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The Effects of Mental Health in Students' Academic and Social Success

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The Effects of Mental Health in Students' Academic and Social Success

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A Literature Review Presented

in Partial Fulfillment of the Requirements

For the Degree of Master of Education

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Abstract

The percentage of children experience mental health issues such as anxiety, behavior disorders and depression have continued to become more prevalent in the last twenty years. The purpose of this literature review is to examine the prevalence and contributing factors of mental health disorders in school aged children and the effects it has on their social success and academic achievement and what can be done to support children to be successful and improve their mental health. Educators are a key factor in improving a child's mental health, with much of a child's time being spent in school, educators are more aware of mental health disorders will be more prepared to better support and implement strategies into their schools and classrooms to support all students.

Keywords: academic achievement, adolescent, children, educators, mental health, social emotional learning, school-based counseling, mindfulness-based interventions, social success

The Effects of Mental Health in Students' Academic and Social Success

The effects of mental health are often hidden behind what many educators consider to be undesirable behaviors in their students. Too many times when educators see students misbehaving the initial reaction is to think, "Stop!" They immediately think this child needs to fix their behavior. In reality the first question they should be asking themselves is, "What is causing this child's behavior?" For some children this behavior might be out of their control. According to the Central for Disease Control and Prevention (2021) 1 in 6 children aged 2 – 8 (17.4%) had a diagnosed mental, behavioral, or developmental disorder and these numbers increase as students get older as diagnoses become more prevalent in the 12 – 17 years old range. Based on this statistic, it is reasonable to assume an average elementary classroom will have students with a diagnosed mental health disorder. As mental health disorders are becoming more prevalent in children, Administrators are concerned teachers are not properly trained to identify or support these children (Ghandour, Sherman, et al., 2019). Teachers often choose to attend classes to learn more about children deal with mental health issues, but no mental health training is required of them. The problem is more and more students are being diagnosed with mental health issues are affecting their academic and social success in school.

The purpose of this literature review is to determine the effects of mental health on students in relation to their academic and social success. The benefits of this research will show what teachers can do to help students with mental health challenges be most successful. Educators have classrooms are filled with many individuals and it is their responsibility to understand each individual and create an environment where each student can succeed. If educators fail to take the time or do not have the resources to learn about the effects of mental health, they are unable to properly support all of their students.

This literature review examines peer reviewed articles within the last ten years focus on the effects mental health has on children. First this review will focus on the prevalence of mental health in children ages 6 – 17 years old. Then this literature review will examine the most common mental health disorders, the risk factors may cause them, environmental factors, and if there is any correlation between certain demographics. The next part of the literature review will look at the effects mental health can have on students academically, socially, and behaviorally. The last piece of the literature review will highlight ways teachers can better prepare themselves to support students with mental health focusing on teaching strategies and tools assist students with mental health issues to be successful in school.

Review of Literature

Contributing Factors to Childhood Mental Health

A child's environment shapes and effects their development and mental health for better or worse (Hosokawa & Katsura, 2020; Flouri et al., 2014; Milburn et al., 2019; Baier et al., 2019; Waenderlund et al., 2016; Molano et al., 2018; Busby et al., 2013). For a child the majority of their environment is made up of their home, their school and their neighborhood.

Children of Parents with Mental Health

It has been found children of parents with mental health problems tend to experience mental health symptoms more frequently than children whose parents do not have mental health problems (Plass-Christl et al., 2017).

In a study by Leis et al., (2014) on 2,891 mothers and their children they found prenatal depression led to an increase of emotional and behavioral problems in middle childhood. In addition, they discovered prenatal anxiety lead to an increase in total difficulties in middle childhood. Interestingly, they did not find an increase of childhood problems for children whose mothers had prenatal depression and anxiety compared to prenatal depression or anxiety. Similar results were found in a study of 325 children and adolescents who had a parent with mental health problems by Plass-Christl et al. (2018). They specifically looked to see if the child's gender had any effect and they discovered females showed increasing mental health problems with increasing age. Through this study they noticed although mental health problems are more frequent in children of parents with mental health, the course of the problems does not significantly differ, as mental health problems amongst children, specifically anxiety and depression, are most common in ages 12 – 17 (Ghandour et al., 2019). Similar to the findings of

Gjerede et al., (2019), Plass-Christl et al. (2018) found internalizing problems were more prevalent when parents had more severe or more frequent episodes of mental health. In the study by Gjerede and their team (2019) they analyzed data from a Norwegian Cohort of 11,553 mothers and their 17,724 children and identified maternal anxiety affected childhood internalization problems as early as preschool. This research confirms findings of 2015 research by Kvalevaag and their team (2015) of the same Norwegian Mother Child Cohort. In the Kvalevaag research they looked to see if there was a difference between mother and father mental health effects on their children. They found the risk was highest when both parents experienced high levels of psychological distress during pregnancy. If only one parent showed mental health problems the risk of increased childhood behaviors was higher if the mother had mental health problems compared to only the father having mental health problems. Further research is needed to know if the mother's mental health has more of an impact because it has effects on the developing fetus.

Studies have found parents with mental health problems do not only increase the risk of childhood mental health concerns but can also affect the development of a child. In a study of 875 middle-class Chilean mothers and children by Wu et al., (2019), they found mothers who experienced severe depression provided less emotional and material support across all ages of child development. In this study students were assessed at ages 1, 5, 10, and 16 years and in their findings the children had lower cognitive abilities based on the frequency of their mother's depression. This study highlights the possible negative effects parental mental health can have on children's development but it did not assess the children for mental health conditions. However, given the studies by (Leis et al., 2014; Plass-Christl et al., 2018; Gjerede et al., 2019 &

Kvalevaag et al., 2015) it is likely these children will be at a higher risk of developing mental health disorders.

When looking at these studies it is clear there is an association of parental mental health problems and an increased risk of childhood emotional and behavioral problems. However, it is unclear if these effects would be the same if only taking into account the parent's mental health. It is possible there is an increase in childhood behaviors as a result of other environmental factors along with poor paternal mental health are impacting the child.

Childhood Trauma

Traumatic events can happen anywhere but most occur at home, school or in a child's community since those places are where they spend most of their time. The effects of trauma, poor family functioning, and family conflict significantly predicted greater mental health problems in adolescents (Milburn et al., 2019). In a study of 201 homeless adolescents Milburn et al. (2019) found children who went through a traumatic event, for this study a traumatic event was described as being a victim of, witnessing a, or having a loved one involved in a violent act, was significantly associated with mental health problems and delinquent behaviors. In addition, they found both poor family functioning and family conflict were associated mental health problems and externalizing behaviors.

School is another place trauma can occur in children. The most common event to negatively affect a child's mental health is bullying. In today's society a lot of bullying is being done behind a screen in the form of cyberbullying and it is becoming the most detrimental to children. In a cross-sectional standardized survey of 10,638 ninth grade students in Germany, Baier et al., (2019) found a strong association between bullying and poor mental health. They

found cyberbullying was the most important influencing factor on mental health in both males and females. Next, they found psychological or relational bullying had the second highest impact on a child's poor mental health, with similar results being found in males and females.

Interestingly, the study showed physical bullying did not have a strong effect on poor mental health. However, it did find social support was correlated to better mental health and could help negate the negative mental health effects of bullying.

A child's neighborhood is also a place can have an effect on their mental health and negative neighborhood environments can be a detriment to a child's development. Similar to the findings of Milburn et al., (2019), Molano et al., (2018) claims exposure to neighborhood violence is an important risk factor when assessing a child's social and emotional health. Molano et al., (2018) investigated the effects neighborhood homicides had on 5,801 5th graders in Columbia. They found indirect neighborhood violence had a negative effect on the child's emotional functioning. Despite having violence in their neighborhood the results of the study did not show an increase in aggressive behaviors or thoughts. However, in a study by Busby et al., (2013) they noticed an increase of aggressive behaviors. When they examined the 491 sixth grade African-American children who were exposed to neighborhood violence they found an increase in anxiety and depressive symptoms along with aggressive behaviors.

It raises the question to why one group of children would show aggressive behaviors and another would not. It is possible in the study by Molano et al., (2018) not enough time had passed to properly assess aggressive behaviors. In the Busby et al., (2013) study students were first assessed in 6th grade and violent behaviors were recorded in 7th grade.

Neighborhood Environment

Where people live and what they see in their daily lives has an impact on their emotions and behaviors. In the studies by Molano et al., (2018) and Busby et al., (2013) negative aspects of a neighborhood had a negative impact on a child's mental health. It is possible the opposite can be true and neighborhood resources and aesthetics could impact and change childhood behavioral outcomes and possibly negate negative effects of low resource neighborhoods (Hosokawa & Katsura, 2020; Scott et al., 2018; Choi et al., 2018; Flouri et al., 2014).

In a study of 695 fourth grade students in Japan, Hosokawa and Katsura (2020) have found neighborhood environmental factors can significant impact a child's mental health. They found disadvantaged families tend to live in neighborhoods are lower quality and have a higher risk of children developing behavioral problems. However, Hosokawa and Katsura (2020) have discovered neighborhoods had aesthetic quality, a walking environment, and social cohesion displayed lower behavioral problems and more prosocial behaviors. A similar study by Scott and his team (2018) examined the relationship of social-emotional behavior (SEB) and the amount of trees in a child's neighborhood or school. When looking at 1,551 low-income pre-school students across 50 schools in North Carolina they found exposure to nature had a positive impact on SEB functioning. Similarly, Flouri, Midouhas, and Joshi (2014) discovered poor children, from age 3 to 5, in urban neighborhoods had fewer emotional problems if their neighborhood had more greenery compared to similar neighborhoods with less greenery. Like Hosokawa and Katsura (2020) they agreed access to parks and playgrounds have a positive effect on children, resulting in fewer conduct, peer and hyperactivity problems (Flouri et al., 2014). However, Hosokawa and Katsura (2020) claims aesthetics have the strongest positive association between

neighborhood environment and child behavioral outcomes. And playgrounds and greenspace are not aesthetically pleasing do not have the same positive impact.

Based on these studies it is reasonable to assume well maintained schools and neighborhoods incorporate nature and areas for children to play have a positive impact on a child's mental health. These studies found there were typically less behavioral problems and more prosocial behaviors. Research was limited in these studies to children age 3-11, which is the most common age for behavior disorders to occur (Ghandour et al., 2019). It is possible we could see similar results in children age 12-17 as they become more independent and spend more time in their neighborhood compared to their home.

Social Functioning and Academic Success

Mental health problems in children and adolescents are strongly associated with academic performance, social well-being, and social problems. Research has shown correlations between mental health problems and academic struggles (Battaglia et al., 2017; Brannlund et al., 2017). While other studies argue mental health is not the main contributing factor to negative academic performance (McLeod et al., 2012; Verboom et al., 2014).

When analyzing the data of 6,315 adolescents from the National Longitudinal Study of Adolescent Health, McLeod and their team (2012) found depression alone may not lead to lower academic achievement. In their findings they noticed students with depression had a lower high school GPA, however this was not the case once other behavior problems were controlled for. Other factors such as substance use and delinquency were better predictors of lower academic achievement. You could argue depression could increase the likelihood of adolescents having problems with substance use and delinquency as it affects their social functioning. In a biennial

study by Verboom et al. (2014) of 2,220 10 – 18-year-old children, they found social and academic functioning deteriorated due to depressive problems, with the exception of academic performance in boys. When looking at these studies McLeod et al. (2012) advocates depression alone does not cause poor academic achievement and Verboom et al., (2014) found similar results in boys. It is likely students with depression are more likely to face social challenges which then could lead to other problems affect their academic achievement. Verboom et al., (2014) found depressive problems were associated with negative social well-being and more social problems. When children do not have social support it could lead them to riskier behavior such as substance use and delinquency. In Busby et al., (2013) study on the effects of community violence they noticed the increase in aggressive behaviors lead to worse academic performance. McLeod et al., (2012) theorized more punishable offenses (e.g. physical behavior, substance use, and delinquency) take students out of school or the classroom which leads to lower academic achievement.

Some mental health indicators are identified as early as preschool can help predict future academic outcomes. In a longitudinal study done by Battaglia et al., (2017) they found children who experienced persistent separation anxiety between ages 1.5 and 6 years went on to show more internalizing symptoms, worse overall academic achievement and poorer physical health later in childhood and preadolescence. The study looked at 1,290 children who experienced separation anxiety and took assessments at ages 8, 10, 12, and 13 years.

Similarly, in a study of 592 students in Sweden by Waenerlund and their team (2016) they found students had problematic experiences in 3rd grade were two times more likely to exhibit internalization, externalization, social or hyper-activity problems in 6th grade. Along with an increase in problem behaviors, there was also a decrease in prosocial behaviors. These

findings were consistent for male and female students and remained after controlling for other common mental health risk factors

While some research suggests mental health in isolation may not impact a students' academic achievement Mcleod et al. (2012) other research has found a strong correlation between mental health struggles and academic and social success (Battaglia et al., 2017; Verboom et al., 2014; Waenerlund et al., 2016). Further, researchers have found predictive factors could help identifying student's academic struggles sooner (Battaglia et al., 2017; Waenerlund et al., 2016) which educators could use to help students be more successful. However, it may be educational systems lack the strategy and support systems need to meet the special needs of children with poor mental-health (Brannlund et al., 2017).

Treatments and Solutions

Mental health conditions are a growing problem in the United States with an estimated one in five children living with a diagnosable mental health concern (Center for Disease Control and Prevention, 2017). However, 60% of children do not receive appropriate mental health treatment due to multiple barriers (e.g. transportation, financial resources, availability of services) (Kelchner, Perleoni & Lambie, 2019). One way to help children to access treatment is through different school programs.

In a study by Atkins and his team (2015) they looked at the effects a school and home-based mental health program "Links to Learning" had on high poverty children in an urban community. In their findings they found the use of the program led to higher academic engagement, academic competence, better social skills. However, the program did not significantly reduce the problem behaviors. Their study was a three-year longitudinal design

consisting of 171 students in kindergarten through fourth grade who had 1 or more disruptive behavioral disorders. They found the program was most beneficial in younger students who had fewer symptoms. Suggestion students with more intense behavioral may need additional support. A program such as the one studied by Raval et al., (2019) might be a good complimentary program to Links of Learning. When researching the promotion and prevention program “Turn 2 Us” Raval et al., (2019) found a significant decrease in internalizing and externalizing behaviors in the 185 fourth and fifth grade students. This would be a good complimentary program to Links to Learning as it was most beneficial to the higher risk students and older elementary students, two areas Links to Learning lacked. Further research is needed to see if this program could be beneficial for younger students.

In the study conducted by Kelcher et al., (2019), they found students with an IEP who participated in school-based mental health counseling services had their internalizing and total problem scores improved, in addition to a significant increase in school attendance. This study was conducted in a five-week session with 49 total participants from two different elementary schools. The sample size is and length of study are small but their findings are still significant. Given the session were only five weeks it is reasonable to wonder if the improvements will continue. In comparison, a study by Walter et al., (2019) showed children received on average 26 sessions. Nonetheless, school-based mental health counseling is still beneficial and can provide mental health access to children who may not otherwise receive it.

School and Community Partnerships

One way more children could receive mental health treatment is if schools and mental health centers or hospitals could form a partnership. In these partnerships mental health professionals could provide their expertise and it would eliminate some of the difficulties

children face in receiving services (e.g. transportation and financially). Walter and their team (2019) looked at the effects of a three year MTSS mental health school-hospital partnership. Where local hospitals partnered with six schools at each education level (elementary, middle, and high school). In their findings they discovered students participated in early intervention had significantly improved social-emotional competencies and coping skills. While students who had mental health disorders participated in clinical treatment improved symptoms and functioning. In this study local hospitals partnered with schools to provide mental health training for staff and families and treatment for students, resulting in more children receiving treatment. Walter et al., (2019) found over the three-year period of the partnership students only had to wait 1-2 weeks for individual therapy compared to 3-6 weeks at local mental health centers or at the partnering hospitals. They also noticed if children have access to care, they will attend. In this program children engaged in an average of 26 individual lesson compared to 2 lessons when receiving services at a clinic or hospital. Based on their findings Walter and their team discovered it is feasible and beneficial for hospitals and schools to work together to provide better mental health care to children. In a similar study by Connors-Burrow et al., (2012) community mental health centers partnered with 193 early childhood teachers in Arkansas to provide early childhood mental health consultation (ECMHC). They found by year three of the partnership teachers felt they had better interactions with the children, however there was only moderate improvement in childhood behavior problems. It seems this study did not see the same results as Walter et al., (2019) because treatment was not provided directly to students.

Social Emotional Learning Programs

In a study by Shoshani & Steinmetz, (2014) they analyzed the effects of a school-based mental health intervention for 537 7th-9th graders in relation to a control school made up of demographically similar students. When assessing the participants over a two-year period they found the students participating in the intervention had a decrease in general distress, anxiety, and depressive symptoms while also having a significant increase in self-esteem and self-efficacy. In addition to incorporating the program, the researchers emphasized a change in school routine from a different school bell to changing parent-teacher conferences to become more positive based. In another study assessing the effects of SEL programs Raimundo et al., (2013) found a social-emotional learning program had minimal gains in regards to internalizing and externalizing problems of 213 fourth grade students. The study did find the students did show a significant increase in social-emotional competences, mainly peer relations and social competence. It is possible students in this study did not benefit as much as the students in the study by Shoshani & Steinmetz, (2014) because this study was isolated to only fourth grade students while the other study changed their whole school culture.

In a large three-year study involving 24 elementary schools and 705 students in third to sixth grade Schonefeld et al., (2015) found the incorporation of an evidence based SEL program had a moderate increase on students' academic achievement. Although the increases were moderate in reading, math, and writing the program was still considered successful given it did not include any academic instruction. This shows the utilization of a SEL program can provide academic benefits without directly teaching academics. It is worth noting school teachers did receive SEL program training which ranged from 0 – 20 hours in a given school year. It is

possible students feel better about themselves and have a more positive association with school which leads to being more engaged in class.

When accessing the studies, it is clear there can be benefits from incorporating social emotional learning into school settings. However, the effects of these programs varies depending on how invested the teachers are in incorporating it into their routines. Shoshani & Steinmetz, (2014) observed great success as they saw a school change their culture to benefit students' mental health. While Raimundo et al., (2013) did not observe the same level of success through the program which was only implemented in one grade.

Mindfulness Based Approach

Mindfulness based practices have been around for thousands of years and have been used for adult mental health treatment in the past. It has not been until recently they have started to use them on adolescence and children. In a study by Vohra et al., (2019) of 85 12-18 year olds they found the use of Mindfulness-based stress reduction improved internalizing problems and adaptive skills. The study was over a 10-week intervention period with a follow up 3 months later. At the follow up assessment children received the treatment obtained their skills while the control group's skills began to diminish.

Sheinman et al., (2018) analyzed a much larger study consisting of 646 students, 9-12 years old, across three different schools. The schools varied significantly as one school has been doing whole school mindfulness for 13 years, while the other two schools have used whole school mindfulness one year and zero years. In their findings they noticed students who attended the school has been practicing mindfulness for 13 years were much more likely to use mindfulness-based coping strategies in everyday situations in comparison to the students from

the two other schools. The study does not assess the effects of mindfulness in relation to academic success or behavioral success but it is possible children's academics could improve if they are able to better handle stress.

Future Research

Further research is needed to address the best practices for treating mental health issues in children. Research has shown mental health treatment in a school setting is beneficial for child (Atkins et al., 2015; Raval et al., 2019; Walter et al., 2019; Shoshani & Steinmetz 2014; Schonefeld et al., 2015; Sheinman et al., 2018). Where research lacks are on how successful these programs are in increasing graduation rate and high school GPA. A SEL district compared to a non SEL district of a similar demographic could provide beneficial data year after year. Further research is also needed to find what characteristics make a SEL program well designed and how much training is needed for educators to successfully run a program.

Conclusion

Mental health is a growing issue in our society among our youth. Without the resources necessary, for varying reasons, mental health conditions are going untreated. When these conditions are left untreated they worsen as these children grow into contributing members of our society. This increase among young people may eventually pose a growing public health problem (Brannlund, Strandh, & Nilsson 2017). Mental health conditions are not an isolated issue; they are contributing factors in other physical health conditions. The burden of mental disorders is likely to have been underestimated because of inadequate appreciation of the connectedness between mental illness and other health conditions (Prince, Patal, & et al., 2007).

The likelihood common mental disorders in adults first emerge in childhood and adolescence highlights the need for a transition from the common focus on treatment to a much stronger focus on prevention and early intervention (Askill-Williams & Lawson, 2015). Early identification and treatment of mental, behavioral and developmental disorders could positively

impact a child's functioning and reduce the need for costly interventions over time (Cree, Bitsko, & et al., 2018). One way to provide access to children is by incorporating evidence based programs into daily school routines which could change the way children think about themselves and school and could lead to academic and social success (Shoshani & Steinmetz, 2014). This could be done through community partnerships with mental health centers or hospitals Walter et al., (2019). Or by training staff in evidence based social emotional learning programs.

Incorporating social emotional learning may be the best approach for schools to address mental health in children. Providing treatment in a school setting could help eliminate access barriers exist in clinical and private settings. SEL programs also provide school districts with a cost effective way to provide resources as their current staff can facilitate the program. However, it is essential the staff are properly trained and prepared as the program will only be successful if it is used effectively.

Investing more money and resources into neighborhoods and communities could also have a positive impact on children's mental health. Positive changes in mental health could be achieved by cleaning up the community and incorporating more trees and greenspace into the neighborhoods (Hosokawa & Katusra, 2020; Scott et al., 2018; Choi et al., 2018; Flouri et al., 2014).

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