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INCREASING TEACHER AWARENESS OF MENTAL HEALTH IN CHILDREN

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INCREASING TEACHER AWARENESS OF MENTAL
HEALTH IN CHILDREN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sarah Cortes

May 2023

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ABSTRACT

Mental health issues in school-aged children have become a larger issue especially after the COVID-19 pandemic. Because children spend a large amount of time in a school setting, it is important to utilize teachers to assist in preventing, recognizing, and supporting mental health issues in their students. This can be difficult however, when many states throughout the United States of America, have little to no requirements for mental health training in both their credential programs and their school districts. This can leave teachers feeling less comfortable and lack an understanding of how to prevent, recognize, and support student mental health needs. The targeted population of the study was transitional kindergarten-twelfth grade teachers within California. This study utilized a non-random purposive sample of current TK-12th grade teachers within California. Participants were solicited through a partnership with a Southern California school district as well as social media. Results indicated that the majority of teachers did not have access to mental health trainings at their school and that many respondents felt that their school should provide more mental health training and support to aid in their comfortability in prevention, recognition, and support of student mental health. The findings from this project aid social workers in the development of establishing a mental health curriculum and set of trainings for school-aged teachers in order to increase support and prevention strategies for students with mental health needs.

Keywords: teachers, students, mental health, support, prevention

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“You’ve always had the power my dear, you just had to learn it for yourself.” – The Wizard of Oz

I would like to thank my family, especially my mother, father, and stepfather, for supporting me throughout this process and shaping me to be the woman I am. You have taught me to always persevere through my hardships and to know that I am never alone. For that, I am grateful. You all mean the world to me. I also would like to thank my boyfriend for always encouraging, supporting, and aiding me, in my dreams and aspirations. Thank you for helping me push through and for bringing the light to each day.

DEDICATION

To my best friend, Benjamin. You may not have ever understood what I was writing during those countless hours working, but you certainly felt every emotion. You always comforted and supported me when I needed it the most and loved me unconditionally. From making me take much needed breaks, wiping my tears away, and making me smile, you are the best dog I could ever ask for.

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CHAPTER ONE

PROBLEM FORMULATION

Description of the Problem

Young children as well as teenagers, are known to experience a wide variety of emotions as they are developing key strategies to process the social world and expectations around them. A key problem that lies within the mental health of children is to distinguish whether the child is experiencing a common developmental stage or if there is a larger underlying issue (NIMH, 2019). If there are behavioral signs or symptoms that interfere with a child's daily social life and lasts for an extended period of time, such as weeks or months, it is important to seek help from a health professional (NIMH, 2019). The numbers for children experiencing mental health issues are large with it being reported that 22.6% of children aged 3-17 years old, are experiencing one or more mental, emotional, developmental, or behavioral problems (Child and Adolescent Health Measurement Initiative, 2019-2020). ADHD is the most common mental health disorder within children aged 3-17 with approximately 6.0 million children experiencing it, following with anxiety being at 5.8 million and depression consisting of 2.7 million (Center for Disease Control Prevention [CDC], 2022). With such a high percentage of mental health issues among school-aged children, it is necessary for schools to be able to provide mental health support for children and their families. Because children spend a large amount of time in a school setting, it is essential to raise awareness in educators of the early signs,

symptoms, and solutions to mental health issues within children so that they are able to serve as an adequate support system. The greater the awareness in the educator, the quicker response times will be in preventing, addressing, and treating the symptoms.

Providing mental health training to educators is crucial at this particular moment due to the increased impact COVID-19 has had on the mental health of not only adults, but also children as well. Children are vulnerable when it comes to mental illness and were found to especially be negatively affected by the recent changes in social measures including but not limited to school closures, not being able to participate in outdoor activities, and lack of social contact with others (Asif et al., 2022). Because of this, children have had difficulty in navigating the toll of the pandemic which has led to anxiety, loneliness, and an increase in mental stress (Asif et al., 2022). According to the NIMH (National Institute of Mental Health, 2019), an estimated 49.4% of adolescents have had a mental health disorder, with roughly 22.2% experiencing severe impairment due to the disorder. Among all mental illnesses, adolescents are commonly diagnosed with anxiety or depression. This shows the importance and urgency of increasing mental health support in children, particularly in the school setting. Increasing the training and education of mental health issues in children among educators is important.

Policy and Practice Consequences

A prominent policy issue that leads to the lack of teacher's education on the mental health of children, is that many states have none or have limited requirements for mental health and trauma training. Currently, only 27 states as well as the District of Columbia have provisions in statute or regulation to require or encourage teacher training and professional development on student mental health and trauma-informed practices (Education Commission of the States, 2020). Even so, a handful of these states only encourage teacher training and professional development on this topic, making it ultimately voluntary (Education Commission of the States, 2020). This leads to less than half of the states in the United States having any true requirement for school personnel to be trained in the recognition and support of mental health in children. Without a requirement, teachers are missing out on key educational training and programs that would assist them in providing mental health support to their students. Due to the lack of education and awareness of mental health resources for children, a large number of cases often go unreported (Rossen & Cowan, 2014). For example, it had been noted that out of 750 high school students, 150 would experience a mental illness that would interfere with their learning (Rossen & Cowan, 2014). Out of the 150 students that were documented as having a serious mental health problem, over 100 continued attending school without receiving any services (Rossen & Cowan, 2014). This creates a macro consequence for social work practice because a handful of the population is going unreported. Social workers

gain clients through referrals. Yet, referrals can only be made from those that are aware of the signs and symptoms. When teachers are unaware of the signs and symptoms of mental health issues in children, more cases are likely to go unrecognized and unreported. This then prevents social workers from being able to meet their population's needs. Social workers can instead partner with teachers to increase their mental health awareness. With an increase in teacher mental health awareness, teachers can then refer and report more cases. This then allows social workers to increase the amount of services available and improve the quality of those services to meet those children's needs.

Contributions of Findings

The findings of this research contribute to the practice of Social Work by bringing awareness on how to not only recognize signs, but also how to build a support system for children battling mental health disorders. Another way this research contributes to the practice of Social Work, is by potentially influencing more states to develop requirements for mental health training in educators. This can be done by examining the results of the study and recognizing that with an increase in mental health education, there can be a stronger support system for children's mental health. Also on the macro level, when teachers become more aware of the signs and symptoms of poor mental health in children, they can better partner with social workers in providing more mental health services within public and private schools. This is because it will help facilitate referrals for school Social Workers in a timely manner so those students can get the

necessary support and interventions that they need. Additionally, if teachers are able to recognize the signs and symptoms of poor mental health, they can help prevent other educators and parents from mislabeling a child as simply “bad” for acting out and can instead direct the child to the proper assistance that is needed. Therefore, the research question for this study is as follows: What types of mental health training and support do teachers receive and how effective have those trainings and supports been at preventing, recognizing, and supporting student’s mental health issues?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines the current research available on the mental health training and support teachers currently receive and the effectiveness of these resources. It showcases the importance of developing more mental health resources and training for teachers to utilize in the prevention, recognition, and support of their student's mental health. The following subsections detail the effects that poor mental health has on children, the factors that lead to a lack of access to mental health support, and the importance of having appropriate support systems and resources in place to support the needs of children's emotional wellbeing. It is also discussed how teachers have acted as an important support network for children and what current policies and training requirements are in place for mental health training for teachers.

The Importance of Mental Health Education and Training

Poor mental health is extremely broad as it can be recognized by many different terms and symptoms that are often mistaken for just "bad behavior." Examples of the symptoms of poor mental health can include low energy, sleeping too much or too little, engaging in risky or destructive behavior, social isolation, and even thoughts of suicide (NIMH, 2019). It is extremely common for mental health disorders to begin during the childhood years (Mierau et al., 2020).

Currently, it has been reported from 2016-2019 that ADHD, anxiety, behavior problems, and depression are the most common diagnosed mental health disorders in children ages 3-17 years old with the percentages showing ADHD at 9.8% (approximately 6.0 million), anxiety being 9.4% (around 5.8 million), behavior problems being 8.9% (approximately 5.5 million) and depression at 4.4% (around 2.7 million) within the United States (CDC, 2022). These high numbers show how important it is to catch onto the signs and symptoms early on before allowing the disorder to escalate or negatively affect one's life. If left untreated, it can have serious and long-term effects such as the development of additional psychiatric disorders, issues with social relationships, poor academic and work performance, as well as substance abuse (Mierau et al., 2020).

Mental health can often go untreated for being mistaken as behavioral issues that are from a lack of maturity. If these behavioral symptoms and signs last up to weeks or even months as well as interfering with the child's social and home life, it is necessary to seek professional help (NIMH, 2019). Approximately 1 in 5 children have a diagnosable mental health problem, yet only around two-thirds of those children get minimal or no assistance (Mental Health America, n.d.). Parents and family members are often the first to notice a child who is having emotional or behavioral problems followed by teachers and caregivers (Mental Health America, n.d.). In addition to this, some parents might have limited access to opportunities that allow them to increase their mental health literacy, leaving them to have little information on effective methods to prevent,

recognize, and distinguish their child's mental health issues in comparison to common behavioral problems (Frauenholtz et al., 2015). This then leads to a large amount of the responsibility of the recognition and support of poor mental health in children, up to school personnel. Because not all parents have access to mental health education, the responsibility can fall heavily upon the teachers of these children who spend almost as much time with the child as their parents do. If these teachers are provided with training or support to gain a higher level of knowledge of mental health symptoms and support, they can better assist in identifying students with mental health issues and connect them to appropriate resources. This increase in knowledge is important for teachers because they work in diverse classroom settings which could allow them to see any disparities and fluctuations in a child's behavior with proper mental health training and support. This study examines the effect of the amount of training and support teachers are given, if any, regarding children's mental health in order to prevent, recognize, and support those who would often go undiagnosed.

Factors that Lead to a Lack of Access to Mental Health Support

A primary factor that creates the hindrance of gaining mental health support is stigma. Stigma that surrounds mental health stems from a lack of knowledge about mental health disorders and the support that is available for them (Lindow et al., 2020). This stigma can prevent others from believing that they need professional help and creates a false conception that it is just "a

phase” (Lindow et al., 2020). An example of such stigma can be seen through a study done on adolescents experiencing depression in which they were given an opportunity to discuss what they thought the cause of it could be (Midgley et al., 2016). Some participants were taught that their depression was just a phase of being a teenager which can be seen when one participant stated, “I’m a teenager...and that’s what teenagers do” (Midgley et al., 2016). The effects that this stigma can have on a child can include school truancy, increased social isolation for those with mental illnesses as well as a decrease in school performance (Lindow et al., 2020). It is therefore important to reduce this stigma by increasing mental health literacy within teachers. This is described to be the knowledge and beliefs about mental health disorders which assists in the prevention, recognition, and/or management (Lindow et al., 2020). With increasing mental health literacy in teachers, teachers can better understand the stigma that their students may be experiencing surrounding mental health and can better learn how to support their mental health needs and how to decrease these preconceived notions and thoughts. With a larger understanding of the possible stigmas that children must navigate through, teachers can learn how to properly address these stigmas with their students and can create a safe space in which children can openly discuss their concerns and experiences in regard to mental health issues. This can then lead to an increase in referrals and support for children experiencing mental health disorders.

An additional factor behind the lack of access to mental health support includes lack of proper resources, the biggest being finances. For students with mental health issues, services and treatments are often not affordable or accessible, making the school setting ideal to access services and support (California School-Based Health Alliance, n.d.). In addition to this, health insurance coverage is often meager or nonexistent for mental health needs (Rossen & Cowan, 2014). Teachers can increase student access to services by becoming aware of the possible resources that families can utilize. Teachers can gain more knowledge on the resources available through proper mental health training and support and can then work with other support systems such as social workers to bring these resources to families in need. With effective mental health training and support, teachers can act as a key partner in linking children to appropriate services that meet their financial needs.

The training in teacher's mental health recognition and support of poor mental health in children is important because many children suffering from mental health disorders lack the proper resources to prevent, recognize, and treat their symptoms at home due to a wide variety of reasons such as instability of parent's mental health, a safe and secure home, and service resources to positive mental health (Yearwood, 2010). Because of this need, it is important that educators can act as a resource to help prevent, recognize, manage, and even treat such cases through a multi-tiered support system (Marsh & Marthur,

2020). This can be done through proper training requirements within school personnel.

Teachers as a Support Network for Mental Health

Students dealing with mental health issues within the general education system as well as those with disabilities, are often placed with teachers who have not been adequately trained in recognizing, supporting, and preventing poor mental health (Kauffman & Badar, 2018). Teachers are in a unique position to recognize both externalizing and internalizing behavioral issues and with more training on the recognition of such symptoms and available support, they can serve as a valuable resource for the school's support system (Marsh & Marthur, 2020). The school functions as a multi-tier support system with tier one being universal intervention, tier two targeted intervention that focus on a small number of students that are at risk for behavioral or social/emotional issues, and tier three being individualized intervention for more intense circumstances (Marsh & Marthur, 2020). With proper training, teachers can utilize tier one strategies to detect any potential behavioral or social/emotional issues in students that may benefit from tier 2 or tier 3 support (Kauffman & Badar, 2018).

Although teachers spend a significant amount of time with students, there is also a lack of requirement for mental health training, and it is often optional (Education Commission of the States, 2020). In order for the school system to be successful as an effective prevention and treatment site for mental health in their students, school personnel need to have the appropriate attitudes,

skills, and knowledge, required to recognize mental health issues and how to interact and support the students experiencing such struggles (Whitley & Vaillancourt, 2013). In a recent study focused on if mental health training courses provided to teachers were effective in increasing their knowledge and skill set, 10 out of the 15 showed an increase in knowledge and mental health literacy (Ohrt et al., 2020). Although this shows effectiveness, most of the mental health trainings given, lack on covering the topic of communication, leaving teachers unsure of how to properly communicate with their students that they are welcome to discuss any personal behavioral or social/emotional issues and assisting these students in being receptive to receiving mental health help (Ohrt et al., 2020). Although several teachers have undergone various workshops or “one-off” trainings for mental health prevention and recognition, studies still show that there is a lack of efficacy in teachers mental health literacy (Whitley & Vaillancourt, 2013). This shows the importance of increasing teacher’s mental health literacy by focusing more on topics that teacher’s feel less confident in such as communication surrounding mental health so that they can better address and support their student’s needs. This study seeks to not only understand what trainings have been effective in increasing mental health literacy in teachers but also what trainings are still needed.

Current Policies and Trainings Requirements in Schools

The current policies put into place surrounding mental health support within the American school system vary within the region. It has been shown that

southern and low income districts are more likely to have policies in relation to counselor-to-student ratio whereas northeastern and urban districts are more likely to have staff education and credentialing requirements (Demissie & Brener, 2017). Southern areas have a greater need for counselors because the caseload of students to counselors is quite high, meanwhile low-income students often face more mental health issues which creates a higher demand (Demissie & Brener, 2017). With an appropriate counselor to student ratio requirement, more students can gain academic and emotional support. Northeastern and urban districts may require more staff education and credentialing requirements because they have a larger pool of potential candidates so they can use these requirements to become more selective (Demissie & Brener, 2017). Additionally, Western and rural schools are less likely to have policies requiring mental health or social services staff to earn continuing education credits on mental health topics which can be explained due to the fact that there is less competition for these positions or because they have fewer resources to support staff training (Demissie & Brener, 2017).

The American Academy of Pediatrics recommends that school mental health professionals have training in child and adolescent mental health so that they are competent enough to provide the appropriate support (Demissie & Brener, 2017). This training can only be implemented if school districts are willing to offer and incorporate various workshops and support systems to increase mental health literacy in their school staff. Schools that have been found to

implement effective mental health policies and practices tend to use data in the school improvement planning process and ensure that they have a health council/committee that guides school policies and practices for mental health education (Guerra et al., 2019). When a school has a health council or committee, it has been found that the implementation of mental health policies and practices increased at twice the rate of students' feelings of hopelessness or sadness as compared to schools that do not have a health council (Guerra et al., 2019). This shows that schools with effective mental health policies and practices have been efficient in recognizing and supporting their student's mental health needs. It is necessary for schools to implement appropriate teacher training and support for mental health awareness so that teachers can become a stronger support system for student's mental health needs. This represents the importance of furthering teacher's mental health training and education as it will provide adequate knowledge for teachers to help assist their student's mental health needs.

A lack of current mental health training or requirements for both credential programs and school districts within the United States can be a large reason as to why teachers lack the education in regard to mental health. States such as Louisiana have mental health requirements such as requiring staff to attend 2 hours annually of in-service training for suicide prevention, including mental health and trauma whereas other states such as Oklahoma require that their teacher preparation system require candidates to study topics such as mental

health issues and trauma-informed responsive instruction (Education Commission of the States, 2020). While these states have requirements in place, other states such as California, Arizona, and Kansas have no requirements whatsoever (Education Commission of the States, 2020). With only 27 states having some form of encouragement or requirement for mental health training in school staff, it creates an issue of whether school staff in states that lack requirements such as California, are adequately prepared to handle mental health issues as well as maintain effective preventative strategies. Because California has no current requirements, it is important to assess their teachers' mental health literacy to understand the preparedness level of their ability to handle their student's mental health needs. This study seeks to contribute to understanding the importance of creating mental health training requirements for all teachers within California, so that they can gain more knowledge surrounding student's mental health and can gain more confidence in preventing, recognizing, and supporting their needs.

Theories Guiding Conceptualization

Although there are several theories and methods that have been used to approach mental health, this study has been conceptualized by the general systems theory. Ludwig von Bertalanffy proposed the general systems theory to understand how a system functions by examining its elements and how they are able to open and interact within their environments (Bertalanffy, 1968). A steady state within the environment can only be obtained if the system is working

properly enough to maintain a sense of equilibrium (Bertalanffy, 1968).

Essentially, this means that behaviors and actions are influenced by the factors that are within a given system. In this particular study, the system surrounds a student which consists of their family, friends, school support and so on. This study helps to understand the role that teachers play within the student's system surrounding mental health.

It is also stated that the general systems theory relies on the system's ability to gain energy through information transmission (Bertalanffy, 1968). Without an exchange of information, the system as well as the interrelations would not exist (Fitch, 2004). This makes it crucial for a system's communication to remain open so that information can properly be exchanged for the client's best interest and to ensure that they are supporting them in the most effective manner (Fitch, 2004). This is why it is important for those within the child's mental health system, to collaborate with one another so that the child's mental health can be adequately cared for and supported. This study utilizes this theory to focus on how teachers can utilize their place within the system to interact with others such as the child directly, their family, and school social workers to best support their mental health needs. This can be done through an increase in mental health training and support systems so that teachers can feel more prepared to prevent, recognize, and support mental health issues in their students.

CHAPTER THREE

METHODS

Introduction

This study has collected data on the preparedness levels of teachers for recognizing, preventing, and supporting mental health issues in school age children. This chapter contains the details on how this study was performed. This chapter's sections will discuss study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study has been to examine educators' training and support, confidence and ability in recognizing and supporting mental health issues in school age children within California. This research design is a descriptive, exploratory study by describing the types and amount of training and support teachers received in helping them prevent and support their students with mental health issues. A quantitative study design was used to address this specific problem through the use of a cross-sectional survey.

One strength of this quantitative study design is that it provides a general understanding on the mental health trainings offered or required for teachers. It also helps direct social workers to partner with schools in building their training and supportive resources for student mental health support in teachers. This can then be used to build a stronger partnership between social workers and

teachers, allowing them to partner as a key resource in mental health support for children and their families. Additionally, with the anonymous aspect of this quantitative study, teachers have been able to answer how prepared they feel they are to address children's mental health. They are able to base these feelings of preparedness off of the training and support they have been provided without fear of judgment. It has provided an opportunity to answer more honestly.

A limitation of this current study is that we cannot determine specifically who felt that they need more mental health training and support and we cannot provide specific follow up where necessary. Additionally, this quantitative study design does not allow for further elaboration from teachers on the mechanisms or details of their training experience. Instead, it only provides a generalized understanding of the association between the amount of training and support provided and the effectiveness of those trainings in being able to prevent, recognize, and support mental health concerns in children.

This study answers the following questions: 1) What mental health trainings and support are provided to school teachers 2) How prepared do those teachers feel in preventing, recognizing, and supporting their student's mental health needs?

Sampling

This study used a non-random purposive sample of current teachers in California with grades ranging from Transitional Kindergarten to 12th grade. This is because the study's main focus is school age children. Inclusion criteria also includes teachers who have been working in their current school for a minimum of one academic year. Teachers that have been within the school for less than a year did not partake in the study because it is an inefficient amount of time to participate in the current trainings offered and they may not have as much of an understanding of the mental health crisis. Other school staff besides lead teachers have not been included in the study.

Data Collection and Instrument

For this research study, quantitative data has been collected using Qualtrics, an online survey program tool. The survey has been divided into three sections. The first section in the questionnaire has included an assessment of the demographic background of the participants, such as the number of years of experience they have in the field of education at the current school district, also the grade level in which they teach, gender, ethnicity, and age. The second section has collected information about the amount and types of training and support educators have received as well as how these educators define mental health. It also analyzed the effectiveness of the trainings and support provided to the teachers by asking questions on their self-perceived understanding, ability and comfortability in approaching student mental health needs. The last section

included a few brief open-ended questions in which the teachers have been able to communicate what is currently working well within their school district's mental health trainings and support and what can be improved. The independent variable in the study was the types of training and support teachers received and the dependent variable was the self-perceived effectiveness of the training and support. Both the independent and dependent variables have been measured using a Likert scale ranging from strongly disagree to strongly agree. The dependent variables have also been measured using open ended questions.

When reviewing existing instruments used to measure the training and support received by educators as well as their self-perceived ability to prevent, recognize, and support their student's mental health needs , the researcher decided to create an instrument tool for this particular study (see Appendix A). The benefit of creating an instrument tool was that the tool could be adjusted based on the needs of the study. A potential limitation of the instrument tool is that the participants aren't given the opportunity to elaborate on their responses to the study's questionnaire. This could cause participants to mistakenly provide a less accurate response to the study's questions, which could cause the study's results to become skewed. In order to ensure validity, the researcher has received feedback from their research advisor in order to test the study's validity as well as reliability. They have also tested out the survey questions on a small sample of peers to ensure that the instrument is effective in receiving the desired data.

Procedures

An email has been sent to all teachers within a specific Southern California school district from the lead social worker at the district. The email consists of an introduction to the researcher and to the importance of the study. In addition to this, the study has been posted on social media sites including Facebook, Instagram, and Reddit. Within the study, is the researcher's personal introduction which includes details on the study such as eligibility criteria, the approximate amount of time it takes to complete the survey, risks and benefits, as well as informing the participants of their responses being anonymous. The link provided in the study's flier first directed the participants to informed consent. After agreeing to the informed consent, they were directed to the survey and first responded to questions about their demographics such as race/ethnicity and gender. The demographic questions also elicited information pertaining to the amount of time the participants have been teaching and the grade level in which they teach.

Following demographics, participants have answered a section of questions within the survey that pertain to the current amount of both training and support they have been given in regards to student mental health awareness (see Appendix A). They have been asked to describe the topics discussed, if they were optional or required, the frequency, and their attendance for those training sessions. In regard to support, participants have answered the amount and the types of support they currently have access to through the school. The

participants have also answered questions that assessed their understanding of mental health and mental health disorders. They were additionally asked questions in which they had to evaluate their perceived confidence levels in their ability to prevent, recognize, and support mental health issues in their students. Following this, they were prompted to provide feedback on what has been working well and what needs improvement in regards to the mental health trainings and support offered through their district.

Approximately 100 participants were needed for the study, therefore 200 emails were sent to 15 different schools within one Southern California school district and flyers were posted on several social media sites. This allowed for the researcher to receive the appropriate amount of responses to complete the study, while allowing room for those who do not wish to participate. Upon the completion of the surveys, the researcher received a notification with the results of the participants. The researcher was then able to analyze the data from the responses given on the survey.

Protection of Human Subjects

The use of an online survey allows for participant's information to be recorded anonymously. Before beginning the survey, the participants were prompted with informed consent (see Appendix B). The informed consent included the purpose and a brief description of the study, participants rights, as well as how confidentiality will be maintained. It has also included the duration of the study, risks and benefits, as well as who they can contact about the study

and where the results will be posted. The participant's participation have been entirely voluntary and it was explained that they will be able to withdraw from the study at any time without any repercussions.

The answers from the survey were collected from Qualtrics and were recorded anonymously. The confidentiality of the participants were collected in a computer that is up to date in security software and is password protected. The data was only collected and analyzed with a secure connection. The computer was logged out of and shut down when not in use or not attended. Physical safeguards such as passwords have been changed frequently to ensure there was minimal risk for breach. In addition to passwords, multi-factor authorization was utilized to access this data. The only people with access to the data were the researcher Sarah Cortes as well as the research supervisor, Dr. McAllister. The data has also been shared with the Southern California school district that helped send emails out and was only reported in a group format, meaning that teachers were unable to be distinguished individually. All confidential and private information will be erased after the research study is completed. This will be approximately 3 years since initial collection or less.

Data Analysis

The data gathered from the surveys was analyzed using the Statistical Package for the Social Sciences software. First, demographic information was analyzed to provide an understanding of the demographic characteristics of the sample as well as the descriptive statistics on the major variables in the study.

Then bivariate analyses were conducted to assess the relationship between the independent variable (the amount/quality of current mental health training and support in teachers) and the dependent variable (the effectiveness of the training).

Summary

This study examined the current amount and quality of mental health training and support given to teachers of California school districts and the effectiveness of those tools in helping teachers prevent, recognize, and support their student's mental health. A quantitative study utilizing cross-sectional surveys facilitated this research as it allowed teachers to feel comfortable in expressing their opinions anonymously. The findings will serve as a tool for how social workers can better partner with schools in preparing teacher's education in mental health and it will allow schools to recognize any gaps in their current support systems.

CHAPTER FOUR

RESULTS

Introduction

This chapter reviews the results of the study. In order to understand how to best help adolescents with their mental health, data from this quantitative study has been gathered from TK-12th grade teachers. Within this study, participants detailed how many mental health trainings and supports have been available to them as well as describing their self-perceived level of preparedness to prevent, recognize and support mental health issues within their students. The data had been collected over a period of one month and the researcher started with 110 responses and removed 2 due to several questions being unanswered. In the following sections of this chapter, the researcher will address the demographics of the survey responses as well as analyzing and reviewing the participant's responses to the survey questions.

Demographics

The first portion of this study focused on the demographics of the participants. Out of the 108 participants in the study , 100 (92.6%) identified themselves as female, 7 (6.5%) identified themselves as male, and 1 (.9%) identified themselves as gender variant/non-conforming. These results can be viewed in Table 1 listed below. The ages of the participants ranged from 22 to 65 years old (M=43, SD=11.06). Participants were also asked to describe their

race/ethnicity and results showed that 80 (74.8%) reported being White or Caucasian, 20 (18.7%) reported being Hispanic or Latino, 2 (1.9%) reported as Black or African American, 2 (1.9%) reported being multiracial or biracial, 2 (1.9%) reported being a race/ethnicity not listed, and 1 (.9%) reported being Asian or Pacific Islander. These results can be seen below in Table 2. The participants were then asked to check all that apply for which grades they teach in. Results show that 27 (13.5%) teach Transitional Kindergarten, 19 (11%) teach Kindergarten, 22 (11.0%) teach First grade, 20 (10%) teach Second grade, 19 (9.5%) teach Third grade, 21 (10.5%) teach Fourth grade, 21 (10.5%) teach Fifth grade, 17 (8.5%) teach Sixth grade, 12 (6%) teach Seventh grade, 11 (5.5%) teach Eighth grade, 1 (0.5%) teach Ninth grade, 3 (1.5%) teach Tenth grade, 3 (1.5%) teach Eleventh grade, and 4 (2%) teach Twelfth grade, These results are seen in Table 3 below. The next demographic question surrounds how many years the teachers have been teaching for. For this question, the amount of years ranged from 1 year to 33 years (M=9.77, SD=8.16).

Table 1. Gender Demographic

Which gender identity do you associate yourself with?

		Frequency	Percent
Valid	Male	7	6.5
	Female	100	92.6
	Gender Variant/Non-Conforming	1	.9
	Total	108	100.0

Table 2. Participants Racial and Ethnic Demographic

What is your race/ethnicity?

		Frequency	Valid Percent
Valid	White or Caucasian	80	74.8
	Hispanic or Latino	20	18.7
	Black or African American	2	1.9
	Asian or Pacific Islander	1	.9
	Multiracial or Biracial	2	1.9
	A race/ethnicity not listed here	2	1.9
	Total	107	100.0
Missing	System	1	
Total		108	

Table 3. Grade Level Taught Demographic

Grade Level Taught

		Responses	
		N	Percent
grade level taught ^a	Transitional Kindergarten	27	13.5%
	Kindergarten	19	9.5%
	First grade	22	11.0%
	Second grade	20	10.0%
	Third grade	19	9.5%
	Fourth grade	21	10.5%
	Fifth grade	21	10.5%
	Sixth grade	17	8.5%
	Seventh grade	12	6.0%
	Eighth grade	11	5.5%
	Ninth grade	1	0.5%
	Tenth grade	3	1.5%
	Eleventh grade	3	1.5%
	Twelfth grade	4	2.0%
Total	200	100.0%	

a. Dichotomy group tabulated at value 1.

Quantity and Forms of Mental Health Trainings and Support Given

Following the demographics, the participants were asked seven questions regarding the quantity of trainings given at their school. These results can be viewed in Table 4. Of all participants, 56 stated that no mental health trainings

were given at their current school (51.9%). Of those that reported that mental health trainings were offered, the average amount of trainings offered per year were reported to be 4.14 (SD=2.177) and ranged from 1 to 5 or more. Out of those who have been offered mental health trainings, they were asked how many of those mental health trainings were required and how many were optional. The mean response for required trainings were 2.83 (SD= 1.24) with a range from no trainings and to all trainings. The mean response for optional trainings were 2.65 (SD=.86) with a range from no trainings and to all trainings. Of the trainings offered, the mean of attendance for said trainings was 3.29 (SD=2.36) ranging from attending none to all trainings. When asked why they did not attend those trainings 15 (34.1%) stated it was due to schedule conflict, 3 (6.8%) due to lack of interest, 3 (6.8%) due to format of training, 19 (43.2%) due to large workload, 10 (22.7%) due to inconvenient time/date, 8 (18.2%) due to repeat of topics, and 6 (13.6%) stated other. The topics covered during those trainings varied with 13 (25.5%) on types of disorders, 6 (11.8%) prevention, 14 (27.5%) recognition, 26 (51%) support techniques, 8 (15.7%) effect of mental health disorders, 20 (39.2%) resources, 6 (11.8%) stigmas, 12 (23.5%) communication, 21 (41.2%) crisis situations, and 10 (19.6%) other.

Mental health support was presented as a check all that apply option in which participants could choose multiple supports available at their school district. Supports were reported as 26 (25.5%) having a school social worker, 69 (67.6%) having a counselor, 51 (50%) have educational workshops, meetings,

and/or trainings on mental health for teachers, 15 (14.7%) have a mental health curriculum, and 7 (6.9%) reported having other supports that were not listed.

Table 4. Mental Health Trainings Offered

Variable	Frequency (N)	Percentage (%)	
Mental Health Trainings Offered per Year			
1 training	24	22.2	
2 trainings	14	13	
3 trainings	5	4.6	
4 trainings	1	.9	
5 or more trainings	8	7.4	
None	56	51.9	
Mental Health Trainings that were Required			
1 training	12	23.1	
Some trainings	9	17.3	
All trainings	7	13.5	
No trainings	24	46.2	
Mental Health Trainings that were Optional			
1 training	4	7.7	
Some trainings	19	36.5	
All trainings	20	38.5	
No trainings	9	17.3	

How many Trainings Attended			
	1 training	17	32.7
	2 trainings	11	21.2
	3 trainings	5	9.6
	4 trainings	2	3.8
	5 or more trainings	3	5.8
	All trainings	4	7.7
	None	10	19.2

Reason why participant did not attend a training			
	Schedule Conflict	15	34.1
	Lack of interest	3	6.8
	Format of Training	3	6.8
	Large Workload	19	43.2
	Inconvenient time/date	10	22.7
	Repeat of topics	8	18.2
	Other	6	13.6

Topics Mental Health Training Covered

Types of Disorders	13	25.5
How to Prevent	6	11.8
How to Recognize	14	27.5
How to Support	26	51
The Effect of Mental Health Disorders	8	15.7
Resources		
Stigmas	20	39.2
Communication	6	11.8
Crisis Situations	12	23.5
Other	21	41.2
	10	19.6

Table 5. Support Offered

Support Offered

		Frequency	Percent
Support	School social worker	26	25.5%
	Counselors	69	67.6%
	Social emotional learning teacher	51	50.0%
	Educational workshops, meetings, and/or trainings on mental health for teachers	25	24.5%
	Mental Health Curriculum	15	14.7%
	Other	7	6.9%
	Total	193	189.2%

Understanding and Comfortability of Mental Health

To gauge participants' understanding and comfortability of mental health, a Likert scale was created for individuals to self-rate their own ability to address mental health. The participants were able to choose from strongly agree, agree, somewhat agree, neither agree nor disagree, somewhat disagree, disagree, and strongly disagree. Results are shown in Table 6

Understanding

When asked if they can accurately define what mental health is, the highest ranged from 42 stating that they agreed (39.3%) with the lowest being reported by one person for both disagree and strongly disagree (.9%). When asked if they understood the difference between mental health and social emotional learning, the highest was reported by 40 as agreeing (37.4%) and the lowest being strongly disagree which was reported by 1 respondent (.9%). When asked if they could accurately describe what mental wellness looks like in their students, the highest was somewhat agree at 47 respondents (43.9%) and the lowest was disagree at one respondent (.9%). When asked if they can recognize differences between mental health disorders, the highest was reported to somewhat agree with 41 respondents (38.7%) and the lowest being strongly disagree from 3 respondents (2.8%). When asked if they are aware of mental health stigmas, the highest response was agree from 48 respondents (44.9%) and the lowest was reported by one participant each for both somewhat disagree and disagree from respondents (.9%). When asked if they are able to use

various methods to prevent poor mental health in students, the highest number reported was 41 for somewhat agree (38.3%) and the lowest being reported for both strongly agree, and disagree by 5 respondents each (4.7%). When asked if they could recognize mental health issues in their students, the highest number was reported for somewhat agree by 47 (43.9%) and the lowest was both disagree and strongly disagree by 2 participants each (1.9%). When asked if they could recognize different behaviors that may require a lower tier of intervention/support, the highest percentage was for agree by 46 respondents (43%) and the lowest was disagree by one respondent (.9%). When asked if they recognized the difference between support for social emotional learning and mental health needs, the highest number was reported at 40 for agree (37.4%) and the lowest was strongly disagree at one respondent (.9%). When asked if they recognized behaviors that would require higher tier of support, the highest number was reports at 50 for agree (47.6%) and the lowest was for both disagree and strongly disagree which received one response each (1%). When asked if they understood how to support their student's mental health needs, the highest number was reported by 35 respondents for somewhat agree (33.3%) and the lowest was by two participants for strongly disagree (1.9%). When asked if they were aware of the resources that are available to help student mental health, the highest number was reported for somewhat agree from 24 respondents (23.1%) and the lowest was 6 respondents for strongly disagree (5.8%).

Comfortability

When asked if they felt comfortable in their ability to prevent students from developing poor mental health, the highest number was reported for somewhat agree by 32 participants (31.1%) and the lowest was strongly disagree by 6 (5.8%). When asked if they felt comfortable in their ability to recognize mental health issues in their students, the highest number was reported for somewhat agree by 35 participants (34%) and the lowest reported by one for strongly disagree (1%). When asked if they felt comfortable in their ability to support their student’s mental health, the highest number was reported by 31 participants for somewhat agree (30.1%) and the lowest was for strongly disagree, reported by 4 participants (3.9%).

Table 6. Understanding and Comfortability of Mental Health

Variable (N) Percentage (%)	Frequency	
I can accurately define what mental health is	Strongly agree	28 26.2
	Agree	42 39.3
	Somewhat agree	26 24.3
	Neither agree nor disagree	5 4.7
	Somewhat disagree	4 3.7
	Disagree	1 .9
	Strongly disagree	1 .9
	I understand the difference between mental health and social emotional learning	Strongly agree
Agree		40 37.4
Somewhat agree		29 27.1
Neither agree nor disagree		5 4.7
Somewhat disagree		3 2.8
Disagree		4 3.7
Strongly disagree		1 .9

I can accurately describe what mental wellness looks like in my students	Strongly agree	11	10.3
	Agree	36	33.6
	Somewhat agree	47	43.9
	Neither agree nor disagree	3	2.8
	Somewhat disagree	9	8.4
	Disagree	1	.9
	Strongly disagree		
I can recognize differences between mental health disorders	Strongly agree	8	7.5
	Agree	22	20.8
	Somewhat agree	41	38.7
	Neither agree nor disagree	13	12.3
	Somewhat disagree	13	12.3
	Disagree	6	5.7
	Strongly disagree	3	2.8
I am aware of various stigmas associated with mental health diagnoses	Strongly agree	37	34.6
	Agree	48	44.9
	Somewhat agree	16	15
	Neither agree nor disagree	4	3.7
	Somewhat disagree	1	.9
	Disagree	1	.9
	Strongly disagree		
I am able to use various methods to help prevent poor mental health in my students	Strongly agree	5	4.7
	Agree	19	17.8
	Somewhat agree	41	38.3
	Neither agree nor disagree	19	17.8
	Somewhat disagree	12	11.2
	Disagree	6	5.6
	Strongly disagree	5	4.7
I can recognize mental health issues in my students	Strongly agree	9	8.4
	Agree	30	28
	Somewhat agree	47	43.9
	Neither agree nor disagree	11	10.3
	Somewhat disagree	6	5.6
	Disagree	2	1.9
	Strongly disagree	2	1.9

I recognize the types of behaviors in my students that may require a lower tier of intervention/support	Strongly agree	18	16.8
	Agree	46	43
	Somewhat agree	30	28
	Neither agree nor disagree	5	4.7
	Somewhat disagree	7	6.5
	Disagree	1	.9
	Strongly disagree		
I understand the differences in support for social emotional learning (SEL) versus mental health needs for my students	Strongly agree	12	11.2
	Agree	40	37.4
	Somewhat agree	33	30.8
	Neither agree nor disagree	9	8.4
	Somewhat disagree	8	7.5
	Disagree	4	3.7
	Strongly disagree	1	.9
I recognize the types of behaviors in my students that would require a higher tier of intervention/support	Strongly agree	20	19
	Agree	50	47.6
	Somewhat agree	25	23.8
	Neither agree nor disagree	3	2.9
	Somewhat disagree	5	4.8
	Disagree	1	1
	Strongly disagree	1	1
I understand how to support my student's mental health needs	Strongly agree	5	4.8
	Agree	23	21.9
	Somewhat agree	35	33.3
	Neither agree nor disagree	11	10.5
	Somewhat disagree	23	21.9
	Disagree	6	5.7
	Strongly disagree	2	1.9
I am aware of the various resources that are available to help students with their mental health	Strongly agree	7	6.7
	Agree	20	19.2
	Somewhat agree	24	23.1
	Neither agree nor disagree	16	15.4
	Somewhat disagree	17	16.3
	Disagree	14	13.5
	Strongly disagree	6	5.8

I feel comfortable in my ability to help prevent my students from developing poor mental health	Strongly agree	5	4.9
	Agree	19	18.4
	Somewhat agree	32	31.1
	Neither agree nor disagree	15	14.6
	Somewhat disagree	13	12.6
	Disagree	13	12.6
	Strongly disagree	6	5.8
I feel comfortable in my ability to recognize mental health issues in my students	Strongly agree	8	7.8
	Agree	33	32
	Somewhat agree	35	34
	Neither agree nor disagree	10	9.7
	Somewhat disagree	12	11.7
	Disagree	4	3.9
	Strongly disagree	1	1
I feel comfortable in my ability to support mental health issues in my students	Strongly agree	3	2.9
	Agree	22	21.4
	Somewhat agree	31	30.1
	Neither agree nor disagree	15	14.6
	Somewhat disagree	17	16.5
	Disagree	11	10.7
	Strongly disagree	4	3.9

Participant Views on Mental Health Training/Support at School District

Participants were asked to rate their satisfaction with the current mental health training and support given at their school district through use of a Likert scale. Results are shown in Table 7. When asked if their school district offers enough mental health trainings, the highest number was reported for strongly disagree by 33 participants (31.1%) and the lowest was for strongly agree by 3 participants (2.8%). When asked if they felt their school offers enough support for

teachers in addressing student mental health concerns, the highest number was reported for strongly disagree by 32 participants (30.2%) and the lowest was reported for strongly agree by 2 participants (1.9%). When asked if their school should offer more mental health trainings, the highest number reported was for strongly agree by 47 respondents (44.3%) and the lowest was for both somewhat disagree and disagree which were both reported by one person each (.9%).

When asked if their school should offer more support for teachers in addressing student mental health concerns, the highest number was reported for strongly agree by 52 participants (49.1%) and the lowest response was for neither agree nor disagree by two respondents (1.9%).

Table 7. Participant Views on Mental Health Trainings/Support Offered at School

Variable (N) Percentage (%)	Frequency	
I feel that my school district offers enough mental health training for its teachers	Strongly agree	3 2.8
	Agree	4 3.8
	Somewhat agree	8 7.5
	Neither agree nor disagree	9 8.5
	Somewhat disagree	21 19.8
	Disagree	28 26.4
	Strongly disagree	33 31.1
I feel that my school district offers enough support for its teachers in addressing mental health concerns in students	Strongly agree	2 1.9
	Agree	9 8.5
	Somewhat agree	7 6.6
	Neither agree nor disagree	6 5.7
	Somewhat disagree	20 18.9
	Disagree	30 28.3
	Strongly disagree	32 30.2

My school district should offer more mental health trainings for its teachers	Strongly agree	47	44.3
	Agree	29	27.4
	Somewhat agree	16	15.1
	Neither agree nor disagree	8	7.5
	Somewhat disagree	1	.9
	Disagree	1	.9
	Disagree	4	3.8
	Strongly disagree		
My school district should offer more support for its teachers in addressing mental health concerns in students	Strongly agree	52	49.1
	Agree	31	29.2
	Somewhat agree	16	15.1
	Neither agree nor disagree	5	4.7
	Somewhat disagree	2	1.9
	Disagree	0	0
	Disagree	0	0
	Strongly disagree		

Training Topics that Participants Wish to Have

A brief question was asked on what topics participants wish to be trained on. This question allowed for multiple responses to be recorded. Among the topics, types of mental health disorders was reported by 50 participants (51%), prevention was chosen by 40 (40.8%), recognition was important for 69 (70.4%), support was reported by 83 (84.7%), the effect of mental health disorders were chosen by 40 (40.8%), resources were reported by 74 (75.5%), stigmas were chosen by 30 (30.6%), and other was reported by 9 (9.2%). These results are shown in Table 8.

Table 8. Training Topics that Participants Wish to Have

Training Topics that Participants Wish to Have

		Frequency	Percent
Training Topics that Participants Wish to Have	Types of mental health disorders	50	51.0%
	How to prevent mental health disorders	40	40.8%
	How to recognize mental health disorders	69	70.4%
	How to support students with mental health disorders	83	84.7%
	The effect of mental health disorders	40	40.8%
	Resources available for students who struggle with mental health disorders	74	75.5%
	Stigmas of mental health disorders	30	30.6%
	Other	9	9.2%
Total		395	403.1%

Ranking of Support by Importance

Participants were asked to rank forms of support in order of importance. These results can be seen in table 9. The lower the mean, the more important that topic was. Someone to consult with regularly had a mean of 2.82. Having support from counselors resulted in a mean of 2.84. A school social worker as a form of support developed a mean of 3.49. Trainings and educational workshops had a mean of 3.7. Social emotional learning teachers had a mean of 3.71. Initiating a mental health curriculum resulted in a mean of 4.7. "Other" was listed with a mean of 6.75.

Table 9. Mental Health Resources Ranked by Order of Importance

Variable	Mean
Someone to consult with regularly	2.82
Counselors	2.84
School social worker	3.49
Trainings and educational workshops	3.7
Social emotional learning teacher	3.71
Mental health curriculum	4.70
Other	6.75

Quality of Trainings and Support

The last set of questions consisted of 3 free response questions. These results are shown in Table 10,11, and 12. The first question asked participants to state what is going well so far in regards to their school district’s mental health training and support. Responses were able to be categorized into 8 categories. The first category was that “everything was going well” and had 3 respondents (3.3%). Followed by this was school recognition of the importance of mental health which was reported by 4 (4.4%). Staff learning development was reported by 6 participants (6.6%). “Nothing” was reported as going well by 10 respondents (11.1%). Trainings were reported by 11 (12.2%). Social Emotional Learning teachers were reported by 12 participants (13.3%) and resources/support were

reported by 15 (16.6%). Lastly, no training/support is being provided was reported by 29 (32.2%).

The next question asked participants what could be more effective in regards to training/support offered at the school. "Nothing" was reported by 1 participant (0.9%), teaching students about mental health was reported by 1 (0.9%), staff meetings on student mental health was reported by 1 (0.9%), decrease teacher workload was reported by 2 (1.9%), mental health recognition was reported by 3 (2.9%), integrating a mental health curriculum was reported by 3 (2.9%), partnering with parents was reported by 5 (4.9%), "anything" was reported by 5 (4.9%), more trainings were reported by 40 (39.2%), and more support was reported by 41 (40.1%).

Questions on Mental Health

The last question for the survey asked participants if they had any questions about mental health. One participant wanted to know the difference between SEL and mental health (1.9%). Three participants wanted to know if their school could integrate a mental health curriculum (5.8%). Three respondents wanted to know if their school could work on connecting parents with mental health trainings and support (5.8%). Eight participants asked what resources are available (15.8%). Nine respondents asked how to help support students with mental health issues (17.6%). Eleven participants asked for more mental health trainings to be offered (21.5%). The largest number of respondents

asked if they can have more mental health support leaving this question to be asked by sixteen respondents (31.3%).

Table 10. Free Response What is Going Well

Variable	Frequency (N)	Percentage (%)
Everything	3	3.3
School Recognition of Importance of Mental Health	4	4.4
Staff is Learning about Mental Health	6	6.6
Nothing	10	11.1
Trainings	11	12.2
Social Emotional Learning Teachers	12	13.3
Resources/Support	15	16.6
No Training/Support is offered	29	32.2

Table 11. What Would be More Effective

Variable	Frequency (N)	Percentage (%)
Nothing	1	0.9
Teaching Students about Mental Health	1	0.9
Staff Meetings on Student Mental Health	1	0.9
Decrease teacher workload	2	1.9
Mental Health Recognition	3	2.9
Mental Health Curriculum	3	2.9
Partnering with Parents	5	4.9
Anything	5	4.9
More Trainings	40	39.2
More support	41	40.1

Table 12. Questions Participants Have on Mental Health

Variable	Frequency(N)	Percentage (%)
What is the difference between SEL and mental health?	1	1.9
Can we have a mental health curriculum?	3	5.8
Can we connect parents with mental health trainings/support?	3	5.8
What resources do we have for mental health?	8	15.8
How can we seek help/support for students?	9	17.6
Can we have more mental health trainings?	11	21.5
Can we get more mental health support?	16	31.3

Summary

This chapter showcased the results of the researcher’s quantitative study that sought to examine the current mental health trainings and support given to school-aged teachers in order to help them prevent, recognize, and support their student’s mental health needs. The study began with 110 respondents and removed two due to lack of participation in the majority of the survey’s questions. The results showcased that the majority of respondents did not have mental health training offered. For support, the majority of respondents stated that they have a school counselor. The results showcased that the majority of respondents had somewhat of an understanding for student mental health and that they were somewhat confident in their abilities to prevent, recognize, and support mental health concerns in their students. The results also showcased that the majority of

respondents feel as if their school district does not offer enough training nor support for student mental health and would like more.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined how the current mental health trainings and support given to school-aged teachers by their school district, affected their self-perceived ability to help prevent, recognize, and support their student's mental health issues. This chapter discusses the researcher's findings as well as how it connects to past literature done on teacher's role in helping children's mental health. This section will also discuss implications for social work practice, policy, education, and research along with discussing the strengths and limitations of this study.

Discussion

This study sought to analyze the effect that the current mental health trainings and supports given to school-aged teachers have had on their ability to prevent, recognize, and support student mental health issues. The literature suggested that students dealing with mental health issues are often placed with teachers who have not been adequately trained in addressing mental health needs (Kauffman & Badar, 2018). These results aligned with this study's findings as it was shown that 51.9% of respondents stated that they were not offered any mental health trainings. In addition to this, this study's results showcased that the majority of teacher's only "somewhat agree" that they feel comfortable in

preventing, recognizing, and supporting their student's mental health issues which aligns with Kauffman and Badar's 2018 study. It was reported that 31.1% somewhat agree that they felt comfortable in prevention, 34% somewhat agree that they felt comfortable in recognition, and 30.1% reported somewhat agreeing that they felt comfortable in support. This represents that teachers are not strongly comfortable in their ability to prevent, recognize, and support their student's mental health needs.

Literature also suggested that there is a lack of requirement for mental health training and it is left as an optional choice (Education Commission of the States, 2020). Previous literature also mentions that some states, including California, currently have no mental health training or requirements for both credential programs and school districts (Education Commission of the States, 2020). The results from this study showed that of those who did work in a school district where mental health trainings were offered, the mean amount of mental health trainings that were offered were 4.14 and those that were required were 2.83. This represents that some school districts have in fact taken it upon themselves to enforce a mental health training requirement within their staff. Although this shows an increase in mental health training requirements, this research aligned with the findings done from the Education Commission of the states (2020) as most teachers self-reported that their school district is not providing enough mental health training and support for their staff. The majority of respondents (57.5%) stated that they either strongly disagreed or disagreed

that their school offered enough mental health trainings and 58.5 % stated they strongly disagreed or disagreed that they offer enough support. In addition to this, 71.7% of the respondents stated that they strongly agreed or agreed that more mental health trainings should be offered and 78.3% strongly agreed or agreed that more mental health support should be given to teachers. These results showcased that teachers value mental health support as a priority followed by mental health trainings and that they have a desire and need for access to both more mental health trainings and support.

Literature also shows that there is a major gap in these trainings as they do not cover how to communicate with students struggling with mental health (Ohrt et al., 2020). The research done within this study showed that of the mental health trainings provided, it had been reported that 23.5% of trainings covered the topic of communication. This represents that trainings are beginning to branch into addressing mental health communication.

Strengths and Limitations

Strengths

This study had several strengths that aided in the facilitation of this study and the utilization of these findings for future research. One strength of this study is that there was a partnership with a Southern California school district. This allowed the researcher to collaborate with the school district in designing the study to include important questions and terminology that apply to school staff when discussing mental health that the researcher may have not originally

included on their own. Another strength for this research is the sample size. The researcher started with 110 participants and only removed two due to lack of interaction with questions, leaving 108 participants. This allowed for a significant amount of data to be collected. In addition to this, the data included a diverse sample set. The data included participants from more than five school districts, different grade levels, genders, and race. This offers validity for major findings in the study. A last strength was found in the utilization of open ended questions. Open ended questions allowed for participants to have an opportunity to give additional information that the questions may not have allowed them to initially. This gave more insight on their comfortability, understanding, and needs.

Limitations

A limitation of this study includes that this was a non-random purposive sample. This means that these results cannot be generalized to the overall population, minimizing the usability of the findings. In addition to this, another limitation lies in how the research done was descriptive and not explanatory. There were no statistical tests performed to determine a cause and effect relationship as well as predicting any outcomes. A cause and effect relationship would have provided numerical proof that there is a relationship between lack of training and support and comfortability levels within addressing student mental health needs.

Implications for Social Work Practice, Policy, Education, and Research

Social Work Practice and Policy

Mental health in school-aged children is an important topic to address, understand, and support as 22.6% of children aged 3-17 years old, are experiencing one or more mental, emotional, developmental, or behavioral problems (Child and Adolescent Health Measurement Initiative, 2019-2020). Because of their young age, children lack mental health literacy and must rely on others within their system as described by Ludwig von Bertalanffy (1968) to assist them in the prevention, recognition, and support of mental health concerns. These support systems include but are not limited to their family, school personnel, community, and social workers that they may interact with. Because children spend a majority of their time within a school setting, it is important to partner with educators in providing adequate mental health trainings and support so that they are able to prevent, recognize, and support their student's mental health. The Education Commission of the States reported that only 27 states have a policy that includes some form of encouragement or requirement for mental health training in school staff which does not include California (2020). Because of this, social workers can aid on the macro level by fighting for policy change to include mental health training as a requirement for both teaching credentials and school districts in the other 23 states, including California. In addition, social workers can work with school districts on a micro level to not only focus on the children alone, but shift their focus to include

educating and providing more mental health trainings and support for school staff so that children are able to get the support that they need from one of their first lines of defense. This partnership between school staff and social workers can build a stronger support system for children and will give teachers the confidence and comfortability in assisting in the prevention, recognition, and support of poor mental health in their students. With a stronger understanding and comfortability within teachers, the students are able to be referred to the appropriate tier of support immediately in order to minimize the negative impacts that come with mental health concerns. Social workers can bridge this gap and act as a strong resource for mental health.

Social Work Education

For those pursuing their social work degree, it is important to educate them on how to communicate about mental health with both children and families. It is important to teach the diversity of mental health in relation to age, gender, and different cultures so that social workers are able to approach each population by their unique needs and understanding of mental health. In addition to this, social workers need to be educated on the stigmas that surround mental health as well as the resources available to assist with adolescent mental health. This will provide a strong foundation for addressing mental health with children and families.

In addition to this, it is important that schools of social work inform their students

on the importance and benefits of being a school social worker. Students should be informed on the Pupil Personnel Services Credential (PPSC) which is beginning to become a requirement for employment as a school social worker in California for K-12 public schools. This credential prepares social workers who wish to work in a school setting by providing knowledge and skills on how to work with children, parents, and school personnel to help children succeed academically and to thrive emotionally.

Social Work Research

In relation to social work research, it would be beneficial to do experimental research in which school social workers create a mental health curriculum which includes a set number of trainings, resources, and support for school staff in addressing student mental health needs. This would allow researchers to compare and contrast from those who did not receive a mental health curriculum and those that did, in order to understand if there is an increase in teacher's comfortability and levels of understanding for addressing student mental health. This would also provide evidence as to why requiring a mental health curriculum to be enforced within school districts is important and necessary.

Conclusion

This study was conducted to explore current mental health trainings and support offered to school aged teachers and how effective they have been in helping teachers to prevent, recognize, and support mental health issues in their

students. Some significant findings included that 51.9% of the respondents receive no mental health trainings at their school district. In addition to this, 71.7% of respondents stated that they strongly agreed or agreed that their school should offer more mental health trainings and 78.3% strongly agreed or agreed that their school should offer more mental health support. This correlates with the previous literature as it had been stated that a lot of school aged children are placed with teachers who have not been adequately trained in addressing student mental health needs (Kauffman & Badar, 2018).

This represents the importance for there to be a change in state policy to implement a requirement of mental health trainings and curriculums in both teaching credentials, and employment at a school district. With this fundamental change, we can prepare a student's social system to be able to help prevent, recognize, and support their mental health needs so that they are able to get the help they need. This will also allow social work practice to focus on working in a partnership with school personnel in ensuring that students are getting the proper tier of support when necessary.

APPENDIX A
SURVEY

Survey

Demographic Information: Please mark the answer choices that best represents you.

1. Which gender identity do you associate yourself with?

1. Male
2. Female
3. Transgender Male
4. Transgender Female
5. Gender Variant/Non-Conforming
6. Not Listed
7. Prefer not to say

2. What is your age?

1. *Will type in box

3. What is your race/ethnicity?

1. White or Caucasian
2. Hispanic or Latino
3. Black or African American
4. Asian or Pacific Islander
5. Native American or Alaskan Native
6. Multiracial or Biracial
7. Race/Ethnicity Unknown

8. A race/ethnicity not listed here
4. What grade level do you teach? (Check all that apply)
 1. Transitional Kindergarten
 2. Kindergarten
 3. First grade
 4. Second grade
 5. Third grade
 6. Fourth grade
 7. Fifth grade
 8. Sixth grade
 9. Seventh grade
 10. Eighth grade
 11. Ninth grade
 12. Tenth grade
 13. Eleventh grade
 14. Twelfth grade
 5. What form of education do you teach?
 1. General Education
 2. Special Education
 6. What school district do you teach at? (optional)
 7. How long have you been teaching at your current school?
 1. *Will type in a box

Directions: For the purpose of this study mental health is being defined as a person's psychological and emotional well-being. This does not include SEL (Social Emotional Learning) which focuses on the development of key social skills.

1. How many trainings on mental health do you remember your school district providing for you to take per year?
 1. 1 training
 2. 2 trainings
 3. 3 trainings
 4. 4 trainings
 5. 5 or more trainings
 6. None (Qualtrics will skip to question #6 if answered none)
2. If your school district does provide mental health trainings, how many do you remember have been required?
 1. 1 training
 2. Some trainings
 3. All trainings are required
 4. No trainings are required
3. If your school district does provide mental health trainings, how many do you remember as being optional?
 1. 1 training
 2. Some trainings

3. All trainings
4. No trainings are optional
4. If your school district does provide mental health trainings, how many have you attended in the past year?
 1. 1 training
 2. 2 trainings
 3. 3 trainings
 4. 4 trainings
 5. 5 or more trainings
 6. All trainings offered
 7. No trainings
5. If there have been trainings you have not attended in the past year, what led you to not attend? (Check all that apply)
 1. Schedule conflict
 2. Lack of interest
 3. Format of Training (Online or In Person)
 4. Large workload
 5. Inconvenient time and/or date
 6. Repeat of topics previously trained upon
 7. Other (*Will type in the box)
6. If your school district does provide mental health trainings, what topics do they cover? Check all that apply.

1. Types of mental health disorders
 2. How to prevent mental health disorders
 3. How to recognize mental health disorders
 4. How to support students with mental health disorders
 5. The effect of mental health disorders
 6. Resources available for students who struggle with mental health disorders
 7. Stigmas of mental health disorders
 8. How to communicate about mental health
 9. Crisis situations
 10. Other (*Will type in box what topics have been covered)
7. What forms of support does your school district offer you to utilize in addressing the mental health needs of your students?
1. School social worker
 2. Counselors
 3. Social emotional learning teacher
 4. Educational workshops, meetings, and/or trainings on mental health for teachers
 5. Mental Health Curriculum
 6. Other (*Will Type into box what forms of support)
 7. None of the above

Directions: For the following statements, please choose the answer that best supports your understanding and comfortability of mental health

8. I can accurately define what mental health is

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

9. I understand the difference between mental health and social emotional learning

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

10. When I hear the phrase “mental health disorder” I would describe this as

1. (*Open ended Question. Free response)

11. I can accurately describe what mental wellness looks like in my students

1. Strongly agree

2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

12. I can recognize differences between mental health disorders

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

13. I am aware of various stigmas associated with mental health diagnoses

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

14. I am able to use various methods to help prevent poor mental health in my students

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

15. I can recognize mental health issues in my students

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

16. I recognize the types of behaviors in my students that may require
a lower tier of intervention/support

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

17. I understand the differences in support for social emotional learning (SEL) versus mental health needs for my students

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

18. I recognize the types of behaviors in my students that would require a higher tier of intervention/support

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

19. I understand how to support my student's mental health needs

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree

6. Strongly disagree

20. I am aware of the various resources that are available to help students with their mental health

1. Strongly agree

2. Agree

3. Somewhat agree

4. Disagree

5. Somewhat disagree

6. Strongly disagree

21. I feel comfortable in my ability to help prevent my students from developing poor mental health

1. Strongly agree

2. Agree

3. Somewhat agree

4. Disagree

5. Somewhat disagree

6. Strongly disagree

22. I feel comfortable in my ability to recognize mental health issues in my students

1. Strongly agree

2. Agree

3. Somewhat agree

4. Disagree
5. Somewhat disagree
6. Strongly disagree

23. I feel comfortable in my ability to support mental health issues in my students

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree
6. Strongly disagree

Directions: For the following statements, please choose the answer that best supports your views on the current mental health trainings and support given at your school district

24. I feel that my school district offers enough mental health training for its teachers

1. Strongly agree
2. Agree
3. Somewhat agree
4. Disagree
5. Somewhat disagree

6. Strongly disagree

25. I feel that my school district offers enough support for its teachers in addressing mental health concerns in students

1. Strongly agree

2. Agree

3. Somewhat agree

4. Disagree

5. Somewhat disagree

6. Strongly disagree

26. My school district should offer more mental health trainings for its teachers

1. Strongly agree

2. Agree

3. Somewhat agree

4. Disagree

5. Somewhat disagree

6. Strongly disagree

27. My school district should offer more support for its teachers in addressing mental health concerns in students

1. Strongly agree

2. Agree

3. Somewhat agree

4. Disagree

5. Somewhat disagree

28. Are there currently any trainings topics that have not been offered at your school district that you would like to see? (check all that apply)

1. Types of mental health disorders
2. How to prevent mental health disorders
3. How to recognize mental health disorders
4. How to support students with mental health disorders
5. The effect of mental health disorders
6. Resources available for students who struggle with mental health disorders
7. Stigmas of mental health disorders
8. Other (*Will type in box what topics they would like to see)

29. Please rank the following forms of support given to teachers for addressing mental health issues in their students by order of *importance*

1. Someone to consult with regularly
2. Trainings and educational workshops
3. School social worker
4. Social emotional learning teacher
5. Counselors
6. Mental health curriculum
7. Other (*Will type in a box)

Directions: The following questions are open ended. Please answer them to the best of your ability with as much detail as possible.

30. What is going well so far in the current mental health trainings and/or support offered at your school district ?

31. What would be more effective in regards to the current mental health trainings and/or support offered at your school district?

32. What questions, if any, do you have about mental health within your school district?

Survey created by Sarah Cortes

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL

IRB #: IRB-FY2022-310

Title: Increasing Teacher Awareness of Mental Health in Children

Creation Date: 4-28-2022

End Date:

Status: **Approved**

Principal Investigator: Carolyn McAllister

Review Board: Main IRB Designated Reviewers for School of Social Work

Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
Submission Type	Modification	Review Type	Exempt	Decision	Approved
Submission Type	Modification	Review Type	Exempt	Decision	Exempt

Key Study Contacts

Member	Sarah Cortes	Role	Co-Principal Investigator	Contact	sarah.cortes4607@coyote.csusb.edu
Member	Carolyn McAllister	Role	Principal Investigator	Contact	cmcallis@csusb.edu
Member	Carolyn McAllister	Role	Primary Contact	Contact	cmcallis@csusb.edu

APPENDIX C
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to assess current mental health trainings and support available to teachers. The study is being conducted by Sarah Cortes, a graduate student, under the supervision of Dr. Carolyn McAllister, Director, Professor, and Research Supervisor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to assess current mental health trainings and support available to teachers and their ability in preparing teachers to assist in the prevention, recognition, and support of mental health needs for their students.

DESCRIPTION: Participants will be asked brief questions on demographics. Participants will also be asked questions about the current mental health trainings and support available to them as well as their self-perceived confidence levels in preventing, recognizing, and supporting their student's mental health needs.

PARTICIPATION: Your participation in the study is entirely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences. If you choose to discontinue your participation, the data entered will be disregarded.

CONFIDENTIALITY: Your responses will be recorded anonymously and will be reported only in group format.

DURATION: It will take 10 to 15 minutes to complete the survey.

RISKS: There are minimal risks associated with this study. These include potential feelings of discomfort and the potential risk of identifying information being leaked. This will be prevented through anonymity, data being reported through group format only, and password security. At any point, you can choose to skip a question or stop the survey in its entirety without any negative consequences.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to the social work professions knowledge of how prepared teachers are in assisting in preventing, recognizing, and supporting student's mental health needs. In addition to this, this study can be used to increase health training and support for teachers and will give school districts more insight on what teachers feel is working well, and what they would like to see more of.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Carolyn McAllister at cmcallis@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2023.

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Placing a marking here indicates your consent

Date

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