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Attitudes of Middle School Children Towards Mental Health Programs

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Abstract

Despite years of school mental health services, today's youth remain in need of mental health resources. While schools provide a variety of services to help reduce mental health disparities, there is limited information concerning the success of services offered. The purpose of this study was to examine the attitudes of middle school children towards mental health programs offered at the selected study site. The design utilized was a cross sectional design using a convenience sample of middle school children in Northwest Arkansas. The results indicated that middle school children need a unique variety of programs offered to support their needs. Middle school children not only desire additional resources (85% desired to make improvements to their current programs or restructure current programs) but also wanted to be involved in decisions concerning the types of resources offered. The children were asked about a variety of mental health resources that have shown promise in other areas. Children surveyed reported they were interested in using more applications or technology (81%) and were open to peer-led programs (84%). The results from this study support the ongoing need for offering a variety of mental health resources in an effort to meet the needs of today's youth.

Background and Significance

This research is being completed so that children can voice their opinions on mental health programs. This is important because rates of mental disorders such as depression and anxiety are growing, even with numerous resources for mental health. Mental health promotion includes enhancing emotional intelligence and literacy, but it is important to start early and stress positive mental health rather than prevention of mental disorders (Clarke & Barry, 2015). Mental health programs could provide needed education and support in the school system, inclusion of these programs as school support systems provides children opportunities to develop and improve social skills, advance positive attitudes towards self, and create a sense of well-being. These programs also provide a basis for evaluation of feelings that could lead to depression and anxiety. Education and utilization of existing programs should consequently lower rates of suicide from depression and anxiety. Unfortunately, they have not proven to lower rates of suicide as they have been increasing throughout the years. Suicide is the 3rd leading cause of death in youth ages 10-24 and 1 in 5 children ages 14-18 have, or will have a serious mental illness (NIH.gov, 2017).

In a study by Puolakka, Konu, Kiikkala, & Paavilainen (2014) which focused on the views of children and their mothers, they found that children expressed concern for participation of all community members in the school, children having a voice, and maintaining the school as a positive environment. Their research was conducted using interviews from a small sample of children and mothers but they found that the qualitative data was rich and both mothers and children had similar ideas on ways to improve programs. This supported the idea that, not only

are children's opinions important, but they could also be a valuable tool in carrying out a program. In a like study by Wyman (2015) a peer-led program for suicide prevention was implemented based on student input. Student peer mentors were chosen and given guidance weekly by faculty about the concepts they should focus on. There was a wide school-level variation of success in the program after 5,712 students that were part of a peer mentor group were surveyed.

Vostanis, Humphrey, Fitzgerald, Deighton, and Wolpert (2013) found that most programs in place in English schools took reactive, not preventative measures and were not designed using evidence-based practice, which led to little success for the programs. They also found that in order to be successful, prevention is key and children with certain risk factors that would make them more susceptible to a mental disorder must be identified. Hébert, Cénat, Blais, Lavoie, and Guerrier (2016) identified at risk children who were victims of sexual assault and found them more likely to re-victimize. Also at risk of developing poor mental health are children that are excluded from parts of school due to disabilities. This exclusion was found to make them at a high risk for depression (Specht, 2013). Not only are they missing out on "normal" parts of a school day, but they feel as though they do not belong. This takes away from the sense of community in a school which has shown to be a contributing factor to a successful mental health program (Jane-Llopis et at., 2011).

Wahlbeck (2015) also stressed the importance of community in a school system. The whole school needs to be on board with wellness promotion as well as the parents. The parents need to be equally informed so that they can provide needed support and education. Wahlbeck (2015) found that inclusive health promotion should be carried out through cognitive behavior therapy, time management training, exercise programs, journaling, biofeedback and goal setting for teachers, parents, and children.

One way to offer more mental health resources is through technology. Using technology to reach more children and also provide a different means to access help is another option (Lillevoll et al. 2014). They tested out this theory and gave children access to online mental health modules. They were prompted with emails as a reminder of the service. Unfortunately, it was not very successful as only about 8% of children accessed the modules. Although this approach did not work, it did highlight the need to assess motivation and willingness to access services. Boydell et al. (2014) found that the use of video conferencing, mobile applications, and internet-based applications such as email, websites, and CD-ROMs can be good formats to implement mental health promotion.

Northern Ireland has implemented a program aimed at eight- to 11-year-olds that uses games, group activities, and songs to teach children about health choices and coping skills to promote good mental health ("NI primary schools offer mental health lesson," 2017). This program, 'Healthy Me,' is aimed at enabling early identification of children that may be

experiencing mental health distress. It also focused on making a smooth transition from elementary to middle school. 'Healthy Me' teaches children healthy ways to manage stress and cope with change. Results of this program have not yet been reported, but they are hopeful and aim to implement it across Northern Ireland.

Mehrota, Noufal, Kumar, Devdutt, and Agrawal (2017) focused on youth engagement for mental health promotion. India is experiencing a surge of youth and the average age of a person in India in 2020 is estimated to be 29 years old. Youth are considered to be assets to societal development and research suggests that engagement of youth as active contributors in community programs can contribute to positive youth development. To better shape the youth, they implemented a youth engagement program, called "Youth-Pro". The objectives of this program were to enhance mental health awareness, popularize the positive concept of mental health, and fight stigma and enhance a sense of togetherness amongst youth in order to support their well-being (Mehrota, Noufal, Kumar, Devdutt & Agrawa, 2017). The vision of this program was to engage youth in helping peers through involvement in one of the five predetermined core themes relevant for mental health. The core themes included: a) Breaking barriers to seeking help, b) Emphasizing the role of perceived support, belongingness and inclusiveness, c) Reducing negativity bias at personal and interpersonal level, d) Reducing negativity bias at the societal level, and e) Inspiring young minds to enhance positive mental health (Mehrota et al., 2017). The feedback from this program was very positive, and 99% of

volunteers stated that they would recommend this program to peers. About one third of

volunteers also indicated that they experienced inspiration to care more for their own mental

health, to be supportive to others, and to engage in awareness building activities.

Salerno (2016) reported that stigmatizing attitudes toward mental illness and low mental

health literacy have been identified as links to social adversity, and barriers to seeking and

adhering to treatment among adolescents suffering from mental illness. Rogers (2017) also

supported this stating that only about 11% of people suffering from a mental health disorder

actually seek treatment, and public stigma is the main barrier to seeking treatment. These

outcomes can be improved using mental health programs in schools. Adolescence is an important

time to intervene because many mental health conditions have their onset before the age of 20.

The prevalence rate of mental disorders in adolescents is 46.3% (Salerno, 2016). Those suffering

from mental health issues also face stigma which leads to isolation, decreased likelihood of

seeking treatment, and interference with sticking to prescribed treatment plans. In his research he

systematically reviewed literature about implementing mental health programs in schools. It is

significant to note that he found many programs failed to follow up long-term with participants.

In addition, the school administration needs to be more educated on this topic of discussion.

Many programs are implemented by outsiders, and it would make more sense for teachers to

include mental wellness promotion in their curriculum since they already have a relationship

with the children.

Bains, Cusson, White-Frese, and Walsh (2017) researched the utilization patterns for

mental health services. From the sample they looked at in New Haven, Connecticut, they found

that out of school-based health center visits, mental health visits accounted for the highest

proportion of visits. Most mental health visits were at age 8 (42.8%) and age 13 (39.0%). More

adolescent boys (38.4%) visited mental health services than girls (26.7%). Hispanic children had

a lower proportion of mental health visits than black children (23.5% vs 35.8%) in all but two

age groups. children in the white/other ethnicity category had the most mental health visits.

Children with no health insurance (22.5%) had lower proportions of mental health visits than

those with Medicaid (34.4%) or private insurance (33.9%) (Bains, Cusson, White-Frese, &

Walsh, 2017).

In an important study done by Larson, Chapman, Spetx, and Brindis (2017), which

assessed the impact of childhood trauma, the results indicated that adolescents exposed to

chronic trauma were more likely to have mental health disorders. Chronic childhood trauma

negatively impacts school achievement. They found those likely to be exposed to chronic trauma

included those living in poverty and of minority racial/ethnic groups. These groups of children

were also less likely to have access to mental health services (Larson, Chapman, Spetx, &

Brindis, 2017). They found that school mental health services help to reduce mental health disparities.

Methods

This study was reviewed and approved by the University of Arkansas Institutional Review Board. A single site was utilized in Northwest Arkansas to assess middle school age children's attitudes toward mental health programs. The results from this study provided valuable mental health program evaluation and information concerning attitudes of children toward mental health programs. Successful mental health support programs that are utilized by children can lead to more academic success, the confidence to cope with life problems, and a brighter future.

Design

This study utilized a cross sectional design with a single group convenience sample. Cross sectional research design assesses a group of data at a specific point and time and analyzes its relationship with variables of interest (Pandis, 2014). Deductive reasoning will be used to reach conclusions. This study explored attitudes of middle schoolers concerning mental health programs. The purpose of the study was to examine the attitudes of children towards mental health programs and gauge their interest in new methods of implementation. The study considered four research questions to evaluate the attitudes of middle school children towards their current mental health programs in place, their own mental health, and new modes of mental health programs to gauge their interest in different methods of promotion.

Purpose of the Study

The purpose of this study was to examine the attitudes of middle school children towards mental health programs offered at the selected study site.

Research Questions

To accomplish the purpose of this study it was necessary to answer the following research questions:

1. What do middle school children know about mental health?

2. What is the self-reported mental health of middle school children?

3. Is there relationship between poor mental health and likelihood of using mental health programs?

4. What attitudes do middle school children have concerning mental health programs?

Research Site and Participants

The research site was a public middle school in Northwest Arkansas. The school has approximately one thousand children with diverse cultural backgrounds. A convenience sample of one hundred seventh graders participated in the project. All participants were taking physical education and data was collected during this class period after consent was obtained from their parents to participate in the study.

Instrumentation

A survey was used to collect data. The survey consisted of twelve questions using a 4 point Likert scale (1 = Poor, 4 = Very Good) and 5 point Likert scale (1 = Nothing at all, 5 = I know everything) to rate their attitudes and knowledge. The questions identified their attitudes towards how likely they would be willing to access or recommend to a peer the current programs that are in their school, and also how they feel about participating in mental health promotion. In

addition, the questions assessed their own knowledge of mental health and personal mental health. It also gauged their interest in other platforms of mental health promotion.

Procedure

Data collection and research methods remained stable throughout the investigation. A survey was given to all participants to assess attitudes, knowledge and willingness to utilize existing mental health programs offered at the selected study sites. Data collection took place from August 2017 to December 2017. Data analysis was completed in the spring of 2018. The project will be finished May 3, 2018.

To collect data, 100 seventh graders from one study site in Springdale, Arkansas were surveyed. The survey was comprised of 12 questions. Before the survey was given to the children, it was reviewed by a mental health professor, a middle school teacher, and the principal to ensure face validity. The questions used gauged how well-informed the children were about current mental health programs in place at their school and also their attitudes towards participating in or accessing mental health programs. All data was transferred to a spreadsheet and analyzed to be reported in aggregate.

Data Analysis

For the scales, Pearson's Correlation was used and for the single item relations Spearman's Rho was employed to assess the data. Pearson's Correlation categorizes the type of correlation by considering as one variable increases, what happens to the other variable (Sedgwick, 2012). If the two variable increase together, it is a positive correlation. If the other variable decreases, it is a negative correlation. If there is no tendency either way, there is no correlation. I categorized the questions in order to analyze the data. The alpha level used for each

test was based on the selection of an overall alpha level of 0.05. If the p value is less than the

alpha, 0.05, it is statistically significant. Typically, correlations between .2 and .3 are small, .35

to .45 are moderate, and values above .5 to .6 are large. These are not rules for analyzing data but

rather guidelines. Spearman's Rho was used for question to question correlations.
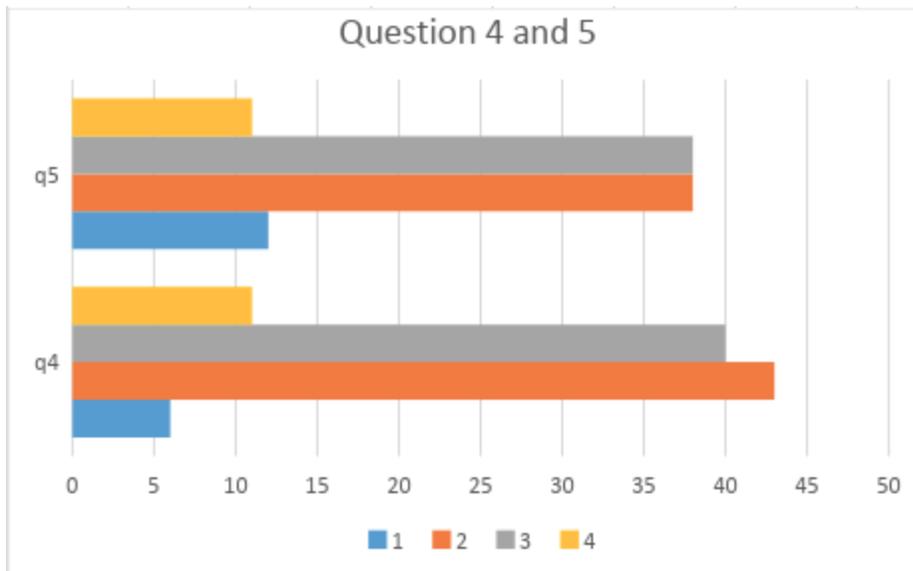
Results

None of the scales showed excessive skewness or kurtosis so the data was approximately

normally distributed. The results showed that as an individual's knowledge about mental health

increased, their mental health increased also showing a positive correlation, p=.034, r=.213. This

is a small correlation, but still significant. There is a small correlation between poor self reported

mental health and likelihood of using mental health programs, p=.2.85, r= .553. The data is also

slightly significant related to how likely children are to use mental health resources, p=2.580, r=

.516. The final question regarding overall attitudes towards mental health programs had value of

p=2.64, r=.321.

	Mean	Standard Deviation
Knowledge	2.708333333333332	.531486174148384
Self	2.846666666666666	.553369436167557
Mental Health and Resources	2.580	.5160
Overall	2.638939393939394	.321181618929342

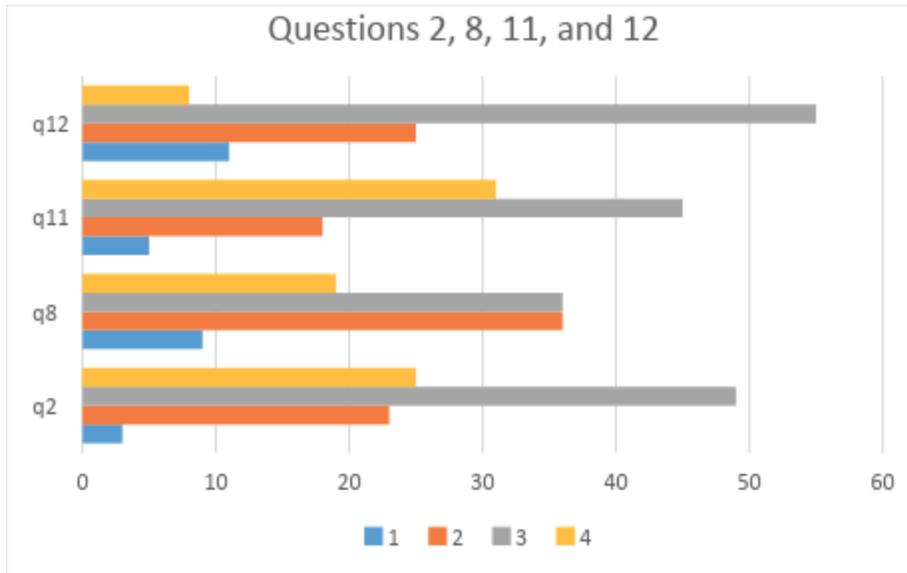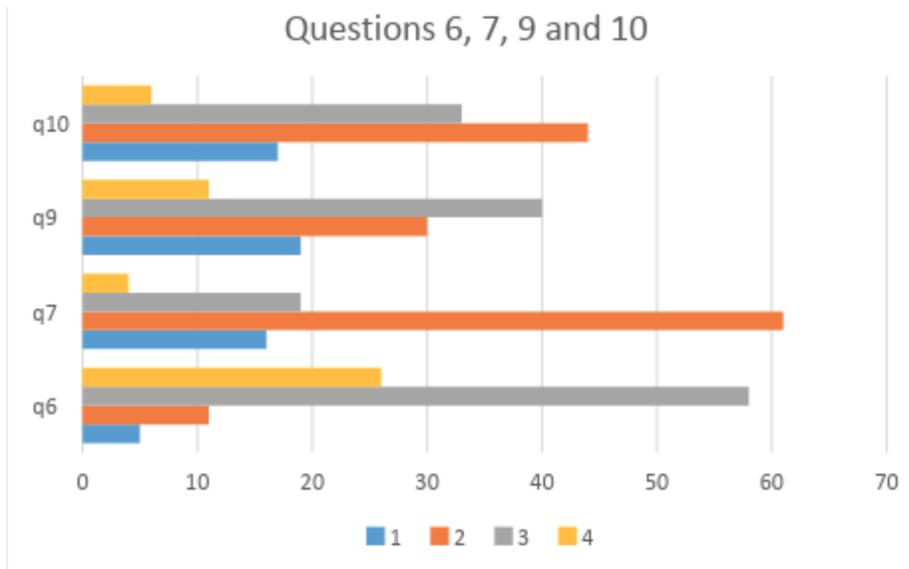**Research Question #1: Knowledge**
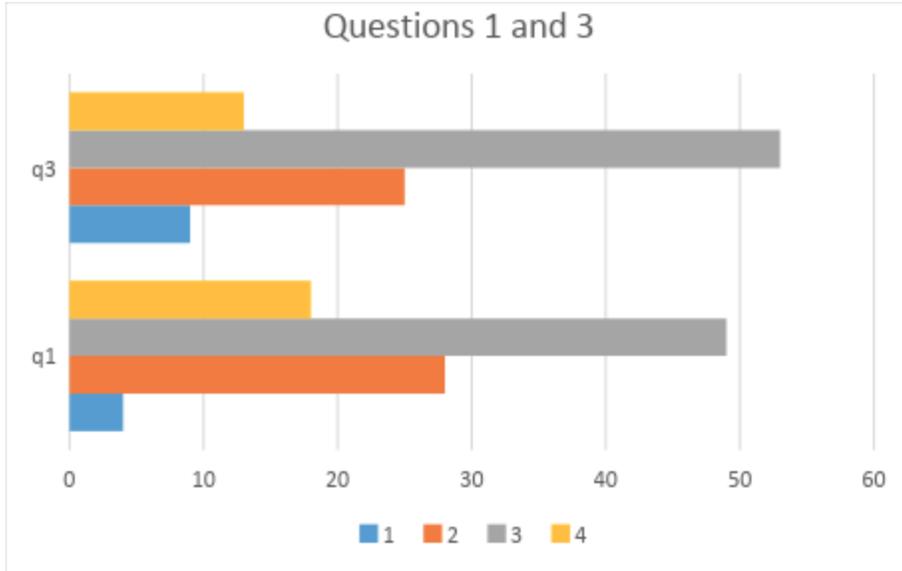
Research Question #2: Self

Research Question #3: Mental Health and Resources

Research Question #4: Overall

Survey Results

Q1 How much do you feel like you know about emotional/mental health?	"Nothing at all," 3.60%	"A little," 29.73%	"An average amount," 49.55%	"More than average," 20.72%	"I know everything there is to know," 0.90%
Q2 In general, how would you rate your overall mental or emotional health?	"Poor," 5.41%	"Fair," 21.62%	"Good," 48.65%	"Very Good," 24.32%	
Q3 How would you rate your knowledge on emotional/mental health resources available at school?	"Poor," 10.00%	"Fair," 23.64%	"Good," 52.73%	"Very Good," 13.64%	
Q4 How likely are you to use the emotional/mental health resources available at your school?	"Never," 5.45%	"Not likely," 38.18%	"Likely," 44.55%	"Definitely," 11.82%	
Q5 How likely are you to recommend a friend to emotional/mental health services?	"Never," 10.91%	"Not likely," 36.36%	"Likely," 39.09%	"Definitely," 13.64%	
Q6 Do you feel emotional/mental health programs are helpful?	"Never," 3.60%	"Hardly ever," 9.91%	"Sometimes," 61.26%	"Definitely," 25.23%	

Q7 Do you think the emotional/mental health program in place at your school could be improved?	"No, it's perfect how it is," 14.55%	"Maybe few improvements could be made," 62.73%	"Yes, improvements would be helpful," 17.27%	"We need a whole new mental health program, the current one is unhelpful," 5.45%	
Q8 Do you feel comfortable talking openly with friends about depression and anxiety?	"Never," 9.01%	"Rarely," 32.43%	"Sometimes," 37.84%	"Always," 20.72%	
Q9 Would you be more open to using apps or online services to improve emotional/mental wellness?	"Never," 18.92%	"Rarely," 29.73%	"Sometimes,"36.94%	"Definitely," 14.41%	
Q10 Would you be interested in peer-led groups to promote emotional/mental wellness	"Absolutely not," 16.22%	"I'll think about it," 44.14%	"Maybe," 33.33%	"Definitely," 6.31%	
Q11 When life becomes difficult, do you feel you are able to deal with it in a positive way?	"Never," 4.55%	"Rarely," 18.18%	"Sometimes,"46.46%	"Always," 30.91%	
Q12 Do you feel like there is a negative stigma about mental (emotional) health?	"Never," 12.61%	"Rarely," 23.42%	"Sometimes," 54.95%	"Definitely," 9.01%	

Implications

The purpose of this study is to assess attitudes of seventh grade children in a Northwest Arkansas school towards mental health programs currently being used at the selected study sites. A greater understanding of how adolescents feel about mental health programs and their willingness to access them. At the same time, they may be gaining knowledge on the programs of their own school that they had not been aware of. It is important to ask their opinion because it is not a perspective often explored. This data could function to improve existing programs, and implement new, more successful ones. Most importantly, this data could improve the mental health of middle schoolers which would lead to more success in academics and life. Strong emotional intelligence can give children the tools they need to cope with many problems they face today. They will handle political, economic, family, relationship, and internal despair more easily. Hopefully this research will bring more awareness of mental health promotion to middle schoolers, their parents, and also their teachers. If they can understand why mental health is so important, and learn strategies for strengthening their own, those skills will stick with them for their entire life and hopefully be passed on.

Limitations

Some limitations for this research were selection bias, researcher developed survey, and parent consent. First, the use of a convenience sample creates a selection bias. Since all children who brought the consent form back were in the assigned course, there was not randomization.

The researcher is unable to report with confidence that a convenience sample is a true representation of the population. Second, the self-reported survey data can be biased due to a desire to complete the survey "correctly". Third, a researcher developed survey creates the need for additional testing to assure validity of the survey questions. Another limitation was consent, not all of the children were able to be surveyed due to lack of consent from parents, or loss of the consent form.

Conclusions

This study was completed so that children could voice their opinion on mental health programs and we could learn how to improve them. This research is important because it provides valuable information as to why rates of mental disorders such as depression and anxiety are growing in children, even with numerous resources for mental health. If we can learn what needs to be improved in programs, and then provide better help for children, we can strengthen mental health in our children which will lead to a more successful future for them. It is evident that there is room for improvement within the programs at school, as evidenced by 85.45% of children surveyed. It is important to provide a variety of ways to access mental health promotion, because the needs and barriers of each child are different. Some children voiced more interest in peer-led groups, while others were more intrigued by online resources and applications. Programs must continue to evolve to meet the needs of children, and proper follow-up and additional resources must be provided. In addition, education must also be geared towards parents and school educators.

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