Quantitative Research Paper

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Assignment 3

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Introduction

Children are unique and have individual needs that we as parents, caregivers, teachers, or counsellors must attend to. I have spent fourteen years in the schools as a teacher and a counsellor. I also have children of my own, so it was only natural to choose a research topic that involved students and mental health. In particular, it is school based counselling that interests me. The unique nature of school based counselling provides students with great opportunities to receive the support they may need. However, for various reasons, many students still do not seem to utilize these opportunities.

I have often wondered how many of the students in school are dealing with situations or difficulties that they aren't able to tell others about. There may be many reasons for this: shame, guilt, fear, uncertainty, stigma, etc. I believe the goal of a school counsellor is to serve as an advocate for the students and to help them out in whatever ways are possible, so that learning can take place. It has been well documented how stress is a barrier to learning (McEwen & Sapolsky, 1995; Lupien, et al, 2009). My previous qualitative research identified the views of special educators regarding mental health (VandenHoek, 2014). Mental health was identified as being an integral part of education, and schools are ideal places to build relationships with students so that with some training, they can support them in a mental health capacity.

Schools are primarily institutions of learning. In my role as counsellor, I have often experienced frustrations with a lack of acknowledgement for the mental health needs of students. These sentiments of apathy exist among the students themselves, as well as among their parents and teachers. What I hope to achieve is to develop a greater

understanding for what the extent of students' mental health needs are, as well as how we as an entire school can facilitate meeting these needs for the students.

The primary focus of this research is to identify three things:

1. What are the mental health needs of students?
2. What the barriers are that prevent students from accessing school based mental health care?
3. What role so school counsellors play in connecting students to out of school mental health care.

Synthesis of the Literature

Approximately 15-20 % of children and adolescents in Canada suffer from some form of mental disorder (Kutcher et al., 2009). This equates to about one in five students in the typical classroom. Manion and Short (2011) suggest that 70% of adults living with a mental illness indicated the onset of the illness occurred before they were 18 years old, and 50% said it began before age 14. It is apparent from these numbers that mental health is increasingly becoming a reality that schools must face.

Numerous papers have been published emphasizing the importance of mental health. Prince et al. (2007) state that: "about 14% of the global burden of disease has been attributed to neuropsychiatric disorders" (p. 859). They also argue that, in general, mental and physical disorders are treated and reported separately, and thus it is very likely that the burden of mental disorders has been underestimated. Meldrum, Venn, and Kutcher (2009) state that particularly during adolescence, mental health is as important to a person's well being as their physical health (p. 3).

Research conducted by Mihalas et al. (2009) demonstrated that students who struggle with emotional and behavioural disorders had significantly poorer school and life outcomes. They tended to fail more courses, were more frequently absent from school, and their drop out rates were higher.

The most common mental illnesses that arise in school age children are depression, anxiety, eating disorders, personality disorders, attention deficit disorder, and substance abuse. Schizophrenia does not usually occur until the late teens, but the signs may be evident in early teens. Suicide rates are also increasing. In Canada, suicide is now the second highest cause of death for youth aged 10 to 24 (Government of Alberta, 2014).

Stigma is one of the major barriers that prevents people from seeking help for mental or emotional problems (Corrigan, 2004). This is true for adults, and also seems to be true for school aged children. Seeking help mental health problems is perceived to be a weakness by many. Others may be afraid to open up about their personal matters.

Prior (2012) found that there are many reasons why these stigmas exist in schools. He also recommends that school counsellors engage students in counselling through a step-by-step process to manage the stigma and break down the barriers to counselling. Six stages are identified as common in the engagement process (Prior, 2012, p. 236):

1. Acknowledgement to self of a personal concern.
2. Interaction with a supportive adult acting as an informant and facilitator to access counselling.
3. Contemplation of attending counselling, including re-evaluation of nature and extent of concern in the light of conversation with facilitator and assessment of potential gains and losses from engagement with counsellor.

4. Decision to meet with counsellor.
5. Evaluating the reliability and trustworthiness of the counsellor and the capacity of the service to maintain confidentiality.
6. Decision to disclose full nature of concern to counsellor.

It can be a huge step for students to commit to even going to see the counsellor for an initial visit, and even more so to committing to more extensive counselling with possible disclosure and it's implications. The steps listed above can help school staff, and counsellors themselves, to understand how important it is to build relationships and take steps to reduce the stigmas students' face regarding mental health and counselling.

Integration of articles and the Knowledge Vee analysis

The two articles selected both deal with school mental health services. The first article is titled "Stigma in school based mental health: perceptions of young people and service providers" (Bowers, Manion, Papadopoulos, & Gauvreau, 2013). The second is titled: "School mental health services: signposts for out-of-school service utilization in adolescents with mental disorders? A nationally representative United States cohort" (Tegethoff, Stalujanis, Belardi, & Meinlschmidt, 2014). These articles were selected because they address the need for mental health services in schools, the barriers that prevent students from accessing these services, and what role schools play in referring students to out-of-school help.

Article 1: Stigma in school based mental health services: perceptions of young people and service providers (Bowers, et al., 2013).

Focus Question

The guiding questions in the Bowers, et al. (2013) study are the following:

1. What are young people's perceptions of stigma as a barrier of accessing school-based mental health services compared to that of service providers?
2. What are the perceived extents of mental health problems and availability of school-based mental health resources?

Both of these questions clearly relate to two of the earlier stated questions dealing with understanding the mental health needs of students as well as the barriers that may prevent them from receiving help.

Conceptual/theoretical

The authors of this study believe that children and adolescents often go through stressful times. In fact, they provide evidence from several different sources that one in five adolescents will be affected with a mental illness. They cite Kessler, et al. (2005) that "half of adult disorders will emerge before the age of 14 and 70% before the age of 18" (p. 165). This makes "adolescence a critical period for the identification and remediation of disorders" (Bowers, et al., 2013, p. 165). It is imperative then that barriers to accessing mental health services be reduced.

Bowers, et al. (2013) also illustrate that literacy in schools regarding mental health is quite low. Students often feel that they will not be supported by parents and teachers if they reach our for mental health help. Estimates are quoted from the U.S. Surgeon general (1999) that as many as 70% of young people with a mental health need do not access services. Other research conducted by Chandran and Minkovitz (2007) show that the main reason for this barrier is the stigmas that exists surrounding mental health.

As a result of the stigmas that exist related to mental health, the students who need help but do not receive it end up with other negative coping patterns, and may often be suicidal. It is estimated that 90% of adolescents who die by suicide have an unmet mental health need (Brent, Perper, & Moritz, 1993: Shaffer, et al., 1996; as cited by Bowers, et al., 2013, p. 165). Even stigmas that exist within the mental health service sector are barriers for adolescents. Star et al. (2005) identify three potential reasons: a lack of value for clients by professionals, high staff turnover rates, or lack of support for staff from organizations.

Bowers, et al. (2013) then propose that it can be assumed that regardless of the origins of the stigma, a reduction in it would lead to an increase in adolescents accessing mental health services. Programs that are successful in reducing the stigma have three key components: they provide positive brief contact with someone with a disorder, they include education regarding disorders, and they provide an opportunity to protest.

One other important element in this study is the way in which the programs were categorized. Four types were identified. The first is curriculum-based programs that are embedded into the curriculum and target all students. The second type is school-based programs that are run in the school but are not necessarily part of the curriculum. The third is school linked, which are those are connected to the school, where the school may be a referral source, but the program is run externally. Fourthly, there are programs that listed as other. These may be training programs, alternative schools, or other programs that exist as pilot studies.

Objects of study

The study was conducted with two groups of respondents. One group was a group of high school students and the other school based mental health service providers. The students were 13-20 years or age and currently attending a Canadian high school. They participated voluntarily through an online survey from an outside source. Forty-nine young people with and without a mental health concern completed the survey. 82.2% or respondents were female, 80.4% were white, and 74% were from Ontario. 57.5% had a self-reported mental health concern, of which 68% of them had been diagnosed by a doctor, and 64% had received treatment.

The other group of participants consisted of 63 program leaders associated with school-based mental health and/or substance abuse programs in secondary schools across Canada. 17 of them were affiliated with curriculum-based programs, 23 from school-based programs, 13 from school-linked programs, and 10 from other programs.

Methodological

The two groups of respondents each completed a survey. The high school students completed the Youth Online Survey, consisting of 35 questions that evaluated their perceptions of the following:

1. The extent of mental health problems in schools.
2. Resources available for young people.
3. The impact of stigma on young people and their use of services. This included questions about:
    a. barriers associated with seeking mental health services,
    b. if stigma was a problem for young people in their school,

c. if people with mental illness think they are treated differently because of their illness, and
d. if they have difficulty making friends or keeping old ones.

Most of the questions were ranked on a 5 point Likert scale, and there was one open-ended question and one question where respondents were asked to select the prevalence of different mental health issues in their school. The other group of respondents completed the School-Based Mental Health and Substance Abuse Interview that consisted of 32 open-ended questions.

The following is a summary of the results of the surveys:

1. 69.5% of students perceived stigma as a significant barrier to accessing school based mental health services vs. 51% of school service providers.
2. Young people with a self-reported mental health concern perceived stigma as a barrier about the same as those without a mental health concern.
3. 47.8% of young people perceived stigma as the number one barrier to accessing mental health services.
4. 23.1% of those with a mental health concern ranked not knowing where to go for help as a reason for not accessing services.
5. 20% of those without a concern ranked peer pressure and know knowing you have a problem as a barrier.
6. 68% overall reported being concerned about mental health and substance abuse problems.
7. 71% reported that very few of their friends had mental health problems.

8. 64% of overall respondents ‘disagreed’ of ‘strongly disagreed’ that there were resources at their school to deal with mental health concerns.
9. 31.5% felt that teachers were prepared to deal with mental health issues.

Young people’s perceptions of barriers to accessing mental health services were presented in Table 1 in the report.

Based on the data that was collected, it is apparent that young people definitely perceive that there are barriers to accessing mental health support, and that stigma plays a large role in this. It is also apparent that school-based service providers do not believe that stigma plays as large of a role in creating barriers. This does not mean that service providers didn’t recognize the stigma. 51% of them did, but this number is significantly less than the 70% of students. The research also identified that the second most common barrier varied somewhat among subgroups, in particular those with mental health concerns identified not knowing where to go as the second reason, while those without a concern reported peer pressure and not knowing there was a problem. The authors suggest this inconsistency may result from low levels of mental health literacy in schools. This is supported by Chandra and Minkovitz (2007).

The study also highlights a discrepancy between the perceived level of mental health problems by students and what other research suggests. 71% of student respondents claimed not to have friends with mental health problems, while other literature suggests one in five adolescents will suffer from a mental disorder. The research also answers the second part of focus question 2. There is definitely a perception among young people that there is a lack of resources available at their schools to deal with mental health problems.

The authors of the study suggest that this research reinforces that there is "value in the inclusion of both young people and educators when identifying, developing, or refining school based mental health programs (Bowers, et al., 2013, p. 169). They propose that students and mental health providers work together to reduce the stigmas associated with mental health and increase the support available to those who need it. They also suggest that school boards should encourage schools and educators to increase the levels of mental health literacy and decrease the stigmas associated.

There were a few significant limitations in this study. The sample size was quite small, and the majority of participants were white and from Ontario. In addition, the study depended entirely on self-reporting for the student survey. Young people voluntarily accessed the survey from an outside source which does not really present a clear random sample of children and adolescents.

Interplay

The Vee analysis process helped me to organize the information in the study in a way that was easy to see at a glance. It clarified for me the difference between the conceptual side of the study and the methodological side. I now understand how the knowledge that comes out in the research either validates or refutes the value claims held by the authors. In this case they validated them.

Article 2: School Mental Health Services: Signpost for Out-of-School Service Utilization in Adolescents with Mental Disorders? A Nationally Representative United States Cohort (Tegethoff, et al., 2014)

Focus Question

The focus question of this study deals with what the role is of school mental health services as a guide to mental health care in different out-of-school service sectors

in children and adolescents with mental disorders. This relates to my overall research question three, regarding the role school counsellors have in referring student to mental health services outside of the school setting.

Conceptual/theoretical

The authors of this study believe that health care systems in countries around the world are increasingly feeling the pressures of mental disorders in adults, adolescents, and children. Several health institutions and scientific journals have documented the need to integrate mental health into all aspects of health research and health care delivery (Tegethoff, et al., 2014, p. 1). Schools are obviously at the front end of providing care, including mental health care, for children and adolescent. Under current circumstances, most schools are not able to provide this care, however, they are in a unique situation to link children and adolescents to out-of-school services. Merikangas, et al. (2011, as cited in Tegethoff, et al., 2014) illustrate how that many children with mental disorders do not receive adequate care. The care is available, but the research suggests that it is not being accessed. Early intervention certainly increases the chances of long term successful treatment (Kieling, et al., 2011). However, the medium interval between the first onset of a mental disorder and first contact with treatment has been shown to be almost ten years (Wang, et al., 2005).

The main object of this study is to estimate the role of school mental health services as a guide to care in out-of-school sectors for mental health treatment. It is important to understand several points related to this research. First of all, it is important to recognize the extent of mental health problems among school-aged children. The authors cite eight different sources that document the extent of this problem. Several

sources are also referenced that provide information regarding what care is available to students both in and out-of-school.

Objects of study

The initial study was conducted on 10148 students from 2001 to 2004. Out of this initial group, a subsample of 6483 students were surveyed for this study. 3656 of them (56.4%) were diagnosed with a lifetime mental disorder.

Methodological

Three assessments were used in this study:

1. The WHO Composite International Diagnostic Interview (CIDI) Version 3.0 was used with adolescents.
2. Parents and caregivers were given a self-administered questionnaire about whether their offspring suffered from any mental illness.
3. Information about the mental health service use of children and adolescents was obtained using the Service Assessment for Children and Adolescents.

Secondary analyses were conducted to adjust for sociodemographic factors to validate the results.

Two tables present the data. Table 1 provides information on mental health service utilization in different sectors and on sociodemographic characteristics of the study sample. Table 2 provides the discrete-time proportioned hazard models for school mental health service utilization predicting out-of-school service sector use in different sectors.

It was found that utilization of school services for mental health problems is a valid predictor of subsequent service utilization of the mental health, medical health, and other out-of-school service sectors. This emphasizes that school mental health services are key

components of mental health care in society. Thus, schools should be doing what they can to increase the level of mental health care to those who need it. This care can either be provided in the school setting or out-of-school, but it should be provided in the early stages of the development of mental illness.

Interplay

Conducting the Vee analysis with this study once again enabled me to conceptualize the data, and provided me with an overview of the methodologies used in the study. The research presented in this study was conducted on a significantly large sample with a good cross section of representation from children, adolescents, caregivers, schools, and other mental health service providers. It is worth noting that the data is entirely gathered from an American sample, however, it can be assumed that Canadian data would be similar.

Summary of quantitative studies

The research presented in both of these studies has reinforced my belief that schools play a critical role in the mental health system. A report published by the Mental Health Commission of Canada (2013) also clearly identified how schools are ideal places to promote positive mental health and provide early intervention for mental health problems. Although most of the data was quantitative in nature, each of the studies used some qualitative data gathering. Quantitative data is generally more accepted by policy makers and funding agencies, but it is difficult to accumulate hard quantitative data on issues that are mental and emotional in nature. In particular, though, the Tegethoff et al. (2014) study effectively quantified some of the qualitative data acquired through the structured clinical interviews.

Summary

The process of quantitative inquiry is one in which the researcher tries to be as objective as possible in assessing the behaviour being studied (Leedy & Ormrod, 2013). The inherent strength in quantitative research lies in the ability of the researcher to present it in this objective way. This can certainly be a challenge for those who study human behaviours. The ability of the researcher to record behaviours in a quantitative way is what makes quantitative research credible.

There are several key things that came out of the two studies considered in this paper. The first is the overwhelming evidence that mental health is a vital component of effective education. Students who struggle with mental health issues need the support of school staff in order to learn to their potential. My experience is that when asked, most educators do recognize this, however it seems that many do not feel equipped to provide students with the extra support that they need.

Secondly, if schools are to provide support to these students, there needs to be a commitment to reducing the barriers that prevent students from accessing mental health help. Educating staff members, creating awareness, and providing schools with access to mental health professionals are necessary steps that schools need to take.

In the third place, I believe that if change is to take place, there needs to be involvement from policy makers and government officials. The research in these two studies shows that mental illness often begins during childhood and adolescence. Left unchecked, the mental health issues that may be relatively minor have the potential to develop into lifetime problems. The costs of these problems are astronomical. It has been estimated that the overall cost of mental illness to society in Canada is $14.4 Billion (Dewa, McDaid, & Ettner, 2007), and this amount is only expected to increase. If interventions can occur at the early stages, perhaps in a generation or two we will begin to see a shift in this.

One component that was missed in both of these studies is the involvement of the families of students affected by mental illness. Schools should work together with families to recognize problems, reduce the stigmas, and direct children and adolescents to out-of-school mental health support networks. It would be interesting to conduct some research amongst school families to gain a better understanding of how much awareness exists regarding mental health, and how schools can work together with families to reduce the barriers and the stigmas that are keeping out children from overcoming mental illness.

In conclusion, the research strongly suggests that mental health is a key indicator to overall health, and society has a responsibility to empower schools and families so that those affected can receive the support they need. Schools have a duty to promote mental health awareness, and support those affected through in school as well as out-of-school programs.

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