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There are presently numerous research findings that indicate the need for mental health education among the adolescent population within the United States. In the last decade, tragedies such as the Columbine school shooting, and most recently the Red Lake school shootings in Minnesota point to the fact that adolescents are facing mental pressures and need assistance.

In this study, a mental health curriculum, developed by the Mental Health Association of Tarrant County, was examined through the use of focus groups. The group was asked to analyze and comment on the curriculum, as to the age-appropriateness, the "appeal," and to suggest improvements or revisions. The qualitative data that was gathered was analyzed using NVivo. Results showed a strong opposition to this type of program being brought into the school setting. As the focus group sessions continued however, the curriculum was adapted based on the participants' comments and suggestions. In the end, the curriculum was accepted by the participants as a program that would be welcomed in schools. Conclusions were that when the proposed curriculum was modified according to the focus group participants' comments and suggestions; particularly concerning TEKS objectives, the curriculum became more acceptable and a viable opportunity for the school districts.

**EVALUATION OF MENTAL HEALTH ASSOCIATION  
OF TARRANT COUNTY'S SCHOOL BASED  
MENTALHEALTH CURRICULUM:  
FOCUS GROUP AND RESULTS**

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EVALUATION OF MENTAL HEALTH ASSOCIATION  
OF TARRANT COUNTY'S SCHOOL BASED  
MENTAL HEALTH PROGRAM:  
FOCUS GROUP AND RESULTS

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## CHAPTER I

### INTRODUCTION TO THE STUDY

Children with mental disorders can face many barriers when attempting to seek treatment. The Surgeon General's Report on Mental Health states that nearly two-thirds of all people with diagnosable mental disorders do not seek treatment at all. Much of this is due to the stigma that is attached with mental illnesses. Stigma disproportionately affects children, in that because of school and play group environments, where cliques can be formed, children become more vulnerable to these stigma based attacks (Report of the Surgeon General, 2000).

There is no simple answer as to how stigma can be reduced or eradicated. Although there is considerable research on techniques that may be used, the problems children face such as bullying, teasing, and name calling, make it extremely difficult to eliminate the stigma. There are findings however that point to stigma being reduced if "empirically based information" is provided to adolescents (Mann, 2004). Furthermore, the World Health Organization (WHO), whose sole objective is to assist people around the world to attain the highest quality of well-being, recommended that this information would be most effective if it were provided in a school environment. The agency believes that schools have the best potential for developing community awareness when it comes to a mental health education program (World Health Organization, 1994). Furthermore,

it seems logical to teach students about mental health, and its attached stigma, in an environment where they are surrounded by a diverse group of people.

A 1996 survey found that people were likelier than in the past to approach mental illness in a positive manner, by coping with the illness, rather than avoiding the problem all together, as was the case in the past. In contrast, surveys conducted forty-five years prior, in the 1950's, before deinstitutionalization and community treatment of mental illness, revealed that the stigma that was attached to mental illness, was not due to a lack of compassion or care, but rather, a lack of scientifically based understanding of mental disorders. The respondents were not able to decipher between the people who had a valid mental illness and those who were simple unhappy. It was determined through these surveys that mental illness carried along with it a great amount of social stigmatization, which was especially related to "fear of unpredictable and violent behavior (Report of the Surgeon General, 2000).

The importance of schools in mental health education is shown by another study carried out in Leipzig, Germany. The authors examined a school project in a German school which was designed to target students' attitudes towards mentally ill peers. The program was carried out with secondary schools students age 14-18. The students' attitudes and behavioral intentions were assessed before and after the program in the form of a pre and post test. The assessment was also repeated one month later. In comparing the pre and post tests, a positive trend was observed, which was not present in the controls. These same positive developments were also observed in the assessment done one month later. Therefore, it is apparent that young people's perceptions towards

mental health can be changed. Through education and intervention, public attitudes can be improved, and stereotypes eliminated (Schulze, 2003).

Based on the Surgeon General's Report from 2000, 21% of all youth in the US have some kind of mental disorder for which they need treatment or counseling (Report of the Surgeon General, 2000).

Currently in the state of Texas, 41,000 children between the ages of 15-18 are estimated to be in need of mental health services. However, there are fewer than 5,500 that are receiving services (Mental Health Association, 2002).

The purpose of this study is to examine the Mental Health Association of Tarrant County's proposed Mental Health Curriculum for eighth grade students. The curriculum will be analyzed using data collected from a focus group of eighth grade teachers and counselors.

## Background

Crucial testimony to the consequences of mental illness in adolescents can be observed through the events that transpired in Littleton, Colorado, an event that became known to the world as the Columbine school shootings. The Columbine High School massacre occurred on Tuesday, April 20, 1999 at Columbine High School in Littleton, Colorado. Two teenage students, Eric Harris and Dylan Klebold, executed a planned shooting rampage killing 12 other students and a teacher before committing suicide. It is considered to be the worst school shooting in U.S. history (As Many as 25 Dead, 1999).

Sadly, the country was recently witness to yet another tragic school killing; this one taking place in Minnesota at an American Indian Reservation. Sixteen year old

student Jeff Weise began the horror by killing his grandfather and his companion in their home on the Red Lake Chippewa Indian Reservation. Armed with two handguns and a shotgun and wearing a bulletproof vest, the boy drove to Red Lake High School in his slain grandfather's police cruiser and killed an unarmed security guard, a teacher and five students. He wounded seven other students, two critically, and traded shots with police before fatally shooting himself in the head (O'Driscoll, 2005).

Further investigations into these two terrible murder sprees reveal that these teens did not conspire this in an "all-of-sudden" manner. There were copious signs of mental disturbance. The two shooters in Colorado were labeled as "loners" and "losers." The more recent teen killer had a previous fascination with death and killing, even catching his dog on fire. Thus, one cannot look at these two cases and think that there were no prior signs. Obviously, having the premonition that these teens would conduct such a terrible crime is not viable. However, there were clear signs that pointed to mental illness in all three of the teen killers, that if had not gone unnoticed, would not have ended in such a manner.

Taking into consideration all of the empirical information and current news stories discussed above, it was evident that there are necessary measures that have to be taken so as to help teens that have mental health problems (and provide education on mental illness).

## Project purpose and description

In December of 2003, the Mental Health Association of Tarrant County's School Mental Health Curriculum development began in Alexandria, Virginia. Receiving funding through a one-year Health Resources and Services Administration (HRSA) grant, a National Advisory Committee from the University of Maryland, University of California at Los Angeles, along with the National Mental Health Association's Safe School/Health Students Actions Center, gave valuable technical advise to the Mental Health Association regarding the development and implementation of a pilot program in eighth grade levels around the Tarrant County area. Kay Granger, Congressional representative for the city of Fort Worth, was instrumental in allocating funds for this purpose.

When the funding was approved and the planning of the mental health curriculum began, the director of the Mental Health Association of Tarrant County assured not only HRSA, but also the National Advisory Committee that the Fort Worth Independent School District had been shown a preliminary proposal for this program and seemed to be willing to pilot this program in their schools.

As recommended by this National Advisory Committee, the curriculum would be developed by a qualified individual whose main objective would be to not only develop curricula that would cover mental health issues, but that would also be in compliance with the Texas Education Agency's (TEA) Texas Essential Knowledge and Skills (TEKS) criteria.

The TEKS is a statewide and state-mandated curriculum that is divided by subject and grade level. As stipulated in the Texas Education Code, school districts are required to provide instruction in essential knowledge and skills at the appropriate grade levels. Curriculum materials are assessed for compliance with these criteria.

As mandated by the 76th Texas Legislature in 1999, the TAKS test began to be administered in the 2002-2003 school year. The TAKS test measures the statewide TEKS objective standards in reading at Grades 3-9; in writing at Grades 4 and 7; in English Language Arts at Grades 10 and 11; in mathematics at Grades 3-11; in science at Grades 5,10, and 11; and social studies at Grades 8, 10, and 11. The Spanish TAKS is administered at Grades 3 through 6. Satisfactory performance on the TAKS at Grade 11 is prerequisite to a high school diploma (Texas Education Agency, 2005).

Testing is administered in early spring, usually between the months of January through April. Make-up days for students who missed the tests are scheduled in late April. Students who do not pass the test in the elementary grades, particularly the reading section, are held back and must repeat the grade (Texas Education Agency, 2005).

As a consequence, the Mental Health Association of Tarrant County and the Curriculum Developer for this program had a very clear objective. The curriculum must be in accordance to the eighth grade TEKS objectives, and at the same time, the mental health component should also be integrated.

This project's curriculum was not only to take into account the TEKS, but also the goals of the Surgeons General's National Action of Children's Mental Health. The goals are as follows:

1. "Promote public awareness of children's mental health issues and reduce stigma associated with mental illness.
2. Continue to develop, disseminate, and implement scientifically-proven prevention and treatment services in the field of children's mental health.
3. Improve the assessment and recognition of mental health needs in children.
4. Eliminate racial/ethnic and socioeconomic disparities in access to mental healthcare.
5. Improve the infrastructure for children's mental health services including support for scientifically proven interventions across professions.
6. Increase access to and coordination of quality mental healthcare services.
7. Train frontline providers to recognize and manage mental health issues, and educate mental health providers in scientifically proven prevention and treatment services.
8. Monitor the access to and coordination of quality mental healthcare services"(Report of the Surgeon General, 2000).

This comprehensive school curriculum was designed to be integrated into existing school subjects such as history, science, and social studies, and at the same time target the state mandated TEKS objectives. The curriculum and corresponding lesson plans were developed keeping in mind important factors such as the culturally diverse population of the students in schools, making certain that the lesson plans are accompanied by various materials for teachers and parents, and assuring the unproblematic integration into classroom curriculum.

Nonetheless, the effectiveness of a curriculum can only be gauged by those using it; in this case the students and teachers. Although the intention was to have pilot schools in the Fort Worth Independent School district, and from there collect data from the students as to the appropriateness of the curriculum, Fort Worth Independent School District chose to not have the Mental Health Association of Tarrant County use their schools in the initial first year of the project. However, in the Spring of 2005, three Fort Worth ISD schools have been selected for a pilot implementation. Mansfield Independent School District did show interest in this program early on. However, the project staff decided that a teacher focus group would serve the purpose of an initial analysis for refinement prior to presentation in the schools. As a result, a focus group of teachers and counselors was conducted in the Mansfield school district.

Having a complete “buy-in” of the project has served to be a very difficult and complicated task. Because of the pressure of the TEKS-based curriculum and the expectations of teachers to have all their students pass the TAKS, elementary and secondary level schools have become extremely oriented towards teaching curricula

which assists students in passing the TAKS tests in the spring semester. Therefore, teachers and administrators were reluctant to take on this project unless they were completely assured the TEKS objectives were covered.

Nonetheless, the need for this type of program has been apparent. Both teachers and administrators realize that their students need mental health intervention of some type. But need is sometimes outweighed by state mandate and pressure. Nevertheless, the Mansfield Independent School district did allow the Mental Health Association to come into one of their middle schools and conduct a focus group with their teachers to assess the applicability of the mental health curriculum.

Data was collected through the observation and recording of the focus group in the Mansfield Independent School District; particularly at Wester Middle School in Mansfield, Texas. The focus group was comprised of a combination of eighth-grade teachers, as well as counselors from the Wester Middle School campus. The group was presented mental health curricula in the form of presentations, group activities, and other associated materials. The group was then asked to analyze and comment on the presentations, as to the age-appropriateness, the “appeal,” and to suggest any improvements or revisions.

This thesis evaluates the Tarrant County Mental Health Association’s proposed Mental Health Curriculum through records gathered from one complete focus group, comprised of three sessions with teachers and counselors at one middle school.

## CHAPTER II

### RESEARCH METHODS

Qualitative research is more flexible and fluid in its approach than quantitative statistical methods. Qualitative research focuses on the complex relations between personal and social meanings, individual and cultural practices and the material environment (Ulin, 2005).

“A focus group interview is a useful research tool when the research does not have a depth of knowledge about the participants” (Rice, 1999). In this case, curriculum is being written for eighth graders and the best subjects for this focus groups would be teachers, who come in contact with these students for at least seven hours a day.

According to Judy Payne, “focus groups are extremely useful for finding out about underlying issues and opinions and for discovering how views and attitudes are formed.” Focus groups should be very similar in their composition. That is, that there should be a common thread that runs through each and every participant. In this case, the focus group consisted of eighth-grade teachers and administrators. Their common thread was that they work with adolescents on a daily basis. Focus groups should also be minimal in size, between 8 to 12 people but if there are fewer, there might be an overbearing few that talk the entire time, and more than 12 might lead to an uncontrollable situation (Payne, 1999).

Focus group data should be collected in several different ways such as observations, interviews, surveys, and group discussions. They should be taped and transcribed for analysis. "When several methods produce the same results, you can be a lot more secure in the validity of the findings" (Payne, 1999).

As described earlier, this research project involved a mental health curriculum that has been designed by the Mental Health Association of Tarrant County. The proposed curriculum was presented to a homogenous group (middle school teachers and counselors) and their views were recorded. The facilitator (the curriculum developer) made presentations of the curriculum and then the focus group was asked to discuss their likes and dislikes.

In this research project, three focus group sessions were held. All sessions were held at Wester Middle School in a conference room. The conference room had a long table with chairs on all sides, so that all subjects were seated facing one another. The facilitator, also had a seat amongst the subjects, except when a presentation had to be made. At all other times of discussion, everyone at the meeting was seated in a face-to-face manner. The three focus group sessions had the same participants; comprising of teachers and counselors.

The three focus groups sessions were held on the following dates:

1. November 17, 2004
2. November 22, 2004
3. December 6, 2004

The focus group consisted of eleven eighth grade teachers and administrators; seven teachers and four counselors. The curriculum developer both presented materials and moderated the discussion. The principal investigator for the program and two graduate students were present to observe and record the discussion.

To insure a complete and thorough gathering of data from the focus groups, each focus group session was audio taped and in addition, scribed by two graduate students. In addition, to insure confidentiality and consent, a consent form was signed by each participant that stated:

- I. Study Purpose
- II. Study Procedures
- III. Risks and Discomforts of the Study
- IV. Contacts
- V. Benefits

Two copies were signed by each participant, one for the records of the researchers, and another for their own records.

#### Focus Group Session I: November 17, 2004

The first focus group session was held on Wednesday, November 17, 2004 from 4 to 6 p.m. Being the first focus group session, introductions were made and the basic framework of the project was explained. Most importantly, every participant signed a consent form. At this session, the curriculum developer introduced the first module of the mental health curriculum. This module integrated the theme of stigma into a World War II history lesson covering the life of Anne Frank. During this session, teachers were

extremely reluctant to agree that a mental health curriculum could cover the mandated TEKS objectives. Nevertheless, the teachers were asked to look over the module and its correlating activities and comment.

#### Focus Group Session II: November 22, 2004

The second focus group session was held on Monday, November 22, 2004 from 4 to 6 p.m. At the opening of this session, a new, updated module was distributed; changes were made in accordance to the participants' comments from the previous week. After the teachers looked over the updated handout and comments were documented, the program developer presented a Power Point presentation that was developed by the preceding curriculum developer (further clarity will be provided in the Limitations chapter). That particular Power Point presentation would have been used as an introduction into mental health illnesses and issues. There were numerous comments recorded regarding the Power Point presentation. Again, teachers were very much concerned of the curriculum covering the TEKS objectives and the appropriateness of the power point presentation for this age group.

#### Focus Group Session III: December 6, 2004

The last and final focus group session was held on Monday, December 6, 2004. The meeting initiated with a new Power Point presentation by the curriculum developer that addressed the earlier participants' concerns. As the new and modified Power Point presentation was shown to the participants, there was an overall acceptance and approval for newer version. The teachers commented on its "age-appropriateness" stated that the student would be able to relate to the scenarios; in contrast with the prior presentation.

Finally, the group discussions delved into how this program could be “sold” to district administrators and start a pilot project. At the end, the teachers and counselors were thanked for their time and participation and the focus groups concluded.

The data gathered from the three focus group sessions was uploaded into NVivo, qualitative research methods software. *NVivo* is computer software that enables the researcher to use as data, the records of ideas that have been presented. *NVivo* has tools for recording and linking ideas, and also the capability to search and explore reappearing concepts and patterns. It allows the researcher to “code” the qualitative data, so as to find emerging theories and ideas.

After the conclusion of the focus group at Wester Middle School, the notes were compared to the audiotapes to ensure validity. Once validity was assured, the focus group recordings were put into interview format. This format was later uploaded to NVivo in rich text format. Each session was incorporated as a separate document, thus the NVivo project consisted of three documents. After the interviews were added to NVivo, the coding began. Although it was plainly visible as to the emerging theories and ideas from each focus group session, NVivo helped to validate those findings.

Each document or focus group session was coded individually. Codes were selected and descriptions were noted. For example, if a code read “Age-appropriateness,” then the description would read, “Any comment or concern made relating to the curriculum being too overwhelming.” As a result, the project coding consisted of eleven nodes. These nodes and their descriptions included:

- 1) Age appropriateness: any comment made as to the age appropriateness of the material, the material being too “adult” for eighth graders
- 2) Attention span: any comment made regarding the material being too in depth, causing the eighth graders to lose attention
- 3) Negative: any negative comment made
- 4) Positive: any positive comment made
- 5) Pressure: any comment made regarding the immense pressure the teachers feel from parents, students, and/or administrators
- 6) Suggestions: any suggestions made as to how to improve the curriculum
- 7) Support: any comment made as to the lack of support the teachers feel they have from students, parents, or administrators
- 8) Teaching fear: any comment made referring to the fear that a teacher may have with dealing with mental health issues and/or teaching mental health issues
- 9) TEKS/TAKS: any comment made regarding TEKS or TAKS
- 10) Time crunch: any comment made regarding the lack of time teachers already experience
- 11) Value: any comment made as to the validity and value of this mental health curriculum

However, not all nodes were used in every document. After coding all three documents, reports can be viewed as to the number of times the nodes appear in each

individual document, or in the project as a whole. Based on the number of times each node is detected, an analysis can be made as to the emerging beliefs of the focus group.

At the culmination of the coding using the NVivo software, it became clear that a software program did not necessarily have to be used for this data. The data collected, however sufficient to make analyses, was not so vast that it required a software program. Thus, the analyses could have been carried out by taking the interview format data, physically cutting the relevant comments, and piling the comments in different sections according to their topics. However, using this software program was precise, enlightening, and effective.

## CHAPTER III

### RESULTS

#### Results

As described in the project proposal, this project was to have data from more than one focus group. However, the second focus group that was planned to take place in the Fort Worth Independent School District was never completed. Consequently, this project analyzed data from only one focus group, but over three sessions where revisions to the materials were made between sessions. In turn, once the data was compiled into NVivo and the coding was completed, it became very clear that the project did not require a software program for the analysis of results. Although there was an ample amount of data from the comments of the teachers and counselors from Wester Middle School regarding the mental health curriculum, the project data was minimal.

#### Discussion

The three documents (meeting notes from the three focus group meetings) were coded using a total of eleven nodes, as listed earlier. Ideally, through three focus group sessions and with adapting the curriculum to the comments of the subjects, the “negative” comments should decrease, and the “positive” comments should increase; as was the case with this project. During the first focus group meeting, November 17, there were a total of 35 comments coded. Of the 35 comments coded, there was not one positive comment.

However, there were 9 comments of suggestions. The nodes that received the highest number of tallies were the “time crunch” node and the “attention span” node.

For example, one of the teachers commented, “We do not want to spend half of a day reading through the material.” Next, one of the teachers said in the first focus group meeting, “[the] curriculum must also be very diverse, students will otherwise get bored.” There were many comments made to the same effect as the subjects looked over the first module of the curriculum.

In the second session of the focus group, there were again many suggestions made as to the improvement of the curriculum. However, there were more positive remarks made towards the curriculum. Taking into considerations the comments made from the previous focus group, the curriculum developer made changes to the curriculum that were apparently well accepted, based on the teachers’ comments.

In the first focus group session, there were no positive comments, however, in the second session, 8 out of the total 41 comments coded were coded as positive. Furthermore, the negative remarks started to dwindle. For instance, the first session coded 8 comments regarding attention span issues, whereas the second session only coded for 3 comments made regarding attention span. The decrease in the number of negative comments regarding attention span shows that the teachers were accepting the curriculum as it took shape according to their suggestions, and also, the curriculum developer was altering the curriculum to the teachers’ thoughts.

The suggestions made during the focus group included teachers wanting “department heads [to] be prepared to present to the teachers the material that will be

taught in the classrooms for the week, so that teachers aren't spending the week making the lesson plans." Teachers also suggested that there be a "quick and handy" fact sheet, which could be used by teachers as a reference page; "That way we could give the fact sheet a quick glance and become familiarized with the topic." Other suggestions included TEKS concerns. One teacher suggested a fact sheet/cover sheet that had "the correlating numbers (from the TEA TEKS objectives) on the top of each handout," so as to designate which TEKS objective that particular module was addressing.

Other suggestions regarded the module formatting. One teacher said, "There needs to be more reading material, like case study stories for the students. This way, the students can not only read material that is teaching them about a mental health issue, but also, the reading can be in TEKS format and there can then be correlating questions in TEKS format. That way, we are not only gauging what they learned about mental health from the reading, but also it will be TEKS preparation." Teachers were also concerned whether or not the reading provided was in conjunction with the type of readings required in the TAKS tests. One suggestion included, "there also needs to be a technical reading component to these modules. That is a big part of the TEKS test." As these comments and suggestions were made, the curriculum developer adapted the curriculum to these suggestions.

In addition to the change between the first and second focus group session, the trend continued into the third and final session. The number of comments made regarding attention span decreased to one. Also, positive comments went from 0 in

session one, to 8 in session two, to 10 in session three; again confirming the teachers' increasing acceptance of the curriculum.

Another important node that received steady coding was the "TEKS/TAKS" node. This node repeatedly showed up, due to the concern teachers have for their students to pass the TAKS test every spring. Many of the other nodes were also linked to the "TEKS/TAKS" node, such as "time crunch," "value," and "pressure." In total, of the 94 comments codes for the entire focus group session, 20 comments were nodes as being linked to TEKS/TAKS concerns. Teachers feared that they would not be able to teach the students what was necessary to pass the TAKS if this mental health curriculum were to be adapted. For instance, a teacher commented, "There is too much TEKS pressure." Clearly, the teachers seem to be extremely pressured by administrators and other officials. The demands of doing everything possible to ensure that every student in their class passes the TAKS tests and that the school earns top rankings is forcing teachers and administrators to look the other way in terms of relevant programs, such as mental health education. Even though the mental health material correlated all TEKS objectives into its lesson plans, the teachers' concerns were not reduced, initially.

Finally, the focus group did generate a curriculum which was much more age appropriate, more student friendly, and less time consuming than the previous version. It can be concluded further that it will be extremely difficult to implement this curriculum into any school district. The teachers will have to accept that the curriculum that has been developed is in accordance with the TEKS objectives as mandated by the Texas Education Agency.

## Limitations

There were many limitations experienced in the execution of this project. The Mental Health Association of Tarrant County hired three individuals to steer this program into existence. There was a curriculum developer, and two curriculum implementers. Although these three individuals were employed with the Mental Health Association of Tarrant County for close to a year, the program seemed to be at a standstill. There were no focus groups arranged; either of teachers nor students, and more importantly, there were no school districts on board to implement this curriculum into their schools. At the time of the grant being approved for this project, the Executive Director believed that the Fort Worth Independent School District was ready to implement this type of curriculum in their schools, and in part, that is why funds were appropriated to the MHA of Tarrant County. However, this was not to be the case. As the Fort Worth Independent School District went through administrative changes, the administrators decided that this type of curriculum would not serve the best of purpose for their students. Again, the reoccurring reason that was cited was the TEKS objectives that are state mandated. Another fact that must be realized is that schools are graded by the Texas Education Agency using the Academic Excellence Indicator System (AEIS), in which the main source of evaluation is the performance on the TAKS test. Subsequently, the schools are then marked as being one of the following:

- Exemplary;
- Recognized;
- Academically Acceptable; and
- Academically Unacceptable (TEA 2005).

Thus, the administrators have a reason to be so reluctant as to accept a new curriculum into their schools, which in turn might change their state ranking. However, by the end of this focus group, one group, specifically the Fort Worth Independent School district did decide to allow the Mental Health Association of Tarrant County implement this program in their schools. Starting in May of 2005, three middle schools in the district will pilot this program; a total of 1000 students will participate.

Another limitation that hindered this project was the changing procedures that took place. In the initiation of this project, it was the understanding of all involved that there would be focus groups, but they would involve the eighth grade students themselves. However, this never materialized. The prior curriculum developer, along with her team of two assistants, was not able to set up any focus groups in the Fort Worth area. The course of action was to set up two to three focus groups, during the summer months of 2004, at local community centers and church organizations. At these focus groups, the curriculum would be presented to middle school students and their concerns and comments would be evaluated to make the curriculum more “student friendly.”

However, at this point in the project’s implementation phase, staff changes resulted in a new curriculum developer. Although the new curriculum developer had a focus group set up within the first two months of her employment, project

implementation suffered a great deal in the initial part of the project. However, plans are now in place to implement a pilot of the developed curriculum in the Fort Worth ISD as discussed earlier.

## CHAPTER IV

### CONCLUSION AND RECOMMENDATIONS

The School Mental Health curriculum has gone through many modifications; not only in the curriculum itself, but also in the planning of the implementation. As discussed earlier, the Mental Health Association of Tarrant County received the grant in light of implementing the curriculum in the Fort Worth Independent School District by fall semester of 2004. Not only did the implementation not take place, but the Fort Worth Independent School District delayed implementation. This turned out to be a major setback.

Another impediment this project faced was the slow progress of the initial School Mental Health Curriculum team. As discussed earlier, in the fall of 2004, the Mental Health Association of Tarrant County hired a new curriculum developer. As a result, the new curriculum developer significantly modified to the existing curriculum; which was another setback in a time sense. In addition to the written curriculum that was recreated, there were also Power Point presentations that had to be substantially altered.

Yet the qualifications of the initial team were appropriate. All three had extensive teaching backgrounds, one even serving as a principal at a middle school for many years. Nevertheless, the initial team did not make the expected progress with this project.

#### Recommendations

One recommendation that may be made is an improvement of communication between the Mental Health Association of Tarrant County and the Fort Worth Independent School District, which is now apparently occurring. At the conception of this project, the Mental Health Association of Tarrant County understood that the Fort Worth Independent School District was supportive of this project. The Executive Director of The Mental Health Association was given the impression that as long as the curriculum was written in conjunction with the TEKS objectives, the Fort Worth schools would allow the Mental Health Association to implement the program in their schools. However, as discussed earlier, the Fort Worth Independent Schools rejected the project being implemented in the first year at their schools. Apparently, there was a major communication gap between the officials at the two ends; MHA and Fort Worth Independent School District. This forced the Executive Director and the second curriculum developer to devote more time to the Fort Worth District officials in convincing them of the benefits of this program.

Next, to make this program more “appealing” and “sellable,” there may need to be some changes made to the representation of the program. Case in point; as discussed in the results section, one of the main concerns the teachers had with this curriculum was there apprehension that the TEKS objectives were being overlooked. An earlier focus on

TEKS objectives would have helped curriculum development and pilot implementation to move faster.

The public schools in Texas seem to be overburdened with the pressures of passing all their students on the TAKS tests. It is not something that many teachers are fond of. On the contrary, many teachers expressed dislike for this type of teaching and objective learning. Nevertheless, as long as schools are “labeled” based on their performance on the TAKS tests, school administrators will keep the pressure on their teachers to “drum” into their students these objectives. School officials and even city officials, who want their city to be known for their “exemplary” schools, will pressure the teachers to make sure the students are passing with flying colors on the TAKS every spring.

An additional step by the Mental Health Association to make their curriculum more appealing to school districts is to bring in outside evaluators. Although the Mental Health Association did contact through the University of North Texas Health Science Center for an evaluation, an evaluation from the Texas Education Agency may better serve their purpose. If the Texas Education Agency could come in, examine the curriculum, activities, and presentations and validate that it does not only have the mental health attributes, but most importantly, encompasses all the TEKS objectives that the Texas Education Agency mandates for all public schools in Texas. If this curriculum could get a Texas Education Agency “stamp” or endorsement, there will be no school official who will have questions on the validity of this program with concern to TEKS.

However, the TEA does not evaluate a curriculum in its initial phases.

Nevertheless, if this curriculum were to be evaluated, the results of schools allowing implementation may be improved.

As described in the Research Methods chapter, the focus group spanned three sessions over the course of two months; each session lasting approximately two hours. If the focus group was held on a Saturday, or on a day when a full day could be devoted, it might have been more beneficial. The focus group could have begun with the curriculum developer actually presenting the curriculum; the same way the teachers would be expected to in class. The presentation would include the discussion and all pertaining activities. Then, after the lesson had been presented, the teachers would discuss their likes and/or dislikes. Were the curriculum presented to the teachers in the way they were to teach it to their students, there may have not been as many comments coded as to the fear of teachers in teaching this subject matter. Teachers were thinking that the curriculum was too in-depth and “touchy,” however; it was due to the fact the curriculum was not being presented in a correct manner.

Also, if the teachers were given some sort of evaluation form to fill out, there may be more data so as to analyze the curriculum, or even a reiteration of what had already been said. Either way, it would serve to increase validity. Ideally, a pre and post survey would serve the purpose well. The pre-survey could be given to the teachers after it was explained to them what the curriculum was, why it was being developed (its need), and for what age group it would be used for. The pre-survey could ask questions such as:

- What are your thoughts about the value of this program?
- Do you think a program like this is needed?
- What are your major concerns relating to this program?
- What do you think would hinder this program in the schools?

After the pre-survey, the curriculum developer would present the one module of the curriculum and the post-survey would be administered. Again the post-survey could ask questions including:

- Have your thoughts changed as to the value of this program? How so?
- Do you still have major concerns relating to this program? What are they?
- What do you think can still hinder this program in the schools?

Needless to say, there are numerous questions that may be asked, in both the pre and post surveys. However, using a survey like the one described, would further validate the findings of this thesis and give more insight into the thoughts of the teachers concerning the curriculum.

All in all, the Mental Health Association of Tarrant County has taken on the responsibility of providing a much-needed project to address the issues of mental health in adolescents. Like adults, children and adolescents can have mental health disorders that interfere with the way they think, feel, and act. When untreated, mental health disorders can lead to school failure, family conflicts, drug abuse, violence, and even suicide. Untreated mental health disorders can be very costly to families, communities, and the health care system. Studies show that at least one in five children and adolescents

have a mental health disorder. At least one in 10, or about 6 million people, has a serious emotional disturbance (Child and Adolescent Mental Health, 2005).

The Mental Health Association of Tarrant County recently received a grant from SAMSA to continue its work in developing curriculum for middle school students concerning mental health. Although the program has not progressed as originally planned, the curriculum is taking shape and as established through the focus group data, as the curriculum was modified in accordance to the teachers' comments, the curriculum became more appealing. Fort Worth Independent School District has agreed to a pilot implementation this spring. As discussed earlier, 1000 eighth graders will pilot this curriculum in their Language Arts and History classes.

In conclusion, if the Mental Health Association can continue their work and take into consideration the recommendations made above, the state of Texas will not only see this curriculum being implemented in multiple schools in the area, but the dire need of adolescents for mental health will be alleviated.

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