Teachers’ Beliefs About Mental Health Issues

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TEACHERS' BELIEFS ABOUT MENTAL HEALTH ISSUES

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
Shannon Ruth Kelleher
June 2014
TEACHERS’ BELIEFS ABOUT MENTAL HEALTH ISSUES

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Approved by:

Dr. Thomas D. Davis, Faculty Supervisor, Social Work
Dr. Rosemary McCaslin, M.S.W. Research Coordinator
ABSTRACT

This study examined teachers' beliefs about mental health issues in students. A quantitative research method was utilized, and survey instrument was created modeled after the theory of planned behavior. Thirty-seven teachers were surveyed in five areas in relation to their beliefs about assessment and referral; including, previous assessment and referral; mental health training; attitudes toward assessment and referral; the perceived social normality of assessment and referral; and perceived self-efficacy or behavior control. These five areas became independent variable measures, with the dependent variable being their future intention of assessing and referring students with mental health issues. Multiple regression analysis revealed that the overall model was statistically significant in predicting teachers' intention to assess and refer students; however, independent analysis of independent variable revealed teachers' attitudes, past behavior, and accesses to mental health training were most the most significant predictors of future intention. Implications of this study highlight the need qualified mental health professionals to be present in schools and/or expanded training of teachers.
ACKNOWLEDGMENTS

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CHAPTER ONE
INTRODUCTION

This chapter will discuss the general problem of adolescent mental health. Demographic and other statistics on adolescent mental health will be provided. Additionally, the purpose of the proposed study will be reviewed and implications for social work practice will be discussed. Finally, a list of defined terms will be provided.

Problem Statement

The Centers for Disease Control and Prevention (CDC) describes mental disorders in youth as, “‘serious deviations from expected cognitive, social, and emotional development’ and include conditions meeting criteria described by the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR)” (Perou, Bitsko, Blumberg, Pastor, Ghandour, Gfroere, Hedden, & Crosby, 2013, p. 2). It is estimated that 46.3% of 13-18 year olds are currently or will experience some mental health issue within their lifetime (National Institute of Mental Health (NIMH), 2010). The same study funded by NIMH (2010) found that about 21 percent (about 1 in 5) of 13-18 year olds have suffered or will suffer from a severe mental disorder, which is likely to cause serious debilitation. Additionally, the most devastating result of mental health issue, for any age group, suicide, is
especially relevant among children and adolescents. In 2010, suicide was the second leading cause of death among youth aged 12-17 (Perou et al., 2013).

While there is a significant prevalence of mental health issues among children and adolescents in the United States, it is also important to mention the onset of symptoms. For most individuals who will have mental illness in their lifetime, symptoms will present in childhood. A report released by the National Institute of Health (NHI) (2005), describes mental illness as a, unremitting disease of the young. While other chronic illnesses such as heart disease or cancer, most often affect adults, mental disorders affect youth in the prime of their lives. It is estimated that about half of cases of mental illness begin by the age of 14, and three quarters begin by the age of 24 (NHI, 2005). Most importantly, the same report discusses minors’ failure and delay in initial treatment, estimating that the average delay in initiating treatment for mental illness is about ten years, with the longest delay at 23 years. This means while an individual might begin to experience negative symptoms of a mental illness at the age of 14, they might not initiate treatment until they are nearly 40.

With most mental disorders presenting in childhood and adolescents, and the realization that many youth delay the initiation of treatment for up to 23 years, it seems that further investigation is needed where youth spend the most significant amount of their time, school.

It is arguable that beginning with their entrance into the public school system, teachers are the adults that children and adolescents spend the most
substantial amount of time with. The Bureau of Labor Statistics (LBS)’s 2011 “American Time Use Survey,” found that adults with a child aged 6-17 spent about 47 minutes a day providing primary childcare. This is a stark contrast to the average adults’ 7.6 hours spent working (LBS, 2012), and children’s average 6.6 hours spent in school (U.S. Department of Education, 2008). The disparity between the amount of time that parents spend with their children versus the amount of time teachers spend with children undoubtedly has an impact on the ability of parents to recognize signs and symptoms of mental health issues.

Social workers are qualified professionals to work within school as a mental health practitioners, assisting school staff and teachers in assessing for the signs of mental illness in children (Bailey, 2010, p. 250). Yet, as it stands, in California there are approximately 430 social workers employed throughout the state, with over half (265) employed by Los Angeles Unified School District (CDE, 2012); moreover, there are 6,220,993 students currently enrolled in California’s public education system (CDE, 2012), which means that there are about 14,467 students per social worker.

Consequently, the lack of mental health professionals shoulders a new responsibility on teachers. No matter how overloaded teachers may be, they must now be vigilant and aware of the signs and symptoms of mental illness in children, becoming de facto mental health assessors. The question then becomes, how equipped are teachers in spotting these signs? And, if they
were able to spot symptoms, what would their next course of action be? Will they refer the student? Do they know where to refer the student?

**Purpose of the Study**

The purpose of the current study is to examine teachers’ beliefs about mental health issues in students. For this study, beliefs are defined as, teachers’ capacity to make an assessment and referral of students presenting with mental health issues. Mental health issues are defined as any cluster of symptoms that signify any mental or emotional disorder (i.e. decline in grades, change in affect, social isolation, nervousness, etc.).

It is important to understand what teachers’ beliefs about mental illness further because as discussed above, teachers are often the adults that students spend the most significant amount of time with. In their constant interaction with students, teachers may be the adults that can spot early signs of mental health issues and assist in referring students to proper mental health professionals for further assessment and diagnosis.

Understanding teachers’ beliefs about mental health issues affords policy makers information that can aid in improvement of teachers’ current training or the adoption of new interventions in schools. The proper training and appropriate interventions should be designed to enhance functioning and augment healthy development in children. Therefore, the importance of assessing teachers’ knowledge on mental health issues in adolescence is critical, especially in closing the gap between onset of symptoms and initiation
of treatment. The current study surveys teachers’ beliefs about assessment and referral students with mental health symptomatology, an in effort to further general knowledge.

Significance of the Project for Social Work

The profession of social work’s mission is, “to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2008, para.1). There is no doubt that children and adolescents, especially those struggling with mental health issues, are a vulnerable population. It is the duty of the profession to expand knowledge on how to enhance their wellbeing.

The findings of this study might be a cursory glance at how effective teachers believe they are in the role of mental health assessor and referrer. If the findings demonstrate that teachers feel they are not equipped with the necessary knowledge to recognize early signs of mental illness in children, the case can be made that California schools need to employ qualified school social work professionals.

If the findings demonstrate that teachers believe they are capable of identifying mental health issues and referring students, but could benefit from enhanced training, multidisciplinary collaboration with the education system might be needed to develop proficient training programs or policies to better equip teachers. Social workers can be instrumental part of developing such
programs or policies. In each case, the findings of this study can provide key information in the development of interventions that will support healthy development in children.

In sum, the *Encyclopedia of Social Work*, affords us some insight into the important role that the profession of social work plays in schools:

The American public education system is an institution subject to numerous criticisms and challenges. Yet it is has proven to be resilient and essential to the core values of our democracy. As adaptations or new innovations develop, the profession of social work must not only respond, but also be proactive in shaping the future. School social workers provide crucial social services in one of the most accessible settings, playing an integral role in prevention, intervention, and positive change for school-aged children and their families. (Allen-Meares, 2008, para. 40)

**Defined Terms**

*Mental Health Issues*: are defined as any behavioral or emotional symptoms that create barriers to student achievement.

*Beliefs*: defined as and teachers thoughts about assessment and referral of students with mental health issues.

*Assessment*: is defined as a conscious decision to make a brief survey of students’ behavioral and emotional state.
*Referral:* is defined as a conscious decision to report a student’s mental health issue to, (1) appropriate school personnel, (2) the student’s parents/caregivers, (3) mental health professional.

*Teachers:* defined as public school teachers currently providing direct instruction to students in grades K-12.

*Students:* defined as any child or adolescent receiving direct instruction from public school teachers.
CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter discusses teachers’ expanding role as de facto mental health assessors and the need for expanded training. Additionally, prior research on teachers’ beliefs about mental health issues will be discussed. Finally, the theory of planned behavior will be introduced and discussed.

Teachers Expanding Role

When evaluating the important role that teachers play in schools as a mental health assessors, it is critical that one outline this new expanding role. It is common knowledge that in recent years, the United States has faced some of the most difficult financial dilemmas since the Great Depression; California has been hit especially hard. Moreover, it can be argued that California’s education system has been hit the hardest (Bush, 2010). With dramatic cuts to funding, California schools have been forced to eliminate programs, and staff, designed to alleviate teachers’ new role as mental health assessors (Zhao, 2012).

This is apparently not unique to the United States. There is a significant amount of international literature that supports the idea that teachers are now responsible for more than just “teaching” students; thus, addressing the need for mental health education among educators (Whitley, Smith, & Vaillancourt,
The genesis of teachers’ new role as mental health assessors is supported by Moor et al. (2007), as they propose that although medical professionals can provide mental health services to adolescents, there are often barriers to access. Typically, medical professionals are not able to observe an adolescent’s decompensation, whereas teachers are able to notice changes in mood and behavior, making them an integral part of early identification and intervention. Whitley et al. (2013) echo this, sighting; “teachers and other school personnel are often the first to observe behaviours that indicate either the development or worsening of mental health problems” (p. 58).

Trudgen and Lawn (2011) also address the important role that teachers play in the not only social, but also the emotional welfare of children. They emphasize that the expectation for teachers is not to diagnose mental illness, but rather, “identify symptoms and maladaptive behaviours” (p. 128) and refer students through the appropriate channels. Yet, as Trudgen and Lawn (2011) report, teachers are often hesitant to refer students to the proper school personnel. This might suggest that “teachers lack the knowledge that signs of emotional disruption in adolescents are serious and can be the precursor to adult mental health problems” (Trudgen & Lawn, 2011, p. 129).
Need for Expanded Training

Even prior to budget cuts and dwindling programs in schools, there was still interest in how much teachers’ understood about mental illness. Bentz, Edgerton, and Miller (1969) underscored that “the teacher plays an instrumental role in the socialization of children, influencing their cognitive and emotional development” (p. 400). With teacher and student being in constant contact, Bentz et al. (1969) saw the important link between teachers’ knowledge of mental illness and its influence on children. While the study was not designed to assess teachers’ ability to recognize mental illness in children, it nevertheless assessed teachers’ knowledge and perceptions.

Bentz et al. (1969) discovered most of the teachers in their sample were able to identify, from a brief case example, that there was, “something wrong” with the person described, but sighted, it is important that greater, “emphasis should be placed on providing teachers with mental health information” (p. 406) in an effort to create competent teaching professionals. This need has only increased in recent decades. Furthermore, the environment in which this need must be filled has become more contentious.

Today’s teachers are being asked to do more than ever. Tasked with both educating students through standardized curricula and as initial assessors of mental health issues (Greenberg, O’Brien, Zins, Resnick, & Elias, 2003; Koller & Bartel, 2006), it is vital to discuss the education and/or training teachers are receiving to fulfill this new role.
A majority of the existing literature suggests that teachers are not provided with enough training and/or education to successfully complete this role (Moor et al. 2005; Whitley et al. 2013; Jorm, Kitchener, Sawyer, Scales, Cvetkovski, 2010; Nemeroff, Levitt, Faul, Wonpat-Borja, Bufferdm Setterberg, & Jensen, 2008; Cornejo, 2010), and provided with appropriate training and education, teachers and schools can become a vital center for early identification and prevention.

Moor et al. (2007) identified the need for expanded training. The study sought to increase teachers’ knowledge about mental health concerns in adolescents and also to improve teachers’ recognition of depression in adolescents by implementing and testing the effectiveness of a teacher education program. Utilizing a control and experimental group Moor et al. (2007) tested the effectiveness of the school-based psychoeducational program aimed at increasing teachers’ efficacy in the recognition of depression in adolescents. Although the findings did not support the effectiveness of the program, there were some positive outcomes. There were significant, positive, changes in teachers’ knowledge of, attitudes toward adolescent depression. Additionally, teachers reported after the training they felt more confident working with depressed students.

Although Whitley et al. (2013) sought to understand mental health literacy and how it could be improved among Canadian teachers, their review of literature is relevant to this discussion. Whitley et al. (2013) reviewed
international literature regarding the current state of teachers’ understanding and knowledge of mental health issues in adolescents and how it could be improved. Overwhelmingly, Whitley et al. (2013) found that a, “vast majority of [teachers] felt that professional development in the area of student mental health was needed” (p. 59). The recommendation set forth is exposure to a program that increases understanding on the nature of mental health issues and practical strategies to deal with issues when they occur. The hope is, teachers, “exposed to such a program are more skilled and confident in identifying the early signs” (p. 60), of mental health difficulties in adolescents.

As it stands in the United States, teachers and other school personnel receive little to no preparation for the wide variety of mental health issues they will inevitably encounter (Cornejo 2010, Koller & Bartel, 2006). Koller and Bartel (2006) assert that for most baccalaureate level teachers (both regular and special education) only receive a course in general psychology; moreover, current information psychology textbooks about, “mental health (as well as the related areas of social-emotional development and personality) has steadily declined since the 1950’s” (p. 201). This lack of training does not allow teachers to fully complete their mission, which, “extends beyond developing the cognitive capacity of their student” (National Board for Professional Teaching, 2003, as sighted in Koller & Bartle, 2006, p. 202).
Teachers’ Beliefs About Mental Health Issues

There is no doubt that teachers’ belief and perceptions regarding mental health issues influence their behavior in the classroom. If a teacher has an unfavorable attitude toward their role as a mental health assessor or they feel that they have no influence in creating a desired outcome (i.e. the student in need of mental health services actually receiving those services or the effectiveness of services), it is unlikely that they will assess for and refer students with mental health needs.

Assessing how teachers’ perceive themselves in the classroom is a first step in understanding the action of assessing and referring student struggling with mental health issues. Roeser and Midgley (1997) sought to further understand teachers’ views of issues involving students’ mental health, with specific attention paid to teachers’ beliefs about their role in the classroom. The findings suggest that a majority of teachers in their sample (two-thirds) feel overwhelmed by the mental health needs of their students. More interestingly, Roeser and Midgely (1997) found that teachers who had a favorable view of their role as mental health assessors, felt less burdened by their students mental health needs and believed they could have a positive impact on students’ mental health outcomes.

Findings from Roeser and Midgely (1997) are echoed by Walter et al. (2006) study of 119 teachers’ beliefs about the mental health needs in schools. One facet of the study examined teachers’ knowledge, attitudes, and
self-efficacy pertaining to their students’ mental health issues. Walter et al. (2006) found, while teachers, “had a favorable attitudes regarding the appropriateness of proving mental health services in schools,” they, “they did not feel confident about their ability to manage mental health problems in their classrooms” (p. 64). Again, it is important to highlight that teachers’ beliefs that they are unable to manage mental health problems is bound to have an impact in engaging in assessment and referral of students.

Rothi, Leavey, and Best (2008) qualitatively examine how teachers view themselves as the initial mental health assessor. Additionally, Rothi et al. explore the concerns that teachers have regarding the responsibility of managing their students’ mental health in the classroom. Their finding suggest, while teachers do feel they have a responsibility to step into the role as a mental health assessor, they “are at the same time concerned by the changing nature of their responsibilities, importantly they feel inadequately prepared and supported to assume the responsibilities of this evolving role” (Rothi et al. 2008, p. 1222-1223).

It should be noted that in recent decades there has been a shift in the way that the mental health community views mental health issues and mental illness. The term recovery is being used to describe a person’s personal journey to managing their mental health and mental illness (Repper & Perkins 2009; Noiseux, Tribble, Leclerc, Ricard, Corin, Morissette, & Lambert, 2005). One element to successful recovery is for professionals working with those
who struggle with mental health issues adopt the view that mental illness is not a “life sentence.” If teachers believe that management and recovery from mental health issues is futile, their perceptions may have an impact on willingness to refer students through the appropriate channels. Furthermore, teachers’ beliefs can influence students’ development of stigma around mental health issues (Schachter, Girardi, Ly, Lacroix, Lamb, Bekom, & Gill, 2008; Roig, 2011).

Lades and Mastroymopoulos (2010) also identify importance of understanding teachers’ perception of mental health issues in students. They sought to discover different aspects of, “teachers’ recognition and perception of children’s mental health problems” (p. 150); including, whether teachers can recognize the severity of a presenting mental health issue, if primacy is placed on emotional disorders or behavioral disorders, and if multiple factors (i.e. teaching experience, experience with children who have mental illness, beliefs about mental illness, child’s sex, etc.) forecast a teacher’s accurate appraisal of and referral for students’ mental health problems. Lades and Mastroymopoulos (2010) discovered that teachers do display certain biases. Teachers believed behavioral symptoms were more serious than serious emotional disturbances and they more often recognized symptoms in males. Additionally, they found about 85 percent of their sample felt that mental illness could be helped; an important facet to the study. These teachers’ beliefs demonstrate that there is an assumption that recovery from mental
illness is a possibility; thus, reducing stigma around mental health issues and increasing the likelihood that students will accesses mental health services.

Theory Guiding Conceptualization

Social workers use theories as a structured way to understand some phenomena. Theories are template consisting concepts and hypotheses, which are used to explain or predict the phenomena. By discovering the relationships between variables, theories can be used to explain a wide variety of situations (U.S. Department of Health and Human Services (HHS), 2005). Theories by nature are, “like empty coffee cups [they] have shapes and boundaries, but nothing inside [...] they become useful when filled with practical topic, goals, and problems” (HHS, 2005, p. 4).

Understanding teachers’ beliefs about mental health issues provides us with some practical topics, goals, and problems. The theory guiding the current study is the theory of planned behavior. The theory of planned behavior is an extension of the theory of reasoned action; in which two factors, attitude toward the behavior (the degree to which performance of the behavior is positively or negatively valued) and subjective norms (the perceived social pressure to engage or not in the behavior) govern an individual’s intention to preform a certain behavior (Ajzen, 2002). The theory of planned behavior adds an additional element of perceived behavioral control; that is, an individuals perceptions of their ability to preform a given behavior (Ajzen, 2002).
Most often the theory of planned behavior is used to understand peoples engagement in health behaviors (i.e. exercising, cessation of smoking, healthy diet, etc.) (HHS, 2005; Ajzen, 2002; Tsorbatzoudis, 2005; Tsorbatzoudis 2006). Tsorbatzoudis (2005) sought to improve adolescent engagement in healthy eating behaviors. Constructing an intervention program based on the theory of planned behavior, Tsorbatzoudis (2005) sought to alter adolescents' healthy eating attitudes and behavior. 335 high school students were divided into an experimental and control group. The intervention group received a 12 weeks program designed to increases positive attitudes toward healthy eating. Tsorbatzoudis (2005) found that the intervention was effective. Students whom received the intervention had improved attitudes, increased intentions to engage in healthy eating, and more confidence that they could engage in healthy eating behaviors; thus, demonstrating the theory’s validity.

There is no literature supporting the application of the theory of planned behavior to teachers’ beliefs about engaging in the assessment and referral of students with mental health issues. Yet, it is evident that it can be used to help understand how and why teachers do or do not engage in this behavior. By assessing teachers’ attitudes toward assessment and referral, their perception of assessment and referral as a norm, and their perceived control or confidence in assessing and referring students who struggle with mental illness, we will gain clarity on how to best move forward.
Summary

In this chapter there was discussion of the vital role teachers play in the identification mental health issues in their students. Additionally, literature that asserted the need for expanded training was presented. Prior research on teachers' beliefs about mental health issues was presented and discussed. Finally, the theory of planned behavior introduced and discussed in context of teachers' beliefs about mental health issues.
CHAPTER THREE

METHODS

Introduction

This chapter describes how data were collected and analyzed for the current study. Study design, sampling, procedures of human subjects, and data analysis will be covered.

Study Design

The current study explored teachers’ beliefs about mental health issues in students and proposes to use a quantitative research design. A survey instrument was utilized to examine meaningful statistical averages and correlations among a sample of teachers. A quantitative survey instrument typically allows for sampling of a large, diverse population. A geographically expansive, diverse population allows for any study to be more generalizable. Foreseeable limitations to the current study include a small population sample from a limited geographical location; thus, decreasing the generalizability of the study.

The current study was designed to investigate teachers’ beliefs about mental health issues. By examining teachers’ beliefs about assessment and referral of students with mental health issues, a picture will begin to emerge of how social work professionals can engage with educational professionals, and create and optimal environment for students. One hypothesis (#1) for this
study is that teacher’s who have a favorable attitude about engaging in assessment and referral of students with mental health issues, will be more likely to engage in assessment and referral in the future. A second hypothesis (#2) of this study is that teachers, who perceive assessment and referral of students with mental health issues as a normative behavior, will be more likely to engage in assessment and referral in the future. A third hypothesis (#3) of the study is that teachers who believe in their personal ability to assess and refer students with mental health issues, will be more likely to engage in assessment and referral in the future. A fourth hypothesis (#4) is that teachers who have engaged in assessment and referral of students in the past, will be more likely to engage in assessment and referral in the future. The final hypothesis (#5) is that teachers who have received some training on adolescent mental health will be more likely to engage in assessment and referral in the future.

Sampling

A purposive sampling method was used to guide recruitment of participants. The current study sought the approval of two school-sites within a single school district in Riverside County. Two high school administrators agreed to allow the distribution of surveys on campuses. All teachers will be given the opportunity to participate in the study. The data will be collected directly from teachers who participate in the survey. There are approximately 125 teachers at each school site, which allowed for a population size of 250.
teachers (N = 250), there was a 14.8% response rate, resulting in sample size of 37 (n = 37).

Data Collection and Instruments

The dependent variable in the current study was measure of teachers’ feature intention to assess and refer a student with a mental health issue. The independent variables in the study include; teachers’ attitude toward assessment and referral; teachers’ perception of assessment and referral as a normal behavior among people they respect and or associate with; teachers’ perceived self-efficacy and or ability to successfully preform and assessment and referral of a student with a mental health issue; teachers’ past engagement in assessment and referral of students; and finally, teachers’ exposure to adolescent mental health training. The measurement tool that was used to complete the study is a self-constructed survey guided by the theory of planned behavior (Ajzen, n.d.).

The survey was structured so that all items are measured on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree." The first section of survey is a measure of teachers’ past engagement of assessment and referral of students with mental health issues. The second section measures teachers' beliefs/attitudes toward assessment and referral, that is to say, favorable or unfavorable. The third section measures teachers' perception of assessment and referral as a normative behavior. The fourth section examines teachers’ perceived self-efficacy in assessing and referring students
with mental health issues. The fifth and final section of the survey is a measure of teachers’ intention to assess and refer student in the future.

There were no existing instruments designed to test the theory of planned behavior in context of teachers’ beliefs about mental illness; thus, the instrument created was modeled after pervious questionnaires (Ajzen, n.d.). The survey was be piloted with social work colleagues to test for clarity and face validity. One limitation of the current study is the instrument has no demonstrated measures of validity or reliability.

Procedures

Administrators from two school-sites were contacted to obtain permission to conduct survey with their teaching personnel. Verbal and written permission was granted and the researcher begun by composing an introductory memo/email to send to teaching staff. The memo was intended to inform teachers of research opportunity, that participation voluntary and anonymous, and finally to explain the benefits of research. The researcher then scheduled time to come to each campus individually to distribute survey to teachers. Informed consent was attached to each survey as a cover page and debriefing statement was given as a closing page. The researcher provided the each site with drop-boxes so that teachers may return surveys. The researcher returned to school sites to retrieve completed surveys. Participants were informed that the survey should take approximately 10-15 minutes.
Protection of Human Subjects

In order to protect the human subjects who participated in the current study no identifying data was be collected and all participants remained anonymous. Participants anonymously marked informed consent cover page as their consent to participate in the study. The informed consent specified the purpose of the study, description of the risks and benefits of participation, review of voluntary and anonymous participation, how to obtain the results of the study, and contact information for any additional questions. Additionally, a debriefing statement was provided to all participants after completion of survey. The debriefing statement explained the purpose of the study and contact information where participant may obtain results of the study, additional information about adolescent mental health, and contact information if questions arose.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) software was used to analyze data collected. Quantitative analysis methods were used to analyze relationships between independent and dependent variables. Additionally, Meaningful averages were explored.

Summary

This chapter described how data was collected and analyzed for the current study. Time was given to discussion of study design, sampling, procedures of human subjects, and data analysis.
CHAPTER FOUR

RESULTS

Introduction

This chapter contains the findings of the current study. Demographic characteristics of the participants are stated. Recoding procedures are explained. Variable computation, assumption checking, and standard multiple regression analysis are discussed.

Presentation of the Findings

Participants consisted of thirty-seven (n = 37) high school teachers currently employed at two Riverside County high schools. A total of twenty-three females (62.2%) and fourteen males (37.8%) participated in the study. Participants ranged from 24 years old to 62 years old (M = 42.38; SD = 10.55). A total of twenty-three participants identified as White (62.2%), two participants identified and Black/African American (5.4%), seven participants identified and Hispanic/Latino (18.9%), and five participants identified as Other (13.5%). Length of time teaching ranged from one year to thirty-seven years (M = 13.51; SD = 9.39).

For ease of interpretation values for items, 1, 2, 3, 4, 6, 7, 9, 10, 11, 12, 13, 14, 16, 17, and 18 were recoded from “strongly agree” having a value of one and “strongly disagree” having a value of five, to “strongly agree” having a value of five and “strongly disagree” having value of one.
Variables were computed by finding means of relevant items. Items 1, 2, 3, and 4 were computed into independent variable “PastBehavior.” Items 5, 6, 7, and 8 were computed into independent variable “Attitude.” Items 9, 10, and 11 were computed into independent variable “PrecievedNorms.” Items 12, 13, 14, and 15 were computed into independent variable “BehaviorControl.” And finally, items 16, 17, and 18 were computed into dependent variable “Intention.” A fourth independent variable “Mental Health Training” was added to multiple regression analysis.

Assumptions were checked to determine if standard multiple regression analysis was the proper statistical test. One outlier was discovered on the dependent variable and was removed from further analysis. Examination of variance inflation factor (VIF) showed no multicollinearity. Data were checked for skewness, kurtosis, and scatterplots were generated to examine linearity. Multiple regression analysis was determined to be the appropriate statistical test to examine relationships between variables.

Table 1. Teachers’ Beliefs Model Summary

<table>
<thead>
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<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
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<td>1</td>
<td>.870&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.757</td>
<td>.717</td>
<td>.32380</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), BehaviorControl, Mental Health Training, PrecievedNorms, Attitude, PastBehavior
Examination of R Square value reveals the model, which includes; teachers’ perceived behavior control over assessment and referral of students with mental health issues, teachers’ adolescent mental health training, teachers’ perceived normality of assessing and referring of students with mental health issues, teachers’ attitudes surrounding assessment and referral of students with mental health issues, and teachers’ previous engagement in assessment and referral, explains 75.5% of the variance in teachers’ intention to assess and refer students in the future. However, accounting for a smaller sample size, Adjusted R Squared is a more conservative estimate, at 71.7%.

Table 2. Teachers’ Beliefs Model Analysis of Variance

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Regression</td>
<td>9.820</td>
<td>5</td>
<td>1.964</td>
<td>18.731</td>
<td>.000⁵</td>
</tr>
<tr>
<td>Residual</td>
<td>3.145</td>
<td>30</td>
<td>.105</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12.965</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: Intention
b. Predictors: (Constant), BehaviorControl, Mental Health Training, PrecievedNorms, Attitude, PastBehavior

Examination of analysis of variance (ANOVA) demonstrates that the model is significant at p < .001.
### Table 3. Independent Variable Analysis

<table>
<thead>
<tr>
<th>Model</th>
<th>Coefficients</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.263</td>
<td>.317</td>
<td>3.983</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Mental Health Training</td>
<td>.551</td>
<td>.127</td>
<td>.457</td>
<td>4.328</td>
</tr>
<tr>
<td></td>
<td>PastBehavior</td>
<td>.169</td>
<td>.067</td>
<td>.309</td>
<td>2.515</td>
</tr>
<tr>
<td></td>
<td>Attitude</td>
<td>.425</td>
<td>.088</td>
<td>.509</td>
<td>4.839</td>
</tr>
<tr>
<td></td>
<td>Perceived Norms</td>
<td>.018</td>
<td>.069</td>
<td>.025</td>
<td>.260</td>
</tr>
<tr>
<td></td>
<td>Behavior Control</td>
<td>.102</td>
<td>.073</td>
<td>.160</td>
<td>1.392</td>
</tr>
</tbody>
</table>

Each variable was evaluated independently to assess the unique contribution to the prediction of the dependent variable, teachers’ intention to assess and refer students with mental health issues. Independent variable “Attitude” made the strongest unique contribution to explaining teachers’ intention to assess and refer students with mental health issues with a beta coefficient of .509 (p < .001). Independent variable “Mental Health Training” also made a strong unique contribution to explaining teachers’ intention to assess and refer students with mental health issues with a beta coefficient of .457 (p < .001). Independent variable “PastBehavior” had weaker unique contribution on teachers’ intentions with a beta coefficient of .309 (p < .05). Independent variables “Perceived Norms” and “Behavior Control” had no
statistically significant unique contribution to explaining teachers’ intention with beta coefficients of .025 and .160, respectively.

Summary

This chapter included the statistically significant findings of the current study. Teachers’ attitudes, access adolescent mental health training, and past assessment and referral of students with mental health are statistically significant predictors of teachers’ future intention to assess and refer students with mental health issues.
CHAPTER FIVE
DISCUSSION

Introduction
This chapter will discuss the data and results presented in chapter four while assessing their validity in relation to the literature. Additionally, limitations and the implications for social work practice will be considered and discussed.

Discussion
Using the theory of planned behavior, which posits that individual’s intention to engage in a given behavior is predicted by their attitudes, perceived control, and the social normality of the behavior. The current study proposed that in addition to the three above-mentioned dimensions, individuals past behavior and mental health training would also be significant predictors of intention. The behavior the study examined was teachers’ intention to engage in the assessment and referral of students with mental health issues.

The results of the study suggest that, indeed, teachers’ intentions to assess and refer students with mental health issues is predicted by the model, which is consistent with other studies that have sought to demonstrate the validity of the theory (Tsorbatzoudis, 2005; Tsorbatzoudis 2006). The overall model appears to be predictive of teachers’ intention to assess and refer students with mental health issues. This suggest that when looked at as a
whole, teachers’ intentions to engage in assessment and referral are heavily influenced by their attitudes, accesses to training, their past behaviors, their perceived behavior control, and their perception of the social normality of the behavior; however, dissection of the model and an independent analysis of indicators revealed that each indicator varied in its predictive influence.

Assessing the independent variables individually revealed that the most significant predictors of teachers’ intentions was their attitude (hypothesis #1), past behavior (hypothesis #4), and previous mental health training (hypothesis #5). Teachers’ perceived social normality or the social pressure of assessing and referring students with mental health issues (hypothesis #2) showed no statistically significant contribution to their intentions. Additionally, teachers’ perceived behavior control or the degree to which they feel competent and confident in their ability to perform the task of assessment and referral (hypothesis #3) also had no statistically significant contribution to the overall model. The findings from the independent analysis of indicators imply that what influences teachers’ intentions the most are their access to training, attitudes, and past behavior.

Unfortunately, there are no studies that sought to examine teachers’ beliefs using the theory of planned behavior; however, several of the items used to compile the survey were based off existing literature pertaining to teachers’ beliefs about mental health issues in students and warrants discussion. Four items from the current study’s survey addressed teachers’
acknowledgement and attitude toward their expanding role as mental health assessors is supported by, Greenberg et al. (2003); Koller and Bartel, (2006), and Rothi et al. (2008).

The first item asked if teachers’ believed that teaching in their credentialed area was the, “only” part of their job. An overwhelmingly percent of participants (78.4%) disagreed with this statement. The second and third item asked if teachers’ acknowledged that assessing and referring students with mental health issues was an important part of their job. It was discovered that for both of these items, teachers had favorable to moderate attitudes toward assessing and referring, 72.9% and 83.6%, respectively. Finally, the fourth item asked if teachers felt burdened by having to deal with students’ mental health issues. Again, it was discovered by examining descriptive statistics that a significant portion of participants (75.6%) felt that dealing with students’ mental health issues was not a burden or felt neutrally about the responsibility. The findings from these items indicate that overall, participants acknowledged and favorable to moderate attitudes toward their role in assessing and referring students with mental health issues, ultimately implying that teachers’ from the study felt that their mission as educators expands beyond classroom teaching.

Rothi et al. (2008), support these findings in their study, sighting, that many teachers accept the, “responsibility to care for the mental wellbeing of their pupils [and] many teachers were concerned by the possibility that mental
health problems go unnoticed by teachers and children are, therefore, inadequately supported in schools” (p. 1221). However, the finding in the current study that suggests that teachers are not overwhelmed by students’ mental health issues is not supported. Rothi et al. (2008) found that the majority of their sample %66.7 (n = 30) felt overwhelmed by their students’ mental health issues.

A second set of items sought to understand how teachers’ level of perceived self-efficacy in relation to working with students with mental health issues. Much of the existing literature supported that a majority of teachers did not feel confident in their ability to assess and refer students with mental health issues and that the majority of teachers felt they had inadequate training to successfully serve students with mental health issues (Moor et al. 2005; Whitley et al. 2013; Jorm et al., 2010; Nemeroff et al., 2008; Cornejo, 2010). However, the findings from the current study were not consistent with the existing literature. Several items were used to examine teachers’ perceived self-efficacy and their beliefs about lack of mental health training. It was discovered that 27% of participants felt like their lack of mental health training was a hindrance in their ability to assess and refer students with mental health issues; 29.7% felt neutral and 42.9% felt that they had enough training to competently assess and refer students. A mean from three, “confidence,” items revealed that just about half (48.5%) of the participants felt confident in their ability to assess and refer students with mental health issues;
the remainder of the participants felt neutral and/or unconfident in their abilities, 20.7% and 30.6% respectively. An additional item that should be mentioned; interestingly, the majority of participants have not received mental health training (56.8%) which is consistent with literature in the sense that there is more that can be done to support teachers in their knowledge of mental health issues. Nevertheless, teachers in the current study feel that the knowledge they have is sufficient for successfully assessing and referring students. This suggests that any additional training offered will be globally beneficial.

Limitations of the Study

There were several limitations observed in the current study. The first limitation encompasses the size of the sample. Pallant (2010) suggest that the multiple regression analysis for the social sciences should have about 15 participants per indicator. The current had five independent variables and sample size of 37 ($n = 37$); thus, the current study needed an approximate sample size of 90 ($n = 90$) for a scientifically sound, generalizable result. Nonetheless, the results of the current study could be used to inform future research using the theory of planned behavior as a guide to understanding teachers' beliefs about mental health issues.

A second limitation to the current is the non-probability sampling method. The current study used purposive sampling method, which sought to include all teaching staff of two schools in Riverside County. Although all
members of the population \((N = 250)\) where given the chance to participate, the geographical limitations contribute to study’s unlikelihood of generalizability.

A third limitation to the current study is the untested reliability and validity of the study’s survey instrument. There were no existing instruments to assess teachers’ beliefs about mental health issues in students modeled after the theory of planned behavior; therefore, the researcher created the survey instrument. The survey instrument used approximately four questions per indicator (independent variable). It might have been beneficial to the results of the study to have a more studied instrument.

Recommendations for Social Work Practice, Policy and Research

As professionals, social workers are tasked with upholding a set of core values and abiding by a code of ethics. Striving to understand how we can better serve children and adolescents upholds social works core value of social justice and abides by the ethical responsibility to, “pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people” (NASW, 2008, para.14). Children and adolescents, namely those who are struggling with mental health issues, are undoubtedly a vulnerable population. It is the duty of the profession to expand knowledge our knowledge on how we may better serve them.
Understanding the gaps in complex systems, such as the educational system is just one way that the profession may better inform practice and develop intervention strategies.

The majority of teachers felt that their lack of training did not hinder their ability to assess and refer students; however, the majority of the sample did not have any specialized training in adolescent mental health. There is no doubt that these teachers could benefit from enhanced training. In this instance, multidisciplinary collaboration with the education system is essential to develop proficient training programs or policies to better equip teachers with the realities and challenges of identifying and assisting adolescent with mental health issues. Social workers are among of the most competent professionals to develop such programs or policies. The profession’s commitment to the services of others; breadth of clinical skills, including assessment, diagnosis, and intervention strategies; and the profession’s awareness of how the environment can be a significant factor in determining what intervention will work best in any given context, qualifies social work professionals to be key players in the development of training programs that target the education of teachers and/or other educational professionals.

Of course, the knowledge base in any particular area is never a complete. Research pertaining to any societal issue is constantly changing because by nature, humans and society are constantly changing. Future research in the area of children and adolescents with mental health issues in
the school setting should explore program innovation and designs. The unfortunate reality is that teachers have more responsibility than ever, if research could explore effectiveness of programs, such as one that promotes social workers as permanent fixture in public schools, justification can be made to expand our role and presence in the school setting.

Conclusions

The current study has demonstrated that, indeed, factors impact teachers’ intentions to assess and refer students who struggle with mental health issues and can be better understood. Using the theory of planned behavior, which seeks to explain individual’s intentions to preform a given behavior. For the current study, the primary factors that affect teachers’ intention in assessment and referral include, their attitudes, previous experience, and mental health training.

Although previous studies did not examine teachers’ beliefs through the theory of planned behavior, there is a wealth of information that supports that attention must be paid to how we can better understand all the intricacies that are present at the convergence of the public education and the mental health systems.

The reality is that most mental health issues first present in childhood and adolescence, but most importantly, many youth delay the initiation of treatment for up to 23 years; moreover, children are spending more time with teachers and other educational professionals than they do with their parents.
(LBS, 2012; U.S. Department of Education, 2008). Teachers’ beliefs about assessment and referral of students with mental health issues is just one of those intricacies and undoubtedly will affect students’ access to necessary services.

Social workers should work as advocates and educators within the public education system. As professionals, social workers are uniquely equipped with the knowledge, skills, and values to advocate for effective mental health services for students and educate other professionals about mental health issues in children and adolescents. Social workers must also be able to act as program developers and/or consultants, ensuring that any interventions implemented are effective and appropriate. Additionally, social workers should be aware of all resources and be readily available to make referrals when necessary. Finally, both social workers and educational professionals must be willing to collaborate with one another in an effort to achieve a unified goal; protecting the health, safety, and well-being of children and adolescents.
APPENDIX A

SURVEY INSTRUMENT
Teachers’ Beliefs About Mental Health Issues

Instructions:

Thank you for your participation. The following pages contain a number of statements with which some people agree and others disagree. Please rate how much you personally agree or disagree with these statements and how much they reflect how you feel or think personally. Please indicate your selection by circling the number in the corresponding box.

Definitions:

Mental Health Issues: defined as any behavioral or emotional symptoms that create barriers to student achievement.

Beliefs: defined as thoughts about assessment and referral of students with mental health issues.

Assessment: is defined as a conscious decision to make a brief survey of students’ behavioral and emotional state.

Referral: is defined as a conscious decision to report a student’s mental health issue to, (1) appropriate school personnel, (2) the student’s parents/caregivers, (3) mental health professional.
Demographics Information:

1. What is your sex?
   [ ] Male
   [ ] Female

2. Age:_____________

3. What is your race/ethnicity (mark all that apply)?
   [ ] White
   [ ] Black or African American
   [ ] Hispanic
   [ ] Asian
   [ ] Pacific Islander
   [ ] Native American
   [ ] Other (please specify): ____________________

4. What subject do you teach?______________________

5. How long have you been teaching?_________________

6. Have you had any training of adolescent mental health issues?
   [ ] yes
   [ ] no
Survey:

A. Past Behavior

1. I have assessed a student for mental health issues in the past

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
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</table>

2. I have referred a student with a mental health issue before

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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<td>1</td>
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</table>

3. I assess students for mental health issues often

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

4. I refer students with mental health issues often

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
</tr>
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<td>3</td>
<td>4</td>
<td>5</td>
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</table>

B. Beliefs/Attitude toward assessment and referral

5. I believe that my only job should be to teach students in the subject that I am credentialed in

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
</tr>
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<tr>
<td>1</td>
<td>2</td>
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</table>
6. Assessing students for mental health issues is an important part of my job

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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<td>1</td>
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</table>

7. Referring students with mental health issues an important part of my job

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
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</table>

8. Having to deal with my students’ mental health issues is burdensome to me

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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<td>1</td>
<td>2</td>
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<td>5</td>
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</tbody>
</table>

C. Perceived Norms

9. I know that administrators think it’s important for me to be aware of my students’ mental health issues

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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</table>

10. Most of the teachers I associate with are likely to address students’ mental health issues

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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<td>5</td>
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</table>
11. Most people whose opinions I value would think it is a good idea for me assess and refer students with mental health issues

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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</tbody>
</table>

D. Perceived Behavioral Control

12. I am confident that if I wanted to, I could assess a student for mental health issues

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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<td>5</td>
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</tbody>
</table>

13. If I wanted to, I could successfully refer a student who was experiencing issues with their mental health

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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<td>1</td>
<td>2</td>
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</tbody>
</table>

14. Assessing and referring students with mental health issues is up to me

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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15. My lack of knowledge about mental health issues keeps me from assessing and referring students with mental health issues

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
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</table>
E. Intention

16. I intend to assess my students for mental health issues

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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</table>

17. I plan on referring my students if they have a mental health issue

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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</table>

18. I will make an effort to be aware of students’ mental health issues in the classroom

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Neither Agree or Disagree</th>
<th>Moderately Disagree</th>
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</table>

Created by: Shannon Ruth Kelleher
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The study in which you are asked to participate is designed to investigate teachers’ beliefs about mental health issues. This study is being conducted by Shannon Kelleher under the supervision of Dr. Thomas Davis, Associate Professor in the School of Social Work at California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board at California State University, San Bernardino.

PURPOSE: The purpose of this study is to examine teachers’ beliefs about assessing and referring students with mental health issues.

DESCRIPTION: Teachers will receive a survey querying personal beliefs about assessing and referring students with mental health issues.

PARTICIPATION: Participation in this survey is completely voluntary and refusal to participate will involve no penalty. Participants may discontinue participation at anytime without penalty.

ANONYMITY: All surveys will remain completely anonymous. No names, or other identifying information will be collected during this survey and data will be safely destroyed and disposed of once entered in to the Statistical Package for the Social Sciences (SPSS).

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

RISKS: There are no foreseeable risks in participating in this survey.

BENEFITS: Participants can add to current base of knowledge about mental health issues.

AUDIO/VIDEO/PHOTO: There will be no audiotape, videotape, or photographs taken during this survey.

CONTACT: If you have any questions or comments about this study please contact Dr. Thomas Davis at (909)537-3839 or tDavis@csusb.edu.

RESULTS: Results of this study will be available online at California State University, San Bernardino’s Pfau Library, CSUSB.edu, in the December of 2014.

ANONYMOUS SIGNATURE: I understand the above criteria and agree to participate.

YES_____ NO_____
APPENDIX C

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

The study you have just participated in was designed to investigate teachers’ beliefs about mental health issues of students, with special attention paid to beliefs about assessment and referral of students who are experiencing distress as a result of mental health issues.

Thank you for your participation! If you have any questions about the study, please contact Shannon Kelleher or Dr. Thomas Davis at (909)537-3839. Results of this study will be available at California State University, San Bernardino’s Pfau Library or online at CSUSB.edu in December of 2014.

Additional Resources On Mental Health:

- Substance Abuse and Mental Health Services Administration, samhsa.gov
- National Alliance on Mental Illness, nami.org
APPENDIX D

AGENCY LETTERS
Date: November 20, 2013

To: School of Social Work

From: Robert E. Brough, Principal

Subject: Shannon Kelleher’s Research Project

School of Social Work,

This letter is to confirm that Shannon Kelleher’s research project, “Teachers’ Beliefs About Mental Health Issues,” has the full support of Moreno Valley High School.

We are committed to helping her retrieve the required data here at Moreno Valley High School to support her project and we are eager to see the results of her work.

Respectfully,

Robert E. Brough

Principal
Moreno Valley High School
November 21, 2013

To Whom It May Concern:

This is to confirm that Shannon Kelleher’s research project, “Teacher’s Beliefs About Mental Health Issues,” has the full support of Valley View High School. We are committed to helping her retrieve her required data here at VVHS.

If you have any questions you can contact me at 951-571-4850 ext. 34001

Sincerely,

Kristen Hunter
REFERENCES


California Department of Education (CDE). (2012). *Pupil services by staff type*. Retrieved from Data1.cde.ca.gov/dataquest/PuplSvs.asp?cYear=2011-12&cChoice=PupilSvcs1


