

Perceptions of High School General Education Teachers Regarding the Training

Received to Support Student Mental Health

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Abstract

Student mental health is a critical issue in the United States, with one in five students experiencing a serious mental disorder (Centers for Disease Control and Prevention, 2021a). Supporting the overall mental health of students has become a crucial responsibility for general education teachers; however, there is limited research on how school districts and higher education institutions can properly train general education teachers to provide adequate support. This study focused on how high school general education teachers perceived the mental health training from their college or university's teacher education program and the professional learning opportunities provided by the school district that prepared teachers to support student mental health. Specifically, this study focused on six specific mental health issues that impact students: ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideation. The study was guided by four research questions and a total of 48 hypotheses. Furthermore, the study included a quantitative survey design used to collect information to analyze the perceptions of high school general education teachers regarding the training they received to support student mental health. According to the results of the study, high school general education teachers either strongly disagreed or disagreed that their college or university's teacher education program adequately prepared them to support students struggling with suicidal ideations (68.7%), panic attacks (86%), and oppositional defiant disorder (66.7%). Additionally, high school general education teachers either strongly disagreed or disagreed that the professional learning provided by their school district prepared them to support students with panic attacks (56%) and oppositional defiant disorder (57.6%). The findings of this study can assist future research in identifying any

deficiencies in general education teachers' perceptions regarding their ability to support student mental health. Therefore, leading to more effective and relevant mental health training provided through their teacher education programs at colleges and universities, as well as the professional learning opportunities provided by school districts. This is an important step towards ensuring that all students have access to the support they need to thrive academically and emotionally.

Dedication

I dedicate this dissertation to my family. To my wife, thank you for supporting me throughout this process; I wouldn't have been able to do this without your love, support, and motivation; I love you. To my children, I want to encourage you to trust your abilities and pursue your aspirations. Success is not determined by intelligence or talent alone but by your dedication and work ethic; Dad loves you more than you will ever know. To my mother and sister, I know life has been challenging sometimes, but because of those challenging times, we have a bond that will never be broken. I'd also like to dedicate this to the administrators I've worked closely with in my time in education; your time, support, guidance, and laughs have shown me what true leadership looks like and has pushed me to be a better person and educator every day.

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Chapter 1

Introduction

The school a student attends can be one of the most influential environments in their life. Due to the amount of time, social interactions, and educational environment students are exposed to daily, schools play a pivotal role in the development of students. For this reason, students should be provided with the appropriate mental health support to succeed (Commonwealth Department of Health and Aged Care, 2000; Mazzer & Rickwood, 2015). Despite attempts, schools face significant challenges in providing mental health support to students due to the outdated and restrictive structure of the traditional school day. Darling-Hammond et al. (2020) argued that schools may need help facilitating appropriate mental health support to students due to the continued implementation of a structural framework resembling a 1900s factory. The framework of the industrial era restricts the ability for teachers and students to form meaningful connections, disregards emotional wellness, and places excessive academic pressure on students (Darling-Hammond et al., 2020). Additionally, the absence of social interaction intensifies sensations of isolation.

In today's schools, teachers may interact with hundreds of students migrating from multiple classrooms daily (Kratochwill & Shernoff, 2004). Additionally, Darling-Hammond et al. (2020) indicated that this approach may depersonalize learning and ultimately impede the ability of the student to develop long-term relationships with teachers or peers. Mazzer and Rickwood (2015) and Kessler et al. (2009) added that schools face additional challenges when providing mental health support to students because students often experience their first onset of mental health difficulties during

their adolescent years and into high school. One potential solution involves reimagining the educational system focusing on student well-being, integrating mental health support, and adopting flexible, student-centered approaches to create a nurturing learning environment that promotes academic success and emotional flourishing (National Academies of Sciences, Engineering, & Medicine, 2021).

As education evolves, some schools are moving from the factory model to a whole-child model where general education teachers are positioned to support facets of student development (Darling-Hammond et al., 2020; Learning Policy Institute, 2023). Shifting toward a whole-child educational approach has far greater implications for the education system and will require moving beyond a definition of success measured only by academic achievement (ASCD, 2023). Evidence-based whole-child strategies include designing relationship-centered learning environments; developing curriculum, instruction, and assessments for deeper learning; providing integrated student supports; preparing educators for whole-child practice; and shifting to a systemic approach to policymaking to support every child (Learning Policy Institute, 2023).

Moreover, mental health has been emphasized as the world recovers from the COVID-19 pandemic. The Centers for Disease Control and Prevention (2021a) reported that 1 in 5 students had a severely debilitating mental disorder. According to Hoffmann et al. (2022), schools are facing a greater demand for mental health support. Unfortunately, due to a shortage of qualified mental health professionals, the rates of teen suicide have increased. As schools continue to experience a shortage of mental health professionals to support student mental health, it appears schools will continue to lean on general education teachers to meet the needs of their students. Graham et al. (2011) alluded to the

need for schools to be mindful of teachers providing mental health support to students and should examine the qualifications of the general education teacher before allowing them to provide mental health support to students.

The focus of this study is to analyze the perceptions of high school general education teachers in District X to determine if the teachers perceived they were provided sufficient training to address student mental health needs in their school. Gathering information on the perceptions high school general education teachers have of their ability to support student mental health based on the training they received may illustrate that the current curriculum offered to teachers is not providing them with the skills to be successful in supporting the mental health needs of students. Moreover, the information collected in this study may allow for more relevant and personalized mental health training for general education teachers during professional learning. Lastly, the results of this study might aid in addressing the limited research surrounding how school districts and institutions of higher learning can adequately prepare general education teachers to support the mental health needs of students.

Background

This study was conducted in a suburban school district in Kansas in 2023. The background data for this study was compiled in 2021 by District X. District X served students from 54,000 residential housing units. Of the housing units in District X, approximately 75% of the units were single-family dwellings, and 25% were duplexes/condos/multi-family housing. The average household size in District X was 2.67 residents. The median income of all District X households is \$116,934, with a moderate single-family residence valued at approximately \$476,147 (District X, 2022a).

District X (2022a) reported an enrollment of approximately 22,500 students from Early childhood - 12th grade during the 2021-2022 school year. The graduation rate of District X was 96.6%, with a dropout rate of .2% in the 2021-2202 school year. The ethnic demographics of District X at the time of this study were reported to be 68.83% Caucasian/White, 15.07% Asian, 6.61% Hispanic, 5.46% Multi-Racial, 3.61% African American/Black, .34% American Indian/Alaskan Native American, and .07% Hawaiian/Pacific Islander (District X, 2022a).

At the time of this study in 2021, District X employed 1,888 certified staff members, 1,328 classified staff members, and 108 administrators (District X, 2022a). The employees of District X facilitated an early childhood program, 21 elementary schools, nine middle schools, five high schools, and one alternative high school. Each elementary school had a principal, and four of the elementary schools also had an assistant principal due to enrollment numbers. Each school had a building principal and an assistant principal at the middle school level in District X. At the high school level, all five high schools had a building principal and three assistant principals. The alternative high school had one building principal.

Of the 1,880 certified staff members in District X in 2021, the Student Well-Being Team consisted of 65 school counselors, 19 social workers, and 24 school psychologists. The members of the student well-being team in District X were responsible for supporting the mental health needs of approximately 22,500 students. District X (2022b) developed a list of job responsibilities for student well-being team members.

School counselors support the entire student population, and are experts in designing and implementation of social and emotional curriculum and individual planning. School counselors are also responsible for the short-term small group and individual support systems. School social workers work to support students with unique circumstances identified by either staff members, parents, or guardians. For school social workers to continue working with students for extended periods of time, consent must be given by the parent or guardians. Additionally, school social workers also provide more frequent and ongoing individual small group sessions. Like school social workers, school psychologists also provide support to students with unique circumstances identified by staff members, parents, or guardians. However, school psychologists differ in their cognitive and social-emotional functioning mental health expertise. To that end, school psychologists only occasionally provide individual counseling to students.

While all three groups of the student well-being team offer different levels of support to students, school counselors, social workers, and psychologists provide the same interventions. Each group in District X (2022b) is a part of their respective school's crisis response and prevention team. Additionally, each group also collaborates with the whole school team to foster a collaborative school environment.

Statement of the Problem

Today, mental health is one of the most discussed topics in schools across the United States. The Centers for Disease Control and Prevention (2021a) reported that 1 in 5 students had a severely debilitating mental disorder. As evidence has continued to be accumulated regarding the declining mental health of students across the country, the role of general education teachers has changed. General education teachers are beginning to

realize that students cannot further their education without first addressing their mental health needs (National Association of School Psychologists [NASP] et al., 2006). There is a growing concern that mental health professionals in schools are experiencing burnout and leaving the profession. Furthermore, there is a lack of understanding regarding the role of general education teachers in supporting the mental health needs of students. Additionally, there is a lack of research on how school districts and institutions of higher education can effectively train general education teachers to support student mental health.

Purpose of the Study

The first purpose of this study was to determine the extent high school general education teachers perceive that the mental health training they received in their teacher education program (coursework and student teacher experience) prepared them to support student mental health in District X. The second purpose was to determine the extent high school general education teachers perceive the training they received from their school district through professional learning has prepared them to support student mental health. The third purpose of this study was to determine the extent high school general education teachers perceive that the training they received from their college or university's teacher education program (coursework and student teacher experience) has prepared them to support student mental health differ based on the high school general education teachers' years of teaching experience, gender of the high school general education teacher (male, female, & prefer not to answer), and the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs). The final purpose of this study was to determine to what extent

high school general education teachers perceive that the training they received from their school district through professional learning has prepared them to support student mental health differ based on the high school general education teachers' years of teaching experience, gender of the high school general education teacher (male, female, & prefer not to answer), and the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Significance of the Study

The results of this study could help colleges and universities identify deficiencies in their current teacher education programs as it pertains to preparing teachers to support the mental health needs of students. Having a comprehensive interpretation of the deficiencies that exist in teacher education programs regarding mental health training to support students may help colleges or universities design custom training programs for aspiring teachers. School districts could also use this study to guide the development of custom mental health training during professional learning to support student mental health for all teachers within the school district. Lastly, the survey results from this study could add evidence to the literature available on the perceptions general education teachers have regarding the training they received to support the mental health of students.

Delimitations

Lunenburg and Irby (2008) described delimitations as boundaries the researcher sets to limit the focus of the study. The following delimitations were implemented in this study.

1. This quantitative study was conducted in a public school district in a suburban area in Kansas.
2. The survey was administered to the high school general education teachers employed by the school district during the 2022-2023 school year.
3. The Google Forms platform was utilized for high school general education teachers to take the survey.

Assumptions

Lunenburg and Irby (2008) described assumptions as “postulates, premises, and propositions that are accepted as operational for the purpose of research” (p. 135). The following assumptions were necessary to conduct this study.

1. The high school general education teachers who participated in this study understood the survey items and answered them to the best of their abilities.
2. The high school general education teachers who participated in this study recognized the signs of ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideations.
3. The high school general education teachers who participated in this study accurately represent teachers across the school district.
4. The high school general education teachers who participated in this study were subjected to a whole-child approach to education.

Research Questions

Lunenburg and Irby (2008) stated that research questions should flow directly from the theoretical framework and provide committee members with a great deal of

information regarding the research study. The following research questions guided the study.

RQ1

To what extent do high school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support student mental health?

RQ2

To what extent do high school general education teachers perceive that the training they received from their school district's professional learning prepared them to support student mental health?

RQ3

To what extent do high school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) prepared them to support student mental health differ based on the high school general education teachers' years of teaching experience, the gender of the high school general education teacher (male, female, & prefer not to answer), or the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs)?

RQ4

To what extent do high school general education teachers' perceptions that the training they received from their school district's professional learning prepared them to support student mental health differ based on the high school general education teachers'

years of teaching experience, the gender of the high school general education teacher (male, female, & prefer not to answer), or the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs)?

Definition of Terms

Lunenburg and Irby (2008) stated that definitions of key terms should be listed and specific enough so that another researcher can replicate the study. For clarity in future studies, the terms listed in this section were used in this context throughout the study.

Anxiety

According to the American Psychiatric Association (2013), “anxiety is excessive worry and apprehensive about activities and events occurring more frequently than not for a minimum of 6 months” (p. 189).

Attention Deficit Hyperactivity Disorder (ADHD)

According to the American Psychiatric Association (2013), “ADHD is a neurodevelopmental disorder defined by impairing levels of inattention, disorganization, and/or hyperactivity-impulsivity” (p. 32).

Core-Curricular Program

According to the College Board (2023), “core classes are mandatory classes you must take to meet graduation requirements in the subject areas of English, math, science, and social studies. World languages might also be considered a core class in some schools” (para. 3). However, for the purpose of this study, the term core curricular

program refers to the courses that include English, Science, Math, Social Studies, and World Language taught at the high school level.

Depression

According to the American Psychiatric Association (2013), “depression is the presence of sadness or emptiness, followed by cognitive changes that significantly affect the individual’s capacity to function” (p. 155).

Elective Curricular Program

According to the College Board (2023), “electives fall outside the scope of core classes. Schools may require electives to graduate, but you may be allowed to choose the electives that you want to take, depending on your school’s offerings” (para. 4).

However, for the purpose of this study, the term elective curricular program refers to the courses that include Fine Arts, Performing Arts, Business, Career Technology Education (CTE), Family and Consumer Science (FACS), and Physical Education (PE) taught at the high school level.

General Education Teacher

According to ProCare Therapy (2022), “General education teachers are trained to provide differentiated instruction. They design, implement and administer lesson plans that cater to each student’s needs. Additionally, they monitor and report on their students’ progress” (para. 5). However, for the purpose of this study, a general education teacher is tasked with teaching students the fundamental academic curriculum.

Mental Health Disorder

According to the American Psychiatric Association (2013, p. 20) and the Centers for Disease Control and Prevention (2021b), “mental health disorders are usually

associated with significant distress or disability in social, occupational, or other important activities.”

Oppositional Defiant Disorder

According to the American Psychiatric Association (2013), “oppositional defiant disorder is a pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness, which last for a minimum of 6 months” (p. 462).

Panic Attack

According to the American Psychiatric Association (2013), “panic attacks are an abrupt surge of intense fear or intense discomfort that peaks within minutes” (p. 208).

Self-Efficacy

According to Bandura (1997) self-efficacy is "the belief in one's capabilities to organize and execute courses of action required to produce given attainments" (p. 3).

Severe Mental Health Disorder

The Center for Behavioral Health Statistics and Quality (2016) “classified a severe mental disorder as a significant functional impairment that interferes with or limits one or more major life activities” (n. p.).

Social-Emotional Learning (SEL)

CASEL (n.d.-b) defines SEL as, “the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions” (para. 1).

Suicidal Ideation

According to the American Psychiatric Association (2013), “suicidal ideations are thoughts of self-harm or planning of techniques for causing their own death of an individual” (p. 830).

Whole-Child

According to Association for Supervision and Curriculum Development (ASDC, 2007), “the whole-child approach redefines a successful learner as one who is knowledgeable, emotionally and physically healthy, civically inspired, engaged in the arts, prepared for work and economic self-sufficiency, and ready for the world beyond formal schooling” (p. 4).

Organization of the Study

This study is presented in five chapters. Chapter 1 served as an overview of the study, which includes the background, problem, purpose, significance, delimitations, assumptions, research questions, and definition of terms. Chapter 2 focuses on the literature review, which includes an overview of the current mental health of students, social-emotional learning, the theory of self-efficacy and teacher self-efficacy, available school-based mental health resources. Additionally, Chapter 2 presents the history, roles, and responsibilities of school counselors, school social workers, and school psychologists. Chapter 2 also presents the underlying causes behind the concerning burnout rates experienced by individuals in these professions. Chapter 3 explains the methodology used in the study, which includes the research design, participant selection process, a description of the data collection tool, the procedures for data collection, data analysis description, the hypotheses tested during the study, and the limitations of the

study. Chapter 4 includes a substantial descriptive statistics section, which illustrates the responses of high school general education teachers on the survey developed by the researcher. Additionally, Chapter 4 reviews the results of the data analysis in reference to the four research questions and 48 hypotheses presented in Chapter 3. Lastly, Chapter 5 summarizes the major findings and interpretation of the findings pertaining to student mental health. Chapter 5 also assesses how these findings relate to previous literature and research presented in Chapter 2, concluding with the implications for action, recommendations for future research, and concluding remarks.

Chapter 2

Review of the Literature

This researcher seeks to determine to what extent general education teachers perceive the mental health training they received impacts their self-efficacy to support student mental health. In addition, Chapter 2 contains a review of the literature on the current mental health of students, social-emotional learning, the theory of self-efficacy and teacher self-efficacy, and available school-based mental health resources.

Furthermore, this chapter examined the history, job responsibilities, and challenges school counselors, school social workers, and school psychologists experience when providing mental health services to students in school.

Student Mental Health

According to the American Psychiatric Association (2013, p. 20) and the Centers for Disease Control and Prevention (2021b), “mental health disorders are usually associated with significant distress or disability in social, occupational, or other important activities.” The Center for Behavioral Health Statistics and Quality (2016) “classified a severe mental disorder as a significant functional impairment that interferes with or limits one or more major life activities” (n. p.). Between 2015 and 2017 on average, 21% to 29% of adolescents had a diagnosed mental illness (Hébert et al., 2016; Sandal et al., 2017; Wagner, 2015). In addition, Whitney & Peterson (2019) reported that one in six students, ages six to 17, experience a severe mental health disorder. This translated to 7.7 million children from an estimated 46.6 million analyzed (Whitney & Petersen, 2019). Additionally, according to the World Health Organization (2022), half of all mental health disorders in adulthood begin by age 14, but most cases go unnoticed and untreated.

Several factors impact the well-being and mental health of teenagers, including violence, poverty, stigma, exclusion, and living in humanitarian and fragile settings. These factors can increase the risk of developing mental health problems (World Health Organization, 2022).

When researchers focused on a specific mental health concern, such as suicide, it was discovered that suicide is the second leading cause of death among 10 to 24-year-olds. Curtin and Heron (2019) stated that suicide rates for teens between the ages of 15 and 19 years old increased by 76% between 2007 and 2017. In addition, the suicide rate for 10 to 14-year-old students nearly tripled over that same time period (Curtin & Heron, 2019). When researchers examined the number of adolescents that committed suicide, they discovered that suicide rates were twice as high in rural communities; males (19.9 compared to 10.3 in urban communities per 100,000) and females (4.4 compared to 2.4 in urban communities per 100,000). With the growing awareness surrounding student mental health, school districts are feeling the pressure to explore possible factors contributing to the issue.

One possible reason for the rise in mental illness among adolescent students is the developmental changes that students undergo during this time. Current research shows that students undergo significant physical and psychological changes during their teenage years (Azeez, 2015; Stephan et al., 2014). These changes can lead to confusion, frustration, and tension as students try to find their identities. During this crucial time in their development, students may face challenges with their mental health. It is important for someone in their life to be able to recognize and address their specific needs and offer support.

With the physical and psychological changes that students experience during their adolescent years in school, teachers must understand how mental health issues may affect students. Mental health-related problems affect students differently and at varying rates based on the gender, race, or religion of a student (Corona et al., 2016; Henfield, 2012; Williams, 2017). For example, females between the ages of 16 – 24 suffer from anxiety and depression at twice the rate of their male peers; however, male students of the same age demographic suffer from much more substance abuse (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021).

When focusing on the race or religion of the students, Neblett et al. (2012) indicated that racial discrimination posed a significant risk to the development of ethnic minority youth. However, Corona et al. (2016) discovered that some students are insulated from mental health stressors due to their cultural background. For instance, Latino students with strong cultural values are less likely to experience the mental health stressors that influence many other students. One of the most significant values in the Latino culture is the family dynamic, which often protects students from negative stereotypes that could harm their mental health (Corona et al., 2016). On the other hand, African American males who grow up in an urban environment may experience high levels of depression compared to their peers from different racial/ethnic groups due to the high-risk setting (Henfield, 2012).

Attention Deficit Hyperactivity Disorder (ADHD)

According to the American Psychiatric Association (2013), “ADHD is a neurodevelopmental disorder defined by impairing levels of inattention, disorganization, and/or hyperactivity-impulsivity” (p. 32). According to a national survey of parents, six

million children 3-17 years old, or 9.8%, were diagnosed with ADHD between 2016-2019 (Bitsko et al., 2022). Of the six million children diagnosed with ADHD, 3.3 million were diagnosed between 12 and 17 years old. Of the 3.3 million children diagnosed, male students were 13% more likely to be diagnosed with ADHD than female students, who were diagnosed at a 6% rate (Bitsko et al., 2022). Additionally, Black, and White non-Hispanic students were diagnosed at a rate of 12% and 10% compared to Hispanic students at 8% and Asian students at 3% (Bitsko et al., 2022; Danielson et al., 2022).

When transitioning from middle to high school, students with ADHD may find additional challenges when adjusting to the increased academic, social, and organizational demands (Langberg et al., 2008). Student deficits in executive functioning and learning skills may lead to decreased motivation and self-esteem as tasks become more complex, placing more responsibility on the student (Hoza et al., 2001). The academic challenges that students with ADHD face may lead to an overall level of underachievement and high dropout rates when compared to their peers without ADHD, leading to higher rates of unemployment, delinquency, substance use, and mental health problems (Barkley, 2002; Daley & Birchwood, 2010; DeShazo-Barry et al., 2002; Henry et al., 2012; Zendarski et al., 2017).

Panic Attack

According to the American Psychiatric Association (2013), “panic attacks are an abrupt surge of intense fear or intense discomfort that peaks within minutes” (p. 208). Rather than bringing this to the attention of others, individuals who suffer from panic attacks may decide to remain quiet and avoid others who could offer support. According to data from the Harvard Medical School (2017b) and National Comorbidity

Survey Replication (NCS-R), approximately 2.7% of people experience panic attacks annually. Additionally, the researchers discovered that females experience panic disorders at a rate of 3.8% compared to males at 1.6%. Lastly, approximately 4.7% of U.S. adults will, at some point in their life, experience a panic disorder (Harvard Medical School, 2017a).

Although anxiety is often accompanied by physical symptoms, such as a racing heart or tightness in the stomach, what differentiates a panic attack from other anxiety symptoms is the intensity and duration of the symptoms; moreover, panic attacks typically reach their peak level of intensity in 10 minutes or less and then begin to subside (Anxiety & Depression Association of America, 2021). While panic attacks usually begin in adulthood (after age 20), according to the Anxiety & Depression Association of America (2021), children can also experience panic-like symptoms. The screening for panic attacks is characterized by four or more of the following symptoms:

- (a) palpitations, pounding heart, or accelerated heart rate; (b) sweating; (c) trembling or shaking; (d) sensations of shortness of breath or smothering; (e) feeling of choking; (f) chest pain or discomfort; (g) nausea or abdominal distress, (h) feeling dizzy, unsteady, lightheaded, or faint; (i) feelings of unreality (derealization) or being detached from oneself (depersonalization); (j) fear of losing control or going crazy; (k) fear of dying; (l) numbness or tingling sensations (paresthesia); (m) chills or hot flushes. (American Psychiatric Association, 2013, p. 208; Anxiety & Depression Association of America, 2021, para. 2)

Depression

According to the American Psychiatric Association (2013), “depression is the presence of sadness or emptiness, followed by cognitive changes that significantly affect the individual’s capacity to function.” Between 2016 and 2019, approximately 2.7 million, or 4.4% of students between the ages of 3-17 were diagnosed with depression (Bitsko et al., 2022; Centers for Disease Control and Prevention, 2023). In addition, the U.S. Department of Health and Human Services (2022) stated that children ages 3-17 years diagnosed with depression grew by 27% from 2016 to 2019. When a student exhibits persistent feelings of sorrow, bleakness, or irritability, feels a sense of worthlessness or guilt, and experiences changes in eating and sleeping patterns, they may meet the diagnostic criteria for depression as established by experts in the field (Bitsko et al., 2018. 2022; Centers for Disease Control and Prevention, 2023a). It is important to recognize and address these symptoms as early as possible, as timely intervention can improve outcomes and a higher quality of life for affected students.

While it is normal for students to experience feelings of sadness and hopelessness occasionally, students with depression experience these feelings more frequently and for more extended periods (Centers for Disease Control and Prevention, 2023a). However, when students suffer from depressive disorders, they may last at least two weeks. Most episodes last considerably longer, involving clear-cut changes in affect, cognition, and neurovegetative functions, and inter-episode remissions (American Psychiatric Association, 2013; Centers for Disease Control and Prevention, 2023a).

In some situations, teachers may not recognize these symptoms in their students as some students may not talk about their feelings of helplessness and hopelessness

thoughts, and the students may not appear sad; however, teachers need to understand that depression might also cause a child to act out in class or appear unmotivated. For these reasons, it can be challenging to identify students that are depressed; students may be mislabeled as class troublemakers or lazy students (Centers for Disease Control and Prevention, 2023a). It is important to acknowledge that extreme cases of depression can lead students to think about suicide or develop a plan for suicide (Centers for Disease Control and Prevention, 2023a).

Anxiety

According to the American Psychiatric Association (2013), “anxiety is excessive worry and being apprehensive about activities and events, which occurs more frequently than not for a minimum of 6 months” (p. 189). Anxiety disorders are the most common mental health diagnosis at 31.9% in the United States among students 13-18 years old (Merikangas et al., 2010). Between 2016 and 2019, approximately 5.8 million, or 9.4% of students between 3-17 years old, were diagnosed with anxiety (Bitsko et al., 2018; Centers for Disease Control and Prevention, 2023a). Furthermore, the U.S. Department of Health and Human Services (2022) stated that the number of children ages 3-17 years diagnosed with anxiety grew by 29% from 2016 to 2019. While there is not one specific type of anxiety, the different classifications of anxiety which contribute to the high number of students diagnosed each year include:

- (a) being very afraid when away from parents (separation anxiety); (b) having extreme fear about a specific thing or situation, such as dogs, insects, or going to the doctor (phobias); (c) being very afraid of school and other places where there are people (social anxiety); (d) being very worried about the future and about bad

things happening (general anxiety); (e) having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty. (American Psychiatric Association, 2013, p. 189; Centers for Disease Control and Prevention, 2023a, n. p.)

For teachers that work with students that suffer from an anxiety disorder, it may be beneficial for them to know how students might develop anxiety and how it might present in student behaviors. The Centers for Disease Control and Prevention (2023a) stated that students might develop anxiety when they do not outgrow fears and worries typical in young children or when so many fears and worries interfere with school, home, or play activities. Additionally, when teachers are looking to help identify students that are struggling with anxiety, teachers should look for students displaying fear or worry, irritability, anger, trouble sleeping, and physical symptoms like fatigue, headaches, or stomachaches that might present in students (Centers for Disease Control and Prevention, 2023a; Pelcovitz et al., 2023). Teachers need to understand that, as with other mental health issues students experience, some students may not communicate their mental health struggles to parents, teachers, and mental health professionals, leading to those students not receiving treatment and support.

Oppositional Defiant Disorder

According to the American Psychiatric Association (2013), “oppositional defiant disorder is a pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness, which last for a minimum of 6 months” (p. 462). Oppositional defiant behavior is a normal part of development for a two or three-year-old; however, when a

student acts out continuously before age eight and no later than 12, this behavior may present significant problems at home, school, or with peers (American Academy of Child & Adolescent Psychiatry, 2019; Centers for Disease Control and Prevention, 2023b; Cleveland Clinic. 2022b). According to the American Academy of Child & Adolescent Psychiatry (2019), children diagnosed with an oppositional defiant disorder show the following behaviors more often than other children their age:

(a) frequent temper tantrums; (b) excessive arguing with adults; (c) often questioning rules; (d) active defiance and refusal to comply with adult requests and rules; (e) deliberate attempts to annoy or upset people; (f) blaming others for his or her mistakes or misbehavior; (g) often being touchy or easily annoyed by others; (h) frequent anger and resentment; (i) mean and hateful talking when upset; (j) spiteful attitude and revenge-seeking. (para. 3)

Furthermore, it may be more probable that students with oppositional defiant disorder are more likely to exhibit oppositional or defiant behavior around individuals they know well, such as family members and teachers (Cleveland Clinic, 2022b).

While researchers do not know what causes oppositional defiant disorder, there are two main theories. The first is the developmental theory, which suggests that the problems start when children are toddlers (Johns Hopkins Medicine, 2023). The first theory operates on the hypothesis that children and teens with oppositional defiant disorder may struggle to be independent of emotionally attached caregivers. The second theory is the learning theory, which suggests that the negative symptoms of oppositional defiant disorder are learned attitudes (Johns Hopkins Medicine, 2023). The theory revolves around the idea that children mirror the effects of negative reinforcement

methods used by parents and others in power, which increases the child's oppositional defiant disorder behaviors because adults allow children to get what he or she wants: attention and reaction from parents or others (Johns Hopkins Medicine, 2023).

A more severe condition of oppositional defiant disorder is called conduct disorder. Approximately 30% of children with an oppositional defiant disorder are at a high risk of developing conduct disorder (American Academy of Child & Adolescent Psychiatry, 2018). Individuals with conduct disorder traditionally have difficulty following social norms, forming healthy relationships, and keeping consistent employment (American Academy of Child & Adolescent Psychiatry, 2018; Cleveland Clinic, 2022a). These challenges may lead to more individuals with a conduct disorder breaking the law, injuring themselves or others, and decrease their ability to collaborate with peers (American Academy of Child & Adolescent Psychiatry, 2018; Cleveland Clinic, 2022a).

Suicidal Ideation

According to the American Psychiatric Association (2013), "suicidal ideations are thoughts of self-harm or planning of techniques for causing the own death of an individual" (p. 830). Suicide has been identified as a severe public health problem that can harm individuals, families, and communities (Centers for Disease Control and Prevention, 2022a). Suicide affects individuals of any age, race, ethnicity, or sex; however, suicide risk is higher among people with disabilities, veterans, and people who identify as lesbian, gay, or bisexual (Centers for Disease Control and Prevention, 2022a; Ivey-Stephenson, 2020; Stone et al., 2021).

The Centers for Disease Control and Prevention (2022b) discovered that between 2000 and 2018, suicide rates increased by 30%. In 2020, an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicides (Centers for Disease Control and Prevention, 2022b). In 2020, suicide was the second leading cause of death for people ages 10-14 and 25-34, totaling 45,979 deaths. This is approximately one death every 11 minutes; however, at the same time, the number of people who think about or attempt suicide is reported to be even higher (Centers for Disease Control and Prevention, 2022b).

Student Mental Health Following the Covid-19 Pandemic

While school districts began evaluating mental health services before the COVID-19 pandemic, the need for mental health services has grown exponentially. In 2020, approximately one out of every six American adolescents aged 12-17 experienced a major depressive episode due to the COVID-19 pandemic, (SAMHSA, 2021). Additionally, there was a 31% increase in emergency department visits related to mental health, and three million adolescents reported having serious thoughts of suicide during the same year (SAMHSA, 2021; Yard et al., 2021).

When researchers examined U.S. young adults ages 18-25 in 2020, one in three experienced a mental illness (SAMHSA, 2021). Moreover, in 2020 one in 10 experienced a severe mental illness, which resulted in 2.8 million young adults having serious thoughts of suicide (SAMHSA, 2021; Yard et al., 2021). Lee et al. (2021) assessed the psychological effects of the initial peak phase of the COVID-19 pandemic on United States medical students. The researchers found that over 60% of US medical students in

this study screened positive for pandemic-related anxiety, and one-quarter were at risk for PTSD (Lee et al., 2021).

Untreated Mental Health Disorders & The Impact on Students Later in Life

Students who do not receive mental health services at a young age often develop more serious mental, physical, and social issues later in life (Lock et al., 2016; Scantlebury et al., 2018; Swick & Powers 2018; Winstanley et al., 2012). Students with untreated mental health issues are at a higher risk for substance abuse, criminal activity, dropping out of school, and suicide. Juyal and Bhatnagar (2017) found that individuals with at least one undiagnosed mental health-related issue made up approximately 45% of individuals with an alcohol disorder and 72% with a drug disorder. These individuals also made up approximately 60% of the population who committed suicide (Juyal & Bhatnagar, 2017).

In addition to the high rate of suicide, students with untreated mental health issues are at a much higher risk of dropping out of high school. Depending on how and where dropout rates are measured, it was expected that between 9.3% to 43.7% of first-year students fail to graduate with a regular diploma within four years of entering high school (Chapman et al. 2011; Maynard et al. 2014). When students do not graduate from high school, it costs the economy approximately \$272,000 over the lifetime of an individual in terms of lower tax contributions, higher reliance on Medicaid and Medicare, higher rates of criminal activity, and higher reliance on welfare (Rumberger, 2011, 2013; McFarland et al., 2019). The Centers for Disease Control and Prevention (2019) showed that, on average in the United States, adults with severe mental health disorders die on average 25

years earlier than their peers. Kessler et al. (2005) found that 50% of the individuals who experience a lifetime prevalent mental health disorder experience the disorder by age 14.

Skowrya & Coccozza (2007) found that 70% of youth in the juvenile justice system have a diagnosable mental health condition, and 20% experience disorders so severe that the mental health conditions impact their ability to function. Steadman et al. (2009) reported that the criminal justice system detained individuals with a mental illness roughly 2 million times per year. This equates to approximately two out of five individuals incarcerated having a history of mental illness (Bronson & Berzofsky, 2017). Of those detained, 37% were in state and federal prisons, and 44% were held in local jails. Bronson & Berzofsky (2017) reported that 66% of women in prison reported having a history of mental illness, which is almost twice the percentage of men in prison. Fazel et al. (2008) identified that youth in detention facilities are 10 times more likely to suffer from psychosis than the general youth in the community.

Starting in 2015, the Washington Post began logging every fatal shooting by an on-duty police officer. From January 1, 2015, to June 16, 2022, there were 7,474 people shot and killed by police, 1,599 of whom, or 21%, had a mental illness (Tate et al., 2015). Of those 1,599 individuals fatally shot by an on-duty officer, 807 had a gun, 436 had a knife, 15 used a vehicle, 108 had a toy weapon, 116 had some other type of weapon, 86 were unarmed, and 31 deaths are unknown if the individual had a weapon. It is reasonable to believe that if mental health-related issues continue to rise, the number of individuals with mental health issues killed by police officers will continue to grow, especially if those individuals continue to have access to weapons and do not receive mental health support at a young age when they are most susceptible to developing

mental health disorders (Bronson & Berzofsky, 2017; Fazel et al., 2008; Kessler et al., 2005).

Social-Emotional Learning

In 1968, Dr. James Comer of Yale University implemented the Comer School Development Program (SDP) in the two lowest-achieving elementary schools in New Haven, Connecticut (Teare, 2018). The SDP is a model that applies the principles of child development to improve student development, behavior, and academic learning in schools. The SDP transforms the school into a learning environment that: “Builds positive interpersonal relationships, promotes teacher efficacy, fosters positive student attitudes, increases students’ pro-social behaviors, and improves student academic achievement” (Lunenburg, 2011, p. 2). By the 1980s, the schools saw academic performance that exceeded the national average and a decline in behavior challenges. Through the development of the SDP in 1968, 1,500 schools, 35 school districts, and 26 states have implemented the SPD, with close to 300 schools at different points in the implementation model, as reported in 2011 (Lunenburg, 2011; Teare, 2018).

Comer (1993) stated that multiple factors interconnect to influence an individual's motivation to learn. Children from disadvantaged backgrounds may struggle with their academic performance and behavior due to developmental disparities. Schools often attempt to manage this behavior, resulting in adverse attachment and hindering positive influence on the child. In an effort to change the school climate, the SDP formed a governance and management group consisting of nine components as follows:

Three mechanisms (a governance and management team, a mental health team, and a parents' program); three operations (a comprehensive school plan, staff

development activities, and ongoing assessment and modification); and three guidelines (a policy of not laying blame, decision-making by consensus, and full participation without paralyzing the leader). (p.1)

When schools meet students this way, students feel valued, challenged, and free to express themselves (Ng'andu, 2019). The positive relationships formed through investing in students' social-emotional well-being early in life help improve the quality-of-life students receive when they leave school. Jones et al. (2015) conducted a 20-year study that discovered that kindergartners with more robust social and emotional skills were more likely to share, cooperate, and help peers. The same students also attained higher education and well-paying jobs in adulthood (Jones et al., 2015).

In 1994, researchers, educators, practitioners, and child advocates came together in multi-disciplinary collaboration and determined that schools must attend to all children's social and emotional needs (CASEL, n.d.-a). Through this collaboration, the organization, Collaborative for Academic, Social, and Emotional Learning (CASEL) was formed (CASEL, n.d.-a). In 1997, nine CASEL collaborators co-authored the book, *Promoting Social and Emotional Learning: Guidelines for Educators*, which formally defined the field of SEL (CASEL, n.d.-a). CASEL (n.d.-b) defines SEL as:

The process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions. (para. 1)

The CASEL model offered a comprehensive framework to educational institutions, promoting both equity and excellence in education via evidence-based SEL strategies (CASEL, n.d.-b). These strategies foster collaboration among schools, families, and communities, resulting in learning environments that prioritize trustworthy relationships, rigorous curriculum, and continuous evaluation (CASEL, n.d.-b). By implementing these strategies, students and adults can create thriving schools and contribute to safe, healthy, and fair communities, while addressing existing inequities. The CASEL framework has been successfully implemented in K-12 systems across various school districts, states, and countries (CASEL, n.d.-b). Its framework consists of five essential components:

(a) self-awareness, an understanding of emotions and thoughts; (b) self-management, managing emotions, thoughts, and actions in different situations to achieve our goals; (c) social awareness, understanding different perspectives and empathize with others; (d) relationship skills, the ability to build and maintain connections with others; and (e) responsible decision-making, ability to make caring and constructive choices for ourselves and others. (para. 3)

As with the SDP, the CASEL framework promoted collaboration among students, families, schools, and communities to shape students' learning, development, and experiences (CASEL, n.d.-c). Schools that have adopted the CASEL framework have seen a significant increase in academic performance, improved mental wellness, and increased well-being later in life (CASEL, 2022). School districts that have implemented the CASEL SEL framework have made significant improvements to their SEL programs since 2011 by placing emphasis on four key areas.: building foundational support and

planning, strengthening adult SEL competencies and capacity, promoting SEL for students, and reflecting on data for continuous improvement (CASEL, n.d.-e). Lastly, it is important to note that SEL strategies are not a distraction from academics; it is not therapy, it does not teach a specific political agenda, and it is not a one size fits all approach. SEL strategies promote supportive relationships, safe environments, and skills development that can buffer against mental health risks (CASEL, 2022).

Self-Efficacy

As evidence continues to build regarding the decline in students' mental health across the country, the role of the general education teacher in the classroom has changed. General education teachers have begun to realize that students cannot further their education without addressing the mental health needs of students first (American Counseling Association et al., 2006). This shift requires the examination of teacher self-efficacy concerning the support of the mental health of students and the training general education teachers receive.

According to Bandura (1997), self-efficacy is "the belief in one's capabilities to organize and execute courses of action required to produce given attainments" (p. 3). Bandura (1986, 1997) also indicated that self-efficacy involves a relationship between personal, behavioral, and environmental influences, which dictates human behavior in certain situations. Therefore, individuals are more likely to engage in activities in which they are confident in their ability to complete a task, compared to tasks in which they are less confident in their ability to complete a task (Bandura, 1986, 1997).

The theory of self-efficacy provides insight and predictions on how general education teachers will handle and support student mental health. Bandura (1993)

believed that people with high capability assurance approach complex tasks as challenges to be mastered rather than as threats to be avoided. If the training that general education teachers receive is adequate, then there will be an increase in self-efficacy to address the mental health needs of students coupled with a desire to take on more demanding cases. On the other hand, Bandura (1993), Bandura & Locke (2003), and Hannah et al. (2008) believed that people who doubt their capabilities shy away from complex tasks, which they view as personal threats.

Tschannen-Moran, Woolfolk Hoy, and Hoy (1998) believed that teachers' self-efficacy beliefs are related to their actions and to the outcomes they achieve. This is important when examining how teachers handle classroom mental health issues. If a teacher does not see a positive change in the mental health of the students in their class due to the services provided, that teacher may become discouraged and question their ability to affect change. However, if a teacher sees positive changes in their students based on the services provided, then that teacher may be more likely to continue working with students with mental health issues.

Lastly, a key to understanding self-efficacy is that beliefs can be developed through four primary sources of influence including, mastery, vicarious experiences, verbal persuasion, and social persuasion (Bandura, 1977, 1993; Bandura & Locke, 2003). If teachers do not feel confident in their abilities to address mental health needs in their classrooms, their beliefs can be changed over time. If a teacher is provided with training opportunities that demonstrate success early in addressing mental health concerns, their self-efficacy will be firmly established. With a firmly established level of self-efficacy, a

teacher will be less likely to shy away from adversity when working with students experiencing a mental health challenge.

Based on how much time students spend with general education teachers and the subsequent relationships formed, it is significant to examine general education teachers' self-efficacy when supporting student mental health. Moreover, as Bandura (1977, 1993) and Bandura & Locke (2003) stated, the most effective way to change this belief is through mastery experiences and comparative appraisals representing successful or unsuccessful performance. Therefore, if general education teachers can achieve mastery status in supporting student mental health, they should be more willing to offer support to struggling students in their classrooms. The current study may also add to the prior research on the ability of general education teachers to support student mental health in the school.

School-Based Mental Health Supports

Many schools are exploring ways to support student mental health needs, with several methods, programs, and interventions being used across the country. However, a major challenge for schools to provide mental health services is to secure and maintain funding sources (Evans et al., 2013). The U.S. Department of Health and Human Services (HHS, 2022) indicated \$40.22 million in grants were allocated for youth mental health, with a portion of \$5.3 million from American Rescue Plan funds dedicated to addressing pandemic-related stressors. HHS (2022) also committed to funding \$47.6 million for school-based mental health programs to combat the nation's mental health crisis, particularly among children.

Despite the increasing availability of mental health services, there are lingering concerns regarding the most appropriate personnel to deliver these services to students. As currently constructed, many education professionals receive student mental health training from their current school district as part of their professional learning. Kaye et al. (2022) discovered that high-quality professional learning workshops among school staff members to support student mental health demonstrated significant increases in participants' self-reported knowledge, skills, and self-efficacy from pre- to post-participation in each workshop.

However, research shows that school staff often feel unprepared to address student mental health issues. Studies conducted by Fraenholtz et al. (2015) and Reinke et al. (2011) found that many school personnel did not receive enough training on mental health training during their teacher education programs or through their school district. Unlike Kaye et al. (2022), Fraenholtz et al. (2015) included the perceptions in his study of both certified staff (e.g. teachers, counselors, speech therapists) and classified staff (e.g. paraprofessionals, food services, custodians). The research showed that certified staff members had more confidence in supporting student mental health needs than classified staff members. However, to ensure that all school staff can work collaboratively with mental health professionals to support students, the entire school should receive adequate mental health training (Fraenholtz et al., 2017).

School Counselors

According to ASCA (2017), a school counselor is an educator who delivers programs impacting student growth in three domains: academic, career, and social/emotional development. The profession of school counseling began as vocational

guidance in the early 1900s (Gysbers, 2010). In the early years, school counselors were teachers and administrators with a list of tasks to accomplish and no organizational structure. Carl Rogers (1942) greatly impacted the role of counselors, which continued to affect counselors and their training for decades to come. In addition to the work Carl Rogers did to move the field of school counseling forward in the 1940s, the combination of vocational orientation, psychometric, and personality development movements created a new counseling role which was identified as a counseling psychologist in 1946 (American Psychological Association, 1956).

In 1986, a resolution supporting the need for comprehensive school counseling programs was passed by the National School Boards Association which codified school counselors in schools (Gysbers & Henderson, 2012). Furthermore in 2001, the American School Counseling Association (ASCA) decided to develop a national model for a comprehensive school guidance counseling program. In 2002, ASCA released the national school counseling program model, which identified various skills used by school counselors to help students learn (Gysbers, 2010). The skills that make up the ASCA model included telling, teaching, advising, guiding, and counseling (ASCA, 2003). Prior to the ASCA model, states and school districts implemented their own counseling programs, which included their own standards and did not include resources and support from a nationally recognized agency. ASCA made updates to the school counseling program which were published in 2005, 2013, and 2019.

The national model developed by ASCA now provides consistency and standardized school counseling programs nationwide. Moreover, in addition to national standards, ASCA also provides school counselors with a list of appropriate activities

based on the training they received through graduate courses. According to ASCA (2022), appropriate activities for school counselors include:

(a) advisement and appraisal for academic planning; (b) orientation, coordination, and academic advising for new students; (c) providing short-term individual and small-group counseling services to students; (d) consulting with teachers on implementing counseling curriculum based on developmental and identified needs; (e) analyzing grade-point averages and achievement; (f) consult with teachers on building positive classroom culture; (g) analyzing disaggregated schoolwide and school counseling program data; (h) providing counseling to students who are tardy or absent; (i) consulting with the school principal to identify and resolve student issues, needs, and problems; (j) interpreting cognitive, aptitude and achievement tests. (n. p.)

School Social Workers

In the United States, social workers were incorporated into schools at the start of the 20th century to connect the school with the community and its stakeholders (Dobrof, et al., 2019; Elswick et al., 2018; Gherardi, 2017; NASW, 2012; Sherman, 2016; Pendley, 2021). School social workers were influential in addressing students' attendance, behaviors, and discipline while functioning as a link between the school, the community, and its stakeholders. Throughout history, the role of school social workers has been influenced by the politics and the social climate of the time, impacting the activities, tasks, and interventions implemented at schools (Dobrof et al., 2019; Sullivan, 2016). In the 1960s and 1970s, the role and responsibilities of school social workers changed due to the civil rights movement and increased advocacy for students with disabilities

(Gherardi, 2017; Sherman, 2016). By the 1980s and 1990s, school social workers reverted to an approach that aligned with the practices of the 1940s when social workers were tasked with addressing social problems related to violence, addiction, and pregnancy. The lack of consistency in the profession of school social workers through the 20th century was followed by significant progress in the organization in the early-to-mid 2000s. The professional changes that took place for school social workers were made in response to the need for special education and school reform policies (Ayasse & Stone, 2015; Gherardi, 2017; Kelly et al., 2016; NASW, 2012; Pendley, 2021; Richard et al., 2019). As a result, school social workers receive specialized training that encompasses cultural diversity, systems theory, social justice, risk assessment, intervention, consultation, collaboration, and clinical intervention strategies. The target of this training is to equip them with the necessary skills to provide effective mental health services to students (Gherardi & Whittlesey-Jerome, 2018; Richard et al., 2019; Teasley et al., 2014; Kelly, 2020; Pendley, 2021)

According to School Social Work Association of America (SSWA) (2012), school social work has become a specialized field within the social work profession since the early 20th century. School social workers bring a unique knowledge and skillset to school communities. The job responsibilities of a school social worker revolve around providing resources, support, and services to connect students, families, schools, and communities. School social workers can provide engaging activities that initiate service to the community and stakeholders (Stone & Charles, 2018).

School Psychologists

The National Association of School Psychologists (NASP) was founded on March 15, 1969, in St. Louis (NASP, n.d.). The first guidelines for school psychologists were written in 1979 and served as a model to guide the organization and delivery of school psychological services at the federal, state, and local levels (NASP, 2020). To become a school psychologist, an individual must receive specialized advanced graduate preparation that includes coursework and practical experiences relevant to psychology and education. According to NASP (2021), school psychologists typically complete either a specialist-level degree program (at least 60 graduate semester hours and usually completed in three years) or a doctoral degree (at least 90 graduate semester hours and often completed in five to six years). Both degree programs require a supervised internship of 1,200 to 1,500 hours and offer distinct career paths. School psychologists can receive a strong foundational education through a specialist-level degree program, which prepares them to enter the profession. On the other hand, those seeking academic positions will need to obtain a doctoral degree, which also enables them to pursue individual research interests.

These programs allow school psychologists to become familiar with research-based methods and develop an understanding of both individual and environmental factors that influence the learning capabilities and behavior of students (NASP, 2021b).

As the profession has evolved, school psychologists report wanting to spend more time with students' mental health counseling (Perfect & Morris, 2011). While school psychologists have always been involved with the mental health needs of students, the day-to-day operations typically fall on the school counselor or social worker. The

expanding role of school psychologists through spending more time counseling students can create a problem within the district that employs them and may alter the level of training they must receive to be qualified to address specific needs (Perfect & Morris, 2011).

General Education Teachers

In addition to school psychologists taking on a more prominent role in the mental health of their students, researchers have begun to examine the role of the general education teacher on the mental health team. Doyle and Houtz (2009) examined how general education teachers can affect their students' mental health and improve their academics. The researchers explain that teachers must understand how students with mental health issues process and retain information effectively. Once teachers understand this, they can present the material in a way that can directly improve students' cognitive performance and social interaction skills in their classes. Through this process, teachers can provide their students with an opportunity to find success in and outside of the classroom.

Frauenholtz et al. (2017) found that students having frequent positive encounters with educational professionals such as teachers could positively impact the ability of students to overcome mental health issues. Additionally, Cochran et al. (2010) found that teacher self-efficacy significantly contributes to job satisfaction; teachers reported higher levels of job satisfaction when seeing success while working with students. It is important to note that teachers and staff members may have a limited understanding of how mental health issues can affect how students learn in the classroom, which may cause teachers to

become frustrated when students are not making adequate progress academically and socially (Frauenholtz et al., 2017; Kidger et al., 2010; Reinke et al., 2011).

Prior research indicates that teachers view their involvement in addressing student mental health needs as a necessary and important aspect of their educator responsibilities (Kidger et al., 2010; Reinke et al., 2011). While research has indicated that general education teachers can impact the mental health of their students, teachers and staff members indicate feeling ill-equipped to handle these challenging issues due to unclear guidelines that are in place in school districts across the country (Jong et al., 2013; Kelada et al., 2017; Stephanou et al., 2013). The unclear guidelines and a low level of self-efficacy make teachers uneasy when discussing their concerns with parents due to the possibility of opening themselves and the school district up to liability lawsuits.

One of the most significant areas of concern with the training teachers and staff receive revolves around self-harm and suicide. Freedenthal and Breslin (2010) found that 58% of teachers reported that at least one of their students experienced suicidal thoughts or behavior. Of those teachers, one in four had received no suicide prevention training, which placed teachers in a challenging position of knowing when it was appropriate to notify parents that their student had experienced suicidal thoughts or behavior.

Frauenholtz et al. (2017) discussed how the judgment call, to contact or not contact parents, puts the teacher in an awkward situation with the student and their parents. If the teacher does report the information to the parents, the teacher runs the risk of ruining the trust they have established with the student. However, if the teacher does not report the issue to the parent, the school may become liable if something happens to the student and may anger the parents due to the lack of communication.

Community Mental Health Partnerships

To address concerns of when to report and when not to report student mental health concerns, school districts are working with community stakeholders to develop a plan of action that supports the students while continuing to foster a trusting relationship with staff members. Programs such as Go-To Educator training and Youth Mental Health First Aid USA can be of value for individuals working with students with a mental illness (Aakre et al., 2016; Bayer et al., 2015; Even & Quast, 2017; Wei & Kutcher, 2014). The research from these programs specifically points to a direct correlation between higher student achievement and the proper implementation of a comprehensive mental health service program. A correctly implemented mental health program is integrated across the educational platform through multiple disciplines. This implementation allows various stakeholders to build relationships, offer support, and collect student academic and social-emotional growth data.

Stephan et al. (2014) found that more than half of schools in the United States report collaborating with community-based organizations to provide mental health services. Programs such as the School-Based Support Program (SBS) partner with universities and local organizations to support students who struggle with mental illness. Even with these partnerships, there have been problems associated with continuing services due to the high number of students receiving services (Swick & Powers, 2018).

Building upon community involvement, programs such as President Obama's, *Now Is the Time*, were designed to improve school safety (Bohnenkamp et al., 2019; Nichols et al., 2017; Scantlebury et al., 2018; Thompson & Alvarez, 2013). President Obama's plan focused on incorporating resource officers into schools nationwide. These

programs were built upon mental health programs being a collaborative effort, including as many stakeholders as possible (Thompson & Alvarez, 2013). With the incorporation of resource officers, schools have considered allowing them to provide counseling, advise school officials on safety and security, and be an intricate part of daily mental health services (Thompson & Alvarez, 2013). This additional resource could enhance the school mental health team by providing students with another outlet for their mental health needs.

Research has indicated that school staff members are key stakeholders in helping address their students' mental health concerns (Gagnier et al., 2022). However, to support student mental health, the student must first see their teacher as a viable resource to help address their mental health needs before staff members can have an impact. Jorm et al. (2010) found that only about a quarter of students in their study would seek help from a teacher if they were suffering from a mental health-related issue. This is substantially less than 80% of students seeking help from a close family member (Jorm et al., 2010). Schools can enhance students' social-emotional well-being by adopting a collaborative approach. This involves incorporating practices that view diversity as an asset rather than just accepting differences. Collaborative learning experiences enable both students and teachers to actively participate in creating inclusive norms and structures (Gagnier et al., 2022). Jorm et al. (2010) hypothesized that to provide students with the appropriate level of support, it may be necessary to offer mental health first-aid training to parents and teachers.

Burnout Among School-Based Mental Health Providers

According to SAMHSA (2022), burnout is a condition that can happen to individuals at work as a result of the improper management of long-term stress, brought on by ongoing exhaustion, feelings of detachment or depersonalization, and a sense of professional inefficiency. Research conducted by Eklund et al. (2020) and Lyon & Bruns (2019) provided evidence that schools often are one of the first places where mental health issues are recognized and addressed. Swick and Powers (2018) identified that schools could often reduce specific barriers families may encounter when seeking mental health services for their students. However, many educational professionals lack the self-confidence to effectively work with students to address their mental health needs through direct services (Schmidt, 2016).

School counselors, social workers, and psychologists are often asked to perform tasks that do not align with their graduate education programs and district professional learning. This can make it challenging for these mental health professionals to provide direct mental health services to students, which may lead to frustration, feelings of being overworked. (Brake & Kelly, 2019; Moyer, 2011; Richard et al., 2019; Vaughn et al., 2007). To reduce the burden placed on mental health providers and tackle burnout, the U.S. Department of Education allocated \$103 million to healthcare workers (U.S. Department of Education, 2023). Additionally, the HHS will continue to offer grant programs to support health systems and provider groups in preventing burnout and coping with workplace stress.

School Counselor Burnout

Vaughn et al. (2007) and Moyer (2011) found that many graduates of school counseling programs indicated being underprepared for the actual tasks required to perform when hired. This role confusion has led to burnout, stress, and job dissatisfaction among school counselors, which can affect their ability to work effectively with students (Bardhoshi et al., 2014; Crowe et al., 2017). According to ASCA (2022), inappropriate activities for school counselors include:

- (a) building the master schedule; (b) coordinating cognitive, aptitude, and achievement testing programs; (c) performing disciplinary actions or assigning discipline consequences; (d) covering classes when teachers are absent or creating teacher planning time; (e) computing grade-point averages; (f) keeping clerical records; (g) coordination of schoolwide educational support meetings; (h) interpreting cognitive, aptitude and achievement tests; (i) serving as a data entry clerk. (n. p.)

Baggerly and Osborn (2006) indicated that performing inappropriate or non-counseling tasks significantly affected job satisfaction for school counselors. In addition to inappropriate and non-counseling responsibilities, a school counselor can become even more overwhelmed when school counselor caseloads exceed the ASCA recommendation of 250 students to one counselor (ASCA, 2021). The national average was 415 students per counselor in 2021 (ASCA, 2021). Among the 50 states and four territories in the United States, only New Hampshire, Vermont, the Bureau of Indian Education, and the U.S. Virgin Islands have reported a student-to-counselor ratio of 250:1 or lower (ASCA,

2021). Lambie (2007) cautioned that the burnout of school counselors could negatively impact the entire school community.

School Social Worker Burnout

While school counselors and psychologists reported operating from a collaborative perspective, school social workers reported working in isolation from the school community (Beddoe, 2019; Gherardi & Whittlesey-Jerome, 2018; Sugrue, 2017). To reduce the isolation that school social workers feel in schools, researchers continue to identify areas of educational reform. Brake & Kelly (2019) and Ciffone (2017) examined how the development of school social work models helps to support school-wide prevention, which may ultimately impact more significant numbers of students through advocacy, education, and resource allocation.

In addition, other school mental health team members have identified roles and responsibilities developed by their national organizations. In contrast, the role of a school social worker was often guided by a multitude of factors that include politics, population, administration, caseload size, etc. (Bent-Goodley, 2018; Gherardi & Whittlesey-Jerome, 2018; Lyon et al., 2016; Phillipppo et al., 2017; Richard et al., 2019; Teasley, 2018). In addition to the external factors impeding the ability of school social workers to be effective in a school community, Brake and Kelly (2019) & Richard et al. (2019) reported that the caseload size of school social workers may also create the most substantial barrier to their ability to deliver services effectively. Moreover, Brake & Kelly (2019) & Richard et al. (2019) discovered that the effectiveness of school social workers was ultimately reliant on their ability to provide appropriate interventions.

Avant and Swerdlik (2016) found that introducing a multi-tiered system of support (MTSS) brought about significant changes for school social workers. This system enabled them to implement a more organized approach to behavioral and mental health interventions. Additionally, Avant and Lindsey (2016) noted that the MTSS increased leadership and interdisciplinary collaboration activities for school social workers. However, despite such programs, inconsistencies and fragmented services can hinder the effectiveness of social workers. This can confuse the school community and put school social workers under unique challenges, leading to the risk of burnout (Gherardi & Whittlesey-Jerome, 2018, 2019; Kelly et al., 2016; Richard et al., 2019; Sugrue, 2017).

School Psychologist Burnout

School psychologists are another group of school-based mental health providers that run the risk of burnout. The NASP (2020) professional standards recommend a ratio of 500 students to 1 school psychologist. However, NASP (2021c) indicated that the national average in the 2020-2021 school year was closer to 1,162 students to 1 school psychologist. The job of a school psychologist often entails cognitive assessments, academic and social-emotional assessments, in-service education, crisis intervention, counseling, and program evaluation research (Perfect & Morris, 2011).

School psychologists are guided by 10 general domains of a comprehensive and integrated service. These allow school psychologists to be contributing members of school teams that support all students in their ability to learn (NASP, 2021a). By utilizing the 10 domains to drive their work, school psychologists can apply their expertise in mental health, education, and behavior, to help students succeed academically, socially,

behaviorally, and emotionally (NASP, 2021a). The 10 guiding domains of school psychology are:

(a) data-based decision-making; (b) consultation and collaboration; (c) academic interventions and instructional supports; (d) mental and behavioral health services and interventions; (e) school-wide practices to promote learning; (f) services to promote safe and supportive schools; (g) family, school, and community collaboration; (h) equitable practices for diverse student populations; (i) research and evidence-based practice; and (j) legal, ethical, and professional practice.

(NASP, 2020)

As school psychologists are continuously given different demands by school districts, school psychologists are moving further away from the 10 guiding domains of school psychology, putting added pressure and stress on school psychologists across the country (George-Levi et al., 2020; Moyer, 2011; Perfect & Morris, 2011; Vaughn et al., 2007).

Summary

It is of concern that educators in general education are not fully confident in their ability to support the mental health needs of their students despite receiving some training on the matter through their college teacher education program and district level professional learning. While teachers have a basic understanding of how student mental health can impact academic success, there is a need for more specific training and guidelines to ensure that general education teachers are equipped to provide effective mental health support to students. By implementing more relevant training and guidelines, the hope is that general education teachers can provide services to students as

needed rather than relying on the school counselor, school psychologist, and school social worker; whom continuously have additional responsibilities placed upon them.

Moreover, prior research has indicated how the mental health of students can be improved through having frequent positive encounters with educational professionals such as teachers. Therefore, by increasing the self-efficacy general education teachers have in supporting student mental health through targeted professional learning approaches in trauma-informed care, suicide prevention training, and collaboration with mental health professionals, school districts could decrease the number of students that are not accessing mental health-related services.

Chapter 2 encompassed research pertinent to general education teachers' perceptions of the training they received to support student mental health. The chapter covered the current mental health of students, social-emotional learning, the theory of self-efficacy, available school-based mental health resources, the staff members in a school system that traditionally have provided school-based mental health support to students, and the burnout those staff members experience. The methodology used in this study is presented in Chapter 3.

Chapter 3

Methods

This quantitative study explored the perceptions of general education teachers regarding the training they had received to support student mental health. This chapter is organized into eight sections. The sections in Chapter 3 include research design, selection of participants, measurement, data collection procedures, data analysis and hypothesis testing, limitations, and a summary.

Research Design

A quantitative research design was used to conduct this study. Creswell & Creswell (2018) stated that “Survey designs provide plans for a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population” (p. 251). The data collection tool most appropriate for this study was a 5-point Likert-type scale survey. The Likert-type scale allowed high school general education teachers to rate their level of agreement regarding their perceptions of the training they received from their college or university’s teacher education program, and their school district to support various aspects of student mental health.

The dependent variables for this study were the perceptions of general education teachers in District X at the high school level to support student mental health based on the training they received from their college or university teacher education program and from their school district. The independent variables were, the general education teachers' years of teaching experience (1-5 years, 6-10 years, 11-15 years, 16 or more years), the gender of the general education teacher (male, female, prefer not to answer), and if the

high school general education teacher taught a core curricular program, elective curricular program, or both core curricular and elective curricular programs.

Selection of Participants

The participants for this study were high school general education teachers in District X. The data sample included high school general education teachers in District X during the 2022-2023 school year. Purposive sampling was selected for this study due to the researcher's experience and knowledge of the group being sampled. This sample included a diverse group of general education teachers who represented the five high schools in District X. The researcher selected the general education teachers from the internal Outlook email distribution list in District X. For the purposes of this study, general education teachers from the middle and elementary schools, along with early childhood programs in District X, were not included.

Measurement

The survey instrument used for this study was an original survey created by the researcher (see Appendix A). The first part of the survey includes two survey statements that used the same 1-5 level of agreement scale, 1=*Strongly Disagree*, 2=*Disagree*, 3=*Neutral*, 4=*Agree*, and 5=*Strongly Agree*. The survey focused on the perception high school general education teachers have of their ability to support six specific student mental health-related issues based on the training they received from their college or university teacher education program and from professional learning provided by the school district. The six specific student mental health issues presented to teachers in the survey included: attention deficit hyperactivity disorder (ADHD), panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideations. The last part of

the survey was used to capture the demographic data from the participants. The high school general education teachers were asked to identify their years of teaching experience, the gender they identify with, and the subject(s) they taught. High school general education teachers were asked to indicate if the subject(s) they taught were either a core curricular program, elective curricular program, or both core and elective curricular programs. The core curricular programs included English, Science, Math, Social Studies, and World Language. The elective curricular programs included Fine Arts, Performing Arts, Business, Career Technology Education (CTE), Family and Consumer Science (FACS), and Physical Education (PE). If the high school general education teacher taught both a core and elective curricular program, they had the ability to indicate both in this section of the survey. Lastly, if the general education teacher taught a course that was not in the listing of either the core curricular or elective curricular programs, the general education teacher specified the course they were teaching. Table 1 contains a set of survey questions designed for high school general education teachers. These questions pertain to six specific mental health issues that students may encounter. The teachers were asked to provide their level of agreement based on the training they received from their teacher education program and school district. Additionally, survey items are linked to the variables mentioned in the hypotheses.

Table 1*Connection Between Survey Items and Hypothesis*

Survey Item	Hypothesis
Rate on a scale of 1-5 your level of agreement that your college or university's teacher education program (coursework and student teaching experience) prepared you to support each of the mental health needs of students listed below. 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.	
Attention deficit hyperactivity disorder As characterized by: Fidgety, noisy, and unable to adapt to changing situations (American Psychiatric Association, 2013).	
Panic attack As characterized by: Abrupt surge of intense fear or intense discomfort that reaches a peak within minutes (American Psychiatric Association, 2013).	H1-H6
Depression As characterized by: Extreme sadness or despair that lasts more than two weeks (American Psychiatric Association, 2013).	H13-H31
Anxiety As characterized by: Sweating, trembling, dizziness, or a rapid heartbeat (American Psychiatric Association, 2013).	
Oppositional defiant disorder As characterized by: Angry/irritable mood, argumentative/defiant behavior, and vindictiveness (American Psychiatric Association, 2013).	
Suicidal ideations As characterized by: Preoccupied with thoughts about killing oneself (American Psychiatric Association, 2013).	

Survey Item	Hypotheses
Rate on a scale of 1-5 your level of agreement that your school district's professional learning has prepared you to support each of the student mental health needs listed below. 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.	
Attention deficit hyperactivity disorder As characterized by: Fidgety, noisy, and unable to adapt to changing situations (American Psychiatric Association, 2013).	
Panic attack As characterized by: Abrupt surge of intense fear or intense discomfort that reaches a peak within minutes (American Psychiatric Association, 2013).	
Depression As characterized by: Extreme sadness or despair that lasts more than 2 weeks (American Psychiatric Association, 2013).	H7-H12 H32-H49
Anxiety As characterized by: Sweating, trembling, dizziness, or a rapid heartbeat (American Psychiatric Association, 2013).	
Oppositional defiant disorder As characterized by: Angry/irritable mood, argumentative/defiant behavior, and vindictiveness (American Psychiatric Association, 2013).	
Suicidal ideations As characterized by: Preoccupied with thoughts about killing oneself (American Psychiatric Association, 2013).	

Survey Items	Responses
How long have you been a high school teacher? (Count this current year as one full year)	1-5 years, 6-10 years, 11-15 years, 16 or more years
Gender:	Male, Female, or Prefer not to answer
Do you teach a core curricular program?	Yes, or No
If you checked Yes, please select all that apply from the list below.	English, Science, Math, Social Studies, World Language
Do you teach an elective curricular program?	Yes, or No
If you checked Yes, please select all that apply from the list below.	Fine Arts, Performing Arts, Business, Career Technology Education, Family and Consumer Science, Physical Education
Do you teach something other than what is listed above?	Yes, or No
If you checked Yes, please specify.	Open response

The survey was sent to an expert panel to confirm the validity of each survey item. The panel included the following individuals:

- one high school Executive Director of School Administration,
- one Director of Human Resources – Recruitment/Retention, and
- one Director of Student Support Services.

The panel members were asked to provide feedback on the readability and relevancy of the survey items, as well as other suggestions for supplementary information that should be considered. A copy of the email that was sent to panelists can be found in Appendix B.

The High School Executive Director of School Administration expert said that he thought the survey looked good. He stated that the questions are readable questions, and he thought the questions were applicable to high school general education teachers. He did not have any other suggestions for the survey.

The Director of Human Resources – Recruitment/Retention expert said she would recommend clarifying the survey questions. She noted her confusion about the wording of “teacher education program” and if that included coursework, practicum hours, or all aspects of the teacher education program. She stated that providing clarity in this area can help teachers feel confident in their responses to the survey.

The Director of Student Support Services expert said that when she developed her dissertation, her advisor asked her to phrase questions with "To what extent" for Likert scale questions. She recommended obtaining the advisors' approval before submitting my survey to the Baker University IRB Review Board. She indicated that questions 1 and 2 were similar with a few key differences, which could lead to some confusion; she had to reread the questions a few times to understand the difference. She also noted that adding

special education to the list of choices on the kind of teacher completing the survey. She also provided additional suggestions to investigate through the study. The additional points are listed below:

- To what extent do you feel you need a working knowledge of these mental health conditions to effectively conference with parents to understand their child's needs in the classroom?
- To what extent do you feel you need a working knowledge of these mental health conditions to effectively serve in your role on IEP, 504, or problem-solving teams?
- How have you learned about these mental health conditions?
(Professional Learning-District provided; professional learning-on my own; supporting a family member; other).
- To what extent do you feel you need a working knowledge of these mental health conditions to provide differentiated instruction to students affected by one of these mental health conditions in your classroom?

Data Collection Procedures

A request to conduct research was submitted to District X on February 15, 2023. After the approval was granted from District X on Tuesday, February 28, 2023 (see Appendix C), a request was made to the Baker University IRB committee on February 12, 2023. The Baker University IRB committee approved the research study on February 27, 2023 (see Appendix D). Once the IRB committee approved the research study, the high school general education teachers received an initial email on Wednesday, March 22, 2023, asking them to complete the survey (see Appendix E). The email explained:

- The purpose of the study.
- The length of time the survey could take to complete.
- Participants anonymity:
 - Names or email addresses are not required to access the survey.
 - Data will only be presented in summary form.
- Completion of the survey constitutes an informed agreement to participate in the study.
- Not completing the survey will not impact general education teachers negatively.

An additional email prompt (see Appendix F) were sent to remind participants to complete the survey by Thursday, March 30, 2023. The survey was closed on Monday, April 3, 2023.

Data Analysis and Hypothesis Testing

The participants in this study completed the survey on the Google Forms data collection platform. The data were downloaded to an Excel spreadsheet and imported into IBM SPSS 28 for statistical analysis. The analysis paragraphs for each *t* test and analysis of variance (ANOVA) used to address the four research questions and hypotheses guiding this study are included below.

RQ1

To what extent do high school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support student mental health?

H1. High school general education teachers perceive the training they received in

their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with ADHD.

H2. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with panic attacks.

H3. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with depression.

H4. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with anxiety.

H5. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with oppositional defiant disorder.

H6. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students experiencing suicidal ideations.

Six one-sample t tests were conducted to address H1-H6. For each test, the perceptions of the training from the college or university's teacher education program (coursework and student teaching experience) were compared to a test value of six sample means. The one-sample t test was chosen for the hypothesis testing because it involves the comparison of one group mean with a known value, and the group mean is

calculated from a numerical variable. The level of significance was set at .05. When appropriate, the effect size, as measured by Cohen's *d*, is reported.

RQ2

To what extent do high school general education teachers perceive that the training they received from their school district's professional learning prepared them to support student mental health?

H7. High school general education teachers perceive the training they received from their school district prepared them to support students with ADHD.

H8. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with panic attacks.

H9. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with depression.

H10. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with anxiety.

H11. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with oppositional defiant disorder.

H12. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students experiencing suicidal ideations.

Six one-sample t tests were conducted to test H7-H12. For each test, the sample mean was compared to a test value of 3. The one-sample t test was chosen for the hypothesis testing because it involves the comparison of one group mean with a known value, and the group mean is calculated from a numerical variable. The level of significance was set at .05. When appropriate, the effect size, as measured by Cohen's d , is reported.

RQ3

To what extent do high school general education teachers' perceptions that the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support student mental health differ based on the high school general education teachers' years of teaching experience, gender of the high school general education teacher (male, female, & prefer not to answer), or the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs)?

H13. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD differ based on the high school general education teachers' years of teaching experience.

H14. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks differ based on the high school general education teachers' years of teaching experience.

H15. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression differ based on the high school general education teachers' years of teaching experience.

H16. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety differ based on the high school general education teachers' years of teaching experience.

H17. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder differ based on the high school general education teachers' years of teaching experience.

H18. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students experiencing suicidal ideations differ based on the high school general education teachers' years of teaching experience.

Six one-factor analyses of variance (ANOVAs) were conducted to test H13-H18. The categorical variable used to group the dependent variable, perceptions of the training from the college or university's teacher education program (coursework and student teaching experience), is years of teaching experience. The results of the one-factor ANOVA can be used to test for differences in the means for a numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

H19. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H20. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H21. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H22. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H23. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H24. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and

student teaching experience) to support students experiencing suicidal ideations differ based on the high school general education teacher's gender (male, female, prefer not to answer).

Six one-factor ANOVAs were conducted to test H19-H24. The categorical variable used to group the dependent variable, perceptions of the training from the college or university's teacher education program (coursework and student teaching experience), is the gender of the high school general education teacher. The results of the one-factor ANOVA can be used to test for differences in the means for a numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

H25. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H26. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H27. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression differ based on the

curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H28. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H29. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H30. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students experiencing suicidal ideations differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Six one-factor ANOVAs were conducted to test H25-H30. The categorical variable used to group the dependent variable, perceptions of the training from the college or university's teacher education program (coursework and student teaching experience), is the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs). The results of the one-factor ANOVA can be used to test for differences in the means for a

numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

RQ4

To what extent do high school general education teachers' perceptions that the training they received from their school district's professional learning prepared them to support student mental health differ based on the high school general education teachers' years of teaching experience, gender of the high school general education teacher (male, female, & prefer not to answer), or the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs)?

H31. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD differ based on the high school general education teachers' years of teaching experience.

H32. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks differ based on the high school general education teachers' years of teaching experience.

H33. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression differ based on the high school general education teachers' years of teaching experience.

H34. High school general education teachers' perceptions that the training they

received from their school district's professional learning to support students with anxiety differ based on the high school general education teachers' years of teaching experience.

H35. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder differ based on the high school general education teachers' years of teaching experience.

H36. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students experiencing suicidal ideations differ based on the high school general education teachers' years of teaching experience.

Six one-factor ANOVAs were conducted to test H31-H36. The categorical variable used to group the dependent variable, perceptions of the training received from the school district's professional learning program, is the years of teaching experience. The results of the one-factor ANOVA can be used to test for differences in the means for a numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

H37. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H38. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic

attacks differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H39. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H40. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety differ based on the high school general education teachers' years of teaching experience.

H41. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder differ based on the high school general education teacher's gender (male, female, prefer not to answer).

H42. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students experiencing suicidal ideations differ based on the high school general education teacher's gender (male, female, prefer not to answer).

Six one-factor ANOVAs were conducted to test H37-H42. The categorical variable used to group the dependent variable, perceptions of the training from the school district's professional learning, is the gender of the high school general education teacher. The results of the one-factor ANOVA can be used to test for differences in the means for a numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

H43. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H44. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H45. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H46. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H47. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder differ based on the curricular program taught by the high

school general education teacher (core curricular program, elective curricular program, or both curricular programs).

H48. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students experiencing suicidal ideations differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Six one-factor ANOVAs were conducted to test H43-H48. The categorical variable used to group the dependent variable, perceptions of the training from the school district's professional learning, the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs). The results of the one-factor ANOVA can be used to test for differences in the means for a numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

Limitations

Lunenburg and Irby (2008) explained limitations as, "factors that may have an effect on the interpretation of the findings or on the generalizability of the results" (p.

133). Limitations of this quantitative study potentially included the following:

1. Participants in this study may have had biases toward the topic, which may impact the accuracy of their responses.
2. The results of this study were dependent on participants responding thoughtfully and honestly to every item.

3. The results of this study were dependent on the memory the participants had about their college or university teacher education program.
4. The results of this study were dependent on the memory the participants had about the school district's professional learning in their career.
5. The participants in this study may have received an alternative certification and had a different college experience.

Summary

In Chapter 3, the quantitative research design, and the utilization of a 5-point Likert-type scale survey was presented. Chapter 3 also included the selection of participants, measurement, data analysis, and hypothesis testing, and the limitations of the study. Chapter 4 includes the descriptive statistics and the results of the hypothesis testing. The results of the data analysis are presented in Chapter 4.

Chapter 4

Results

The primary purpose of this research was to determine the extent high school general education teachers perceive the mental health training they received from their college or university's teacher education program and the professional learning provided by the school district prepared teachers to support student mental health in District X. Moreover, the researcher sought to understand if there was a difference in perceptions of the student mental health training high school general education teachers received from their college or university's teacher education program and the professional learning provided by District X based on years of teaching experience, gender, and curricular subject(s) taught. Chapter 4 presents the descriptive statistics and quantitative data analysis results of this study.

Descriptive Statistics

Survey questions one and two used a 1-5 agreement scale (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, and 5 = *Strongly Agree*). The six student mental health issues that were used in survey questions one and two were (attention deficit hyperactivity disorder, panic attack, depression, anxiety, oppositional defiant disorder, and suicidal ideations). The third survey question was used to collect data regarding the general education teachers' years of experience, gender, and curricular program taught. Responses were received from 99 high school general education teachers in District X. Presented in Table 2 - Table 10 is a breakdown of the response frequencies for these items.

Table 2 depicts responses from high school general education teachers regarding their level of preparation to support students with attention deficit hyperactivity disorder. The responses are divided into two categories. The first category is connected to high school general education teachers' level of agreement that the college or university's teacher education program (course work and student teaching experience) prepared them to support the mental health needs of students with attention deficit hyperactivity disorder. The data indicates that a majority of high school general education teachers, 53.6%, either *strongly disagreed* or *disagreed* that their college or university's teacher education program prepared them to support students with attention deficit hyperactivity disorder. Additionally, one high school general education teacher responded with both *neutral* and *agree* that the college or university's teacher education program (course work and student teaching experience) prepared them to support the mental health needs of students with attention deficit hyperactivity disorder. This response was averaged and calculated with a mean of 3.5. The second category is connected to high school general education teachers' level of agreement that the school district's professional learning has prepared them to support the mental health needs of students with attention deficit hyperactivity disorder study. The data pertaining to district professional learning indicated that 39.4% high school general education teachers *disagreed* that the professional learning provided by the school district prepared them to support students with attention deficit hyperactivity disorder.

Table 2*Frequency Table for General Education Teacher Responses - ADHD*

College or university's teacher education program	<i>N</i>	%
1 = Strongly disagree	15	15.2
2 = Disagree	38	38.4
3 = Neutral	12	12.1
3 = Neutral, 4 = Agree	1	1.0
4 = Agree	30	30.3
5 = Strongly agree	3	3.0
Total	99	100.0
District professional learning		
1 = Strongly disagree	2	2.0
2 = Disagree	39	39.4
3 = Neutral	28	28.3
4 = Agree	26	26.3
5 = Strongly agree	4	4.0
Total	99	100.0

Table 3 presents responses from high school general education teachers regarding their level of agreement about their preparation to support students with panic attacks. The responses are divided into two categories. The first category is connected to high school general education teachers' level of agreement that the college or university's teacher education program (course work and student teaching experience) prepared them

to support the mental health needs of students with panic attacks. The data indicates that no high school general education teachers *strongly agreed* that their college teacher education program prepared them to support students with panic attacks. Moreover, 86.9% of high school general education teachers either *strongly disagreed* or *disagreed* that their college teacher education program prepared them to support students with panic attacks. The second category is connected to high school general education teachers' level of agreement that the school district's professional learning has prepared them to support the mental health needs of students with panic attacks. The data pertaining to district professional learning indicated that 56.6% of high school general education teachers either *strongly disagreed* or *disagreed* that the professional learning provided by the school district prepared them to support students with panic attacks. Additionally, two high school general education teachers selected both *neutral* and *agree* that the school district's professional learning has prepared them to support the mental health needs of students with panic attacks. The two responses were averaged and calculated with a mean of 3.5 each.

Table 3*Frequency Table for General Education Teacher Responses – Panic Attacks*

College or university's teacher education program	<i>n</i>	%
1 = Strongly disagree	40	40.4
2 = Disagree	46	46.5
3 = Neutral	6	6.1
4 = Agree	7	7.1
5 = Strongly agree	0	0.0
Total	99	100.0
District professional learning		
1 = Strongly disagree	11	11.1
2 = Disagree	45	45.5
3 = Neutral	21	21.2
3 = Neutral, 4 = Agree	2	2.0
4 = Agree	18	18.2
5 = Strongly agree	1	1.0
Total	98	99.0

Note. Missing district professional learning, $n = 1$.

Table 4 depicts responses from high school general education teachers regarding their level of agreement about their preparation to support students with depression. The responses are divided into two categories. The first category is connected to high school general education teachers' level of agreement that the college or university's teacher

education program (course work and student teaching experience) prepared them to support the mental health needs of students with depression. The data indicated that a majority of high school general education teachers, 71.7%, either *strongly disagreed* or *disagreed* that their college teacher education program prepared them to support students with depression. The second category is connected to high school general education teachers' level of agreement that the school district's professional learning has prepared them to support the mental health needs of students with depression. The data pertaining to district professional learning indicated that 53.7% of high school general education teachers either *agreed* or *strongly agreed* that the professional learning provided by the school district prepared them to support students with depression. Additionally, one high school general education teacher selected they both *agree* and *strongly agree* that the school district's professional learning has prepared them to support the mental health needs of students with depression. This response was averaged and calculated with a mean of 4.5.

Table 4*Frequency Table for General Education Teacher Responses – Depression*

College or university's teacher education program	<i>n</i>	%
1 = Strongly disagree	23	23.2
2 = Disagree	48	48.5
3 = Neutral	11	11.1
4 = Agree	15	15.2
5 = Strongly agree	2	2.0
Total	99	100.0
District professional learning		
1 = Strongly disagree	6	6.1
2 = Disagree	19	19.2
3 = Neutral	20	20.2
4 = Agree	45	45.5
4 = Agree, 5 = Strongly agree	1	1.0
5 = Strongly agree	7	7.1
Total	98	99.0

Note. Missing district professional learning $n = 1$.

Table 5 depicts responses from high school general education teachers regarding their level of agreement about their preparation to support students with anxiety. The responses are divided into two categories. The first category is connected to high school general education teachers' level of agreement that the college or university's teacher education program (course work and student teaching experience) prepared them to

support the mental health needs of students with anxiety. The data indicated that a majority of high school general education teachers, 73.7%, either *strongly disagreed* or *disagreed* that their college teacher education program prepared them to support students with anxiety. The second category is connected to high school general education teachers' level of agreement that the school district's professional learning has prepared them to support the mental health needs of students with anxiety. The data pertaining to district professional learning indicated that 38.4% of high school general education teachers either *agreed* or *strongly agreed* that the professional learning provided by the school district prepared them to support students with anxiety.

Table 5*Frequency Table for General Education Teacher Responses – Anxiety*

College or university's teacher education program	<i>n</i>	%
1 = Strongly disagree	24	24.2
2 = Disagree	49	49.5
3 = Neutral	6	6.1
4 = Agree	18	18.2
5 = Strongly agree	2	2.0
Total	99	100.0
District professional learning		
1 = Strongly disagree	6	6.1
2 = Disagree	27	27.3
3 = Neutral	27	27.3
4 = Agree	31	31.3
5 = Strongly agree	7	7.1
Total	98	99.0

Note. Missing district professional learning $n = 1$.

Table 6 depicts responses from high school general education teachers regarding their level of agreement about their preparation to support students with oppositional defiant disorder. The responses are divided into two categories. The first category is connected to high school general education teachers' level of agreement that the college or university's teacher education program (course work and student teaching experience) prepared them to support the mental health needs of students with oppositional defiant

disorder. The data indicated that a majority of high school general education teachers, 66.7%, either *strongly disagreed* or *disagreed* that their college teacher education program prepared them to support students with oppositional defiant disorder.

Furthermore, zero general education teachers strongly agreed that their teacher education program prepared them to support students with oppositional defiant disorder. The second category is connected to high school general education teachers' level of agreement that the school district's professional learning has prepared them to support the mental health needs of students with oppositional defiant disorder. The data pertaining to district professional learning indicated that 57.6% of high school general education teachers either *strongly disagreed* or *disagreed* that the professional learning provided by the school district prepared them to support students with oppositional defiant disorder.

Table 6

Frequency Table for General Education Teacher Responses – Oppositional Defiant Disorder

College or university's teacher education program	<i>n</i>	%
1 = Strongly disagree	36	36.4
2 = Disagree	30	30.3
3 = Neutral	11	11.1
4 = Agree	22	22.2
5 = Strongly agree	0	0.0
Total	99	100.0
District professional learning		
1 = Strongly disagree	20	20.2
2 = Disagree	37	37.4
3 = Neutral	19	19.2
4 = Agree	19	19.2
5 = Strongly agree	3	3.0
Total	98	99.0

Note. Missing district professional learning $n = 1$.

Table 7 depicts responses from high school general education teachers regarding their level of agreement about their preparation to support students with suicidal ideations. The responses are divided into two categories. The first category is connected to high school general education teachers' level of agreement that the college or university's teacher education program (course work and student teaching experience)

prepared them to support the mental health needs of students with suicidal ideations. The data indicated that a majority of high school general education teachers, 68.7%, either *strongly disagreed* or *disagreed* that their college teacher education program prepared them to support students with suicidal ideations. Additionally, one high school general education teacher responded with both *disagree* and *neutral* that the college or university's teacher education program (course work and student teaching experience) prepared them to support the mental health needs of students with suicidal ideations. This response was averaged and calculated with a mean of 2.5 The second category is connected to high school general education teachers' level of agreement that the school district's professional learning has prepared them to support the mental health needs of students with suicidal ideations. The data pertaining to district professional learning indicated that 64.7% of high school general education teachers either *strongly agreed* or *agreed* that the professional learning provided by the school district prepared them to support students with suicidal ideations. Additionally, one school general education teacher selected both *agree* and *strongly agree* that the school district's professional learning has prepared them to support the mental health needs of students with suicidal ideations. The response were averaged and calculated with a mean of 4.5.

Table 7*Frequency Table for General Education Teacher Responses – Suicidal Ideations*

College or university's teacher education program	<i>n</i>	%
1 = Strongly disagree	31	31.3
2 = Disagree	37	37.4
2 = Disagree, 3 = Neutral	1	1.0
3 = Neutral	1	1.0
4 = Agree	9	9.1
5 = Strongly Agree	18	18.2
Total	99	100
District professional learning		
1 = Strongly disagree	3	3.0
2 = Disagree	18	18.2
3 = Neutral	13	13.1
4 = Agree	47	47.5
4 = Agree 5 = Strongly agree	1	1.0
5 = Strongly agree	16	16.2
Total	98	99.0

Note. Missing district professional learning $n = 1$.

Table 8 depicts responses of high school general education teachers to three survey questions:

- Years of teaching experience for the high school general education teacher (*1-5 years, 6-10 years, 11-15 years, and 16 or more years*).

- gender of the high school general education teacher (*female, male, or prefer not to answer*)
- curriculum(s) taught by the high school general education teacher (*core curricular, elective curricular, or core and elective curriculum*).

Table 8

Frequency Table for General Education Teacher Responses - Years of Experience, Gender, & Curriculum Taught by General Education

General education teacher years of experience	<i>n</i>	%
1-5 years	19	19.2
6-10 years	14	14.1
11-15 years	15	15.2
16 or more years	51	51.5
Total	99	100.0
Gender indicated by general education teacher		
Female	67	67.7
Male	30	30.3
Prefer not to answer	2	2.0
Total	99	100.0
Curriculum taught by general education teacher		
1 – Core Curricular	65	65.7
2 – Elective Curricular	25	25.3
3 – Both Core and Elective Curriculum	9	9.1
Total	99	100.0

Table 9 depicts the recoded responses of high school general education teachers to the survey question regarding which gender they identify as at the time of the survey. Of the 99 participants in this study, 98% of high school general education teachers indicated female or male as their identifying gender. Of those, 67 identified as *female*, 67.7%, and 30 identified as *male*, 30.3%. Two participants, 2%, selected the option of, *prefer not to say*. Due to the limited number of individuals that selected the option, prefer not to say, the researcher, along with the guidance of the research analyst and faculty advisor, believed that these responses were not significant enough to impact the results of the study. As a result, the two responses were excluded from the study.

Table 9

Frequency Table for Recoding General Education Teacher Responses – Gender

Gender indicated by general education teacher	<i>n</i>	%
Female	67	67.7
Male	30	30.3
Total	97	98.0

Note. Due to a limited number of general education teachers that indicated (prefer not to say), the research team determined that the data set would not be included in the study.

Table 10 depicts the recoding responses of high school general education teachers to survey questions regarding the subject(s) taught by the high school general education teachers. Of the 99 participants in this study, 100% of high school general education

teachers indicated they taught either a *core curricular*, *elective curricular*, or *both curricular programs*. Of those, 65 indicated a *core curricular program*, 65.7%, and 25 indicated an *elective curricular program*, 25.3%. Nine participants, 9.1%, indicated *both curricular programs*. Three general education teachers misidentified the curricular program they teach, and the researcher, along with the guidance of the research analyst and faculty advisor, recoded the responses from the general education teachers.

The first re-coded response was due to a general education teacher, who identified the course AVID as both curricular subjects. It was determined that this course should be coded as an elective curricular subject. The second re-coded response was due to a general education teacher, who identified Anatomy and Physiology as an elective course. It was determined that this course should be coded as a core curricular subject. The third re-coded response was due to a general education teacher, who indicated they taught both curricular subjects. One of the subjects they indicated was as a dance coach. It was determined that this course should not be included in the analysis, as it is an extra-curricular activity and not an elective curricular subject. As a result of the re-coding, the three responses were placed in the appropriate category for this study.

Table 10

Frequency Table for Recoding General Education Teacher Responses – Curriculum Taught by General Education Teacher

Curriculum taught by general education teacher	<i>n</i>	%
1 - Core curricular program	65	65.7
2 - Elective curricular program	25	25.3
3 - Both curricular programs	9	9.1
Total	99	100.0

Note. The table reflects the three general education teachers who misidentified the curricular program they teach.

Hypothesis Testing

One sample *t* tests were conducted to test perceptions high school general education teachers have regarding the mental health training they received from their college or university's teacher education program (coursework and student teaching experience) and from their school district through professional learning. To determine if there is a difference in the responses of high school general education teachers based on the years of experience and subject taught, the researcher used a one-factor analysis of variance (ANOVAs). Lastly, independent-samples *t* tests were used to test if there was a difference in the response of high school general education teachers based on gender (female or male). The data that was collected from the survey developed by the researcher was run through IBM SPSS 28 for statistical analysis. Each research question is followed by the data analysis paragraph that explains the analyses used to address the

research question. Each hypothesis and the associated analysis paragraph are then included.

RQ1

To what extent do high school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support student mental health?

Six one-sample t tests were conducted to address H1-H6. For each test, the sample mean was compared to a test value of 3. The one-sample t test was chosen for the hypothesis testing because it involves the comparison of one group mean with a known value, and the group mean is calculated from a numerical variable. The level of significance was set at .05. When appropriate, the effect size, as measured by Cohen's d , is reported.

H1. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with ADHD.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(98) = -2.746, p = .007$, Cohen's $d = 0.276$. The sample mean ($M = 2.682, SD = 1.153$) was significantly lower than the test value (3). H1 was not supported. High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with ADHD. The effect size indicated a small effect.

H2. High school general education teachers perceive the training they received in

their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with panic attacks.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(98) = -14.149, p = .000$, Cohen's $d = 1.422$. The sample mean ($M = 1.808, SD = 0.838$) was significantly lower than the test value (3). H2 was not supported. High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with panic attacks. The effect size indicated a large effect.

H3. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with depression.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(98) = -7.242, p = .000$, Cohen's $d = 0.728$. The sample mean ($M = 2.242, SD = 1.041$) was significantly lower than the test value (3). H3 was not supported. High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with depression. The effect size indicated a large effect.

H4. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with anxiety.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(98) = -6.983, p = .000$, Cohen's $d = 0.702$. The sample mean ($M = 2.242, SD = 1.0794$) was significantly lower than the test value (3). H4 was not supported. High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with anxiety. The effect size indicated a large effect.

H5. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with oppositional defiant disorder.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(98) = -6.945, p = .000$, Cohen's $d = 0.698$. The sample mean ($M = 2.192, SD = 1.158$) was significantly lower than the test value (3). H5 was not supported. High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with oppositional defiant disorder. The effect size indicated a large effect.

H6. High school general education teachers perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students experiencing suicidal ideations.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(98) = -6.478, p = .000$, Cohen's $d = 0.651$. The sample mean ($M = 2.242, SD = 1.164$) was significantly lower than the test value (3).

H6 was not supported. High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with suicidal ideations. The effect size indicated a medium effect.

RQ2

To what extent do high school general education teachers perceive that the training they received from their school district's professional learning prepared them to support student mental health?

Six one-sample *t* tests were conducted to test H7-H12. For each test, the sample mean was compared to a test value of 3. The one-sample *t* test was chosen for the hypothesis testing because it involves the comparison of one group mean with a known value, and the group mean is calculated from a numerical variable. The level of significance was set at .05. When appropriate, the effect size, as measured by Cohen's *d*, is reported.

H7. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with ADHD.

The results of the one-sample *t* test indicated there was not a statistically significant difference between the group mean and the test value, $t(98) = -0.954, p = .343$. The sample mean ($M = 2.909, SD = 0.949$) was not significantly different from the test value (3). H7 was not supported. High school general education teachers do not perceive that the training they received from their school district's professional learning prepared them to support students with ADHD. The effect size indicated a small effect.

H8. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with panic attacks.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(97) = -4.826$, $p = .000$, Cohen's $d = 0.448$. The sample mean ($M = 2.531$, $SD = 0.963$) was significantly lower than the test value (3). H8 was not supported. High school general education teachers do not perceive the training they received from their school district's professional learning prepared them to support students with panic attacks. The effect size indicated a medium effect.

H9. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with depression.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(96) = 2.681$, $p = .009$, Cohen's $d = 0.272$. The sample mean ($M = 3.289$, $SD = 1.060$) was significantly lower than the test value (3). H9 was not supported. High school general education teachers do not perceive the training they received from their school district's professional learning prepared them to support students with depression. The effect size indicated a small effect.

H10. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with anxiety.

The results of the one-sample t test indicated there was not a statistically significant difference between the group mean and the test value, $t(97) = 0.570$,

$p = 0.285$. The sample mean ($M = 3.061$, $SD = 1.063$) was not significantly different from the test value (3). H10 was not supported. High school general education teachers do not perceive the training they received from their school district's professional learning prepared them to support students with anxiety. The effect size indicated a small effect.

H11. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students with oppositional defiant disorder.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(97) = -4.715$, $p = .000$, Cohen's $d = 0.476$. The sample mean ($M = 2.469$, $SD = 1.114$) was significantly lower than the test value (3). H11 was not supported. High school general education teachers do not perceive the training they received from their school district's professional learning prepared them to support students with oppositional defiant disorder. The effect size indicated a medium effect.

H12. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students experiencing suicidal ideations.

The results of the one-sample t test indicated a statistically significant difference between the group mean and the test value, $t(97) = 5.343$, $p = .000$, Cohen's $d = 0.540$. The sample mean ($M = 3.577$, $SD = 1.068$) was significantly higher than the test value (3). H12 was supported. High school general education teachers perceive the training they received from their school district's professional learning prepared them to support students experiencing suicidal ideations. The effect size indicated a medium effect.

RQ3

To what extent do high school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) prepared them to support student mental health differ based on the high school general education teachers' years of teaching experience, gender of the high school general education teacher (male or female), or the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs)?

Six one-factor ANOVAs were conducted to test H13-H19. The categorical variable used to group the dependent variable, perceptions of the training from the college or university's teacher education program (coursework and student teaching experience), is years of teaching experience. The results of the one-factor ANOVA can be used to test for differences in the means for a numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

H13. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H13 indicated there was not a statistically significant difference between at least two of the means, $F(3, 95) = 0.571$, $p = .636$. See Table 11 for the means and standard deviations for this analysis. H13 was not supported. No follow-up post hoc was warranted. High school general education

teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD did not differ based on the high school general education teachers' years of teaching experience.

Table 11

Descriptive Statistics for the Results of the Test for H13

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.921	1.250	19
6-10 years	2.714	1.267	14
11-15 years	2.400	0.986	15
16 or more years	2.667	1.143	51

H14. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H14 indicated there was not a statistically significant difference between at least two of the means, $F(3, 95) = 2.047$, $p = .113$. See Table 12 for the means and standard deviations for this analysis. H14 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support

students with panic attacks did not differ based on the high school general education teachers' years of teaching experience.

Table 12

Descriptive Statistics for the Results of the Test for H14

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.105	1.100	19
6-10 years	1.821	0.775	14
11-15 years	1.400	0.507	15
16 or more years	1.814	0.793	51

H15. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H15 indicated there was not a statistically significant difference between at least two of the means, $F(3, 95) = 1.683$, $p = .176$. See Table 13 for the means and standard deviations for this analysis. H15 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression did not differ based on the high school general education teachers' years of teaching experience.

Table 13*Descriptive Statistics for the Results of the Test for H15*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.632	1.300	19
6-10 years	2.429	0.852	14
11-15 years	1.933	0.884	15
16 or more years	2.137	1.000	51

H16. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H16 indicated there was not a statistically significant difference between at least two of the means, $F(3, 95) = 2.483$, $p = .066$. See Table 14 for the means and standard deviations for this analysis. H13 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety did not differ based on the high school general education teachers' years of teaching experience.

Table 14*Descriptive Statistics for the Results of the Test for H16*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.684	1.250	19
6-10 years	2.429	1.089	14
11-15 years	1.733	0.594	15
16 or more years	2.176	1.072	51

H17. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H17 indicated there was not a statistically significant difference between at least two of the means, $F(3, 95) = 0.385$, $p = .764$. See Table 15 for the means and standard deviations for this analysis. H17 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder did not differ based on the high school general education teachers' years of teaching experience.

Table 15*Descriptive Statistics for the Results of the Test for H17*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.421	1.170	19
6-10 years	2.000	1.240	14
11-15 years	2.200	1.265	15
16 or more years	2.157	1.120	51

H18. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students experiencing suicidal ideations differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H18 indicated a statistically significant difference between at least two of the means, $F(3, 95) = 3.864, p = .012, (\eta^2 = .109)$. See Table 16 for the means and standard deviations for this analysis. A follow-up post hoc was conducted to determine which pairs of means were different. The Tukey's Honestly Significant Difference (HSD) post hoc was conducted at $\alpha = .05$. One of the differences was significant. The category mean of 1-5 years of teaching experience ($M = 2.842$) was higher than the category mean of 16 or more years of teaching experience ($M = 1.941$), H18 was supported. The effect size $\eta^2 = .109$ indicated a large effect. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to

support students experiencing suicidal ideations differ based on the high school general education teachers' years of teaching experience

Table 16

Descriptive Statistics for the Results of the Test for H18

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.842	1.344	19
6-10 years	2.679	1.170	14
11-15 years	2.100	1.228	15
16 or more years	1.941	0.968	51

Six one-factor ANOVAs were planned to test H19-H24. However, when the data was analyzed, only two gender responses indicated “prefer not to say.” Therefore, these two responses were eliminated from the data set, and the two categories of gender, male and female, were compared using six independent-samples *t* tests. Independent-samples *t* tests were chosen for the hypothesis testing because the hypothesis tests involve the examination of the mean difference between two mutually exclusive independent groups, and the means are calculated using data for numerical variables. The level of significance was set at .05. When appropriate, an effect size is reported.

H19. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD differ based on the high school general education teacher's gender (male, female, prefer not to answer).

The results of the independent-samples t test indicated no difference between the two means, $t(95) = -0.657, p = .513$. See Table 17 for the means and standard deviations for this analysis. H19 was not supported. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD did not differ based on the high school general education teacher's gender (male or female).

Table 17

Descriptive Statistics for the Results of the Test for H19

Gender	M	SD	N
Female	2.634	1.170	67
Male	2.800	1.095	30

H20. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples t test indicated no difference between the two means, $t(95) = -1.866, p = .065$. See Table 18 for the means and standard deviations for this analysis. H20 was not supported. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with

panic attacks did not differ based on the high school general education teacher's gender (male or female).

Table 18

Descriptive Statistics for the Results of the Test for H20

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Female	1.709	0.813	67
Male	2.050	0.874	30

H21. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples *t* test indicated no difference between the two means, $t(95) = -1.261$, $p = .210$. See Table 19 for the means and standard deviations for this analysis. H21 was not supported. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression did not differ based on the high school general education teacher's gender (male or female).

Table 19*Descriptive Statistics for the Results of the Test for H21*

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Female	2.149	1.004	67
Male	2.433	1.073	30

H22. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples *t* test indicated no difference between the two means, $t(95) = -1.636$, $p = .105$. See Table 20 for the means and standard deviations for this analysis. H22 was not supported. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety did not differ based on the high school general education teacher's gender (male or female).

Table 20*Descriptive Statistics for the Results of the Test for H22*

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Female	2.119	1.066	67
Male	2.500	1.042	30

H23. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples t test indicated no difference between the two means, $t(95) = -1.040, p = .301$. See Table 21 for the means and standard deviations for this analysis. H23 was not supported. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder did not differ based on the high school general education teacher's gender (male or female).

Table 21

Descriptive Statistics for the Results of the Test for H23

Gender	M	SD	N
Female	2.104	1.116	67
Male	2.367	1.217	30

H24. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and

student teaching experience) to support students experiencing suicidal ideations differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples t test indicated no difference between the two means, $t(95) = .043, p = .965$. See Table 22 for the means and standard deviations for this analysis. H24 was not supported. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with suicidal ideations did not differ based on the high school general education teacher's gender (male or female).

Table 22

Descriptive Statistics for the Results of the Test for H24

Gender	M	SD	N
Female	2.261	1.185	67
Male	2.250	1.150	30

Six one-factor ANOVAs were conducted to test H25-H30. The categorical variable used to group the dependent variable, perceptions of the training from the college or university's teacher education program (coursework and student teaching experience), is the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs). The results of the one-factor ANOVA can be used to test for differences in the means for a

numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

H25. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H25 indicated there was not a statistically significant difference between at least two of the means, $F(2, 96) = 0.768$, $p = .467$. See Table 23 for the means and standard deviations for this analysis. H25 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 23

Descriptive Statistics for the Results of the Test for H25

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	2.777	1.132	65
Elective curricular program	2.440	1.261	25
Both curricular programs	2.667	1.000	9

H26. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H26 indicated there was not a statistically significant difference between at least two of the means, $F(2, 96) = 0.233$, $p = .793$. See Table 24 for the means and standard deviations for this analysis. H26 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 24

Descriptive Statistics for the Results of the Test for H26

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	1.846	0.728	65
Elective curricular program	1.760	1.128	25
Both curricular programs	1.667	0.707	9

H27. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H27 indicated there was not a statistically significant difference between at least two of the means, $F(2, 96) = 0.081$, $p = .922$. See Table 25 for the means and standard deviations for this analysis. H27 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 25

Descriptive Statistics for the Results of the Test for H27

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	2.262	0.989	65
Elective curricular program	2.240	1.165	25
Both curricular programs	2.111	1.167	9

H28. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H28 indicated there was not a statistically significant difference between at least two of the means, $F(2, 96) = 0.288$, $p = .751$. See Table 26 for the means and standard deviations for this analysis. H28 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 26

Descriptive Statistics for the Results of the Test for H28

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	2.246	1.016	65
Elective curricular program	2.320	1.215	25
Both curricular programs	2.000	1.225	9

H29. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H29 indicated there was not a statistically significant difference between at least two of the means, $F(2, 96) = 0.438$, $p = .647$. See Table 27 for the means and standard deviations for this analysis. H29 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 27

Descriptive Statistics for the Results of the Test for H29

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	2.215	1.125	65
Elective curricular program	2.040	1.207	25
Both curricular programs	2.444	1.333	9

H30. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students experiencing suicidal ideations differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H30 indicated there was not a statistically significant difference between at least two of the means, $F(2, 96) = 0.288$, $p = .751$. See Table 28 for the means and standard deviations for this analysis. H30 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with suicidal ideations did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 28

Descriptive Statistics for the Results of the Test for H30

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	65	2.292	1.128
Elective curricular program	25	1.980	1.229
Both curricular programs	9	2.611	1.219

RQ4

To what extent do high school general education teachers' perceptions that the training they received from their school district's professional learning prepared them to support student mental health differ based on the high school general education teachers' years of teaching experience, gender of the high school general education teacher (male or female), or the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs)?

Six one-factor ANOVAs were conducted to test H31-H36. The categorical variable used to group the dependent variable, perceptions of the training received from the school district's professional learning program, is the years of teaching experience. The results of the one-factor ANOVA can be used to test for differences in the means for a numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

H31. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H31 indicated there was not a statistically significant difference between at least two of the means, $F(3, 95) = 2.589$, $p = .057$. See Table 29 for the means and standard deviations for this analysis. H31 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD did not differ based on the high school general education teachers' years of teaching experience.

Table 29*Descriptive Statistics for the Results of the Test for H31*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.737	1.046	19
6-10 years	2.357	0.745	14
11-15 years	3.067	0.961	15
16 or more years	3.078	0.913	51

H32. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H32 indicated there was not a statistically significant difference between at least two of the means, $F(3, 94) = 2.459$, $p = .068$. See Table 30 for the means and standard deviations for this analysis. H32 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks did not differ based on the high school general education teachers' years of teaching experience.

Table 30*Descriptive Statistics for the Results of the Test for H32*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.737	1.046	19
6-10 years	1.929	0.616	14
11-15 years	2.467	0.990	15
16 or more years	2.640	0.959	50

H33. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H33 indicated there was not a statistically significant difference between at least two of the means, $F(3, 93) = 2.495$, $p = .065$. See Table 31 for the means and standard deviations for this analysis. H33 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression did not differ based on the high school general education teachers' years of teaching experience.

Table 31*Descriptive Statistics for the Results of the Test for H33*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	3.579	1.121	19
6-10 years	2.643	1.008	14
11-15 years	3.200	1.082	15
16 or more years	3.388	0.996	49

H34. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H34 indicated there was not a statistically significant difference between at least two of the means, $F(3, 94) = 1.651$, $p = .183$. See Table 32 for the means and standard deviations for this analysis. H34 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety did not differ based on the high school general education teachers' years of teaching experience.

Table 32*Descriptive Statistics for the Results of the Test for H34*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	3.263	1.098	19
6-10 years	2.500	0.941	14
11-15 years	3.133	0.990	15
16 or more years	3.120	1.081	50

H35. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H35 indicated there was not a statistically significant difference between at least two of the means, $F(3, 94) = 1.651$, $p = .183$. See Table 33 for the means and standard deviations for this analysis. H35 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder did not differ based on the high school general education teachers' years of teaching experience.

Table 33*Descriptive Statistics for the Results of the Test for H35*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	2.421	1.261	19
6-10 years	1.929	0.730	14
11-15 years	2.400	1.404	15
16 or more years	2.660	1.022	50

H36. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students experiencing suicidal ideations differ based on the high school general education teachers' years of teaching experience.

The results of the one-factor ANOVA for H36 indicated there was not a statistically significant difference between at least two of the means, $F(3, 94) = 0.898$, $p = .446$. See Table 34 for the means and standard deviations for this analysis. H36 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with suicidal ideations did not differ based on the high school general education teachers' years of teaching experience.

Table 34*Descriptive Statistics for the Results of the Test for H36*

Years	<i>M</i>	<i>SD</i>	<i>N</i>
1-5 years	3.342	1.270	19
6-10 years	3.357	1.082	14
11-15 years	3.533	1.246	15
16 or more years	3.740	0.922	50

Six one-factor ANOVAs were planned to test H37-H42. However, when the data was analyzed, only two gender responses indicated “prefer not to say.” Therefore, these two responses were eliminated from the data set, and the two categories of gender, male and female, were compared using six independent-samples *t* tests. Independent-samples *t* tests were chosen for the hypothesis testing because the hypothesis tests involve the examination of the mean difference between two mutually exclusive independent groups, and the means are calculated using data for numerical variables. The level of significance was set at .05. When appropriate, an effect size is reported.

H37. High school general education teachers’ perceptions that the training they received from their school district’s professional learning to support students with ADHD differ based on the high school general education teacher’s gender (male or female).

The results of the independent-samples *t* test indicated no difference between the two means, $t(95) = -1.347$, $p = .181$. See Table 35 for the means and standard deviations for this analysis. H37 was not supported. High school general education teachers’ perceptions that the training they received from their school district’s professional

learning to support students with ADHD does not differ based on the high school general education teacher's gender (male or female).

Table 35

Descriptive Statistics for the Results of the Test for H37

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Female	2.821	0.968	67
Male	3.100	0.885	31

H38. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples *t* test indicated a statistically significant difference between the two means, $t(94) = -2.049$, $p = 0.043$, $d = -0.445$. See Table 36 for the means and standard deviations for this analysis. H38 was supported. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks differs based on the high school general education teacher's gender (male or female). The effect size indicated a medium effect.

Table 36*Descriptive Statistics for the Results of the Test for H38*

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Female	2.410	0.992	67
Male	2.845	0.857	29

H39. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples *t* test indicated no difference between the two means, $t(93) = -0.935$, $p = .353$. See Table 37 for the means and standard deviations for this analysis. H39 was not supported. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression does not differ based on the high school general education teacher's gender (male or female).

Table 37*Descriptive Statistics for the Results of the Test for H39*

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Female	3.227	1.148	66
Male	3.448	0.827	29

H40. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety differ based on the high school general education teachers' years of teaching experience.

The results of the independent-samples t test indicated no difference between the two means, $t(94) = -1.297, p = .198$. See Table 38 for the means and standard deviations for this analysis. H40 was not supported. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety does not differ based on the high school general education teacher's gender (male or female).

Table 38

Descriptive Statistics for the Results of the Test for H40

Gender	M	SD	N
Female	2.970	1.087	67
Male	3.276	0.996	29

H41. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples t test indicated no difference between the two means, $t(94) = -1.757, p = .082$. See Table 39 for the means and standard deviations for this analysis. H41 was not supported. High school general education teachers'

perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder does not differ based on the high school general education teacher's gender (male or female).

Table 39

Descriptive Statistics for the Results of the Test for H41

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Female	2.328	1.093	67
Male	2.759	1.123	29

H42. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students experiencing suicidal ideations differ based on the high school general education teacher's gender (male or female).

The results of the independent-samples *t* test indicated no difference between the two means, $t(94) = -1.232, p = .221$. See Table 40 for the means and standard deviations for this analysis. H42 was not supported. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with suicidal ideations does not differ based on the high school general education teacher's gender (male or female).

Table 40*Descriptive Statistics for the Results of the Test for H42*

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Female	3.522	1.092	67
Male	3.810	0.949	29

Six one-factor ANOVAs were conducted to test H44-H49. The categorical variable used to group the dependent variable, perceptions of the training from the school district's professional learning, is the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs). The results of the one-factor ANOVA can be used to test for differences in the means for a numerical variable among three or more groups. The level of significance was set at .05. When appropriate, an effect size, as measured by eta squared, is reported.

H43. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H43 indicated there was not a statistically significant difference between at least two of the means, $F(2, 96) = 0.664$, $p = .517$. See Table 41 for the means and standard deviations for this analysis. H43 was not supported. No follow-up post hoc was warranted. High school general education

teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD does not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 41

Descriptive Statistics for the Results of the Test for H43

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	2.831	0.928	65
Elective curricular program	3.080	0.997	25
Both curricular programs	3.000	1.000	9

H44. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H44 indicated there was not a statistically significant difference between at least two of the means, $F(2, 95) = 1.591$, $p = .209$. See Table 42 for the means and standard deviations for this analysis. H44 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks does not differ based on the

curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 42

Descriptive Statistics for the Results of the Test for H44

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	2.431	0.931	65
Elective curricular program	2.833	1.007	24
Both curricular programs	2.444	1.014	9

H45. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H45 indicated a statistically significant difference between at least two of the means, $F(2,95) = 4.585, p = .013, (\eta^2 = .089)$. See Table 43 for the means and standard deviations for this analysis. A follow-up post hoc was conducted to determine which pairs of means were different. The Tukey's Honestly Significant Difference (HSD) post hoc was conducted at $\alpha = .05$. One of the differences was significant. The elective curricular program mean ($M=3.833$) was higher than the core curricular program mean ($M = 3.094$), H45 was supported. The effect size $\eta^2 = 0.089$ indicated a large effect. High school general education teachers' perceptions that the

training they received from their school district's professional learning to support students with depression differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 43

Descriptive Statistics for the Results of the Test for H45

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	3.094	1.050	64
Elective curricular program	3.833	0.816	24
Both curricular programs	3.222	1.302	9

H46. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H46 indicated there was a statistically significant difference between at least two of the means, $F(2, 95) = 4.654, p = .012$, ($\eta^2 = .089$). See Table 44 for the means and standard deviations for this analysis. A follow-up post hoc was conducted to determine which pairs of means were different. The Tukey's Honestly Significant Difference (HSD) post hoc was conducted at $\alpha = .05$. One of the differences was significant. The elective curricular program mean ($M = 3.583$) was

higher than the core curricular program mean (2.846), H46 was supported. The effect size $\eta^2 = .089$ indicated a large effect. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 44

Descriptive Statistics for the Results of the Test for H46

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	2.846	1.034	65
Elective curricular program	3.583	0.881	24
Both curricular programs	3.222	1.302	9

H47. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H47 indicated there was not a statistically significant difference between at least two of the means, $F(2, 95) = 0.839$, $p = .435$. See Table 45 for the means and standard deviations for this analysis. H47 was not supported. No follow-up post hoc was warranted. High school general education

teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder does not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 45

Descriptive Statistics for the Results of the Test for H47

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	2.369	1.069	65
Elective curricular program	2.708	1.233	24
Both curricular programs	2.556	1.130	9

H48. High school general education teachers' perceptions that the training they received from their school district's professional learning to support students experiencing suicidal ideations differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

The results of the one-factor ANOVA for H48 indicated there was not a statistically significant difference between at least two of the means, $F(2, 95) = 1.914$, $p = .153$. See Table 46 for the means and standard deviations for this analysis. H48 was not supported. No follow-up post hoc was warranted. High school general education teachers' perceptions that the training they received from their school district's

professional learning to support students experiencing suicidal ideations does not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Table 46

Descriptive Statistics for the Results of the Test for H48

Program	<i>M</i>	<i>SD</i>	<i>N</i>
Core curricular program	3.500	1.097	65
Elective curricular program	3.917	0.929	24
Both curricular programs	3.222	1.093	9

Summary

Chapter 4 included descriptive statistics associated with the study and hypothesis testing. The hypothesis testing included one-sample *t* tests of general education teachers' perceptions of supporting student mental health based on the training they received from their college or university's teacher education program and professional learning opportunities from the school district. Chapter 4 also included one-factor ANOVA testing to analyze if there was a difference in the perceptions of mental health training high school general education teachers received based on years of teaching experience or the subject(s) taught by the high school general education teacher. Moreover, Chapter 4 included independent-sample *t* tests to analyze if there was a difference in the perceptions of the mental health training high school general education teachers received based on the

gender of the high school general education teacher. Chapter 5 includes a study summary, findings related to the literature, and conclusions.

Chapter 5

Interpretation and Recommendations

In Chapter 4, the study survey results were presented through descriptive statistics and the results of hypothesis testing. In Chapter 5, the researcher presents the significance of these results in relation to the mental health training that general education teachers receive to support their students. This chapter includes a summary of the study, major findings related to the literature, and conclusions.

Study Summary

The study centered around the perceptions high school general education teachers have regarding the training they received to support student mental health. The summary of the study includes an overview of the problem, as well as the purpose statement and research questions previously presented in Chapter 1. Furthermore, the methodology used in the study and major survey findings are reviewed.

Overview of the Problem

The Centers for Disease Control and Prevention (2021a) reported that one out of every five students suffers from severe mental disorders. As a result, school districts have been examining how to support student mental health. Educators are realizing that addressing mental health needs is crucial for students to succeed academically (National Association of School Psychologists et al., 2006). Unfortunately, there seems to be confusion regarding the specific responsibilities of general education teachers in addressing student mental health concerns. Furthermore, there is insufficient research on how school districts and higher education institutions can effectively train teachers to adequately support student mental health needs.

Purpose Statement and Research Questions

The purpose of this study is to investigate how high school general education teachers perceive their ability to support student mental health. The study has four objectives, reflected in RQ1-RQ4. The first objective was to examine high school general education teachers' perceptions of the mental health training they received in their college or university's teacher education program (coursework and student-teacher experience) to support student mental health. The second objective was to examine high school general education teachers' perceptions of the mental health training they received from their school district through professional learning to support student mental health. The third objective was to examine the perceptions high school general education teachers had of the mental health training they received in their college or university's teacher education program differs based on years of teaching experience, gender, and the curricular program taught. The fourth objective was to examine high school general education teachers' perceptions of the mental health training they received from their school district through professional learning based on years of teaching experience, gender, and the curricular program taught.

Review of the Methodology

A quantitative study utilizing survey research methods was used to analyze high school general education teachers' perception of the mental health training they received in their college or university's teacher education program (coursework and student-teacher experience) prepared them to support student mental health. Additionally, the study also examined the perceptions of high school general education teachers regarding the effectiveness of the training they received through their school district in preparing

them to support student mental health. Lastly, the survey analyzed the perceptions of general education teachers based on the years of teaching experience, gender, and content area taught (core curricular program, elective curricular program, or other curricular programs). Participants in the study included general education teachers from five high schools in District X during the 2022-2023 school year. The researcher created the high school general education teacher perception survey utilized in this study. An expert panel reviewed the survey to confirm the validity of the items. One-sample t tests, one factor ANOVAs, and independent-sample t tests were conducted to analyze the data as it pertained to differences in perceptions.

Major Findings

In Chapter 4, the findings of the statistical analysis were presented. This analysis was utilized to address the four RQs by testing a total of 48 hypotheses, which are explained and analyzed in this section. To answer RQ1 and RQ2 and test H1-H12, 12 one-sample t tests were used to test the perceptions of high school general education teachers and their ability to support student mental health based on the training they received through their college or university teacher education program and through the school districts professional learning. Among the 12 hypothesis statements, H7 and H10 were the only two hypotheses, based on the survey results, in which there was no statistically significant difference between the group mean and the test value (3). Furthermore, H12 was the hypothesis supported by the survey results, indicating high school general education teachers perceive the training they received from their school district's professional learning prepared them to support students experiencing suicidal ideations. For RQ1 and RQ2 regarding the perceptions of high school general education

teachers and their ability to support student mental health based on the training they received through their college or university teacher education program and through the school district professional learning include the following:

- High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with ADHD.
- High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with panic attacks.
- High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with depression.
- High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with anxiety.
- High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with oppositional defiant disorder.
- High school general education teachers do not perceive the training they received in their college or university's teacher education program (coursework and student teaching experience) prepared them to support students with suicidal ideations.

- High school general education teachers do not perceive that the training they received from their school district's professional learning prepared them to support students with ADHD.
- High school general education teachers do not perceive the training they received from their school district's professional learning prepared them to support students with panic attacks.
- High school general education teachers do not perceive the training they received from their school district's professional learning prepared them to support students with depression.
- High school general education teachers do not perceive the training they received from their school district's professional learning prepared them to support students with anxiety.
- High school general education teachers do not perceive the training they received from their school district's professional learning prepared them to support students with oppositional defiant disorder.
- High school general education teachers do perceive the training they received from their school district's professional learning prepared them to support students experiencing suicidal ideations.

To answer RQ3 and test H13-H30, a total of 12 one-factor ANOVAs and six independent sample *t* tests were conducted to test the 18 hypotheses. Among the 18 hypotheses, one statement supported and yielded a statistically significant result. H18 was supported by using a one-factor ANOVA, which indicated a statistically significant difference between at least two of the means. This result indicates high school general

education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students experiencing suicidal ideations differ based on the high school general education teachers' years of teaching experience. Furthermore, the specific results of H13-H30 are as follows:

- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD did not differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks did not differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression did not differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety did not differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and

student teaching experience) to support students with oppositional defiant disorder did not differ based on the high school general education teachers' years of teaching experience.

- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students experiencing suicidal ideations did differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD did not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with panic attacks did not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression did not differ based on the high school general education teacher's gender (male or female).

- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety did not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder did not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with suicidal ideations did not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program

(coursework and student teaching experience) to support students with panic attacks did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with depression did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with anxiety did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).
- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with oppositional defiant disorder did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

- High school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with suicidal ideations did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

To answer RQ4, 12 one-factor ANOVAs were used to test H31-H36 and H43-H48, and six independent samples *t* tests were used to test H37-H42. Among the 18 hypotheses, three hypotheses' statements supported and yielded a statistically significant result. H38 was supported by using an independent-samples *t* test which yielded a statistically significant difference between the two means. The result indicates high school general education teachers' perceptions of the training they received from their school district's professional learning to support students with panic attacks differ based on the high school general education teacher's gender (male or female). H45 was supported using a one-factor ANOVA, which yielded a statistically significant difference between the two means. This result indicates high school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs). H46 was supported by using a one-factor ANOVA, which yielded a statistically significant difference between the two means. This result indicates high school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety

differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs). Furthermore, the specific results of H31-H48 are as follows:

- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD did not differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks did not differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression did not differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety did not differ based on the high school general education teachers' years of teaching.
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder did not differ based on the high school general education teachers' years of teaching experience.

- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with suicidal ideations did not differ based on the high school general education teachers' years of teaching experience.
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD did not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks differs based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression does not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with anxiety does not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students

with oppositional defiant disorder does not differ based on the high school general education teacher's gender (male or female).

- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with suicidal ideations does not differ based on the high school general education teacher's gender (male or female).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with ADHD does not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with panic attacks does not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students

with anxiety differ based on the curricular program taught by the high school general education teacher (core curricular program,

- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students with oppositional defiant disorder does not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).
- High school general education teachers' perceptions that the training they received from their school district's professional learning to support students experiencing suicidal ideations does not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Findings Related to the Literature

In Chapter 2 of this study, the researcher provided a comprehensive review of the relevant literature related to student mental health. The study was designed to contribute to the existing body of literature regarding high school general education teachers' perceptions of the training they received to support student mental health from their college or university's teacher education program and professional learning provided by the school district. Furthermore, the researcher intended to determine if the perceptions of high school general education teachers differ based on the high school general education teachers' years of teaching experience, the gender, or the curricular program taught by the high school general education teacher. Additionally, the literature review was focused on various topics relevant to this study. Specifically, an overview of student mental

health, focusing on ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideation. The literature review in Chapter 2 also contains information on the impact of the COVID-19 pandemic on student mental health, the prevalence of untreated mental health disorders, and the vital role of social-emotional learning (SEL) and self-efficacy. The literature review involved the examination of the various types of school-based mental health supports available, such as school counselors, social workers, and psychologists, as well as the role of the general education teacher on the school mental health teams. Finally, the literature included an examination the importance of community mental health partnerships and the issue of burnout among counselors, social workers, and psychologists in schools.

Research by Kratochwill and Shernoff (2004) has shown that teachers have the potential to positively influence the behavior and mental health of children daily. However, this may not always be possible due to a lack of resources and knowledge. In addition, Rienke et al. (2011) found that teachers often lack the necessary knowledge, skills, and resources to select and utilize mental health support for their students. The results of the current study indicated that 68.7% of high school general education teachers strongly disagreed or disagreed that their college or university's teacher education program adequately provided support for students with suicidal ideations. According to Dittmar (2014), 59% of educators, feel they don't have the required knowledge, and 57% feel they lack the necessary skills to address their students' mental health needs.

This study supports the prior research of Reinke et al. (2011) that a significant number of teachers lack the knowledge, skills, and resources necessary to select and effectively implement mental health support programs for their students. Additionally,

the current study reveals that while high school teachers reported feeling adequately prepared to support students experiencing suicidal ideation, there were differences in perceptions regarding the training received for supporting students with panic attacks and anxiety based on gender and the curricular program taught. Furthermore, the current study indicated that male and female teachers who teach core, elective, or both curricular programs within the school district had varying opinions on the effectiveness of professional learning opportunities for supporting student mental health. Overall, the results indicate that high school general education teachers do not feel adequately prepared to provide comprehensive mental health support for their students, based on the training received from their college or university's teacher education program or professional development opportunities from the school district, except in cases of suicidal ideation.

Research has shown that general education teachers recognize the significance of supporting their students' mental health and consider it a part of their responsibilities (Kidger et al., 2010; Reinke et al., 2011; Rothi et al., 2008). However, many teachers feel unprepared to offer mental health services to their students due to insufficient training (Mazzer & Rickwood, 2015). The current study supports prior research regarding the perception that teachers often feel ill-equipped to support students' mental health, especially when helping those with panic attacks. The results of the current study indicated that 86% of high school general education teachers strongly disagreed or disagreed that their college or university's teacher education program adequately provided support for students with panic attacks. Furthermore, the results of the current study indicated that 56% of high school general education teachers strongly disagreed or

disagreed that professional learning provided by their school district adequately provided support for students with panic attacks. Moreover, high school general education teachers' perceptions that the training they received from their college or university's teacher education program (coursework and student teaching experience) to support students with ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideations did not differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs). However, high school general education teachers' perceptions that the training they received from their school district's professional learning to support students with depression or anxiety differ based on the curricular program taught by the high school general education teacher (core curricular program, elective curricular program, or both curricular programs).

Reinke et al. (2011) found that teachers require more training in handling externalizing behavior problems in children and recognizing mental health issues. The current study supports and highlights the importance of equipping teachers with the necessary skills to manage external behavior issues, such as oppositional defiant disorder. The results of the study indicated that 66.7% of high school general education teachers strongly disagreed or disagreed that their college or university's teacher education program was adequate in providing support for students with oppositional defiant disorder. Additionally, no general education teachers strongly agreed that their college or university's teacher education prepared them to support students with oppositional defiant disorder. Furthermore, the descriptive statistics regarding district professional learning indicated that 57.6% of high school general education teachers either strongly

disagreed or disagreed that the professional learning provided by the school district prepared them to support students with the oppositional defiant disorder. These findings suggest a need for further training and support for teachers to effectively manage externalizing behavior problems and recognize mental health issues in their students.

Conclusions

As previously discussed, the perceptions of high school general education teachers regarding their ability to support specific mental health issues of students depend on certain variables such as the college or university's teacher education program and the professional learning the general education teacher attended provided by the school district. Furthermore, the years of teaching experience, gender, and curricular program taught by the high school general education teacher, all factor into their perceptions of their ability to support student mental health. The results of this study will add to the collection of information and facts known about the need for high school general education teachers to receive more effective training to support student mental health and its implications on the school community. The final section of this study will include implications for action, the recommendations for future research, and will end with concluding remarks.

Implications for Action

The implications from the findings of this study indicate discrepancies in the perceptions high school general education teachers have of the training they received to support student mental health from their college or university's teacher education program and through professional learning provided by the school district. Due to the discrepancies among high school general education teachers, more training is needed to

improve the perceptions high general education teachers have of the training they receive to support student mental health. Furthermore, there are discrepancies regarding the perception of student mental health training high school general education teachers received based on the years of teaching experience, gender, and the curricular programs taught by the high school general education teacher.

The results of this study could be applicable for District X to acknowledge as the district continues to design professional learning opportunities for staff members to improve their ability to support student mental health. Additionally, this study could be useful for college or university's teacher education programs when examining the vital skills graduates of teacher education programs will need to successfully navigate student issues in the classroom. Another byproduct of this study could be having high school general education teachers participate in a needs assessment to determine specific deficits to address through training while effectively supporting student mental health. Once a needs assessment is completed, each high school general education teacher can participate in professional learning opportunities to develop the necessary skills to support student mental health.

Recommendations for Future Research

The purpose of the research conducted for this study was to examine the perceptions high school general education teachers have of the training they received from their teacher education program, and from their school district through professional learning to support student mental health. The study also sought to understand if these perceptions varied based on the years of teaching experience, gender, and curricular program(s) taught by the high school general education teacher. Due to the limited

sample size of this study, the results might not be relevant to the elementary and middle school level. However, further research could be conducted to examine the perceptions elementary and middle school general education teachers have of the training they received from their teacher education program, and from their school district through professional learning to support student mental health. Research could be conducted to determine if these perceptions varied based on the years of teaching experience, gender, and curricular program(s) taught by the elementary or middle school general education teacher.

Conducting a mixed-method study on the perceptions high school general education teachers have regarding the training they received to support student mental health through their college or university's teacher education program and school district's professional learning helps add validity to the study. Conducting this study in a mixed-methods format may help identify additional gaps in the training teachers receive through their college or university's teacher education program or from their school district to support student mental health. By conducting a mixed-method study, general education teachers may provide valuable background information on their perceptions of supporting student mental health.

This study was also focused on six specific mental health issues that impact students: ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideation. Additional research concerning general education teachers' perceptions of the training they received from their college or university's teacher education program, and from their school district through professional learning to support student mental health, may benefit by selecting other mental health disorders that impact students. The

addition of other mental health disorders could provide a greater understanding of deficits in college or university's teacher education program, or district professional learning.

Another area in which further research may be able to add value to this study would be to conduct the study in another state. While this study was conducted in a large school district in Kansas, the results may look different based on a study in another school district or state. General education teachers' perceptions of the mental health training they received may vary depending on factors such as demographics, the socioeconomic status of the school district, and the political landscape. These perceptions may improve if teachers are trained to recognize and address a wider range of mental health disorders that affect students.

Lastly, researchers may find it beneficial to conduct further research by carrying out the study in a private or charter school. By doing so, researchers can compare the perceptions of high school general education teachers in public schools to those in private or charter schools regarding the training they received to support student mental health through their college or university's teacher education program and school. Additionally, researchers can analyze whether there are any differences in the perceptions of high school general education teachers in public schools compared to private or charter schools regarding the training they received from a private college or university's teacher education program to support student mental health.

Concluding Remarks

In schools, students often seek support from their classroom teachers, whom they trust. High school general education teachers are uniquely positioned to listen to their students' experiences of joy, success, sorrow, and fear, given their proximity, time spent

together, and the nature of their job (Kratochwill & Shernoff, 2004). Consequently, it is crucial for high school general education teachers to possess the necessary skills to provide support and guidance, particularly in addressing student mental health issues. Inconsistent perceptions regarding the mental health training received by these teachers may leave them feeling unprepared to assist their students effectively (Graham et al., 2011). Therefore, it is essential for college and university teacher education programs, as well as school districts, to review the mental health training provided to high school general education teachers. When implemented correctly, these teachers can offer initial Tier 1 mental health services to students within the classroom, leading to improved academic performance and bridging the gap until students can receive consistent mental health services from licensed professionals either within the school district or external providers.

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Appendices

Appendix A: Survey

High School General Education Teacher Perception Survey

Level of Agreement Survey Questions

1. Rate on a scale of 1-5 your level of agreement that your college or university's teacher education program prepared you to support each of the mental health needs of students listed below. 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.
 - **Attention Deficit Hyperactivity Disorder**
 As characterized by: Fidgety, noisy, and unable to adapt to changing situations (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Panic Attack**
 As characterized by: Abrupt surge of intense fear or intense discomfort that reaches a peak within minutes (American Psychiatric Association, 2013)
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Depression**
 As characterized by: Extreme sadness or despair that lasts more than 2 weeks (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Anxiety**
 As characterized by: Sweating, trembling, dizziness, or a rapid heartbeat (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Oppositional Defiant Disorder**
 As characterized by: Angry/irritable mood, argumentative/defiant behavior, and vindictiveness (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Suicidal Ideations**
 As characterized by: Preoccupied with thoughts about killing oneself (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree

2. Rate on a scale of 1-5 your level of agreement that your school district's professional learning has prepared you to support each of the mental health needs of students listed below. 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.
 - **Attention Deficit Hyperactivity Disorder**
 As characterized by: Fidgety, noisy, and unable to adapt to changing situations (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Panic Attack**
 As characterized by: Abrupt surge of intense fear or intense discomfort that reaches a peak within minutes (American Psychiatric Association, 2013)
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Depression**
 As characterized by: Extreme sadness or despair that lasts more than 2 weeks (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Anxiety**
 As characterized by: Sweating, trembling, dizziness, or a rapid heartbeat (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Oppositional Defiant Disorder**
 As characterized by: Angry/irritable mood, argumentative/defiant behavior, and vindictiveness (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree
 - **Suicidal Ideations**
 As characterized by: Preoccupied with thoughts about killing oneself (American Psychiatric Association, 2013).
 - 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree

Years of Experience, Gender, & Curriculum Taught by General Education

3. How long have you been a high school teacher? (Count this current year as one full year)
 - ☐ 1-5 years
 - ☐ 6-10 years
 - ☐ 11-15 years
 - ☐ 16 or more years
4. Gender:
 - a. Male
 - b. Female
 - c. Prefer not to answer
5. Do you teach a core curricular program?
 - ☐ Yes
 - ☐ No
6. If you checked Yes, please select all that apply from the list below.
 - ☐ English
 - ☐ Science
 - ☐ Math
 - ☐ Social Studies
 - ☐ World Language
7. Do you teach an elective curricular program?
 - ☐ Yes
 - ☐ No
8. If you checked Yes, please select all that apply from the list below.
 - ☐ Fine Arts
 - ☐ Performing Arts
 - ☐ Business
 - ☐ Career Technology Education
 - ☐ Family and Consumer Sciences
 - ☐ Physical Education
9. Do you teach something other than what is listed above?
 - ☐ Yes
 - ☐ No
10. If you checked Yes, please specify below.

Appendix B: Feedback Request from Expert Panelist

Dear High School Executive Director of School Administration,

I am currently a doctoral student at Baker University. My dissertation topic relates to high school general education teachers' perception of the training they have received to support student mental health. Specifically, I will gather data on the perceptions of high school general education teachers regarding the training they have received from the college or university's teacher education program; this includes coursework and their student teaching experience. I will also gather data on the perceptions of high school general education teachers regarding the training they receive from the school district to support student mental health.

To research this topic, I have created an original survey to examine the perceptions high school general education teachers have of the training they have received to support the following specific student mental health issues of students: ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideation. Because of your expertise as a general education teacher at the high school level, I ask that you evaluate the survey for the following areas:

- Are the items readable, understandable, or too complicated?
- Are the behaviors described in this survey applicable to general education teachers?
- Are there any items I should add?

Lastly, I attached the survey for this study to this email. Your input is instrumental in adding validity to the survey and my overall analysis. Please respond by February 15th, 2023, as I will need to make the appropriate changes to the survey. Please get in touch with me if you have any questions or concerns. If you are interested in reviewing this study's results, I would be happy to send you an electronic copy of the survey results at the end of my research.

Thank you in advance for your time.

Sincerely,
Cory Cox

February 3, 2023

Dear Director of Human Resources – Recruitment/Retention,

I am currently a doctoral student at Baker University. My dissertation topic relates to high school general education teachers' perception of the training they have received to support student mental health. Specifically, I will gather data on the perceptions of high school general education teachers regarding the training they have received from the college or university's teacher education program; this includes coursework and their student teaching experience. I will also gather data on the perceptions of high school general education teachers regarding the training they receive from the school district to support student mental health.

To research this topic, I have created an original survey to examine the perceptions high school general education teachers have of the training they have received to support the following specific student mental health issues of students: ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideation. Because of your expertise as a general education teacher at the high school level, I ask that you evaluate the survey for the following areas:

- Are the items readable, understandable, or too complicated?
- Are the behaviors described in this survey applicable to general education teachers?
- Are there any items I should add?

Lastly, I attached the survey for this study to this email. Your input is instrumental in adding validity to the survey and my overall analysis. Please respond by February 15th, 2023, as I will need to make the appropriate changes to the survey. Please get in touch with me if you have any questions or concerns. If you are interested in reviewing this study's results, I would be happy to send you an electronic copy of the survey results at the end of my research.

Thank you in advance for your time.

Sincerely,

Cory Cox

February 3, 2023

Dear Director of Student Support Services,

I am currently a doctoral student at Baker University. My dissertation topic relates to high school general education teachers' perception of the training they have received to support student mental health. Specifically, I will gather data on the perceptions of high school general education teachers regarding the training they have received from the college or university's teacher education program; this includes coursework and their student teaching experience. I will also gather data on the perceptions of high school general education teachers regarding the training they receive from the school district to support student mental health.

To research this topic, I have created an original survey to examine the perceptions high school general education teachers have of the training they have received to support the following specific student mental health issues of students: ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideation. Because of your expertise as a general education teacher at the high school level, I ask that you evaluate the survey for the following areas:

- Are the items readable, understandable, or too complicated?
- Are the behaviors described in this survey applicable to general education teachers?
- Are there any items I should add?

Lastly, I attached the survey for this study to this email. Your input is instrumental in adding validity to the survey and my overall analysis. Please respond by February 15th, 2023, as I will need to make the appropriate changes to the survey. Please get in touch with me if you have any questions or concerns. If you are interested in reviewing this study's results, I would be happy to send you an electronic copy of the survey results at the end of my research.

Thank you in advance for your time.

Sincerely,

Cory Cox

Appendix C: District X Approval Letter

February 28, 2023

Hi, Cory.

The [REDACTED] Research Review Board met on Tuesday afternoon. **We have approved your proposal.**

We just have a couple of asks:

1. The documentation mentioned multiple follow-up emails; however, our standard practice when soliciting survey responses is one follow-up email. (So, two emails total when counting the initial).
2. When you send the email to all district high school teaching staff, please mention that your study has been approved by the [REDACTED] Research Review Board, and copy the other C&Is, as well as Kelly and me.

Congratulations on getting on one step closer to the finish line!

Best,
Adam & Kelly

Appendix D: IRB Approval Letter from Baker University



Baker University Institutional Review Board

February 27th, 2023

Dear Cory Cox and Denis Yoder,

The Baker University IRB has reviewed your project application and approved this project under Expedited Status Review. As described, the project complies with all the requirements and policies established by the University for protection of human subjects in research. Unless renewed, approval lapses one year after approval date.

Please be aware of the following:

1. Any significant change in the research protocol as described should be reviewed by this Committee prior to altering the project.
2. Notify the IRB about any new investigators not named in original application.
3. When signed consent documents are required, the primary investigator must retain the signed consent documents of the research activity.
4. If this is a funded project, keep a copy of this approval letter with your proposal/grant file.
5. If the results of the research are used to prepare papers for publication or oral presentation at professional conferences, manuscripts or abstracts are requested for IRB as part of the project record.
6. If this project is not completed within a year, you must renew IRB approval.

If you have any questions, please contact me at npoell@bakeru.edu or 785.594.4582.

Sincerely,

Nathan Poell, MLS
Chair, Baker University IRB

Baker University IRB Committee
Tim Buzzell, PhD
Nick Harris, MS
Scott Kimball, PhD
Susan Rogers, PhD

Appendix E: Letter to Survey Participants

March 22, 2023

Dear High School General Education Teacher,

My name is Cory Cox, and I am currently an Assistant Principal in [REDACTED] and a doctoral candidate at Baker University. My dissertation topic relates to high school general education teachers' perceptions of the training they received from their college or university's teacher education program and their school district through professional learning to support student mental health issues (ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideation). My study has been approved by the [REDACTED] Research Review Board and the Baker University Institutional Review Board.

Completion of the survey will indicate your consent to participate in the study. The survey is confidential and should take three to five minutes to complete. Your name and email address will not be collected, and all responses will be reported in summary form with those of the other respondents. Responses will remain anonymous, and data will not be associated with any individual respondent. Participation in this study is completely voluntary; you have the right to not complete any or all items on the survey.

The survey includes two parts. The first part of the survey consists of two questions rating your level of agreement or disagreement with a statement on a 1 to 5 Likert-type scale. The second part of the survey consists of questions to build a demographic profile for the sample (years of teaching experience, gender, and curricular program(s) taught either core curricular program, elective curricular program, or both curricular programs).

NOTE: You do NOT have to log into a Google account to access the below survey link. Please complete the survey by March 29.

[High School General Education Teacher Perception Survey](#)

Thank you in advance for your time and participation in this study. If you have questions about this survey, the study, or your rights as a participant, please get in touch with me by email at corymcox@stu.baker.edu, 316.519.8889, or my major advisor, Dr. Denis Yoder, at denis.yoder@bakeru.edu, 785-766-1675.

Sincerely,

Cory Cox
Baker University Doctoral Candidate

Appendix F: Follow-Up Letter to Survey Participants

March 27, 2023

High School General Education Teacher, this is a reminder that the survey below is available to complete through March 29, 2023. Your input would be greatly appreciated. If you have already completed the survey, thank you for your participation.

March 22, 2023

Dear High School General Education Teacher,

My name is Cory Cox, and I am currently an Assistant Principal in [REDACTED] and a doctoral candidate at Baker University. My dissertation topic relates to high school general education teachers' perceptions of the training they received from their college or university's teacher education program and their school district through professional learning to support student mental health issues (ADHD, panic attacks, depression, anxiety, oppositional defiant disorder, and suicidal ideation). My study has been approved by the [REDACTED] Research Review Board and the Baker University Institutional Review Board.

Completion of the survey will indicate your consent to participate in the study. The survey is confidential and should take three to five minutes to complete. Your name and email address will not be collected, and all responses will be reported in summary form with those of the other respondents. Responses will remain anonymous, and data will not be associated with any individual respondent. Participation in this study is completely voluntary; you have the right not to complete any or all items on the survey.

The survey includes two parts. The first part of the survey consists of two questions rating your level of agreement or disagreement with a statement on a 1 to 5 Likert-type scale. The second part of the survey consists of questions to build a demographic profile for the sample (years of teaching experience, gender, and curricular program(s) taught either core curricular program, elective curricular program, or both curricular programs).

NOTE: You do NOT have to log into a Google account to access the below survey link. Please complete the survey by March 29.

[High School General Education Teacher Perception Survey](#)

Thank you in advance for your time and participation in this study. If you have questions about this survey, the study, or your rights as a participant, please contact me by email or phone at corymcox@stu.baker.edu, 316.519.8889, or my major advisor, Dr. Denis Yoder, at denis.yoder@bakeru.edu, 785-766-1675.

Sincerely,

Cory Cox
Baker University Doctoral Candidate