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**MENTAL HEALTH AND HOW IT AFFECTS ACADEMIC PERFORMANCE
IN SPECIAL EDUCATION STUDENTS**

A MASTER'S THESIS

SUBMITTED TO THE FACULTY

OF BETHEL UNIVERSITY

BY

JENNA NEWBERGER

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF ARTS

FEBRUARY 2023

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IN SPECIAL EDUCATION STUDENTS**

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APPROVED

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FEBRUARY 2023

ACKNOWLEDGEMENTS

I couldn't have gone through graduate school without my husband and family. They have endlessly supported me, and I'm forever grateful.

My professors, thesis advisor and second reader have taught me an incredible amount of knowledge and shown me patience as we navigate through graduate school together.

ABSTRACT

Mental health is an important topic about which many people have heard or learned about. It affects all people in various ways and can especially affect careers, schooling and social lives. Because of this, it is imperative to understand how mental health correlates with students and their academic performance. This literature review with application thesis reviews many aspects of mental health and school performance through the exploration of scholarly articles. First, it explores what mental health is and all it entails. It then moves on to assess school performance and what can affect it. Lastly, the review correlates the two and how significantly mental health can affect school performance. The application thesis adventures through what a possible mental health screening could look like and tiered interventions to support mental health with students who may need extra support.

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CHAPTER I: INTRODUCTION

Thesis Writer's Story

The writer of this thesis was an elementary general education teacher for four years, and has suffered some mental health issues herself. The writer is now a special education teacher and has witnessed firsthand how important mental health needs are. It was noticed even in elementary school, where mental health needs were growing quickly and rapidly. There seemed to be a snowball effect when the mental health needs fluctuated, the students' academics plummeted. Because mental health is more accepted and is becoming a popular issue in our world, schools seem to be taking a pledge and a step forward when it comes to addressing these needs.

Unfortunately, schools wonder where to start, what curriculum should be used, and how many times it should be used per week. There is a tremendous amount of time and effort used to try and find the "best" resources. This means that time is lost trying to find resources instead of finding and supporting students who need the support mentally and academically. Another aspect that is widely used throughout schools in Minnesota is SAEBRS FastBridge. SAEBRS stands for Social, Academic, and Emotional Behavior Risk Screener (Royster, 2023). This quick quiz lasts around two minutes and flags students who might be in need of some mental health help and academic help. The students and teachers fill the short quiz out. The researcher's school uses this and appreciates how quick it is. However, it is very easy for anyone to be untruthful about their feelings which can be concerning when trying to discover students who may need some guidance and support.

At the middle school level, this writer notices the high need for mental health support, and it is not easily accessible. Students whose parents have insurance that covers a psychiatrist or psychologist are able to receive the help they need. Students whose parents may not have insurance or whose insurance might not cover mental health have a higher difficulty finding the help they need. It is very apparent that the majority of the students are not getting the support they need.

Schools are adopting social-emotional curriculum to help support the growing need for mental health in the school systems. Many schools have made it a priority to hire counselors to try and help with the emotional aspect of mental health. Too easily do students get left behind due to the teacher shortage. Not only would curriculum, an assessment that helps flag students who are in need of academics and emotional support, or more counselors would be helpful, but trying to understand what can affect all of these areas as a whole. The writer of this thesis is very passionate about supporting students and making sure their needs are being met.

Mental Health Needs

According to James Koller and Julie Bertel, around “15 million [children] in the United States experience significant symptoms with a diagnosable mental disorder during the course of any one year” (Koller & Bertel, 2006, p. 198). This number is concerning and may be overwhelming to hear. What even might be more concerning is the students that may not come forward about their mental health needs stay out of the statistics. “1 in 10 youth in the United States suffers from a mental health disorder severe enough to limit daily functioning in the family, school and community setting” (Koller & Bartel, 2006, p. 199). Because of this statistic,

it was noted that school performance would be affected for those who suffer from mental health disorders.

Not only is it concerning for children and their younger years, but how it can affect them later in life. According to Vaz et al., “Mental health problems in children and adolescents could be antecedents of chronic, complex, disabling and expensive complications in adult life” (2014, p. 1). This leads to the conclusion of needing more support to set young children up for success for the rest of their lives. According to Cleverley et al. (2020), around 70% of children have an early diagnosis of a mental health disorder and have those same issues leading into adulthood (p. 2). Adolescents transitioning into adult care for mental health disorders need more support than ever due to all of the changes that happen around that time. If students are entering the college scene, there are not as many support options for them as there are in grade school.

Academic Performance

Academic performance is important throughout childrens’ educational careers. Students need to receive passing grades in order to advance to the next grade. It is extremely necessary to earn higher than average grades if students are wanting to be accepted into prestigious colleges or for specific degrees. But what can deter students from receiving passing or above-average grades? Many know that socioeconomic status (access to education), executive functioning skills, motivation and more can all affect certain aspects of life. Mental health is a big area that affects many aspects of life and could potentially affect academic performance negatively.

A chronic health condition is considered “...as conditions that have lasted or are expected to last more than 3 months or 1 year and involve functional limitations or medical needs greater than usual for one’s age” (Crump et al., 2013, p. 179). In Crump’s study, their goal was to try

and figure out the correlation between various chronic illnesses and how they can affect school performance. It was mentioned that “students with mental health disorders had the highest absentee rate” (Crump et al., 2013, p. 181). Therefore, chronic illnesses have directly affected students with low performance on academic standards according to this study.

Supporting Mental Health

Social Emotional Learning has been a main concern of schools ever since the pandemic of COVID-19 hit. Schools noticed a decline in learning along with a decline in mental health without socialization among students. Schools are now trying to play “catch up” and meet the academic needs that were lacking due to distance learning, along with the social-emotional needs that also were low performing.

“Some participants reported feeling happy at home and limiting contact with the outside world; however, they acknowledged that while this felt safe, being isolated for prolonged periods was detrimental to their mental health” (Burton et al., 2021, p. 3). Young adults and older adults reported this. It was also mentioned in this study that when the world shut down due to the pandemic, mental health services were limited, which meant counselors or psychologists were hard to access. This could correlate with grade schools due to counselors being homebound and not being able to easily check in on the students they work with.

Jill Bohnenkamp and Sharon Stephan stated, “Promoting positive mental health and addressing the mental health needs of students in the low-stigma setting of the school is foundational to a safe and healthy school environment (Bohnenkamp & Stephan, 2015, p. 715). Schools need to be the foundation of a healthy environment due to students spending the

majority of their time there. Before schools can expect academic performance to increase throughout the school year, students' basic psychological needs have to be met.

Many are familiar with Maslow's hierarchy of needs. On the base of the triangle are basic physiological needs such as: drinking enough water and eating, getting a good amount of sleep each night, and having shelter. But second from the bottom of the pyramid is safety needs. Obviously, due to the pandemic, people didn't feel safe. They didn't feel safe to leave their homes and interact with others due to the fear of sickness. In order to meet that second basic psychological need, people who suffer from mental health problems need to feel safe and supported.

Supporting Academic Needs

First comes mental health, then comes supporting academic needs. Like mentioned above, individuals' mental needs have to be addressed before anything else. If their mind isn't in it, then students won't have the motivation to access their full potential. Once mental health is noticed and supported, then students are able to focus on improving their school performance. Some ways that students can be supported are summer school, interventions, Title I services and 1:1 work time.

Throughout this thesis project, it is its goal to understand all of the elements mentioned above. In order to understand mental health and its impact on academic performance, it is necessary to look at each area as a whole. What is mental health and how is it supported in schools? What is academic performance and what can affect academics? This project will look at how to best support students who have mental health issues and are struggling with academic performance.

Thesis Questions:

- 1) How does Mental Health positively and negatively affect academic success in students attending school?**
- 2) And how can schools support students with mental health needs and raise their academic performance?**

CHAPTER II: LITERATURE REVIEW

Research Process

The researcher used many different tools in order to find the right research-based journals for this thesis. Bethel online library was one of the main sources used. Many of the resources that were found in the library led to different source websites like Education Database, Psychology Database, EBSCOhost and Proquest databases. Google Scholar was also a main source that was used to find more resources for this thesis. Keywords that were used to find what was needed were: academic performance in school-age children, mental health, what is mental health, what affects school-age children, and best practices for supporting students with mental health.

Mental Health

It's important to understand how mental health occurs, what age, and who might be affected by mental health. This research project aims to understand all aspects of mental health before understanding how it might affect school performance. Mental health is such a wide umbrella, so it is imperative to understand what it entails to best understand what outlets are affected.

Many have heard of the term "mental health," but not many understand what it is, who it affects, and the wide range of health issues that it covers. While researching for this project, it was important to the thesis writer that mental health was understood before finding out how it affects school performance. A helpful article called "What is Mental Health" was found and it explained on an understandable level all the basics of mental health.

Bhugra et al. (2013) defined mental health as: "It is an integral and essential part of

overall health, which can be defined in at least three ways – as the absence of disease, as a state of the organism that allows the full performance of all its functions or as a state of balance within oneself and between oneself and one’s physical and social environment” (Bhugra et al., 2013, p. 3). The three different definitions depend on basic needs and how well they are obtained, which are the needs of Maslow’s hierarchy (physiological, safety, love and belonging needs, esteem and self-actualization) (Maslow, 1943, p. 372-385).

According to Bhugra et al. (2013) said, “The state of mental health implies that the individual has the ability to form and maintain affectionate relationships with others, to perform in the social roles usually played in their culture and to manage change, recognize, acknowledge and communicate positive actions and thoughts as well as to manage emotions such as sadness” (p. 3). Individuals who have problems with any of the things mentioned above could be susceptible to some sort of mental illness or mental health issues.

The article really emphasized what someone with strong mental health may look like and what are the signs and symptoms of that. People who may have strong mental health have positive relationships with others, obtain goals, hold jobs, and are able to stay positive despite adversities. Someone who may not have as strong of mental health may feel helpless, lacks self-confidence and has small emotional resilience (Bhugra et al., 2013, p. 3).

“What is Mental Health” (Bhugra et al., 2013) was a helpful article when it came to understanding the “basics” of mental health and what it might look like. The article gave multiple definitions of mental health and how it applies to Maslow’s Hierarchy of Basic Needs. This article did not mention how health can affect school performance, but the article was helpful in making a step toward understanding this thesis question.

A different article gave a definition of mental health that was similar to Bhugra et al. that might be relatable to some. Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Galderisi et al., 2015, p. 231).

The article *Global Mental Health 2: Child and adolescent mental health worldwide: evidence for action* (Kieling et al., 2011) really focused on mental health in low-income/middle-income countries. Gathering data and interviewing individuals to find out about the magnitude of the problem in these countries is deemed more difficult than expected. The article portrayed who might be affected by mental health and what are the risk factors for developing a mental health issue in low-income/middle-income countries. All of the research was portrayed in chronological order, starting with infancy and early childhood. Some impacts that have affected this research and study were cultural differences and what cultures defined “mental health” and different exposures individuals have to risk factors.

Kieling et al. (2011) found that:

“Life-long risk factors... consist of the genetic background, problems in the physical health and nutritional status of the child, the physical and mental health of carers, loss of carers or being orphaned, being raised in institutions, deficiencies in the psychosocial and educational environment, exposure to harmful substances and toxins, violence, armed conflict and war, forced displacement, immigrant status, natural disasters, gender disparity, severe physical punishment, and abuse or neglect” (p. 1516).

Life-long risk factors are factors that can affect individuals for the rest of their lives. The areas mentioned above can start early on or can happen later in life and affect people for an extended period of time. Not only are there life-long risk factors, but age-specific factors as well. Age-specific risk factors pertain to a certain period of time in an individual's lifespan. Age-specific risk factors might include adolescent parenting, unintended pregnancy, inadequate birth interval, and parental consanguinity as preconception risk factors for child mental health problems (Kieling et al., 2011, p. 1517). Risk factors are an important aspect to mention in order to prepare or understand why and when a mental health problem may occur for a specific group of people.

The article mentioned risk factors of early infancy and early childhood. “The early years of life are the period of maximum brain growth and formation of emotional regulatory patterns that affect later mental health outcomes” (Kieling et al., 2011, p.1517). This time frame of life is most important when young children are developing and understanding the world around them. The research article explained that this stage of life is not as widely studied as other stages, and there is not a lot of data regarding this time frame. Another fact that was mentioned for this time frame was many children under the age of five in low-income countries may not reach their full developmental potential due to risk factors that may include: vitamin deficiencies, HIV or AIDS, stunting and more (Kieling et al., 2011, p.1517).

This research article then went on to describe mental health issues and risk factors in school-age children (ages 5-18 years old). A representative study had shown that 68% of children in this age group had one or more chronic adversities. Some of these adversities were: tobacco, alcohol or drug use, family dysfunction, bullying, obesity, and more (Kieling et al., 2011, p. 1518).

Once the article mentioned the risk factors in major age groups: early infancy, early childhood, and school-age children, it explained interventions that could be used in order to prevent or reduce the effects of mental health. This research did mention that interventions are aimed at a specific group of people with available resources and have a “one size fits all” mentality. “Most preventive interventions implemented in early childhood in LMIC target overall child development rather than child mental health” (Kieling et al., 2011, p. 1518). In hopes of supporting children in LMIC (low/middle-income countries), it is stated that interventions should be cost-effective and prevalent to a wide range of mental health issues.

Relating Mental Health with School Performance

Katherine Dix and her team wondered a similar question related to this thesis. They wrote: *Implementation quality of whole-school mental health promotion and students' academic performance*. This study aimed to study the effects of a well-implemented promotion of mental health and note its effects on standardized testing. The study had a two-year implementation system and studied the difference between schools that had a high or low implementation rate.

The study involved the curriculum called “KidsMatter Primary.” It was meant for elementary schools, but the curriculum focused on 10-year-olds. Not only did the curriculum involve students and teachers, but it also included the community and parents. The framework of this curriculum promotion was to focus on social-emotional learning for all students, building a positive school community, early interventions for students who may be experiencing mental health difficulties, and parenting support along with educating them (Dix et al., 2012, p. 45).

This study, and like many others, mentioned how essential socioeconomic status is a detrimental risk factor for those developing mental health difficulties.

“...Schools will be most successful in their educational mission when they integrate efforts to promote children’s academic, social and emotional learning, and that strong bonds between student behavior, attainment and learning and their social and emotional development are central” (Dix et al., 2012, p. 45). Studies showed years ago that if schools utilize curriculum or trials of curriculum dealing with social-emotional learning with authenticity, it can make a difference in academic achievement.

In Dix et al.’s study, their findings were significant. Schools that were considered “high implementing schools” were around two and a half years further academically than low implementing schools after 3 years of the “Kismatter Primary” program (Dix et al., 2012, p. 50). After year 5 of implementation, the students were four years and four months further, and after year 7, students were considered six years and two months further (Dix et al., 2012, p. 50). This success is due to the school's personnel implementing the program with fidelity and authenticity.

“Responding to Today’s Mental Health Needs of Children, Families and Schools: Revisiting the Preservice Training and Preparation of School-Based Personnel” (Koller & Bertel, 2006) touched on the subject of how insufficient preparation programs are for adolescents with mental health needs. “Of growing concern, a significant number of youth in the United States experience mental health problems to a degree that impairs daily functioning” (Koller & Bertel, 2006, p. 198). In order to lessen the number of youth in the United States experiencing some mental health issues, drastic measures need to take place.

Like other research papers or articles, it has been mentioned that schools need to stop focusing on academic performance and put more emphasis on social-emotional learning. “While

schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development” (Koller & Bertel, 2006, p. 198).

Koller and Bartel (2006) then went on to explain that many students do not receive treatment even when diagnosed with mental illness. Students lack the social-emotional piece, which in turn covers up the fact that students may have average academic performance (Koller & Bartel, 2006, p. 199).

Koller and Bartel (2006) explained:

“Currently at the preservice level, teachers and administrators receive little, if any, specific competency-based training regarding their role in knowing how to identify a wide variety of precipitant mental health issues facing students today (e.g., depression, stress, anxiety, school violence, and bullying)” (p. 201).

Koller and Bartel (2006) then went on to explain that states should enforce some sort of certification process for performance-based requirements in skills related to today's concerns in schools. These skills are directly related to the issues mentioned in the quote above. Teacher burnout is also a concern, so it is suggested that newer teachers receive training on all of the challenges that students are faced with today so they best know how to support them. The writers of this article also mentioned three requirements they feel are important to look for in teachers today:

1. Teachers should help prevent mental health issues by creating a welcoming environment.
2. Understand how to locate students who may already be suffering with mental health issues or may suffer from mental health issues in the future.

3. Find a balance by creating a learning environment of academic content and social-emotional learning (Koller & Bartel, 2006, p. 209).

Another study found for this thesis focused on younger children as the authors felt there was not enough data correlating mental health and academic performance with this population. *“Mental health and academic performance: a study on selection and causation effects from childhood to early adulthood”* by Sarah Agnafors et al. (2020) focused on childhood ages through young adulthood and how their mental health affects their academics.

Agnafors et al. (2020) collected some research about other studies that focused on mental health and its effects on academic performance. The authors found that there were many studies out there, but many of those studies focused on depression alone and not any other areas of mental health (Agnafors, 2020, p. 858). In more of their research, they found that externalizing problems had a great impact on academic performance. Still, they also mentioned that because there are so many different mental health diagnoses, it is hard to find a specific correlation (Agnafors, 2020, p. 858).

Agnafors et al.’s (2020) study went as follows: Women who gave birth between 1995-1996 in Sweden were chosen for this study. 88% of the women accepted participation and were given a questionnaire for their three year check-up. Children were also required to fill out a questionnaire once they turned 12 years old at their check-up. Multiple types of questionnaires were used throughout this study for the mothers of the children and for the children themselves.

Results that were confirmed in this study by Agnafors et al. (2020) were: at three years old, externalizing problems did show a risk for underperforming in academic performance in English and mathematics, and at age 12, the study did not show a decrease in performance in

reading. As for internalizing problems, there was an increased risk of underperforming on academic standards in reading, English and mathematics. “Conduct problems at age 12 were also found to increase the risk for incomplete grades from compulsory school and non-eligibility for higher education” (Agnafors, 2020, p. 863).

Agnafors et al. (2020) touched on gender with the data they collected. They found that 12-year-old boys were assumed to perform low academically in reading and may be less likely to attain higher education because of ineligibility due to low academics (Agnafors, 2020, p. 864). As for girls, they had a higher percentage of internalizing problems at age 20 (Agnafors, 2020, p. 864). At some point, boys and girls are affected by a mental health issue that can later impact them in life, based on the questionnaire that was filled out in this study.

A key takeaway from this article is, “If an association between mental health and academic performance can be found already during childhood and adolescence, early recognition and interventions are warranted” (Agnafors et al., 2020, p. 857). If students are not supported immediately once it is confirmed that they have a mental health disorder or illness, they will not have that support network until it may be too late.

Now that there has been adequate research regarding mental health in the school system that may affect school performance, it is important to touch on interventions. Interventions are there to support students in the school setting and is something any child can partake in. Interventions might be the “best case scenario” for some students as parents might not have the funds or insurance to get them the support they need. Schools are increasingly adopting curricula to help the growing mental health needs.

Paulus et al. (2016) created a review of school-based interventions that are proven effective in the school setting. Many of the interventions researched in “*Practitioner Review: School-based interventions in child mental health*” had a target audience for whom the intervention was aimed and where it was proven even a little successful.

Not only were interventions targeted for specific mental health problems in children, but they were also targeted for different tiers. There are three different tiers under which the interventions can be administered.

Tier 1 is aimed at universal prevention. “School administrators prefer Tier I interventions because these are time efficient, broadly applicable, there is no need to screen students ‘at risk’ and the risk of stigmatizing students is low” (Paulus et al., 2016, p. 1347). Tier 1 interventions seem to cater to many different mental health problems or issues rather than just one. Tier 1 programs are the way to go when schools are figuring out which program might work best for their students.

Tier II interventions are aimed at a specific set of students. These students might already be affected by a mental health problem or academic problem. “Manifest clinical symptoms are not yet present, but there are clear- cut biological, psychological and social risk factors like low family income, exposure to substance use, difficult temperament or specific traumatic experiences” (Paulus et al., 2016, p. 1347). Students who participate in tier II interventions are selected based on different methods a school may take in order to figure out who’s at risk or not.

Tier III interventions are a last resource intervention. Students must have been through tiers I and II before participating in the third-tiered intervention. Tier III interventions are specific and crucial for students who need that support. “Indicated programs were developed for children

with clinically significant MHP who require highly specialized care and have failed to benefit from universal or selected interventions" (Paulus et al., 2016, p. 1347). MHP stands for mental health problems. Some of the programs mentioned in this program review study were aimed specifically at tier III interventions, not tier I or tier II.

There are steps that schools need to take in order for school-based interventions to be successful. "Identifying target problems and population, selecting an appropriate treatment programme, implementing the programme and evaluating the programme and maintaining achieved effects" (Paulus et al., 2016, p. 1347). Another key part of any interventions this research article mentioned was creating meaningful relationships with everyone involved (Paulus et al., 2016, p. 1347). This means creating relationships with the students, teachers and parents. Showing students that the teachers and their parents are working together can create a strong relationship in knowing that they are supported at home and at school.

Just like any intervention, there are complications and implications when picking a best-fit intervention and implementing the intervention. Here are some factors that Paulus, Ohmann and Popow determined: "organizational structure of the school, programme characteristics, integration into school goals, policies and programmes, training/technical assistance and administrative support" (Paulus et al., 2016, p. 1350). Any intervention needs a strong structure so teachers know what is expected of them. The intervention should fit into the goal schools want to achieve and make sure that the administration is always there to support its team. Last but not least, interventions need to be practiced and trained in order to work the way schools want them to.

One intervention was proven successful in different mental health and personal wellbeing areas. “*Positive Psychology*” (2013) is a school-based intervention that is not only meant for students but for staff as well. The goal of this intervention is to help students feel less stressed and find the little joys in life. “The findings showed significant decreases in general distress, anxiety and depression symptoms among the intervention participants, whereas symptoms in the control group increased significantly” (Shoshani & Steinmetz, 2013, p. 1289).

Academics have been deemed a necessity in the United States. Our standards in the United States are specific and precise and aimed to create high achievement. Because mental health has been such a global issue, it has become important to address this issue in schools today. “According to epidemiological studies in the United States, nearly 1 in every 10 children has a depressive episode before their 14th birthday, and as many as 20 % of 16 to 17-year-old adolescents have some form of an anxiety or mood disorder, or some form of a disruptive or substance use disorder” (Shoshani & Steinmetz, 2013, p. 1290). Like mentioned above in this thesis, mental health seems to play a large part in academics and the success of students who struggle with mental illnesses.

The “Positive Psychology” movement has been successful in research settings. There are a couple things “Positive Psychology” focuses on. Gratitude, hope, goal setting, and character strengths are all part of the program that have been mentioned to uplift students (Shoshani & Steinmetz, 2013, p. 1291). “Moreover, converging evidence indicates that interventions which successfully promote these factors can advance subjective well-being as well as decrease psychiatric symptoms in the general population” (Shoshani & Steinmetz, 2013, p. 1291). Not only was gratitude deemed successful in specific research settings, but there were successful interventions in the school settings as well. Froh et al. (2008) found a study that dealt with

students participating in a gratitude journal. This journal was written daily with five things the students were grateful for. It was found that they had an overall better sense of well-being (Shoshani & Steinmetz, 2013, p. 1291).

Another intervention that showed positive improvement was a hope-based intervention conducted by Marques et al. (2011). The intervention was a little different than the gratitude journal, but still, its goal was to focus on the positive in life. “The intervention aimed to enhance hope, self-worth, life satisfaction, academic achievements and mental health, through processes of conceptualizing of clear goals, reframing seemingly insurmountable hurdles, and providing range of pathways to attainment” (Shoshani & Steinmetz, 2013, p. 1291). This intervention took place weekly for five weeks in total and one hour per session. After the post-test, it was found the participants were more hopeful with a more life-satisfying outlook on life. The interventions that were recently mentioned were easily effective and teachers were easily able to implement them. This means this could be successful for schools that are tossing around different interventions in the air.

Darling et al. (2021) wrote, “Mental health and wellbeing coordinators in primary schools to support student mental health: protocol for a quasi-experimental cluster study.” The authors wrote about how important the push for intervention in schools is as a preventative measure.

Darling et al. (2021) explained:

“Schools have been consistently flagged by policymakers and other stakeholders as an ideal universal platform to promote and support good mental health for all students, to identify and manage students with emerging mental health issues early, and to target interventions for students with significant mental health problems” (p. 2).

In the article, it was mentioned how secondary schools are making the push forward to make some changes in their mental health system. They have reached out to community-based counselors, found mental health literacy programs for staff and students, and changed school culture (Darling et al., 2021, p. 2). But even though secondary schools are making the change, elementary schools are falling by the wayside. More and more students are being seen for mental health issues before high school, which means there needs to be just as much of a push at the elementary schools for a change.

Many schools do not even know where to start with mental health interventions. An overwhelming number of students probably need support, but educators are wondering how to support so many students at once, especially when educators are not trained in mental health.

Darling et al. (2021) mentioned:

“...they acknowledge that student mental health and wellbeing support is part of their core role but consistently report feeling overwhelmed by the volume and complexity of issues, a lack of mental health literacy and confidence in their ability to address students’ mental health issues, insufficient time, training and resources and poor access to specialist services” (p. 2).

Elementary schools are difficult to find a “just right” intervention for. The students have to be mature enough to understand the content. There should be some sort of role-playing, so students can interact with the curriculum and have real-life experiences. In order for interventions to be effective, there need to be strategies that all staff can follow. Unfortunately, 33% of all interventions are successfully implemented (Darling et al., 2021, p. 2).

The intervention described in this study was based on schools hiring a “Mental Health and Wellbeing Coordinator (MHWC).” Not only would this employee be working alongside the schools with learning the intervention, but the coordinator would also be trained to look for specific mental health issues in students (Darling et al., 2021, p. 3). This is also someone that teachers can go to in order to ask for help and support with students in their classroom. The MHWC would feel more comfortable with the job as they would receive specific and meaningful instruction on how to be the best MHWC they can be.

From all the research found, it was apparent that there was ample evidence that children of all ages are affected by mental health. The research that was found points to overwhelming proof that mental health can affect every aspect of life. While many understand mental health is extremely important, schools still have to focus on academic performance. Regardless of whether they have strong academic performance or not, schools have truly started focusing on supporting students and their mental health needs. Different interventions have been tried throughout many schools in various countries. The key to success with these interventions is making sure school staff have the support they need in order to correctly implement best practices. Teachers can be the change, and this quote from MA and Anto explains: “Thus a teacher with adequate mental health awareness has a potentially powerful role in enhancing the mental health and wellbeing of all the students she comes across...” (MA & Anto, 2022, p. 235).

Throughout this thesis, many authors have touched on the fact that teachers need adequate training in order to support the needs of students in today's world. Money can be an issue for many schools, so trying to implement budget-friendly strategies is welcomed and supported. More research needs to be done in order to understand who truly is affected by the Covid-19 pandemic, as this has recently happened and has not reached much of the research data

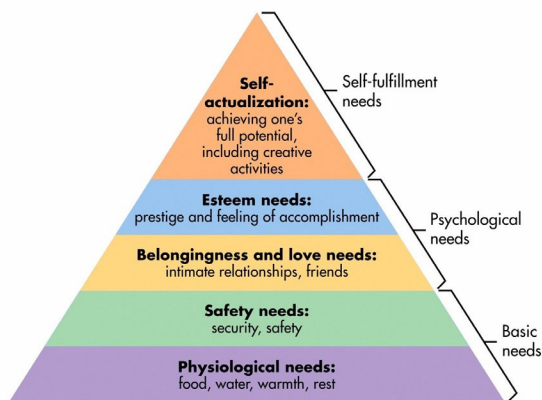
yet. For now, schools are the main key to helping students and intervening before statistics of significant mental health challenges continue to grow.

CHAPTER III: APPLICATION OF RESEARCH

There is ample research when it comes to understanding “best fit” interventions for struggling students in specific areas of academics. There is also ample research for students or individuals who struggle with mental health and trying to understand where it comes from and those affected by it. I have learned that there is not always a “one size fits all” when it comes to finding students who are struggling both academically and emotionally. The aim of the application of the research portion of this thesis is to apply the new understanding of mental health and add red flags when it comes to academics.

What I want to keep in mind is how to best support students with mental health needs in the school setting who do not have resources outside of school. I am an EBD (Emotional/Behavior Disabilities) case manager at the middle school level, which comes with students who are struggling mentally. Students on IEPs (Individual Educational Plans) have individual goals that are attainable and measurable. I can not measure mental health, but I can teach students how to handle their emotions and be average students at the same time.

What I have learned from this research is that schools have to work together, not only within but as a community as well. We can first support students by helping with the base of Maslow’s triangle:



<https://www.simplypsychology.org/maslow.html>

Schools and I can help support some aspects of students' basic physiological needs. Many students need food for sustained attention throughout the day. There are nutritional aspects that they could be missing due to specific low-income diets that might lack vitamins. Schools can also give students warmth and shelter. So many clothes are donated to places like The Salvation Army or Goodwill, which are great places. But these clothes could also be donated to schools that may have a high rate of students from low to middle-income families. Schools also provide that warmth within the building and a space that creates a welcoming atmosphere.

Like in Maslow's hierarchy, students with mental health issues also need to belong and feel loved. Interventions or support systems that schools need to put in place should have some sort of friendship or social skills. In my role as an EBD teacher, social skills are what students lack. Because the students I work with are on an IEPs, they are able to receive that direct instruction in social skills. Students who are not identified yet do not get that chance, and that is something the schools should be looking for in an intervention. Friendships and belongingness are a top priority when thinking about students with a poor mental state. I want to make sure that the students I support have those friends when times get tough or when they need a partner in school work.

Another way schools need to work together to support students who struggle with mental illness is by finding an intervention that fits most students. What I have learned through this research when it comes to interventions is working as a school-wide team. In order to show students that teachers are there for them, expectations of curriculum and interventions need to be the same school-wide. All teachers need to put in the effort and take time to learn an intervention the school may pick. Of course, interventions take time to learn and get used to, but schools have to start somewhere. Interventions will not show positive or valid data unless utilized with fidelity.

Something from this research project that I want to apply in my classroom is gratitude journals. The use of gratitude journals stuck out to me as something that may be easy to implement, and it will not hurt to try. As mentioned above, Froh et al. (2008) came up with gratitude journals as an intervention and ended up having great success with it. Students felt a better sense of self-worth and looked for the positives in life. Their mind was able to shift from a lot of the negatives to many positives they could search for in their day.

I would like to start this journal with my students by picking notebooks or writing journals that are special to them. This could mean students create a cover for their journal, pick one out on the internet that is reasonably priced and I buy it for them or bring their own journal from home. The goal of this is to make it something special and something they will remember for the rest of their lives. I want it to be something that they continue even when not in class with me or even when they graduate.

I would introduce this lesson by explaining gratitude and what it might look like in their eyes. Everyone has their own definition of gratitude, so I want to be able to relate it to their own

life and what they understand as gratitude. I think it would be great if students could share some items or experiences they are grateful for, as this could spark some ideas in other students who might not be able to name as many.

An obstacle I could see happening with the gratitude journal in the classroom is students not being able to name something they are grateful for. I think it might also bring up some unwanted feelings in some students. The gratitude journal, I do not feel is meant to be easy. I feel it is meant to have students step out of their comfort zones and think outside the box. I feel this is necessary to share with students and share that there are days when they might feel uncomfortable finding something for which they are grateful. All I ask is that they try their best.

Froh et al. (2008) used this gratitude journal daily and had students write five items down a day. I would plan to start with one item and then gradually increase up to five. There might need to be exceptions made for some students based on their abilities or their mood for that day. It will eventually become a routine for them and something they can do independently without me asking.

I would be excited to see how much gratitude is in each of my student's lives. I would also be excited to see, hopefully, their lives improve for the better. My hope is that they could search for the good in their lives and understand that life is full of ups and downs. It is something that is very exciting to me and something I plan to try in the future.

When looking back at all this research, I have noticed a common word. The word "positive" has shown up quite often. Whether the word positive was used in interventions or talking about mental health, it was almost highlighted in many of the resources. "Positive" comes with the job of an educator.

My plan moving forward from this thesis research is to help students find the positive in life. I plan to be a positive role model for them, so they can at least have someone who loves and cares for them on a daily basis. My plan also involves trying the gratitude journal mentioned above, but also trying “Positive Psychology.” It’s so easy to find the negative in life. I do it too. We all find the negative. I want to be a role model by spreading positivity and reducing mental health stigma. It is okay to have an illness, and it is okay to admit to needing help. There are positives in all areas of life, even in mental health.

This thesis has helped me understand on a deeper level how dramatically mental health can affect many areas of life. It has helped me to understand the population that may be affected by mental health and ages that mental health may arise. It has helped me understand that schools can have a choice in supporting mental health needs before making academics the number one priority. This research has shown me that there are countless numbers of interventions out there to support students in school, even students without a mental illness. School performance is directly affected by how healthy the mind is, so it is imperative that the mind is taken care of before academic performance can be examined.

CHAPTER IV: DISCUSSION AND CONCLUSION

SUMMARY OF LITERATURE

This research process started out slowly in order to find the most recent resources and which would fit the question effectively. There were many resources available that dealt with mental health, but how school performance is affected was more challenging to locate.

In order to find what was really needed for this question and research project, there was a lot of going through the material with a fine tooth comb. Not only was the sole purpose of this research project to correlate mental health with school performance, but also to determine how schools can support students who suffer from mental health and poor academic performance. Interventions are needed to fit a wide variety of students, especially students with different mental health disorders. This thesis went full circle as to understanding what mental health is, how it affects school performance and what schools can do to best support school culture using best practices.

LIMITATIONS OF RESEARCH

When looking at the limitations of research, age can be an important factor. Data will be skewed when it comes to younger students as they might not show signs of a mental illness immediately. A lot of this research data comes from different countries as well, not only the United States. Data can be drastically different due to cultural differences or how different the research process may be.

Thinking about interventions, a limitation could be the fidelity of the program. While each person can implement an intervention with fidelity, honesty is hard to collect data on.

Because most of the interventions have a two-year trial rate, teachers and administration have a year to try and familiarize themselves with the curriculum. The second year may feel more comfortable with what is expected. But again, how can fidelity be measured and how can all assume all teachers are implementing the intervention in the same way?

The last limitation of the research is the ever-changing world of research-based practices. When articles are published, new research may have already been released to the world.

IMPLICATIONS OF FUTURE RESEARCH

There are many implications and traverses regarding future research on this topic. Mental health is ever-changing. Mental health is not diagnosed at a specific age and can become apparent at different stages in life. As college or extra courses can be obtained at any age in life, mental health could develop then, but there is little research past young adulthood. On the other hand, children could be diagnosed earlier in life or have signs of mental health at a really young age. Diagnosis is key, and getting people the right help at any age is crucial, but will adults older than their 20s and 30s seek help? Data might be skewed when it comes to this.

Another implication that comes to mind is interventions might have to be tailored to fit younger or older students. Considering older adults still attend school, there is no specific intervention that fits all ages. New interventions should be thought of and researched with best practices in mind.

PROFESSIONAL APPLICATION

Strong academic performance is something many teachers strive for with students. It's something many parents want for their children as well. All educators and parents must remember that school performance comes second to many other areas. One of those areas is the health of the mind and getting the support needed to help strengthen the mind.

These students also have to be identified in order to support them. Schools can have preventative measures for students who are not identified yet and can still receive help. What I have learned from this thesis is how significant our mind needs to be healthy to function on a daily basis. Without proper intervention and support, academic performance falls even further down.

This thesis aimed to understand how significantly mental health affects school performance and how educators can support students before their academics are too far gone. What I can apply to my life as an educator is to give students grace. Understand that mentally, students may be struggling, and it is our jobs as educators to support them in school in any way we can. Probst et al. said it best, "Schools constitute an opportunistic setting to provide adolescents with interventions, such as resilience training targeting mental health..." (Probst et al. pg. 294, 2021)

CONCLUSION

Academic performance can be affected by many factors. Mental health is crucial when it comes to successful academic performance. Studies have shown that throughout school years

and even into college, the health of students' minds plays a huge part in the success of their academics.

Many people today are affected by mental health as it is a growing concern, sometimes even more concerning than academics. There is a tremendous amount of research and information that might help people understand who may be affected by some sort of mental disorder. Genetics and socioeconomic status play a large role when determining students who may already be affected by mental health, which can be helpful for schools to start being proactive in prevention and intervention.

This thesis researched how dramatically mental health can affect school performance and how interventions can be a huge success in trying to prevent and support students at school. The research that was found indicated that no matter what mental health problem someone might be affected by has some sort of negative effect on academics and school performance. Some common disorders that affect school performance are conduct disorders, anxiety, depression, and ADHD. This research project helped identify specific disorders that are shown to have an effect on academics, and it was helpful in understanding certain interventions or steps to take in order to find the best intervention. What I learned most is that students need mental health support now more than ever, and educators can help be that support.

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