-attendance has 88 valid participants (data collected) and 17 missing participants data. The data for post attendance has 78 valid participants (data collected) and 23 participants missing data. Another contributing factor for no significant difference in attendance can be the reason for the absences. Mental health services are limited in helping clients with transportation or personal health problems. Thus, this research does not confirm what the current research has proven. The literature review found that multiple factors, such as school climate and stressors in the home and community, cause truancy. Research has shown that truancy can decrease when the school brings the parents, community, and children together. The mental health intern or licensed social worker created a sense of community when treating the students.

The literature review found that students who have issues with truancy are those who have divorced parents, students who have separation anxiety, conduct disorder, attention deficit disorder, or substance use (Nik Jaafer, et. al., 2013, p27). The data showed that 19.8% of the students had a primary diagnosis

of anxiety disorders, 3% had disruptive disorder, and 2% had attention deficit disorder. This suggests that 24.8% of the students may have had issues with truancy due to their diagnosis. Additionally, a leading cause of truancy problems at school is due to the school climate. Students are more likely to attend school if the environment is safe and the school culture is positive (Jacobson, 2022). The research looked at the number of problems the students experienced at school. The data shows that 74.4% of students had problems at school ranging from 1 to the max of 6 problems. This contributes to the insignificant change in attendance after mental health treatment.

Students receive mental health treatment from graduate students pursuing a Master of Social Work, social workers holding a master’s degree, and licensed clinical social workers. The interventions school social workers use have an impact on reducing students' risk factors that contribute to stress (Newsome et al., 2013). School-based social workers are trained with the tools needed to address the psychosocial problems of students. Data shows that 60% of students treated by school social workers met their treatment goals, while 19% partially met them. The data suggest that 79% of the students had a positive outcome with receiving mental health treatment from school social workers.

Additionally, data was collected on the number of traumas the child had endured. There are two data sets for the number of trauma experiences, one from the parent's perspective and the other from the student’s. The data showed that the two data sets were identical. The students and parents perceived the

number of trauma experiences as the same. The correlation test conducted showed a strong correlation between the two data sets for trauma experiences. This was a surprising finding to the researchers. Additional information was collected that added to family dynamics; 97% of the students lived with their biological parents or family. Living with a biological family is a protective factor and, therefore, enhances the students' safe environment in which to be vulnerable.

Implications for Social Work Practice, Policy, Education and Research

Future Research and Education

The research implies that there is no significant correlation between students receiving mental health treatments and their attendance. Future research should not focus on attendance but on the client's behavior change as an indicator that mental health services have positively impacted the student. Attendance has multiple factors that can be attributed to a client not attending school.

The study shows that a significant number of the students had a problem(s) at school. Future research should investigate this further to better understand the school factors that are contributing to a student's missing school. By comprehending the root causes of these problems, we can come up with appropriate solutions to address them.

The study found that parents' understanding of their child's trauma correlates positively with the child's perspective. This suggests that parents are

knowledgeable and invested in their child's life and are aware of the traumas that have affected them. Future research should investigate this correlation and investigate why that is happening.

Policy and Social Work Practice

Unfortunately, many school districts nationwide do not have social workers on staff. For instance, California has no policy that mandates schools to employ counselors, school social workers, or psychologists (Jones, 2022). Implementing policies that require schools to hire social workers can benefit the children.

For example, according to Jones (2022), California ranks among the states with the lowest counselor-to-student ratio of 1:601. The ratio for school social workers is even lower at 1:6,000. By increasing mental health social workers in schools at a reasonable ratio, students can have access to the resources they need to overcome mental health issues. However, it is essential to implement policy changes to make this possible.

Social workers can create a significant impact on the lives of students by collaborating with schools. While addressing mental health is essential, working with schools to improve the overall school climate can lead to positive changes that benefit the well-being of students. Together, social workers and schools can create a brighter future for students.

Strengths and Limitations

Strengths

This study had a couple of strengths that aided in collecting and facilitating the data. One strength of the research is the partnership between

CSUSB and the Southern California School District. This partnership allowed the researchers access to the data to collect quickly and accurately. The partnership allowed the researchers continued access to perform quality checks of the collected data. Another strength of the data is the sample size. The data started with 101 participants. Additionally, secondary data was collected for research on children and adolescents. This allowed the researchers to generate new insights from what was previously collected.

Limitations

The study's findings cannot be generalized, limiting the impact of the research. The data collected was from a select population that is unique to the district they are in. The data can only replicate this specific school district. The population that received treatment were individuals who received services in a school setting. The school setting is appropriate for preventative and early intervention services: tier 1 and tier 2. This explains why the primary diagnoses are low to mild mental health disorders. This has limited the data pool to only mild and moderate mental health disorders.

Additionally, interns are the primary clinicians providing mental health services in this school district. Interns have a limited scope and knowledge to treat individuals who need higher-level care, which has limited the data pool and resulted in the data not aligning with the current research.

Another limitation the researchers found was collecting the number of absences. The absences were collected six weeks before the client started sessions and six weeks after completion. The clients were selected randomly,

which caused the researchers to get clients who participated in treatment towards the end of the school year. The clients who participated later in the year did not have six weeks post attendance. This limits data accuracy for six weeks post-attendance, contributing to the weak correlation between attendance and the impact of utilizing mental health services.

An additional limitation regarding absences is the way the data was collected. All absences were categorized the same, and the data did not account for the reasons of absences. There are different reasons why clients may have been absent from school. The client could be absent due to illness, transportation issues, an appointment, or a situation out of their control. The data needs to differentiate the reasons a student was absent.

Another area for improvement the researchers faced was how the assessments were completed. Data was missing from some of the participants. The interns were required to complete an assessment, treatment plan, and discharge summary. Some interns did not complete and/or record them in the system; therefore, they were missing from the client's files.

Conclusion

The study was conducted to see if student participation in mental health services, which addresses trauma, diagnosis, living arrangements, and problems at school, has a positive impact on their attendance. The results indicated no significant impact on student's attendance who received mental health services.

Previous research has indicated mental health services have inclusive results when addressing attendance (Kang-Yi et al., 2013).

Previous research has also shown that students want clear and meaningful consequences for truancy and to feel supported by their school. They suggest having the school system address their emotions and mental health needs and engage their families as part of the solution (Gase et al., 2016). The mental health services addressed the student’s needs, but no data about the school environment was collected. The study raised questions about the school climate and how that might affect the student's attendance, especially since 74% of the students had problems at school. To address the truancy problem at a school, the school and social workers must collaborate to help change the school climate. This study shows that participation in mental health services is not enough to increase attendance. Previous research has shown that students want a positive school climate; thus, school staff must additionally focus on changing the school's climate.

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

October 6, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Protocol Change/Modification
IRB-FY2023-54
Status: Approved

Anissa RogersJohanna Garcia-Fernandez, Morgan_deactivated Stokes_deactivated
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Anissa Rogers Johanna Garcia-Fernandez, Morgan_deactivated Stokes_deactivated:

The protocol change/modification to your application to use human subjects, titled "Impact of school-based mental health services on student attendance at a southern California school district" has been reviewed and approved by the Chair of the Institutional Review Board (IRB). A change in your informed consent requires resubmission of your protocol as amended. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study. A lapse in your approval may result in your not being able to use the data collected during the lapse in your approval.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following by submitting the appropriate form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing them in your study to ensure the degree of risk has not changed.
2. If any unanticipated adverse events are experienced by subjects during your research study or project.
3. If your study has not been completed submit a renewal to the IRB.
4. If you are no longer conducting the study or project submit a study closure.

You are required to keep copies of the informed consent forms and data for at least three years.

ASSIGNED RESPONSIBILITIES

Johanna Garcia-Fernandez and Morgan Stokes both contributed to creating chapters 1,2,3,4 and 5. Both individuals collaborated to complete the Thesis project.

REFERENCES

Bryant, C., & VanGraafeiland, B. (2019). Screening for Adverse Childhood Experiences in Primary Care: A Quality Improvement Project. Journal of Pediatric Health Care. https://doi.org/10.1016/j.pedhc.2019.09.001

Blodgett, C., Lanigan, J. (2018). The Association between Adverse

California Hopeful Futures Campaign. Hopeful Futures Campaign. (2022, May 17). https://hopefulfutures.us/action-california/

Childhood Experience (ACE) and School Success in Elementary School Children. School psychology quarterly, 33 (1), p.137-146. http://dx.doi.org/10.1037/spq0000256

Ford, J., & Sutphen, R. D. (1996). Early Intervention to Improve Attendance in Elementary School for At-Risk Children: A Pilot Program. Children & Schools, 18(2), 95–102. https://doi.org/10.1093/cs/18.2.95

Gase, L.N., DeFosset, A., Perry, R., Kuo, T. (2016). Youths' Perspectives on the Reasons Underlying School Trauncy. The Qualitative Report, Volume 21 (2), 299-320.https://www.proquest.com/openview/3d1e00027a8ad8d26d9a33d2c6ceff55/1?pq-origsite=gscholar&cbl=55152

Huffman, A. M. (2012). Students at Risk Due to a Lack of Family Cohesiveness: A Rising Need for Social Workers in Schools. The Clearing House: A Journal of Educational Strategies, Issues and Ideas, 86(1), 37–42. https://doi.org/10.1080/00098655.2012.731022

Jacobson, L. (2022, May 11). As Absenteeism Skyrockets, Schools get Creative About Luring Back Lost Students. The 74. https://www.the74million.org/article/as-absenteeism-skyrocket s-schools-get-creative-about-luring-back-lost-students/

Jones, C. (2022, May 31). Counselors not part of one California district's plan to tackle student mental health. EDSource. https://edsource.org/2022/counselors-not-part-of-one-californi a-districts-plan-to-tackle-student-mental-health/672828

Kang-Yi, C. D., Mandell, D. S., & Hadley, T. (2013). School-Based Mental Health Program Evaluation: Children’s School Outcomes and Acute Mental Health Service Use. The Journal of School Health, 83(7), 463–472. https://doi.org/10.1111/josh.12053

Keppens, G., & Spruyt, B. (2020). The impact of interventions to prevent truancy: A review of the research literature. Studies in Educational Evaluation, 65, 100840. https://doi.org/10.1016/j.stueduc.2020.100840

Kerker, B. D., Zhang, J., Nadeem, E., Stein, R. E. K., Hurlburt, M. S., Heneghan, A., Landsverk, J., & McCue Horwitz, S. (2015).

Adverse Childhood Experiences and Mental Health, Chronic Medical Conditions, and Development in Young Children. Academic Pediatrics, 15(5), 510–517. https://doi.org/10.1016/j.acap.2015.05.005

Kim, J. S., & Streeter, C. L. (2008). Increasing School Attendance: Effective Strategies and Interventions. The School Practitioner’s Concise

Companion to Preventing Dropout and Attendance Problems, 3–12. https://doi.org/10.1093/acprof:oso/9780195370577.003.0001

LaFortune, J., Herrera, J. (2021, January 31). Who Stands to Gain from Changes in School Enrollment Funding? Public Policy Institute of California. https://www.ppic.org/blog/who-stands-to-gain-from-changes-in-school-enrollment-funding/.

McDaniel, S. H. (1981). treating school problems in family therapy. Elementary School Guidance & Counseling, 15(3), 214–222. http://www.jstor.org/stable/24009120

Meyerhoff, B. (2022). Attendance Issues Could Drive a Change in How School District Funding is Calculated. California State PTA.https://capta.org/attendance-issues-could-drive-a-change-in-h ow-school-district-funding-is-calculated/

Michelle Decker Gerrard, Alyssa Burhans, and Jennifer Fair Gerrard, M. D., Burhans, A., Fair, J. (2003). Effective truancy prevention and intervention A review of relevant research for the Hennepin County School Success Project.https://www.wilder.org/sites/default/files/imports/hennepinctysc hoolsuccess8-03.pdf

Newsome, Anderson-Butcher, D., Fink, J., Hall, L., & Huffer, J. (2008). The Impact of School Social Work Services on Student Absenteeism and Risk Factors Related to School Truancy. School Social Work Journal, 32(2), 21–38.

Nik Jaafar, N. R., Tuti Iryani, M. D., Wan Salwina, W. I., Fairuz Nazri,A. R., Kamal, N. A., Prakash, R. J., & Shah, S. A. (2013).Externalizing and internalizing syndromes in relation to school truancy among adolescents in high-risk urban schools. Asia-Pacific Psychiatry, 5, 27–34. https://doi.org/10.1111/appy.12072

Oelsner, J., Lippold, M. A., & Greenberg, M. T. (2010). Factors Influencing the Development of School Bonding Among Middle School Students. The Journal of Early Adolescence, 31(3), 463–487. https://doi.org/10.1177/0272431610366244

Peterson, N. A. (2014). Empowerment Theory: Clarifying the Nature of Higher-Order Multidimensional Constructs. American Journal of Community Psychology, 53(1-2), 96–108. https://doi.org/10.1007/s10464-013-9624-0

Sheldon, S. B. (2007). Improving Student Attendance With School, Family, and Community Partnerships. The Journal of Educational Research, 100(5), 267–275. https://doi.org/10.3200/joer.100.5.267-275

Stalnecker, D. (2022, March 9). History of school social work. SSWAA. https://www.sswaa.org/post/history-of-school-social-work

USC. (2019, February 4). The Role of School Social Workers. https://msw.usc.edu/mswusc-blog/what-is-a-school-social-worker/