**A Qualitative Study of the Perceptions of Secondary Teachers Regarding Mental Health Professional Development**

Angela Gill

B.A., Pittsburg State University, 1994

M.S., Emporia State University, 2010

Submitted to the Faculty of the School of Education of Baker University

in partial fulfillment of the requirements for the degree of

Doctor of Education in K-12 Leadership

James Robins

James Robins, EdD
Major Advisor

Harold B. Frye

Harold B. Frye, EdD
Committee Member

Josh Robinson

Josh Robinson, EdD
Committee Member

Date Defended: July 17, 2023

## Abstract

This study followed a phenomenological qualitative research design. The purpose of the phenomenological study was to better understand teacher perceptions regarding their professional development about student anxiety, depression, and suicide and to understand the impact of the interviewee's life experiences in regards to the trainings. Additionally, the study investigated what additional skills teachers would like to acquire from training to effectively work with students struggling from anxiety, depression, and potential suicide. This qualitative study focuses on secondary teachers from a small town outside a metropolitan area in the Midwest. Nine secondary teachers were interviewed via Zoom. The study sought to find answers to the following research questions:

1. What training have secondary teachers received on the topic of students' with anxiety, depression, and suicidal ideations
2. What are secondary teachers' perceptions of the training they received on student's anxiety, depression, and suicide?
3. What are secondary teachers' recommendations for additional training on students 'anxiety, depression, and suicide?

The study had four significant findings which were the following: (a) teachers wanted practical information during trainings, (b) teachers did not feel equipped to handle students with anxiety, depression, or suicide, (c) teachers wanted specific training formats, and (d) the participants felt the training was necessary. The two additional findings related to college classes geared toward students with anxiety, depression, and suicide; some felt it was not their job responsibility to help those students.

## Dedication

This dissertation is dedicated to my husband, Andy, who has been by my side for thirty-one years. He believed in me when I said I wanted to get my doctorate. Thank you, Andy. I also want to thank my daughter Alex, who has encouraged me daily. You helped me when I was stuck and frustrated throughout this process. I want to thank my son Trent, and his wife Kayte, for being supportive and encouraging throughout this process. I love you all very much.

## Acknowledgments

I would like to thank the staff at Baker University for the knowledge and experiences that have helped prepare me to be a leader in the field of education. To Dr. James Robins for meeting with me each week as I went through this process, appreciate it and would not have been able to complete this without your help. To Dr. Li Chen-Bouck, my research analyst I could not have achieved this without your help. Thank you for guiding me through this study. To Dr. George, my field supervisor, to help me as I completed my direct field experience. I appreciate our conversations. To Dr. Frye, and Dr. Robinson for being part of my defense committee and for taking the time to provide feedback on my dissertation. I am grateful to each of you, as I would not have been able to complete my dissertation without all of your support and guidance.

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# Chapter 1

## Introduction

In 2015, it was estimated that 247 billion dollars were spent on mental health disorders among children (*First Children's Mental Health Report*, 2022). In a 2018 Children's Mental Health Report, approximately 117 million children worldwide suffered from anxiety (Martinelli et al., 2018). Many symptoms plague children living with anxiety. According to the DSM-5 (2016), children might have symptoms like fatigue, irritability, sleep disturbance, and worry. The 2018 children's mental health report states, "untreated anxiety disorders were linked to depression … " (Martinelli et al., 2018). Depression can make a child feel helpless, sad, feeling of worthless, and guilty (*Anxiety and Depression in Children: Get the Facts CDC*, n.d.).

"Extreme depression can lead a child to think about suicide" (*Anxiety and Depression in Children: Get the Facts CDC*, n.d.). There are a staggering number of children committing suicide. According to the Fact about suicide, "suicide is the second leading cause of death among people 10-14 in the United States" (2023). Furthermore, 11.8% of young adults aged 18-25, 18.8% of high school students, and 46.8% of lesbian, gay, and bisexual high school students have had serious thoughts of suicide (*Mental Health By the Numbers*, 2021). Four thousand six hundred adolescents committed suicide, and 157,000 were hospitalized due to self-injury each year (Child Mind Institute, 2015).

The intent of this study was to examine whether teachers are receiving training regarding anxiety, depression, and suicide among students, their perceptions of the trainings, and the teachers' perceptions of the effectiveness of those trainings. With this

knowledge, teachers can better assist their students in supporting students with the various issues they face today. Also, this study could help guide professional development planning on effective mental health training for educators.

**Background**

"Worldwide, 13.4% of children suffer from a mental illness" (Higgen & Mösko, 2020). According to the Centers for Disease Control and Prevention (CDC), 1 in 6 children in the United States ages 2-8 is diagnosed with a mental, behavioral, or developmental disorder (Data and Statistics on Children's Mental Health CDC, 2020). "Of the 74.5 million children in the United States, an estimated 17.1 million have or have had a psychiatric disorder" (Child Mind Institute, 2015).

According to the Behavioral Health Barometer (2019), 40.7% of adolescents between the ages of 12-17 during 2013-2017 have received treatment for depression. Teen suicide in Kansas in 2020 was 18.0 deaths per 100,000 adolescents ages 15-19 compared to the national 11.0 in 2020 (Beckman et al., 2020). The general education classroom has experienced demands to serve students with various emotional needs (Koller & Bertel, 2006, p. 198). Lack of training has left teachers feeling unprepared (*The Mental Health Crisis in Schools: What Teachers Can Do*, n.d.). According to the Centers for Disease Control and Prevention (CDC), it was estimated that 1 out of 5 children suffer from a mental health disorder in a given year (*Data and Statistics on Children's Mental Health*, 2020). Furthermore, it was estimated that 247 billion dollars were spent on mental health disorders among children (Kimball & Cohen, 2019). In a study by Andrews et al. (2014), mental health impacts academics. The study found that "98.7 and 90.6 percent strongly agree or agree that mental illness has an impact on learning and dropout

rates" (Andrews et al., 2014, p. 266). Similarly, in another study, 89% of teachers felt that mental health needs to be addressed within the schools (Reinke et al., 2011).

The X school district is about 15 miles west of a large metropolitan city in Kansas. The X school district is in a rural Kansas community that is quickly growing. The X school district has one high school, one middle school, and one elementary school. The X school district has approximately 1692 students currently in attendance. According to the KSDE report card, in 2020, the district had a 98.6% graduation rate (Kansas Department of Education, 2021b) with a dropout rate of .7% (Kansas Department of Education, 2021a).

**Statement of the Problem**

Literature has suggested that teachers are not trained in working with students with mental health issues. Traditional teacher preparation programs "neglect or de-emphasize the importance of student mental health … " (Koller & Bertel, 2006, p. 213); however, they suggest the importance of teaching teachers about mental health and promoting positive mental health and resilience in students (Koller & Bertel, 2006). Reinke et al. (2011) conducted a study with 292 teachers from five school districts (e.g., rural, suburban, and urban) to examine teachers' perceptions of children's mental health. The study indicated that 75% of teachers were dealing with mental health issues in their classrooms, and the researchers recommended further research on this topic to help future training. A Canadian Teachers' Federation study found that 87% of teachers surveyed lacked training in mental health, and 97% reported they wanted more training (Froese-Germain & Riel, 2012).

Similarly, a study by Osagiede et al. (2018) focused on two different school-based mental health service delivery models, and found that 30% of teachers have received no training in mental health (Osagiede et al., 2018). This study suggested that ongoing training is needed, and training needs to be designed to meet the needs of teachers (Osagiede et al., 2018). In addition, a thesis study explored teachers' perspectives on their role in identifying students' mental health problems, and found that participants wanted more training to address their students' needs (Caldwell, 2019). According to Higgens and Mösko (2020), it is concerning that teachers feel isolated, incompetent in supporting children, and untrained regarding children with mental health issues.

The current study focused on secondary teachers' training on three specific mental health issues among students—anxiety, depression, and suicide, given how common these issues are among secondary students. According to Youth Data 2022, 15.08% of adolescents between 12 and 17 have suffered from at least one major depressive episode (*Youth Data 2022*, 2022). According Anxiety & Depression Association of America, 31.9% of adolescents between 13 and 18 are affected by anxiety disorders (*Anxiety Disorders - Facts & Statistics*, 2022). In the 2018-2019 reporting year, adolescents between the ages of 12 and 17, 18.8% seriously considered suicide (*Data and Statistics on Children's Mental Health*, 2020).

There is an indication from research that adolescents are suffering from anxiety, depression, and suicide (*Anxiety Disorders - Facts & Statistics*, 2022). Research suggests that teachers are not receiving the training to support struggling students (Froese-Germain & Riel, 2012; Higgens & Mösko, 2020), and they want additional training (Caldwell, 2019; Osagiede et al., 2018; Reinke et al., 2011). There is research on suicide

training for teachers, but the research exploring teachers' input on their needs related to helping students who may consider suicide is very limited (Shannonhouse et al., 2017).

Furthermore, the research on specific training related to students' anxiety and depression for teachers is also minimal. Therefore, studies on specific training relating to students' anxiety, depression, and suicide from secondary teachers' perspective are needed.

**Purpose of the Study**

The primary purpose of this study was to explore what professional development teachers have received regarding anxiety, depression, and suicide among students and their perceptions regarding. The study also explores teachers' perceptions of the effectiveness of those trainings and their recommendations for additional trainings.

**Significance of the Study**

There are more than 300 types of mental health diagnoses in the DSM-V (Tobin & House, 2016). This study focused on anxiety, depression, and suicide due to the increased reported problems in these three areas in recent years. A review of professional literature reveals that a significant percentage of children are suffering from anxiety, depression, and attempting or successfully completing suicide (*Data and Statistics on Children's Mental Health*, 2020). Social media and other news sources continually point out the problems that teenagers are facing in the United States in the aftermath of Covid-19. According to a CNN report, depression and anxiety in youth doubled during COVID-19 compared to pre-pandemic levels (Molano, 2021). Increased emergency room visits with suspected suicide attempts increased by 50% for girls 15-17 in early 2021 compared to 2019 (*Mental Health during COVID-29: Signs Your Child May Need More Support*,

2021). The increase in children suffering from mental health illnesses puts more demands on classroom teachers (Reinke et al., 2011). These demands are increasing the need for teachers to receive training to work more effectively with students suffering from these mental health illnesses (Rothì et al., 2008).

This study attempted to take a closer look at the anxiety, depression, and suicide trainings that secondary teachers are receiving and to examine the effectiveness of those trainings. By conducting this research, the study seeks to shed light on the effectiveness of mental health trainings for secondary teachers and to provide suggestions on reducing the use of less effective trainings. The objective of this research is to understand current professional development on anxiety, depression, and suicide for secondary teachers and attempt to explore what additional training for teachers can help students deal with anxiety, depression, and help prevent suicide.

**Delimitations**

According to Lunenburg and Irby (2008), the definition of delimitations "are self-imposed boundaries set by the researcher on the purpose and scope of the study" (p. 134). The delimitations of this study are listed below:

1. The study setting was limited to one small-town school district in the Midwest.
2. The focus of the study addressed secondary teachers' perceptions and their reflections on their trainings regarding students' anxiety, depression, and suicide.
3. The study's only data collection was individual interviews.

## Assumptions

According to Lunenburg and Irby (2008), assumptions are defined as "postulates, premises, and propositions that are accepted as operational for the purpose of the research" (p. 135). The assumptions are listed below:

1. Teachers want to be knowledgeable about students' anxiety, depression, and suicide.
2. There are students within the educational classroom experiencing problems with anxiety, depression, and suicide.
3. This study assumes the interview responses are truthful and honest.

## Research Questions

The researcher used a qualitative approach to understand what training secondary teachers have received on students' anxiety, depression, and suicide and their perceptions of the training. The study was designed to explore what secondary teachers need from the trainings to work more effectively with students with anxiety, depression, and suicide.

### *RQ1*

What training have secondary teachers received on students' anxiety, depression, and suicide?

### *RQ2*

What are secondary teachers' perceptions of their training on students' anxiety, depression, and suicide?

***RQ3***

What are secondary teachers' recommendations for additional training on students' anxiety, depression, and suicide?

**Definition of Terms**

According to Lunenburg and Irby (2008), the definition of terms are defined as "all key terms central to your study" (p.118).

**Anxiety:** "Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure" (*Anxiety*, 2021).

**Attempted Suicide:** a non-fatal, self-inflicted destructive act with explicit or inferred intent to die (Bridge et al., 2006).

**Comorbidity:** "may imply either the co-occurrence of two or more disorders in an individual at any given time, or the manifestation of multiple disorders during the lifetime of the individual" (Seligman & Ollendick, 1998, p. 125)

**Depression:** is generally defined as a persistent sad or irritable mood as well as "anhedonia," a loss of the ability to experience pleasure in nearly all activities (Cash, 2003)

**Emotional Disturbance:** Disability category under IDEA; includes depression, fears, schizophrenia; adversely affects educational performance (Wright, Peter & Wright, 2006).

**Mental Disorder:** "is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (Tobin & House, 2016, p. 17).

**Mental Health: "**Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood" (*What Is Mental Health? | MentalHealth.Gov*, 2020).

**Mood:** "A pervasive and sustained emotion that colors the perception of the world" (Tobin & House, 2016, p.82)

**Psychiatric Disorder:** A mental illness diagnosed by a mental health professional that greatly disturbs your thinking, moods, and/or behavior and seriously increases your risk of disability, pain, death, or loss of freedom (Salters-Pedneault, 2020).

**Self-harm:** "Self-harm involves self-inflicted, non-suicidal bodily harm that is severe enough to either cause tissue damage or to leave marks that last several hours" (Schimelpfening, 2023, para. 1).

**Suicidal ideation:** Refers to thoughts of harming or killing oneself (Bridge et al., 2006).

**Suicide:** is a fatal self-inflicted destructive act with explicit or inferred intent to die (Bridge et al., 2006).

## Organization of the Study

This research is organized into five chapters. Chapter 1 includes background, a statement of the problem, the purpose of the study, the significance of the study, delimitations, assumptions, research questions, and definition of terms. Chapter 2 consists of a review of the literature. The literature review includes mental health disorders, how mental health affects children, teachers training on mental health, educational expectations on teachers dealing with students with mental health disorders, and the

growing need to address mental health needs in school. Chapter 3 relates to the methodology used for the research. Chapter 3 included an introduction, selection of participants, instrumentation, data collection procedures, data analysis, and a summary. Chapter 4 is the results of the research. Finally, Chapter 5 summarizes, discusses, and concludes the research results. This chapter includes an introduction, a summary of the study, a discussion of findings, implications for practice, and further research recommendations.

# Chapter 2

## Review of the Literature

### History of Mental Health in Schools

At the end of the 19th Century, the United States followed Western European nations in the development of child services (Pumariega & Vance, 1999). Prior to the late 1800s, there were no laws to protect children. "Education led the way with the requirements for compulsory education starting in the 1860s, which required children to attend school" (Pumariega & Vance, 1999, p. 372). In the 1880s, child abuse laws were established, which were patterned after animal cruelty laws (Pumariega & Vance, 1999). It was not until the 1890s that juvenile courts were established (Pumariega & Vance, 1999).

The first Juvenile Psychopathic Institute was established in 1909 by Dr. Healy (Ridenour, 1961). Also, in 1909, the first White House Conference on Children was held, addressing topics related to children with emotional disturbance (Zeng et al., 2013). It was not for another two decades before the White House held a conference on Child Health and Protection (Zeng et al., 2013). This conference in 1930 developed goals that protected the rights of emotionally disturbed children (Zeng et al., 2013).

The court case Pennsylvania Association for Retarded Citizen v. Commonwealth (1971) agreed "that educational placement decisions must include a process of parental participation and a means to resolve disputes (Wright & Wright, 2007). The court case Mills v. Board of Education of the District of Columbia (1972) court decision indicated that schools could not suspend or expel students without allowing them due process (Wright & Wright, 2007). Both court decisions established that the responsibility to educate students with disabilities belong to the individual states (Brown, 2002).

On November 19, 1975, Congress passed the Education for All Handicapped Children Act (Public Law 94-142), which allowed children with disabilities access to education and due process (Wright & Wright, 2007). Public Law 94-142 also mandated services for seriously disturbed children (Zeng et al., 2013). Within this legislation, Congress included a system of checks and balances called procedural safeguards (Wright & Wright, 2007). The procedural safeguards were designed to protect both the rights of children and their parents (Wright & Wright, 2007).

Before the 1980s, traditional mental health services were given to children in office-based outpatient therapy and psychiatric residential placements (Brown, 2002). The Child and Adolescents Services System Program (CASSP) was developed in 1984, and encouraged youth services to be provided in a normalized environment (Pfeiffer & Reddy, 1998). Then in 1989, The Omnibus Budget Reconciliation Act expanded funding to include early periodic screening and treatment diagnosis programs in school-based clinics (Pfeiffer & Reddy, 1998). "The Education for All Handicapped Children Act of 1975 was reauthorized as The Individuals with Disabilities Education Act (IDEA) in 1990" (Pfeiffer & Reddy, 1998, para 12).

The history of school mental health has changed over the years and very little was done in the courts or schools to protect children before the1970s. The movement from segregating special education students to inclusivity and school mental health services can potentially help children stay in school (Flaherty & Osher, 2002). Public Law 94-142 allowed children with disabilities access to education and due process. The Omnibus Budget Reconciliation Act expanded funding to early periodic screening and treatment diagnosis programs in school-based clinics which has helped change education (Pfeiffer

& Reddy, 1998). Along with The Individuals with Disabilities Education Act, these laws are what helped students get the services and education they needed.

## Mental Health

"A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (Tobin & House, 2016, p. 17). The Center for Disease Control and Prevention (CDC) stated that how a child thinks, feels, and acts plays a role in how they handle stress (*Data and Statistics on Children's Mental Health*, 2020). The most common conditions among children are anxiety, depression, attention-deficit hyperactivity disorder, and bipolar disorder (*The Mental Health Crisis in Schools: What Teachers Can Do*, n.d.). "Mental health problems affect 10-20% of children and adolescents worldwide" (Kieling et al., 2011, p. 1515). In a report by the Child Mind Institute, out of 74.5 million children in the United States, an estimated 17.1 million have or have had a psychiatric disorder (2015). Anxiety disorders affect 117 million people, and depression disorders affect nearly 47 million worldwide (Grant, 2015).

### *Anxiety*

According to Rapee et al. (2009), the 1900s saw an explosion of research into childhood anxiety. Anxiety disorders were the most common disorder in childhood and adolescents (Rapee et al., 2009). Anxiety was a primary reason children were referred for mental health services (Carter et al., 2008). According to the CDC (2020), it was estimated that 5.8 million children between the ages of 3-17 were diagnosed with anxiety from 2016-2019 (*Data and Statistics on Children's Mental Health*, 2020). "Estimates

obtained in the first year of the COVID-19 pandemic suggest … that one in five youth globally are experiencing clinically elevated anxiety symptoms" (Racine et al., 2021, pg. 1142).

"Childhood anxiety has a moderate to high impact on functioning and appears to lead to as much disability as other childhood disorders" (Rapee et al., 2009, p. 312). Children with anxiety tended to engage in avoidance behaviors (Huberty, 2010). Huberty (2010) stated that children with anxiety tended to be withdrawn and avoided complex tasks. Children with anxiety also tended to be forgetful and to be a perfectionists (Huberty, 2010). Some teachers perceived children with anxiety as unmotivated or lazy (Huberty, 2010). Huberty (2010) also identified some other signs children might suffer with anxiety: stomach discomfort, perspiration, headaches, muscle tension, and sleeping problems. Anxiety can have many different symptoms that can manifest differently in each child or adolescent.

Luijten et al. (2021) conducted a study of two representative samples of Dutch children between the ages of 8-18. The study examined the mental and social health of children and adolescents during COVID-19. The study found significantly more children reported severe anxiety during COVID-19 lockdowns (16.7%) verses before COVID-19 (8.6%) (Luijten et al., 2021). This study indicates that teachers will work with more students suffering from an anxiety disorder than in past years.

**Anxiety and Gender**

The gender of the child or adolescent potentially could be a factor as to whether they might suffer from anxiety. The risk of anxiety is higher in girls than in boys (Rapee et al., 2009). Huberty (2010) stated that a middle school class of 30 students could have

as many as three students with an anxiety disorder, and perhaps two of them would be girls with a 10% frequency rate.

In a study by Essau et al. (2000), the researchers randomly selected 36 schools to survey from the province of Bremen, Germany. From those 36 schools, 1,035 students completed the survey. Of the completed surveys, students ranged from 12-17, with an average age of 14.3. The study found that 18.6% of adolescents had anxiety, which is significantly higher in girls than boys (Essau et al., 2000).

Wiklund et al. (2012) studied perceived stress, mental health, and subjective health complaints among adolescents in Northern Sweden. This study was a cross-sectional school based survey given to adolescents 16-18 years old. There were a total of 1033 completed surveys. The study found "there was a clear difference that: two to three times as many girls than boys reported subjective health complaints, such as headache, tiredness … as well as sadness and anxiety" (Wiklund et al., 2012, pg. 1).

Asher and Aderka (2018) examined the gender differences in social anxiety disorder. The researchers used the National Comorbidity Survey-Replication to explore the gender differences. The study found women are more likely to have a social anxiety disorder. Researchers also found that women are more likely to have generalized anxiety disorder (Asher & Aderka, 2018).

Ohannessian et al. (2017) explored gender differences in developmental trajectories of anxiety disorder symptoms from middle to late adolescents. The sample size was 1000 subjects with 57% females. The study found that girls reported higher generalized anxiety disorder symptoms than boys.

Smirni et al. (2020) examined the state of anxiety and emotional awareness in healthy adolescents between the ages of 17 and 19 during the COVID-19 pandemic. There were 84 females and 64 males that participated in the study. The study found "the finding supported the hypothesis that the COVID-19 pandemic may be a risk condition for an increased state of anxiety in older adolescents …" (Smirni et al., 2020, pg. 1). The researchers also found that "female anxiety scale scores appeared significantly higher than those of males, whereas no significant differences were found concerning emotion awareness" (Smirni et al., 2020, pg. 7).

Hawes et al. (2020) aimed to examine depression and anxiety symptoms in youth living in Long Island, New York during COVID-19. The sample size was 445 youth. "In female participants, … nearly half (49%) experienced clinically elevated generalized anxiety during COVID-19 (Hawes et al., 2020). In this study's sample, "only females saw increases … in all three types of anxiety" (Hawes et al., 2020, pg. 3227). This study suggests that the COVID-19 pandemic had a greater impact on females.

Kostev et al. (2021) conducted a cross-sectional study which was based on medical record data. The participants were children aged 2-17 and had at least one visit to a German pediatric practice. The study compared data between April 2019 and December 2019 versus data from April 2020 and December 2020. The study found children and adolescents diagnosis with anxiety and depression increased in April-December 2020 (Kostev et al., 2021). "This increase was the strongest in girls and in children aged 10-12 years" (Kostev et al., 2021, p. 876).

Racine et al. (2021) examined the global prevalance of child and adolescent depression and anxiety symptoms during COVID-19. The researchers used a total 29

studies in this meta-analysis. “Moderator analsyis revealed that the prevalence of clincially elevated depression and anxiety symptoms were higher in studies collected later in the pandemic and in girls” (Racine et al., 2017, pg. 1142). This finding is consistent with numerous other studies (Asher & Aderka, 2018; Essau et al., 2000; Smirni et al., 2020; Wiklund et al., 2012). These studies indicate that schools need to be aware that females are sturggling with anxiety at a higher rate and should address this concern when developing programs to help students.

**Anxiety and Genetics**

Genetics played a role in whether a child had the potential to develop anxiety. In an article in 2009, "Children with an anxiety disorder are considerably more likely than are other children to have a parent with an anxiety disorder” (Rapee et al., 2009, p. 315). “There is a genetic contribution of about 30% in childhood anxiety disorders” (Huberty, 2010, p. 4).

In a study in 2018, Zare et al. conducted a secondary data analysis of the National Survey of Children's Health in 2011 and 2012. The sample size was 31,060 primary school-aged children. The study examined the association of adverse childhood experiences with depression and anxiety in children between 6 to 11 years old. The study found that 63.4% of children came from a two-parent biological household, while 19.6% came from a single-mother household. The study also showed that economic hardships, poor parental mental/behavioral health, and exposure to violence or racial discrimination increased the risk of depression and/or anxiety in children 6 to 11 years old (Zare et al., 2018).

Hastings et al. (2021) conducted a longitudinal study of 220 families aimed to examine prospective relations between parent and youth anxiety. The study found "material anxiety predicted subsequent youth anxiety and depression" (Hasting et al., 2021, pg. 1234). The study found that there was no association between paternal and youth anxiety (Hasting et al., 2021).

A study of adoptive parents and child measured the symptoms at ages six, seven, and eight years old. There were 305 families involved with the study. The study found "child anxiety at age seven predicted adoptive mothers' anxiety symptoms at age eight" (Ahmadzadeh et al., 2019, pg. 1269). The study found no mother-to-child or father-to-child effects present. This study indicates that environmental factors influence ones risk of experiencing symptoms of anxiety.

The literature review found that genetics could potentially impact anxiety in children. Although there was not a clear indication, a few studies that suggested genetics could play a role in children developing anxiety (Rappe et al. 2009; Zare et al., 2018; Huberty, 2010). Ahmadzadeh et al. (2019) did not find a correlation between a biological parent and a child with anxiety.

***Depression***

Depression is generally defined as a persistent sad or irritable mood and "anhedonia," a loss of the ability to experience pleasure in nearly all activities (Cash, 2003). According to the CDC (2020), it was estimated that 2.7 million children between the ages of 3-17 were diagnosed with depression from 2016-2019 (*Data and Statistics on Children's Mental Health*, 2020). Of all mental illnesses in adolescents, depression was

the most common (Cash, 2003). Racine et al. (2021) " … suggest that one in four youth globally are experiencing clinically elevated depression symptoms" (pg. 1142).

There are many symptoms of depression. Some symptoms of depression can included poor academics, relationships, school dropout, and absenteeism could be signs of depression in an adolescent (Cash, 2003). Other symptoms of depression in an adolescent could include a change of appetite, excessive sleeping, increased risky behaviors, and suicidal ideations (Cash, 2003).

In a study by Carlson and Cantwell (1980), the researchers interviewed 102 children aged 7 to 17. The researchers wanted to "determine the prevalence of depressive symptoms and depressive disorders in a child psychiatric population" (Carlson & Cantwell, 1980, pg. 445). The researchers randomly selected 210 English speaking children who had been evaluated in a children's [medical] outpatient department. Through the interview process, the researchers identified masked depression in children. The study also found that more children were diagnoses using the systematic interview than the standard evaluation procedure (Carlson & Cantwell, 1980).

In a longitudinal, large-scale, community-based study in 2000 by Essau et al., researchers randomly selected 36 schools to survey. Of those 36 schools, 1,035 students attended from the province of Bremen, Germany. Students' ages ranged from 12-17, with an average age of 14.3. The study found that the second most frequent disorder was depression (17.9%) (Essau et al., 2000).

In a cross-sectional one-time observational study, researchers used a simple screening instrument to detect early symptoms of depression. There were 125 students

that completed the questionnaire. The study found that 15.2% of the adolescents had evidence of distress and 18.4% were found to be depressed (Bansal et al., 2009).

In a study by Gladstone and Beardslee (2009), the researchers conducted a review of literature on the prevention of clinical diagnosis of depression in children and adolescents. The researchers found the prevention programs that targeted depression in children could be successful. "It appears that there is reason for hope regarding the role of intervention in prevention depressive disorders in youth" (Gladstone & Beardslee, 2009, pg. 212).

Youth Risk Behavior Surveillance System monitored health risks behaviors among children and adolescents. Eaton et al. (2014) summarized the results of a national survey given to students in grades 9-12 over 104 health-risk behaviors. Over the 12 months before the survey, 29.9% of students nationwide indicated feeling so sad or hopeless every day for two or more weeks in a row that they stopped doing regular activities (Eaton et al., 2014).

Corrieri et al. (2014) conducted a systematic review of school-based interventions. The studies that were reviewed were completed during the years 2000 through 2011. They found that in the United States, by the time an adolescent reached 18 years old, an estimated 20% of all adolescents would have experienced a depressive episode (Corrieri et al., 2014).

Hawes et al. (2020) aimed to examine depression and anxiety symptoms in youth living in Long Island, New York during COVID-19. The sample size was 445 youth. "In female participants, there was nearly three-fold increase in rates of clinically elevated depression from pre-COVID-19 to COVID-19 … " (Hawes et al., 2020, pg. 3225).

In a study by Halldorsdottir et al. (2021), researchers examined the gender differences of adolescents well-being during the COVID-19 pandemic. This study was conducted in Iceland and had a total of 523 participants with 56.5% of the participants being females. The study found that both girls and boys were affected by the pandemic (Halldorsdottir et al., 2021). "Girls reported a greater negative impact across all the board indicators of well-being and behavioral changes during COVID-19 than boys, and their depression was above and beyond the expected nationwide scores" (Halldorsdottir et al., 2021, p. 1).

In a cross-sectional analysis of electronic health data from June 1, 2019 and December 31, 2020, researchers reviewed data of adolescents aged 12-21 in the greater Philadelphia area. The study compared the percentage of adolescents screened for depression, screened positive for depressive symptoms, or screened positive for suicide risks. "The percentage of adolescents screening positive for depressive symptoms increased from 5.0% to 6.2% with greater increases in female …" (Mayne et al., 2021, pg. 3).

These studies indicate that depression is on the rise and will affect classroom teachers. COVID-19 appears to have a negative effect on children's depression. Schools will need to be aware that students might need additional supports.

***Suicide***

Suicide is a concern worldwide (Ruiz-Robledillo et al., 2019). There are environmental risk factors related to suicide. Bullying, peer influences, and media influences are associated with suicidal thoughts (Cha et al., 2018), although suicide is rare before puberty (Bridge et al., 2006). Youth Risk Behavior Surveillance System

monitors health risks behaviors among children and adolescents. Eaton et al. 2014 summarized the results of a national survey given to students in grades 9-12 over 104 health-risk behaviors. The report indicated that the percentage of those who considered suicide was higher among females at 22.4% than among males at 11.6% (Eaton et al., 2014). However, in 1996 the annual incident rate of suicidal ideation was only 6% for girls and 2.3% in boys (Lewinsohn et al., 1996).

Skinner and McFaull (2012) conducted an analysis of suicide rates using Statistics Canada mortality data from 1980-2008. The study looked at data of two age groups: 10-14 years old and 15-19 years old. "The study found that suicide rates in Canada are increasing among female children and adolescents and decreasing among male children and adolescents" (Skinner & McFaull, 2012, p.1029).

In 2017, LaSalle et al. conducted a study with 152,191 middle school students across 607 schools within 182 school districts in a Southeastern state. The survey consisted of 121 items and used a 4-point Likert scale which ranged from "strongly disagree" to "strongly agree" (La Salle et al., 2017). This study found that 12.8% of participants considered harming themselves in the past 12 months (La Salle et al., 2017). While 8% of the participants considered suicide, and 4.2% attempted suicide (La Salle et al., 2017).

In 2018, Cha et al. reviewed research on suicidal thoughts and behaviors in youth. Suicide deaths among adolescents accounted for 8% around the world. Suicide was also the leading cause of death among youth worldwide (Cha et al., 2018). Suicide is the highest external cause of death in most developed countries (Ruiz-Robledillo et al., 2019), and the leading cause of death in youth (Torok et al., 2019). According to Cash

(2003), approximately 90% of those who commit suicide have a treatable mental disorder.

In 2021, Ong et al. reviewed electronic health records at 141 facilities affiliated with HCA Healthcare. The study included records from 14 states. Subjects for the study included children less than 12 years old, adolescents aged 13-17, and young adults aged 18-25. During this study "there were 25,037 inpatient admissions of children, adolescents, and young adults between the ages 3 and 25" (Ong et al., 2021, p. 135). The study found that in 19% of the hospitalizations there was an attempted suicide within six months prior to the hospitalization (Ong et al., 2021). "Adolescents had the highest rate of reported suicide attempts (22%), followed by young adults (17.9%), and children (12.1%)" (Ong et al., 2021, pg. 137). "The rates of suicide attempts peaked between the ages of 13 and 17 in females and between 17 and 23 in males" (Ong et al., 2021, pg. 137). The researchers found the youngest child that attempted suicide was 6 years old (Ong et al., 2021).

In a study from the Stockholm region in Sweden, Werbart Törnblom et al. (2020) preformed 436 psychological autopsy interviews with the next of kin. The study concluded that recent stressful life events were the only common risk factor (Werbart Törnblom et al., 2020). Werbart Törnblom et al. (2020) and Ong et al. (2021) both found the stressful life events factor into suicide attempts.

In a cross-sectional comparison of adolescents, Brausch et al. (2022) recruited participants from three rural high schools in grades 9-11. The pre-pandemic sample size was 696 participants and the post-pandemic sample size was 206 participants. "Results indicated that adolescents in the pandemic sample … were more likely to have

experienced past-year suicide thoughts and plans than in the pre-pandemic" (Brausch et al., 2022, p. 1051). The study also found in the pandemic sample adolescents had more symptoms of depression and anxiety (Brausch et al., 2022).

In 2007, the first piece of legislation connected to suicide was the Jason Flatt Act, which was passed in Tennessee. This legislation mandated teachers complete two hours of youth suicide awareness and prevention training each school calendar year (*Jason Flatt Act*, n.d.). Louisiana and California passed the legislation in 2008; however California only mandated that the training be offered to educators (*Jason Flatt Act*, n.d.). Over the years, additional states passed the Jason Flatt Act. By 2021, a total of 21 states that had passed the Jason Flatt Act, which is over 40% of the states (*Jason Flatt Act*, n.d.).

In 2016, Kansas passed SB 323, Jason Flatt Youth Suicide Awareness Act (*Jason Flatt Youth Suicide Awareness SB 323*, 2017). The act required that all school staff attend at least one hour of training each calendar year. Each building administrator was required to create a building crisis plan. Each crisis plan must include steps for recognizing suicide ideations, appropriate methods of interventions, and a crisis recovery plan (*Jason Flatt Youth Suicide Awareness SB 323*, 2017). The law, signed on May 13, 2016, by Governor Sam Brownback made Kansas the 19th state to pass the Jason Flatt Act in memory of Cady Housh (*Kansas*, n.d.).

**Comorbidity between Anxiety, Depression, and Suicide**

There are known links between anxiety and depression. The most common pattern of comorbidity is that of anxiety and depression (Kalin, 2021). In a journal article by Kalin, anxiety and depression are highly comorbid with the development of depression

preceding anxiety (Kalin, 2021). Cash (2003) stated that statistically, in a school of 1,000 students, as many as 100 may be experiencing depression. Approximately 13 of those 100 students will attempt suicide in a single year (Cash, 2003).

Cole et al. (1998) conducted a three-year study on anxiety and depression. The participants were 300 elementary school students and 228 of their parents. This study took place in a midsize Midwestern city. This study examined whether there was a relationship between anxiety and depression. The study found the hypothesis to be true that anxiety led to depression in both children and adolescents (Cole et al., 1998). This study also found that children diagnosed with anxiety and depression most likely will move back and forth across the diagnostic threshold (Cole et al., 1998) meaning they could have issues with anxiety and depression throughout their life.

Depression can impair functioning. However, depression can be a life-threatening illness (Kalin, 2021). A study by Carter et al. (2008) examined the links between suicidal ideation, depression, and anxiety. The sample size was 252 children aged 7-16 years old seeking treatment for anxiety. The results of this study found a link between depression and suicidal ideations (Carter et al., 2008).

Carballo et al. (2020) conducted a qualitative synthesis of 44 studies. In 25 of the literature papers reviewed, the researchers found depression was present prior to any suicidal attempts (Carballo et al., 2020).The researchers also found “the review identified three main factors that appear to increase the risk of suicidality: psychological factors (depression, anxiety, previous suicide attempts, drug and alcohol use, and other comorbid psychiatric disorders), stressful life events … , and personality traits … ” (Carballo et al., 2020, p. 759).

Ruiz-Robledillo et al. (2019) conducted a cross-sectional study that examined predictors of suicidal behavior among adolescents and the role that depression and anxiety play. The study was conducted in Spain with a sample size of 1366 Spanish adolescents from 14 high schools. The study revealed that depression had played a role in suicidal ideation. However, anxiety was not a significant factor (Ruiz-Robledillo et al., 2019) which contradicted Carter's 2008 study that anxiety played a role in potential suicidal ideations.

In a cross-sectional study conducted by Chen et al. (2020), researcher's used an online questionnaire of a Depression Self-Rating Scale for Children. The questionnaire was available for adolescents in Guiyang, China from April 16, 2020 to April 23, 2020. There were a total of 1109 adolescents that completed the survey. The study found that "female adolescents showed higher risk of depression and anxiety during COVID-19" (Chen et al., 2020, p. 44). The researchers found that children at home during the weekdays without any companion were more likely to be depressed and anxious during the COVID-19 pandemic.

In four studies conducted during the COVID-19 pandemic, all found an increase in children being diagnosed with anxiety and depression (Chen et al., 2020; Halldorsdottir et al., 2021; Kostev et al., 2021; Mayne et al., 2021). In all four studies girls had a higher risk of being diagnosed with anxiety, depression and/or suicidal thoughts (Chen et al., 2020; Halldorsdottir et al., 2021; Kostev et al., 2021; Mayne et al., 2021).

**Mental Health in the Classroom**

While schools prioritize educating students, they also recognize the crucial role of good mental health in facilitating effective learning (Hussein & Vostanis, 2013). Teachers are responsible for all learning conditions for students, and poor mental health can challenge students' ability to learn (Gilham et al., 2021). According to Aluh et al. (2018), "teachers are frontline professionals who have daily contact with children and are therefore most likely to have the biggest impact on their students." (Aluh et al., 2018)

Reinke et al. (2011) conducted a study with 292 teachers from five school districts (rural, suburban, and urban). This study aimed to examine teachers' perceptions of children's mental health. The study found that 75% of the participants reported having either worked with or referred students with a mental health issue in the past year (Reinke et al., 2011).

In 2011, Johnson et al. wrote an article in the Journal of Educational Strategies, Issues, and Ideas. This article focused on how classroom teachers recognized warning signs and appropriately supported students. The authors suggested that teachers have an opportunity to recognize and support students who are struggling with mental health (Johnson et al., 2011). The authors stated it is "critical that teachers and other school personnel are trained to recognize the red flags for protentional mental health conditions" (Johnson et al., 2011, p. 11).

In a study by Roeser and Midgley (1997), researchers identified teachers’ views of their role in promoting students’ mental health and teachers’ beliefs related to mental health. This was a longitudinal study conducted during the Fall of 1994. Survey data were collected from principals, teachers, and fifth-grade students in 20 elementary schools in

four different school districts in the Midwest. Of the 192 elementary school teachers who were surveyed, 99% agreed that mental health concerns were “somewhat” to “very much” a part of their role as a teacher (Roeser & Midgley, 1997). Additionally, the researchers found that about two-thirds of the teachers reported they felt “somewhat to very overwhelmed” with the mental health needs of their students (Roeser & Midgley, 1997).

In a 2011 study, Graham et al. surveyed teachers to understand their views concerning students' mental health. The researchers randomly selected ten schools from each of the 40 school districts. Five teachers from each of the 400 schools were sent a survey totaling 2000 teachers. A total of 508 surveys were returned, a 23% return rate. The researchers found that a few teachers believed their role should not involve meeting the student's mental health needs (Graham et al., 2011). It was clear from the research that most teachers believed it was their role to meet the needs of their student’s mental health needs.

A study that represented 11 European countries which was comprised of 2485 teachers from 158 randomly selected schools examined teachers’ attitudes and knowledge related to students’ mental health issues. The cross-sectional data was collected as part of the European’s Union’s Seventh Framework Programme for Research Saving and Empowering Young Lives in Europe. The researchers found that 52% of the teachers surveyed stated they had students with mental health issues (Sisask et al., 2014). Only 11% of the teachers stated they knew about children’s mental health. However, 86% wanted to know more (Sisask et al., 2014).

In 2014, a study explored teacher education programs and barriers to their continued learning about mental health. This study randomly selected six secondary schools from three school boards in Southwestern Ontario, Canada (Andrews et al., 2014). This study had 75 secondary school teachers who completed an online survey. The results indicated that teachers believed their role was to deal with mental health issues. However, they felt they ill-equipped to deal with mental health issues (Andrews et al., 2014).

Contrary to Andrew et al. (2014), researchers contacted secondary teachers in the United Kingdom in a study by Shelemy et al. (2019). This study aimed to identify the training needed for secondary teachers to support and educate their students about mental health adequately. There were no exclusionary criteria for participation. Many participants argued that their role was purely academic (Shelemy et al., 2019).

In a study by Torok et al. (2019), researchers identified 3905 articles. The researchers completed a search for studies that used the gatekeeper training programs, which aimed to prevent youth suicide. There were 13 studies that fit the criteria. The reports showed that most teachers felt they played a role in identifying students at risk for suicide. However, only 9% had the ability to recognize signs (Torok et al., 2019).

A qualitative study by Nygaard (2022) explored educators' perspectives on current students' mental health. This study was conducted in a primary school in the Midwestern United States (Nygaard et al., 2022). The school employed approximately 45 teachers and served 600 students. The sample size was 38 participants. The study found that educators indicated that supporting students' mental health was part of their role (Nygaard et al., 2022). "Teachers also felt as though academic demands place on

themselves as well as students are preventing them from adequately meeting the persistent mental health issues students face" (Nygaard et al., 2022, pg. 6).

## Mental Health Professional Development/Training

### *Teacher Preparation Programs*

Most teachers who complete a teacher training program have little to no training in identifying and addressing student mental and behavioral health concerns (Aluh et al., 2018; Koller & Bertel, 2006; Reinke et al., 2011). In the study by Koller et al. (2004), a survey was given to a group of mentor teachers and a group of beginning teachers. This study found that formal mental health instruction is not prevalent. The authors suggested mental health training should be mandated at the university level instead of waiting for teachers to graduate to get the training (Koller et al., 2004).

A study randomly selected six secondary schools from three school boards in Southwestern Ontario, Canada (Andrews et al., 2014). The study surveyed 75 teachers to understand better teachers' knowledge and perceived roles in dealing with students with mental health issues. The study identified that teacher education programs are not providing enough preparation on the topic of mental health. Only 5.3% of the respondents indicated that the programs had mandatory courses related to mental health, while 8% stated those courses were optional (Andrews et al., 2014).

Clemons (2020) surveyed undergraduates and pre-service teachers to explore what mental health training they had received. Two hundred fifty pre-service teachers from a public Midwestern university were invited to participate in the study. Participants were undergraduates enrolled in either Educational Psychology or field experiences.

The study findings were significant because pre-service teachers were not receiving enough mental health training to feel confident in their students' mental health skills (Clemons, 2020).

### *Teachers' Professional Development on Mental Health*

According to Glicken (1967), "a huge missed opportunity is only using special education to help support mental health issues in the classroom and not approaching it as a whole school system approach." Glicken (1967) suggested that teachers needed a better understanding of psychiatric difficulties seen in the classroom. Schools that have established effective training programs for teachers are able to intervene when students show signs of depression (Cash, 2003).

In the study by Koller et al. (2004), a survey was given to a group of 35 mentor-experienced teachers and 20 first-year teachers. "Mentor teachers, regardless of their level of experience, uniformly perceived that they were inadequately prepared in their undergraduate program for dealing proactively with mental health issues important to success as a teacher in today's schools" (Koller et al., 2004, pg 42). The study found that novice teachers felt their undergraduate program prepared them more than the mentor teachers in regards to mental health training (Koller et al., 2004).

In a study by Walter et al. (2006), researchers aimed to discover teachers' beliefs about mental health services in inner-city elementary schools. There were 119 teachers from six elementary schools in a major city in the Midwest (Walter et al., 2006). The results from the study found that nearly 10% of the teachers believed that the lack of information and training was the most significant barrier (Walter et al., 2006). According to the researchers, "teachers exhibited a limited amount of overall mental health

knowledge" (Walter et al., 2006, p. 64). Teachers indicated they did not feel confident about managing mental health problems in the classroom (Walter et al., 2006). However, teachers had a favorable attitude toward schools providing mental health services (Walter et al., 2006). The study found that teacher education and experience did not predict teachers' attitudes (Walter et al., 2006).

In a study by Rothi et al. (2008), researchers explored teachers' views on competency and mental health management. The study was conducted in England. Researchers contacted 100 schools, and thirty-two teachers agreed to participate in the study. The researchers found that teachers demanded proper training to help manage children with mental health issues, information on referral agencies, and expert advice on sources of support (Rothì et al., 2008). Furthermore, the study found that teachers felt they had a duty to help students but felt inadequately prepared to support them (Rothì et al., 2008).

A study by Jorm et al. (2010) aimed to understand the effects of mental health first aid training on high school teachers. This study was a cluster randomized trial. Eligible clusters were all schools in the government, Catholic, or independent systems in South Australia with Year 8-10 classes (Jorm et al., 2010). The teacher sample was 327. There were 221 teachers in the invention group and 106 in the control group. Teachers were given a pre and post training questionnaire and again at six months to follow-up. The study found that the teachers who completed the two-day training showed greater increased knowledge than those who participated in the one-day training (Jorm et al., 2010). Another finding was that trained teachers were likelier to discuss concerns with another teacher (Jorm et al., 2010). However, "training did not affect helping behaviors

of teachers toward either students or colleagues, teacher mental health or seeking information about mental health" (Jorm et al., 2010, p. 7). This study would tend to indicate that the training was ineffective for teachers' behaviors to help students with mental health.

In a 2011 study, Graham et al. surveyed to understand teachers' views concerning students' mental health. The researchers randomly selected ten schools from each of the 40 school districts. There were five teachers from each of the 400 schools who were sent a survey totaling 2000 teachers. A total of 508 surveys were returned, a 23% return rate. The researchers found that 45% of teachers indicated that mental health education was important, and 44% stated it was extremely important, which left less than 2% that indicated it was little or not important (Graham et al., 2011). Graham et al. (2011) identified that a significant number of teachers stated, "teachers feel totally inadequate in terms of knowledge, fearful of the unknown." Furthermore, teachers indicated that their limited knowledge and lack of training made them feel powerless that they needed training to recognize the signs and symptoms of mental health concerns (Graham et al., 2011).

Another study in 2011 examined teachers' knowledge of 10 evidence-based interventions and provided descriptive data of their knowledge. The sample size was 239 early childhood and elementary teachers from five school districts. These teachers were from rural, suburban, and urban school districts. The study identified the importance of school professionals in meeting the needs of children with emotional and behavioral conditions (Stormont et al., 2011). The study found that 75% of the teachers surveyed indicated they did have training on mental health issues (Stormont et al., 2011).

Another study by Langeveld et al. (2011) "investigated high school teachers' literacy on psychosis symptoms and teachers' confidence in the positive effects of psychosis treatment on mental health." The study was a cross-sectional comparative design that used a structured survey questionnaire. The survey was given to four schools from Rogaland County and four schools from Nord-Tronfelag County, with 446 employees. The findings of this study suggested that teachers in a mental health literacy course had a better understanding and could identify early signs of psychosis (Langeveld et al., 2011). This study indicated that teachers who attend trainings on mental health could potentially help a child in the early stages of psychosis.

Reinke et al. (2011) conducted a study with 292 teachers from five school districts. This study examined teachers' perceptions of children's mental health. The researchers had teachers rate their overall education or training on behavioral interventions. There were 21% of teachers that indicated their training as none or minimal, 62% reported moderate, and 17% reported substantial education or training on behavioral interventions (Reinke et al., 2011). Also, researchers found that 89% of teachers agreed that schools should be involved in addressing the mental health needs of children (Reinke et al., 2011). The study indicated that 34% of the teachers reported that they felt they had the skills to support the needs of children with mental health issues (Reinke et al., 2011). Teachers indicated that their learning about behavioral inventions occurred in workshops, in-services, staff development, independent study, and undergraduate and graduate coursework. However, 9% of teachers indicated they had no training in behavioral interventions (Reinke et al., 2011).

A study by Stormont et al. (2011) investigated general education teachers' knowledge of 10 evidence-based interventions. The researchers gave a 5-point Likert scale survey to 239 participants from 5 school districts from rural, suburban, and urban settings. The researchers found that school professionals must be prepared to support children with emotional and behavioral problems (Stormont et al., 2011). More than half of the surveyed teachers were unsure if data was collected, the types of issues that affected students, the number of teachers and staff trained in mental health issues, or the effectiveness of school-based programs (Stormont et al., 2011). This study indicated there was a problem with communicating data to teachers which effects teachers ability to help students who are struggling with emotional and behavioral problems.

The Canadian Teachers' Federation (CFT) began collaborating with the Mental Health Commission of Canada in February 2012. The researchers conducted a national online survey of teachers in English and French schools. The sample teacher pool was drawn from the membership of the CFT organization. Over 3,900 teachers replied to the survey. The purpose of this survey was to understand teachers' perspectives of students with mental health issues. Of the teachers surveyed, 87% agreed that there was a lack of adequate staff training in dealing with children's mental health (Froese-Germain & Riel, 2012). A majority of teachers (54%) agreed addressing mental illness was not considered a role of the school. Over two-thirds of teachers reported not receiving any professional development on students with mental illness (Froese-Germain & Riel, 2012). Furthermore, teachers with less than five years of experience had never received professional development in mental health illness (Froese-Germain & Riel, 2012). When

professional development was provided on mental health, 87% of the teachers reported they were satisfied that the training met their needs (Froese-Germain & Riel, 2012).

In 2013, researchers conducted a survey related to the 90-minute Gatekeeper training on suicide. This training was given to 800 individuals. A total of 220 completed the pretest and posttest. Study participants stated they often felt unprepared or uncomfortable responding to signs of mental illness or suicidal behaviors (Walsh et al., 2013). Study results found that 43% of the respondents have had contact with a young person who was depressed or suicidal (Walsh et al., 2013). The results showed that 53% of the respondents had asked a young person if they were considering suicide or harming themselves (Walsh et al., 2013). Another outcome of the training was that participants made significant gains in their willingness to intervene with students who are at risk. Researchers concluded that the study findings "reinforce the importance of training individuals in frequent contact with adolescents to recognize when a young person is in distress" (Walsh et al., 2013, p. 60).

In a study conducted by Andrews et al. (2014), researchers had 75 teachers from three school boards in Southwestern Ontario, Canada, complete an online survey that used the Likert scale. This study aimed to understand teachers' knowledge and perceived roles in dealing with students with mental health concerns. The study found that over 97% strongly agreed or agreed they should know how to react, while 26.6% of participants felt they have sufficient knowledge and skills (Andrews et al., 2014).

In a study by Power et al. (2014), staff members from eight elementary schools were invited to participate in the training. The study used a questionnaire that contained multiple-choice and true and false questionnaire relative to mental health training. Powers

et al. (2014) indicated that "without sufficient education and training on mental illness, school teachers are less likely to have the capacity to recognize related symptoms in students and make appropriate referrals for care" (Powers et al., 2014, p. 43). The study found that mental health training does not need to be elaborate to be effective (Powers et al., 2014).

O'Reilly et al. (2018) conducted a qualitative study that explored professionals' responsibility for adolescents' mental health. The participants were recruited in 2016 and 2017 in two large cities, Leicester and London, in the United Kingdom (O'Reilly et al., 2018). The school in Leicester was an inner-city school, and the school in London was a suburban school. The study used ten focus groups, including 54 adolescents, eight mental health practitioners, and 16 educational professionals (O'Reilly et al., 2018). The study found that teachers and other educational professionals were concerned about the requirements placed on the schools to manage mental health issues when teachers' primary role was to educate students (O'Reilly et al., 2018). Teachers argued that they did not have the training or time to manage complex issues (O'Reilly et al., 2018).

A study conducted by Osagiede et al. (2018) identified teachers' perceptions regarding students with mental health issues. This study focused on two different school-based mental health service delivery models. The study took place in the Southeastern United States. The study consisted of 468 teacher participants drawn from 24 matched schools in the school districts. Twelve schools were full-service (FSS) delivery schools, and twelve were full-service plus (FSS Plus) delivery model. In both delivery schools, teachers are not receiving adequate mental health training (Osagiede et al., 2018). The study found that less than 30% of the teachers had received mental health training

(Osagiede et al., 2018). However, 38% of the FSS teachers reported no mental health training (Osagiede et al., 2018).

A thesis study by Nicholas Caldwell (2019) was completed at Eastern Illinois University. The study explored teachers' perspectives on their role in identifying students' mental health problems (Caldwell, 2019). This study was a non-experimental, qualitative research design. Participants were recruited from one mid-sized rural school. Six participants volunteered to be in the study. The study reported that the participants stated that they were moderately prepared to deal with students with mental health problems (Caldwell, 2019). Participants stated they needed more training (Caldwell, 2019). This study was included in this literature review and the study findings were similar to other findings in the literature review. However, the sample size was small and limited to only 6 participants. Also it is important to note that volunteers are less representative than a randomly selected group of participants.

In a study by Shelemy et al. (2019), researchers sought out secondary teachers in the United Kingdom. This study aimed to identify the training needed for secondary teachers to support and educate their students about mental health adequately. There were no exclusionary criteria for participation. Forty-nine participants, 67%, or 33 teachers, never received mental health training (Shelemy et al., 2019). The research suggested that training should focus on educating students about mental health (Shelemy et al., 2019). The study found that many participants wanted advice on identifying mental health problems (Shelemy et al., 2019). They also indicated they wanted practical training led by experts. They stated they needed concrete lists of strategies that can be used as a reference for teachers (Shelemy et al., 2019).

**Resources**

A study by Stormont et al. (2011) investigated general education teachers' knowledge of 10 evidence-based interventions. There were 239 participants from five school districts. Researchers found that school professionals need an understanding of available resources (Stormont et al., 2011). The study was unclear on whether teachers were unaware of data and resources or whether they did not exist in their particular schools (Stormont et al., 2011).

In a study by Andrews et al. (2014), researchers had 75 teachers complete an online survey using the Likert scale. This study aimed to understand teachers' knowledge and perceived roles in dealing with students with mental health concerns. Researchers found that 57.4% of the participants know where to access mental health resources outside of school (Andrews et al., 2014). Participants (29.4%) strongly agreed or agreed that information on mental health is not easily accessible. Only 45.4% of the participants thought the resources were adequate.

O'Reilly et al. (2018) conducted a qualitative study that explored professionals' responsibility for adolescents' mental health. The participants were recruited in 2016 and 2017 in two large cities, Leicester and London, in the United Kingdom (O'Reilly et al., 2018). The school in Leicester was an inner-city school, and the school in London was a suburban school. The study used 10 focus groups, including 54 adolescents, eight mental health practitioners, and 16 educational professionals (O'Reilly et al., 2018). The study found that teachers indicated their need for appropriate resources (O'Reilly et al., 2018).

A qualitative study by Nygaard (2022) explored educators' perspectives on current students' mental health. This study was conducted in a primary school in the Midwestern United States (Nygaard et al., 2022). The school employed approximately 45 teachers and served 600 students. The sample size was 38 participants. The study found that educators wanted more mental health resources (Nygaard et al., 2022). "School staff stated resources were thin" (Nygaard et al., 2022, p. 7).

**Summary**

Anxiety, depression, and suicide are on the rise among adolescents. All three of these mental health issues have comorbidity. This is concerning because a child could be struggling with multiple mental health disorders. Teachers have more students in their classrooms who are struggling with one or more mental health disorders. Due to the increasing number of students struggling with mental health, teachers have indicated they need and want more training to help these students.

# Chapter 3

# Methods

This study was conducted to explore the perspectives of teachers regarding trainings they have attended on anxiety, depression, and suicide. This chapter describes the research design, setting, sampling procedures, instruments, and data collection procedures. This chapter will also discuss data analysis and synthesis, reliability, trustworthiness, the researcher's role, and limitations of the study.

## Research Design

This study followed a phenomenological qualitative research design. Phenomenological qualitative research design is defined as "a strategy in which the researcher identifies the essence of human experiences" (Creswell, 2009, p. 30). The purpose of the phenomenological study was to understand the perceptions of teachers on trainings on student's anxiety, depression, and suicide and understand the interviewee's life experiences in regard to the trainings. Additionally, the study investigated the additional knowledge the teachers would like to obtain from training to work with students with anxiety, depression, and suicide.

## Setting

This study occurred in a small town outside a large metropolitan city in the Midwest. School District X employs approximately 112 certified teachers. There are approximately 1,641 students in the district. School District X has one elementary school, high school, and preschool program. School A high school has 36.96 full-time equivalent (FTE) teachers, and 94.59% are fully licensed. School A High School has 540 students,

and 86% (*n* = 464) of them are white, 6.0% (*n* = 32) are Hispanic, and less than 1% (*n* = 5) are Black. Table 1 depicts the demographics of School A High School.

**Table 1**

*Demographics of School A High School*

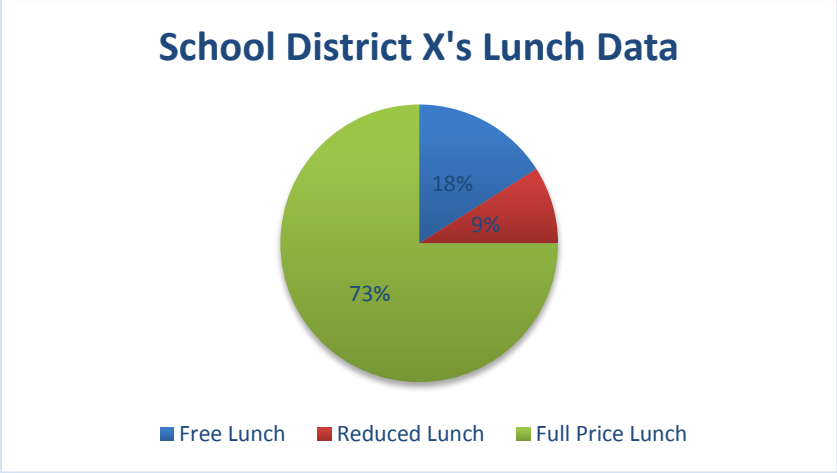
| | W | H | B |
|---|---|---|---|
| N | 464 | 32 | 5 |
| % | 86 | 6.0 | >1% |

Note: W = White; H = Hispanic; B = Black

Budget at a Glance document showed the overall School District X's lunch data indicated for 2020-2021 school year that 18% (*n* = 309) of students are eligible for free lunch and 9% (*n* = 49) of students are eligible for reduced lunch. School lunch data is presented in Figure 1.

**Figure 1**

*School District X's Lunch Data*




Note: From *Budget at a glance*. (2023). [redacted]2022-2023 Budget at a Glance.pdf

## Sampling Procedures

The population for this study was secondary teachers in a high school in the Midwest. Criterion sampling was used in the selection of participants. Lunenburg and Irby (2008) stated, "Criterion sampling means to select participates who meet some criterion." For this study, only secondary teachers were selected. The researcher was not looking for other criteria of participants other than they were all secondary teachers. The sample size of the study was nine. The participants were eight females and one male secondary teacher. The ethnic makeup of the participants was exclusively Caucasian.

## Instruments

### *Interview Protocol*

The researcher developed open-ended interview questions using the research questions as guidelines. The researcher began with more general questions, then progressed to more specific questions. The researcher completed two mock interviews to determine whether the interview questions were worded well enough for participants to understand and respond.

Prior to the interview, the researcher sent the participants a demographics survey using Google. There were a total of five questions given in the survey. Interview questions 1 through 5 asked about the training the participant had received regarding students' anxiety. Questions 6 through 10 asked about the training the participants had received on students' depression. Questions 11 through 15 asked about the training the participants had received addressing students' suicide. Question 16 inquired whether the participants had anything more they wanted to add to the interview. In total, there were 16 questions related to the research questions. Furthermore, these questions were semi-

structured, with follow-up questions developed based on participants' responses. Each question was followed by "Can you give me an example" or "Can you tell me more" to encourage the participants to expound further.

**Data Collection Procedures**

Permission was granted from on January 23, 2023, to solicit staff as potential interviewees (Appendix A). Before data collection, the researcher submitted a request to conduct the study to the Baker University Institutional Review Board (IRB) on March 9, 2023. The study was approved on March 24, 2023 (Appendix B).

The researcher gathered an email list of all secondary teachers from the school district website. An invitation email was sent to all secondary teachers within school district X to invite each potential participant (Appendix E). Included in the initial email was the consent form for their review (Appendix F). The consent form contained information about the purpose of the study, the research questions, and information on opting out of the study at any time. The researcher sought a sample size of nine, and if more than nine individuals agreed to participate, the researcher chose the first nine respondents. Once the researcher received the signed consent, another email was sent to the participants to schedule each interview. The researcher assigned each interviewee a number to protect their anonymity. The interviewee was scheduled using an online scheduler called Doodle. The researcher conducted Zoom video conference interviews in an individual interview format. Each participant was informed that the interview would be video recorded and audio taped for backup. Each interview followed the interview protocol (Appendix D). Nine interviews were completed between the dates of March 24, 2023, and March 31, 2023. The interviews lasted 18:32 minutes on average.

**Data Analysis and Synthesis**

After each interview, the researcher uploaded the Zoom audio recordings to the Zoom recording folder. Next, the researcher uploaded the audio file to the internet site Otter ai. Otter ai is a program that will transcribe the audio recording verbatim and produce a text transcript. The text transcripts were then downloaded and saved on an external hard drive that was password protected. Next, the researcher verified the transcripts' accuracy by comparing the transcribed documents with video recordings. Edits were made where necessary to depict the interview accurately.

After the researcher verified all transcripts, the researcher emailed the participants their transcribed interviews. The participants were asked to review the transcripts for accuracy and were allowed to make any necessary corrections or add additional information.

The researcher used the six steps outlined in Completing Your Qualitative Dissertation (Bloomberg & Volpe, 2019) as the guide to analyze and code the data. According to Bloomberg and Volpe (2019), this process is utilized to "identify units of information that contribute to themes or patterns" (p. 234).

Prior to the researcher beginning the initial reading, the first step the researcher completed was to upload the completed transcripts to the Quirkos software program. The Quirkos software program was a program that aided the researcher in analyzing qualitative data.

The second step the researcher took was an initial reading of the transcripts. The researcher did the initial reading of the transcripts to understand the data as a whole before breaking the data into categories. As the researcher completed the initial reading,

the researcher tried to identify the major ideas. The researcher paid close attention to phrases and ideas repeated in each transcript. The researcher also used analytic memo writing during the initial readings. The researcher wrote her thoughts, ideas, and relevant words and phrases that could be potential categories.

During the third step, the researcher reviewed the potential categories that emerged during the initial reading. The researcher reread the data to identify categories for each research question. For the researcher to develop each category, the researcher focused on the similarities and differences in the interviewee's responses.

The fourth step was developing descriptors for each category. Saldana (2021) defined a descriptor as a label to summarize the basic topic of the highlighted response. The researcher developed descriptors for each category identified for each research question. Using Quirkos software, the researcher dragged key words, phrases, and quotes to the descriptors. The researcher took all the descriptors and created a semantic map. A semantic map is a visual map to connect the different descriptors to help the researcher identify the connections between the interviews. According to Bloomberg and Volpe (2019), "Each category and descriptor will be assigned a code that maps participants' responses to the research questions, forming categories and subcategories" (p. 238).

During the fifth step, the researcher completed the second cycle of coding. The researcher re-read the transcripts to identify additional categories that emerged. Then the researcher repeated step four on the newly identified categories.

During the final step, the researcher reviewed all codes and determined whether the codes were significant to the findings. If the codes were found to be insignificant, the researcher deleted the code. The researcher took the developed categories and combined

them into themes. These themes and categories would become headings and subheadings in Chapter 4.

**Reliability and Trustworthiness**

Creswell (2009) suggested that qualitative reliability is the researcher's approach to constant data collection. The researcher standardized data collection through the development of an interview protocol. This process established the reliability of the study. Throughout the research, the same interview protocol was followed for all interviews (Appendix D).

Bloomberg and Volpe (2019) stated that credibility refers to whether an interviewer's interpretation of the content is accurate. One strategy used to establish credibility is member checks. After transcribing each interview, the researcher submitted the transcripts to each participant for review. The purpose of the review is to ensure the accuracy of the transcripts. In addition, the researcher debriefed with her mentor regularly to ensure the accuracy of the interpretation of the data and used the sessions to reduce potential bias. The mentor has a Doctoral degree in Education and is a college professor, with nine years of experience advising on qualitative dissertations.

**Researcher's Role**

The researcher's role refers to reflexivity, which is the researcher's ability to reflect on their bias, values, and personal background (Creswell, 2009). The researcher has prior mental health experiences due to being a former school psychologist professional. The researcher works in the school district where the interviewees work. The researcher does not have any personal relationships with the interviewees. Most of the time, the researcher works in a different building and is involved in a separate

program. The researcher holds a teaching certificate, a master's in curriculum and instruction, an administrative license, an educational specialist degree in school psychology, and a doctoral candidate in educational leadership. Although the researcher is a psychologist, the researcher took steps to reduce bias. In order to reduce bias, the researcher remained objective during the interview. The researcher used the interview protocol and did not deviate from the questions. The researcher was aware of data analysis biases. The researcher made a conscious effort during the data analysis not to code only data that supported the researcher's original idea. This was done through careful reading of the transcriptions to ensure that accurate themes were produced in the findings.

**Limitations**

According to Lunenburg and Irby (2008), the limitations of a study are not under the control of the researchers, which may influence the interpretations of the results. The study had the following limitations:

1. The sample size was limited, and the results should not be generalized to a larger population.
2. The interviewee's memory could be selective as they recalled their training experience.

**Summary**

This chapter revisited the purpose of the research study and offered a detailed explanation of the process used to address the research question. Chapter 3 provided detailed information regarding the sampling procedures, data collection procedures, and study limitations. Chapter 4 contains the results of the study.

# Chapter 4

The current study chose to focus on the training of secondary teachers regarding three specific mental health issues among students. The issues of anxiety, depression, and suicide are more common and are becoming a significant concern for teachers who are working with these students. The primary purpose of this study was to explore what trainings teachers have received regarding anxiety, depression, and suicide among students and their perceptions about the trainings. The study also explores teachers' perceptions of the effectiveness of those trainings and their recommendations for additional trainings. Four main themes emerged from the interviews.

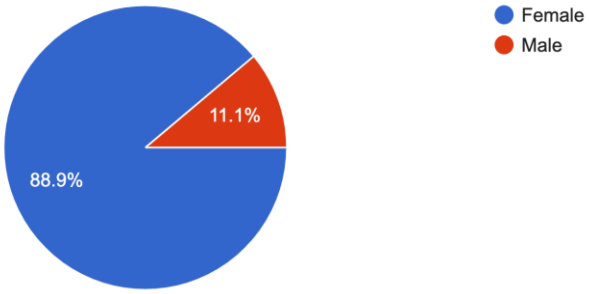
## Results

### Descriptive Statistics

The researcher conducted interviews with nine secondary education teachers. All interviewees were Caucasian. There were eight female participants and one male participant. The gender of the interviewees is presented in Figure 2.

**Figure 2**

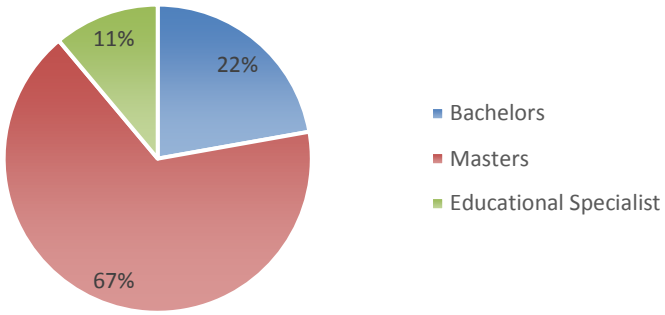
*Female vs Male Participation*




Two teachers held a bachelor's degree, six held a Master's degree, and one had earned an Educational Specialist degree. The participant's level of education is presented in Figure 3.

**Figure 3**

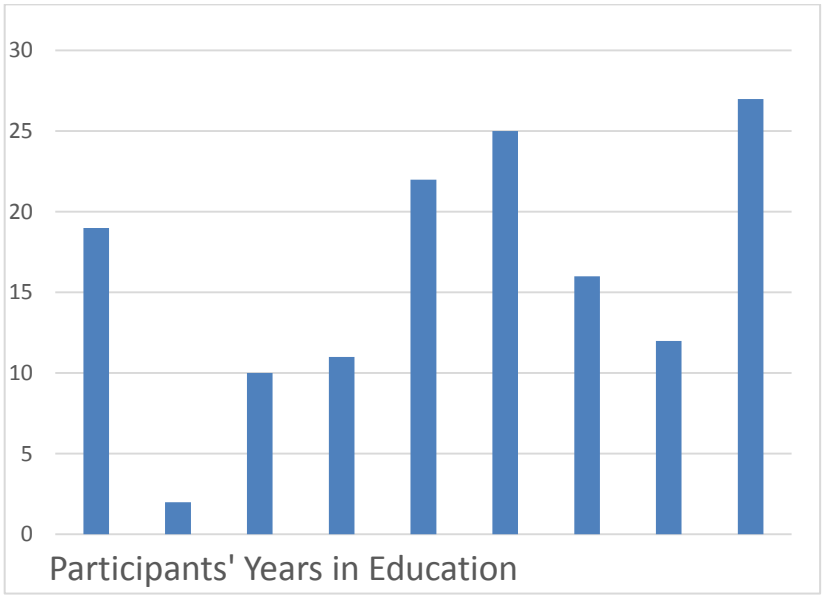
*Participants' Level of Education*




The interviewees' years of experience ranged from two to twenty-seven years, with an average of sixteen years of experience. The participant's years of education are presented in Figure 4.

**Figure 4**

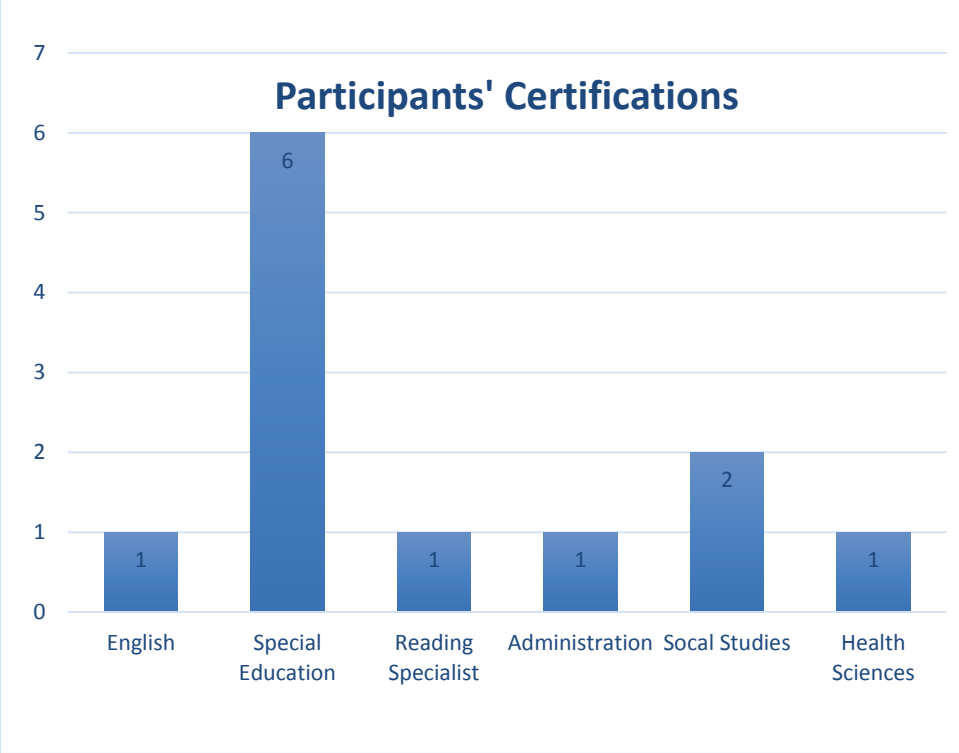
*Participants' Years in Education*



The interviewees held a variety of secondary certifications. Three of the nine interviewees held multiple certifications. The participants held special education, high incidence special education, social studies, English, reading specialists, health sciences, and administration certifications. The participant's certifications are presented in Figure 5.

**Figure 5**

*Participants' Certifications*




The Zoom interview's average length of time was 18:32, with the shortest interview at 11:19 and the longest at 25:05 minutes. The summary of the descriptive statistics is presented in Figure 6.

**Figure 6**

*Summary of Descriptive Statistics*

| Certifications | Ethnicity | Years in Education | Length of Interview | Gender | Highest level Of Education |
|---|---|---|---|---|---|
| 6-12 English, Reading Specialist, Administration | Caucasian | 19 | 23:17 | Female | Masters |
| 6-12 High Incidence Special Education | Caucasian | 2 | 14:46 | Female | Bachelors |
| 7-12 Social Studies | Caucasian | 10 | 11:19 | Male | Masters |
| K-12 Special Education | Caucasian | 11 | 17:00 | Female | Masters |
| K-12 Special Education | Caucasian | 22 | 19:07 | Female | Masters |
| Special Education | Caucasian | 25 | 11:05 | Female | Masters |
| Health Science | Caucasian | 16 | 20:05 | Female | Bachelors |
| Social Studies, Adaptive Special Education | Caucasian | 12 | 16:45 | Female | Masters |
| K-12 Special Education, K-6 elementary, 9-12 English | Caucasian | 27 | 21:50 | Female | Educational Specialist |

Transcripts of the subject interviews were archived and saved on an external hard drive. After transcription, the interviews were uploaded to Quirkos. The transcripts of the interviews are available upon request but are not included either in this dissertation or the occupying appendices.

**Theme 1 – Practical Information**

The researcher found that all nine participants wanted anxiety, depression, and suicide training to include practical information for the classroom. Practical information was information they could take from the training and use immediately in the classroom. There were five specific areas the participants suggested that training needed to include: warning signs, step-by-step instructions, classroom strategies, role-playing, and how to communicate with students.

The researcher found six out of the nine participants wanted to learn more about warning signs in training. Interviewee number five indicated that they would "like maybe those warning signs … the day-to-day things that as a teacher you may see with a student that has depression and that sometimes those are not going to be as apparent." Interviewee one said something very similar when they said, "I think there needs to be more in terms of getting ahead of it; how do we look for those possible signs." Participant number three indicated they wanted "learning how to identify someone experiencing depression and ways to connect with them, and maybe help them cope with their issues." Participant two stated, "We really need that content for teachers to understand those warning signs, what it could lead to, what supports are even out there." The same thoughts were expressed by participant number four, who said, "I definitely think just having the warning signs … know how to prevent first of all, and then spot warning signs." Participant number eight stated:

> They need awareness of things to look for. A student rarely confides in a teacher; it is not that it does not happen. However, it is rarer generally for a friend to pick up on that. So, creating an environment of training for kids on how to intervene on their friend's behalf and recognize things in one another. Because sometimes, as adults, we are moving through our life and … they are in a completely different world.

Learning warning signs were significant for six of the nine participants.

The researcher found that five of the nine participants indicated they wanted step-by-step instructions on how to help students with anxiety, depression, and suicide. Interviewee three stated, "I suppose some type of streamlined process where it's a step-

by-step on how to respond to a crisis." Interviewee number five stated, "I want steps to follow … a checklist." Interviewee nine stated:

> To give us a little bit more of how to, even reach out to some of the kids that we know have anxiety, how to validate, how to help them, instead of always letting them go to the bathroom and wander the hallways.

Interviewee nine revealed, "I have anxiety, but just reading those signs and then knowing how to react and support students." Interviewee nine also stated:

> I feel like, once again, being able to read our students, knowing how to then approach them, knowing how to validate them. Supporting them … if we could intervene earlier, then we aren't sending so many kids to the counselor. I feel like if kids know that, hey, this adult is talking to me, this adult is supportive. I think you just need to know what that interaction looks like.

Of the teachers interviewed, 55% of the teachers expressed the need for step-by-step guidance on helping students with anxiety, depression, and suicide.

Four of the nine participants indicated they wanted practical classroom strategies to help work with students with anxiety, depression, or suicide. Interviewee one stated:

> I think the biggest complaint that teachers had was the fact that it's not viable when you're in a classroom of 20 to 30 kids. I think that something that the training may be lacking how do you do it?

Interviewee number one continued to state, "And then every day in the classroom when you have all these things that you are also supposed to be responsible for. How do you also help that one student who's having that struggle?" Interviewee number four stated, "So that we're kind of all on the same page with strategies because it's hard when one

staff member is using this type of method and another staff member is using this." Interviewee six stated, "We need to get them help ASAP, but I think we still need to remind teachers how to do that, when to do that." Beneficial professional development, as described by the participants, would entail leaving the training with strategies they could use in the classroom.

Two of the nine participants indicated they wanted to use role-playing to learn how to talk to a student about anxiety, depression, and suicide. Interviewee three stated, "I'd like some type of role play. If you had to sit down with a student, what would you say to them?" Interviewee eight stated, "Just opening up and having those playing through scenarios, I think, would be beneficial."

Four out of the nine participants indicated they were interested in learning the correct verbiage to use when working with a student who might be dealing with anxiety, depression, and suicide. Number nine stated, "They could give us what to look for, what verbiage you [should use], what to listen to, how to react, and what point do we send them to the counselors … at what point is it a red flag." Like participant number nine, participant number three said, "If you had to, sit down with a student that you had concerns about, what [would] you say to them." The researcher found that interviewee number two felt similar. Interviewee number two stated:

> There's no way that training goes into [if] the student says this, we react this way. These are things that we need to say, and nowhere in the training does it actually say to you, that you need to be comfortable using the phrase suicide. We don't want to sugarcoat that we want to face this head-on and figure out a way to help our students with their mental health and approach that topic safely and securely.

Interviewee number five stated:

> I would like to have more of a take on just verbiage. How to explain to the parents with IEPs. I have a different outlook than maybe another teacher might, but you know how to explain that or how to use that verbiage when dealing with parents and the communication piece.

The researcher found that nearly half of the participants were concerned about communicating with students and parents when discussing difficult topics such as anxiety, depression, and suicide.

The researcher found that 100% of participants wanted practical training on anxiety, depression, and suicide. However, it is essential to note that not all participants mentioned every subcategory of warning signs, step-by-step instructions, strategies, role play, and how to communicate with these students. It is important to note that some participants did not mention those items, which the researcher concluded that participants not mentioning: warning signs, step-by-step instructions, strategies, and role-play did not mean they thought negatively about those items.

**Theme 2–Not Equipped**

The second significant finding was that teachers felt they were not equipped to help students with anxiety, depression, and suicide. There were three specific areas the interviewees felt they were not equipped. Those areas were lack of training, lack of understanding, and being uncomfortable when working with students with anxiety, depression, and suicide.

The researcher found that eight of the nine participants believed that teachers were not trained to work with students with anxiety, depression, or suicidal thoughts.

Interviewee number one stated, “I have very minimal experience in terms of training.” Interviewee one continued to state, “But I think that often what ends up happening is for a classroom teacher, is that a teacher either doesn’t feel equipped to handle those types of things, even if they have a good relationship with the student.” Interviewee number four stated:

> I just really want to re-emphasize the fact that I think schools desperately need more training in those categories [very desperately] to help students … just based on my experience, I think it’s on the rise. And I think that’s something that we face a lot in the education system. If we don’t have training, and we’re not equipped to handle it, I think school violence and things like that could be worse.

This comment indicates there is a dire concern for students and the safety of our schools. The researcher found that interviewee four indicated, “We don’t know. We don’t know how to respond.” This indicates a problem for teachers working with students who struggle with anxiety, depression, and suicide. During the interview with number five, the interviewee stated, “I think sometimes, as teachers, we are not equipped to know what to do with that information.” Those same thoughts were expressed by interviewee number six, who said, “People don’t know what to do.” These thoughts indicated a feeling of helplessness among teachers. Also, interviewee number seven stated:

> Teachers that have not had a lot of education and a lot of professional development when it comes to anxiety. And maybe there are some that have had very few, they don’t have a lot of experience with that or a lot of training.

Interviewee number three indicated they had been to a training; however, they still did not feel equipped to handle situations with students who are struggling with anxiety, depression, and suicide. Participant number three stated:

> Definitely the raising awareness just kind of raises your antennas to the possibilities. And then, as far as the mandated reporting goes, we're required to do that. And we need to know how to do that and what those requirements are. But as far as how to assist students and stuff like that, it doesn't go into that a lot.

Finally, interviewee number nine stated, "I feel like we just aren't sure how to really help those kids on a daily basis … there's just not that kind of training." This indicated that teachers felt frustrated and unprepared to work with these students.

The second finding under the area of teachers not feeling equipped was that teachers lack understanding regarding students with anxiety, depression, or suicide. Interviewee number one stated, "Some educators apparently never have anxiety or depression or mental health issues and being able to simulate–what might it feel like for somebody who's going through [anxiety]." Interviewee number six stated, "You always have that group that think that the kid is faking it or wants to get out of class or whatever." Interviewee number eight stated, "I can guarantee there's some people who either just don't understand some of the background to it or have a world outlook or perspective that does not allow them to really acknowledge it." These specific participants indicated there is a concern that not all teachers have empathy.

Although only three of the nine participants indicated they thought teachers lacked understanding about the subject of anxiety, depression, and suicide, five

participants did not mention a lack of understanding. However, interviewee number one stated:

> It was just part of our norm was that if we had somebody in class who was having struggles, were dealing with things, they knew I always was going to be able to stop what we were doing, because that took first priority. But I don't think that's necessarily everybody's mindset.

These suggested that some teachers lack the understanding to work with these students, which leads to a more significant concern with the growing number of students struggling with anxiety, depression, and suicide.

The third finding the researcher made under the topic of teachers not feeling equipped was that teachers felt uncomfortable with the topics of anxiety, depression, and suicide. Three of the nine interviewees mentioned this concern. Interviewee number two stated, "I think that the topics are kind of fearful for teachers, and there's got to be a way to connect that we're just helping students, and it's not a scary topic." Similar, to interviewee number two, interviewee number eight stated, "I think it's just so scary, though I think a lot of teachers have an outlook of how do I even begin to intervene." Participant number six stated, "It's just something we're not comfortable with. We don't know what to do. We don't want to do the wrong thing." The researcher was alarmed by the statements that teachers are too fearful to engage in conversations about anxiety, depression, and suicide, even if it meant helping a student. This thought process is not acceptable in the education system.

**Theme 3–Best Format for Professional Development**

During the interviews, the researcher sought to uncover what type of format teachers would want to attend for their professional development. The researcher found that there was no clear consensus from the participants on the professional development format. Over the years, various professional development formats have been tried. However, professional development has never been popular. Interviewee number six stated:

> Teaching style does not fit all students. Well, it doesn't fit all teachers either. And so, I think we need to be willing to look at different ways to get information out to people … training sitting in a library probably isn't the best for most of us.

Interviewee number nine was very specific with the format they felt would be most beneficial. Interviewee nine stated, "It [professional development] would just start with kind of the basics of sort of what we're looking for, and then how to interact with those students and be supportive." Interviewee number two stated, "I think it [professional development] should be reoccurring. So, every couple of months, especially since this district does early release to review what we can do to help students since anxiety is increasing among our students." Interviewee four stated, "I think mental health professionals should come, whether it's from inside our buildings or outside networks, should come in and do a training on depression and anxiety." Interviewee seven suggested:

> I do like the fact that on some of the days, you get to pick and choose what you want to attend. And therefore, I feel like teachers felt like they've had more or

> less of something to kind of pick and choose what would be more valuable to them.

This is the challenge a leader faces when trying to provide professional development to fit the needs of all teachers.

Participants one, two, and seven agreed they would like in-person training. Interviewee number one was unhappy with the required state mandated suicide training. Participant one stated, "Every year, the state requires you to go through the suicide training. This is the worst format of training … we tried to do just the module things, and those are awful." This is a common complaint across Kansas since the state mandated the training. Participant one stated they are frustrated with this particular training because it is the same training year to year.

**Theme 4-Training Necessary**

The researcher asked all interviewees whether they felt the training was necessary for anxiety, depression, and suicide. There was total agreement among all subjects. Their responses identified that anxiety, depression, and suicide training were needed. Interviewee number four stated, "Yes, 100%. I think there's such an increase in kids that are having suicidal ideation." Interviewee five stated:

> Yeah, I definitely think it's needed. Yearly, I think it would even be beneficial twice a year. Because we all know there are certain times of the year that are triggers … and so I think it would be beneficial to have that more than definitely once a year, but I would definitely say more than once a year. This is my 22nd year, and I feel like there have been more students impacted within the last five years with suicide than I have had ever. And so I definitely think it is something

> that is extremely important to address and to have a workshop or some sort of training of suicide.

Interviewee seven stated, “You know, I don’t think that you can get too much of it. But again, I don’t think that’s something you only train upon once a year, or that somebody doesn’t need more training.” Interview nine stated:

> I absolutely do. I feel like anxiety is our new ADHD, and especially at the high school level, I just feel like a lot of these kids, whether they really have anxiety, whether they think they have anxiety, it still is an issue. And I just feel like we do need more training on how to be more supportive.

Interviewee six stated, “Yes, yes, I do.” Interviewee number eight agreed training was necessary; however, they had a slightly different take than the other eight interviewees. Participant number eight stated:

> And when I say training, I don’t mean it’s specific to this district as in like we failed and we should do this. I just mean in general, yeah. Yeah, teachers [need] training on that. And I know that sometimes we were getting hamstringed [held] to a certain extent with the legislature, saying that there’s things you can and cannot talk about. And I hope that doesn’t yield to negative outcomes, but I think it probably will in the long run.

The researcher was not surprised when all the participants were clear that they all needed and wanted more training on anxiety, depression, and suicide.

**Minor Themes**

The researcher found two minor themes that emerged from the interviews. Although all participants did not mention them, the researcher felt they were both

significant enough to mention. While both of these points are minor points, each deserves to be included in the summary of the interviews.

***Minor Theme 1-College Preparation***

The first minor theme was the lack of college education classes regarding training new teachers to work with students with anxiety, depression, or suicide. Interviewee number five stated:

> It's been a while since I've been in teacher educations, undergraduate [level]. Are these classes being made available to them at the undergraduate level? Are they having to any experience with those types of situations?

Interviewee number one stated:

> Nobody taught me about any of that when I was in college as an undergraduate. I think the only time I got any training was when I thought I was going to be a counselor. The thing that I think that training needs to happen before somebody decided to step into a classroom, I just don't think you're taught as a pre-service teacher, your world revolves around content, and being a teacher is so much more than just content. I think especially today, more than any other time period. I think back twenty years when I first entered a classroom, I think I had no clue how to deal with all the emotional and mental health stuff those students were bringing to me, and I was totally flying.

There appears to be an overwhelming concern that teachers entering the education field are not prepared in their college courses to help students who are struggling with anxiety, depression, or suicide.

### *Minor Theme 2*-Not in the Job Description

The second minor theme the researcher found was that teachers felt that working with students with anxiety, depression, and suicide was one more thing added to their job responsibilities. Interviewee number seven stated:

> Sometimes when, especially when you're coming back at the beginning of the school year, and this is nobody's fault, but we're trying to push all these things in. And sometimes all you can think is the fact that you need to get your classroom set up, or you need to do this or you need to do that. And so sometimes really being engaged and the trainings can be difficult.

Interviewee number one stated:

> We've done speakers who've tried to talk about it, it's always timing I think is the biggest thing about format is more about the timing of the year and I don't know when there's a good time of year, but beginning of the year or end of the year isn't necessary it because you're already checked out in a different way.

Teacher jobs require a balance of many various tasks from curriculum, classroom management, and helping students. There appears to be a struggle for teachers to focus on all related job items. However, the researcher found there is no good time to attendant professional development, let alone implement a new learning.

The researcher found four major themes. There were two minor themes. The summary of the four major themes and two minor themes as the related to the research questions can be found in Table 2.

**Table 2**

*Summary of Participants' Responses*

| | |
|---|---|
| **RQ1 What training have secondary teachers received on student's anxiety, depression, and suicide?** | |
| Theme 2 Not Equipped | |
| Participants not trained | 8 |
| Teachers having a lack of understanding | 3 |
| Teachers feeling uncomfortable with topics | 3 |
| Theme 4 Training Necessary | |
| Participants indicating they wanted training | 9 |
| Minor Theme 1 Lack of College Preparatory Classes | |
| Participants think College should prepare teachers better | 2 |
| **RQ2 What are secondary teachers' perceptions on the training they received on student's anxiety, depression, and suicide?** | |
| Theme 2 Not Equipped | |
| Participants not trained | 8 |
| Teachers having a lack of understanding | 3 |
| Teachers feeling uncomfortable with topics | 3 |
| **RQ3 What are secondary teachers' recommendations for additional training on student's anxiety, depression, and suicide?** | |
| Theme 1 | |
| Participants wanting warning signs | 6 |
| Participants wanting step-by-step instructions | 5 |
| Participants wanting classroom Strategies | 4 |
| Participants wanting to practice with role play | 2 |
| Correct verbiage for communication with students | 4 |
| Theme 3 | |
| Participants wanting speaker | 1 |
| Participants not wanting to sit and get information | 1 |
| Participants wanting the basics | 1 |
| Participants wanting to choose training | 1 |
| Participants in-person training | 3 |
| Minor Theme 1 Lack of College Preparatory Classes | |
| Participants think College should prepare teachers better | 2 |
| Minor Theme 2 Not Teacher's Responsibly | |
| Participant felt some teachers thought not in job description | 2 |

## Summary

The issues of students having anxiety, depression, and suicidal ideations have become more common. This is an issue for teachers who are working with these students. The primary purpose of this study was to explore what trainings teachers have received regarding anxiety, depression, and suicide among students and their perceptions about the trainings. The four main themes that emerged from the interviews were teachers wanting practical information, teachers not equipped, professional development format, and whether training is necessary. Although there were some discrepancies, most teachers mentioned the themes that emerged.

Chapter 4 consisted of the descriptive statistics, majors and minor themes. Chapter 5 will consist of the study summary. The study summary overview of the problem, purpose statement, research question, review of methodology, and major themes. Chapter 5 also consisted findings related to literature, implications of actions, recommendation for future study, and closing remarks.

# Chapter 5

## Interpretation and Recommendations

Chapter 5 is comprised of a study summary, an overview of the problem, a restatement of the purpose and research questions, and a review of the methodology and findings related to literature as aligned to the rationale behind this study. Furthermore, chapter five provides a conclusion to the study with implications for action, recommendations for future research, and concluding remarks formulated from the researcher's interpretation of the data. The study was designed to explore what secondary teachers need from the trainings to work more effectively with students with anxiety, depression, and suicidal ideations.

### Study Summary

This section presents an overview of the study to explore what secondary teachers need from the trainings to feel more effective in working with students with anxiety, depression, and suicide. The purpose statement and research questions describe why the study was conducted. The methodology review discusses the study's design and how the data was collected. Finally, the major findings provide the results of the study.

#### *Overview of the Problem*

Literature has suggested that teachers are not trained in working with students with mental health issues. The current study focused on secondary teachers' training about three specific mental health issues among students—anxiety, depression, and suicide, given how common these issues are among secondary students. There is an indication from research that adolescents are suffering from anxiety, depression, and suicide (*Anxiety Disorders - Facts & Statistics, 2022)*. Research suggests that teachers are

not receiving the training to support struggling students (Froese-Germain & Riel, 2012, Higgens & Mösko, 2020), and they want additional training (Caldwell, 2019; Osagiede et al., 2018; Reinke et al., 2011). Furthermore, the research on specific training related to students' anxiety and depression for teachers is also minimal. Therefore, studies on specific training relating to students' anxiety, depression, and suicide from secondary teachers' perspective are needed.

### *Purpose Statement and Research Questions*

The primary purpose of this study is to explore what trainings teachers have received regarding anxiety, depression, and suicide among students and their perceptions about the trainings. The study also explores teachers' perceptions of the effectiveness of those trainings and their recommendations for additional trainings. The researcher used a qualitative approach to understand what training secondary teachers have received on students' anxiety, depression, and suicide and their perceptions of the training. The study was designed to explore what secondary teachers need from the trainings to work more effectively with students with anxiety, depression, and suicide.

#### *RQ1*

What training have secondary teachers received on students' anxiety, depression, and suicide?

#### *RQ2*

What are secondary teachers' perceptions on the training they received on students' anxiety, depression, and suicide?

***RQ3***

What are secondary teachers' recommendations for additional training on students' anxiety, depression, and suicide?

**Review of the Methodology.**

This study followed a phenomenological qualitative research design. The purpose of the phenomenological study was to understand the perceptions of teachers on trainings on student's anxiety, depression, and suicide and understand the interviewee's life experiences in regard to the trainings. Additionally, the study investigated what additional knowledge the teachers would like to obtain from training to work with students with anxiety, depression, and suicide. The researcher was not looking for other criteria of participants other than they were all secondary teachers. The researcher developed open-ended interview questions using the research questions as guidelines. Prior to the interview, the researcher sent the participants a demographics survey using Google Forms. After the interviews were completed, the researcher uploaded the video recording to Otter.ai, which transcribed the interviews. Once those were transcribed, the researcher saved them on an external hard drive. They then uploaded the transcripts to the online program called Quikos. Once the transcripts were uploaded, the researcher coded the interviews into themes which became the major findings of the research study.

**Major Themes**

Participants' responses to the interview questions indicated there were four major findings and two additional findings. The major findings were that teachers wanted practical information during trainings, teachers did not feel equipped to handle students with anxiety, depression, or suicide, teachers wanted specific training formats, and they

felt training was necessary. The two additional findings related to the lack of college courses preparing future teachers to work with students who suffer from anxiety, depression, and suicide; some felt it was not their job responsibility to help those students.

The researcher found that the teachers wanted practical information on anxiety, depression, and suicide. They were interested in learning the warning signs to help identify students who might need help. They indicated they wanted step-by-step instructions when facing a student needing help with anxiety, depression, or suicide. Also related to practical information, teachers wanted training that gave classroom strategies to help these students. Teachers also wanted the opportunity to engage in role-playing to help better understand what to do when faced with a student who required additional help. Finally, the participants wanted the correct verbiage when communicating with students and parents about the topics of anxiety, depression, and suicide.

The second central theme was that teachers did not feel equipped to handle students dealing with anxiety, depression, or suicide. Teachers felt they lack the specific training to help these students. In addition, they felt that some teachers lack an understanding of anxiety, depression, and suicide. Finally, teachers indicated that the topics of anxiety, depression, and suicide were uncomfortable to address with students.

The third major theme related to the format that professional development should take regarding anxiety, depression, and suicide. There were several suggestions on what the format should be for professional development. However, there was no consensus among the participants.

The final major theme was that all teachers indicated a need for more training on anxiety, depression, and suicide. When asked about all three topics, they responded without hesitation. All participants were in agreement that additional training was needed.

The first minor theme was related to college classes. Teachers indicated that college programs were not adequately preparing teachers to address the needs of students struggling with anxiety, depression, and suicide. The second finding was very concerning for the researcher. In the interviews, a couple of times teachers indicated that some believe it is not their responsibility to help students dealing with anxiety, depression, and suicide.

**Findings Related to the Literature**

The literature review found that teachers wanted practical information they could use in their classrooms for anxiety, depression, and suicide. More specifically, the literature review focused on the way classroom teachers recognized warning signs and provided appropriate support for students (Johnson et al., 2011). Another study supported this current finding, with its participants wanting advice on identifying mental health problems (Shelemy et al., 2019). The literature review findings and the findings of this study are similar. This literature review also found that teachers wanted practical training led by experts. They stated they needed concrete lists of strategies that can be used as a reference for teachers (Shelemy et al., 2019). Participants in this current research study also recognized they wanted strategies and practical information from their trainings in anxiety, depression, and suicide.

This current research study found that the participants all felt strongly that they needed more training. This is similar to the study by Shelemy et al. in 2019, that 67% of teachers had never received mental health training (Shelemy et al., 2019). The research suggested that training should focus on how to educate students about mental health (Shelemy et al., 2019). The literature review also found in a study that teachers felt they were not equipped to do so (Andrews et al., 2014), which was identical to the findings from a study in 2006 where the study found teachers indicated they did not feel confident about their ability to manage mental health problems in the classroom (Walter et al., 2006). Another study found that participants stated they often felt unprepared or uncomfortable responding to signs or suicidal behaviors (Walsh et al., 2013).

Although only two participants stated that no college course work helping prepare a new teacher to help students with anxiety, depression, or suicide, the researcher felt this was significant and needed to be included in the findings. The literature review found that most teachers from a teacher training program have little to no training in identifying and addressing student mental and behavioral health concerns (Aluh et al., 2018; Koller & Bertel, 2006, Reinke et al., 2011). Also, a study from Canada found that teacher education programs are not providing enough preparation on the topic of mental health (Andrews et al., 2014).

The researcher found that teachers wanted to participate in role-playing as part of their professional development on anxiety, depression, and suicide. The literature review did not support this finding. However, the researcher believes this is a significant insight into the potential needs of secondary teachers.

The current research study found that the participants disagreed with the format of professional development. Although they agreed that professional development was needed for anxiety, depression, and suicide, every participant suggested a different format. In the literature review, only one study suggested they wanted expert-led practical training (Shelemy et al., 2019).

This current study found that two participants felt teachers believed it was not their responsibility to help students with mental health needs. These results are similar to a study in the literature review. In a study conducted in 2006 by Walter et al., teachers had a favorable attitude toward schools providing mental health services (Walter et al., 2006). In a study by Rothi et al. (2008), researchers found that teachers felt they had a duty to help students but inadequately prepared to support them (Rothì et al., 2008).

**Conclusions**

The current study presented information on the perceptions of secondary teachers on training related to anxiety, depression, and suicide. Furthermore, the study sought to find the perceptions of secondary teachers on how those trainings helped them work with these students. An in-depth interview protocol elicited rich data from the participants. The participants indicated they wanted: (a) practical information from trainings to take back to the classroom, (b) they did not feel equipped to handle students who needed additional support due to anxiety, depression, or suicide, (c) participants had no consensus on the type of format they wanted for professional development, and (d) all participants agreed they needed more training. The study found two additional findings: a couple of participants felt college programs did not prepare teachers for working with anxiety, depression, or suicide. Also, a few participants suggested that some teachers felt

it was not their responsibility to help students who struggled with anxiety, depression, and suicide.

### *Implications for Action*

This study sought to examine the perceptions of secondary teachers on training related to anxiety, depression, and suicide. The findings of this study found there were two powerful implications. These implications were the need for more training and teachers' high-stress level, which could lead to burnout.

The researcher was not entirely surprised that every participant indicated they needed more training. However, the researcher was surprised that some participants indicated that they had no training regarding anxiety, depression, and suicide. This is a dire concern, as the literature review found an increase in the number of adolescents suffering from anxiety, depression, and suicide. The lack of training the participants are receiving will have a more significant impact of teachers' ability to work with these students.

Also, as the number of students with anxiety, depression, and suicidal ideations increases and accompanies the lack of training, teacher burnout may occur. The participants in the current research study appeared overwhelmed and at a loss on how to help these students. Schools need to take notice of the situation and begin to support teachers by giving them the professional development they need to feel they can work with these students successfully. Suppose this trend of more students struggling with anxiety, depression, and suicide and the lack of teacher training continues, it is likely that more teachers will leave in an already concerning state of education.

### *Recommendations for Future Research*

The following recommendations represent potential areas identified for future inquiry. The current study identified that secondary teachers wanted strategies that would be helpful in the classroom. Future studies could focus on what specific strategies they want. The current study only included secondary teachers. Future studies could focus on perceptions of elementary teachers related to training on anxiety, depression, and suicide. The current study only focused on teachers' perceptions of training related to anxiety, depression, and suicide. Future studies could focus on perceptions of administrators related to training on anxiety, depression, and suicide. Also, their perceptions of how their training help while working with students struggling with anxiety, depression, and suicide. The current study was qualitative. Future research could conduct the same study but from the quantitative research perspective. However, this study was conducted in a small town outside a large Midwest city. A future study could be conducted by comparing urban versus rural school districts. Also, the two additional findings were not major findings; there is a strong implication that college programs are not preparing incoming teachers to work with students with anxiety, depression, and suicide. Future studies could look specifically at how universities could better prepare incoming teachers to work with these students.

### *Concluding Remarks*

This qualitative study focuses on secondary teachers from a small town outside a metropolitan area in the Midwest. The study explored the perceptions of secondary teachers on training related to anxiety, depression, and suicide. Additionally, the research sought to find out how those trainings helped teachers as they worked with students

struggling with anxiety, depression, and suicide. The descriptive statistics within this study included gender, years in education, certifications, and participants' level of education. Participants' responses to the interview questions indicated four major findings and two additional findings. The major findings were that teachers wanted practical information during trainings, teachers did not feel equipped to handle students with anxiety, depression, or suicide, teachers wanted specific training formats, and they felt training was necessary. The two additional findings related to college classes geared towards students with anxiety, depression, and suicide; some felt it was not their job responsibility to help those students.

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# Appendices

# Appendix A: District Approval

Angela G...

## Dissertation

3 messages

**Angela Gill** Mon, Jan 23, 2023 at 10:45 AM
To: S...

Good morning,
I am currently writing my dissertation for Baker University in K-12 Leadership. I am now to the point to begin interviewing teachers. I need to interview 10 secondary teachers. I was wondering if I could get permission to contact secondary teachers to schedule a possible interview? I have listed below the purpose of the study and the research questions.

The main purpose of the this study is to explore what trainings teachers have received rewarding anxiety, depression, and suicide amng students and their perceptions about the trainings. Additionally, the study also explores teachers' perceptions of the effectiveness of those training and their recommendations for additional training.

RQ1 What traingings hae secondary techers received on studetn's anxiety, depression and suicide?
RQ2 What are secondary teachers' perceptions on the training they received on students' anxiety, depression and suiicde?
RQ3 What are secondary teacher's recommendations for additional trainings student's anxiety, depression, and suicide?

Each participant will be given a number to protect identity. All demographic information will be summarized to avoid any identifiable information. Please let me know if you have any additional information. I will be happy to share my data collection procedures, interview protocols etc.
--
Angie Gill, Ed.S.
WEBS Administrator
CPI Trainer

Mon, Jan 23, 2023 at 11:00 AM
To: Angel

Sounds like a great Study! I think it would be fine. Have a great day!
[Quoted text hidden]
--

**Angela Gill** < Mon, Jan 23, 2023 at 11:03 AM
To: S

Thank you
[Quoted text hidden]

## Appendix B: IRB Approval

BAKER UNIVERSITY
Own Confidence

*Baker University Institutional Review Board*

March 24th, 2023

Dear Angela Gill and Jim Robins,

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 C: Demographic Information

Before the researcher began the interview, the researcher gave a survey using google forms prior to the interview. The survey was sent to the participants via email. The following demographic information to each participant:

1. What is your gender?
2. What is your ethnicity?
3. How many years have you been working in education?
4. What areas are your certified to teach?
5. What is your highest level of education?

# Appendix D: Interview Protocol

**Opening Statement**

Thank you for participating in a research study that explores the perceptions of teacher of training regarding working with students with anxiety, depression, or suicide. The interview will take approximately 40-45 minutes. The session will be video recorded, and contents of this interview will only be made available to my research committee and myself.

Your identity will be completely confidential throughout the study. Please speak to the best of your knowledge. Once the interview is completed, you will be given an opportunity to review your responses and make any changes to your responses if you feel it to be inaccurate. You may decline to answer any question at any time, and you may also discontinue your participation in this study at any time. If you do wish to no longer be part of this study, I will not use any of your interview. Do you have and questions or concerns before we begin?

1. What kind of workshop or professional development have you received regarding students' anxiety?

*If the participant answered they hadn't been to a training, then go to question 5.*

*If the participant answered they had been to a training, then ask:*

2. You mentioned you participated in training X for students' anxiety, could you please tell me about that training?

*Follow-up questions, if they didn't mention any of the specific aspect of the training in their general description:*

What skills did you learn?

What knowledge was shared in the training?

How easy was it to apply the things learned from the training to deal with student's anxiety in practice?

Was the training helpful? Why or why not?

3. What is your general experience with training X?

*If the participant stated that the training was a negative experience, ask:*

What could have made this a better training?; Can you give me an example?; Can you tell more about the training?

*If the participant stated that the training was a positive experience, ask:*

Could you tell me more about your positive experience? Which part of the training left you a positive impression?

4. Given your experience on the training X, do you think additional training regarding student's anxiety is needed?

*If the participant answered yes, then follow up:*

Could you be more specific about the training, for example, the format, the content, and so on?

*If the participant answered no, then follow up:*

Why not?

*If the participant had been to a training on students' anxiety, after question 4, go to question 6. Skip question 5.*

*5.* Given your experience dealing with student's anxiety, do you think training regarding student's anxiety is needed?

*If the participant answered yes, then follow up:*

Could you be more specific about the training, for example, the format, the content, and so on?

*If the participant answered no, then follow up:*

Why not?

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We just talked about training regarding students' anxiety , now we will switch gears some and talk about your experience on training regarding students' depression.

6. What kind of workshop or professional development have you received regarding students' depression?

*If the participant answered they hadn't been to a training, then go to question 10.*

*If the participant answered they had been to a training, then ask:*

7. You mentioned you participated in training X for students' depression, could you please tell me about that training?

*Follow-up questions, if they didn't mention any of the specific aspect of the training in their general description:*

What skills did you learn?

What knowledge was shared in the training?

How easy was it to apply the things learned from the training to deal with student's depression in practice?

Was the training helpful? Why or why not?

8. What is your general experience with training X?

*If the participant stated that the training was a negative experience, ask:*
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

What could have made this a better training?; Can you give me an example?; Can you tell more about the training?

*If the participant stated that the training was a positive experience, ask:*

Could you tell me more about your positive experience? Which part of the training left you a positive impression?

9. Given your experience on the training X, do you think additional training regarding students' depression is needed?

*If the participant answered yes, then follow up:*

Could you be more specific about the training, for example, the format, the content, and so on?

*If the participant answered no, then follow up:*

Why not?

*If the participant had been to a training on students'* depression, *after question 9, go to question 11. Skip question 10.*

*10.* Given your experience dealing with students' depression, do you think training regarding students' depression is needed?

*If the participant answered yes, then follow up:*

Could you be more specific about the training, for example, the format, the content, and so on?

*If the participant answered no, then follow up:*

Why not?

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We just talked about training regarding students' depression, now we will switch gears some and talk about your experience on training regarding students' suicide.

11. What kind of workshop or professional development have you received regarding students' suicide?

*If the participant answered they hadn't been to a training, then go to question 15.*

*If the participant answered they had been to a training, then ask:*

12. You mentioned you participated in training X for students' suicide, could you please tell me about that training?

*Follow-up questions, if they didn't mention any of the specific aspect of the training in their general description:*

What skills did you learn?

What knowledge was shared in the training?

How easy was it to apply the things learned from the training to deal with student's suicide in practice?

Was the training helpful? Why or why not?

13. What is your general experience with training X?

*If the participant stated that the training was a negative experience, ask:*

What could have made this a better training?; Can you give me an example?; Can you tell more about the training?

*If the participant stated that the training was a positive experience, ask:*

Could you tell me more about your positive experience? Which part of the training left you a positive impression?

14. Given your experience on the training X, do you think additional training regarding students' suicide is needed?

*If the participant answered yes, then follow up:*

Could you be more specific about the training, for example, the format, the content, and so on?

*If the participant answered no, then follow up:*

Why not?

*If the participant had been to a training on students'* suicide*, after question 14, go to question 16. Skip question 15.*

*15.* Given your experience dealing with students' suicide, do you think training regarding students' is needed?

*If the participant answered yes, then follow up:*

Could you be more specific about the training, for example, the format, the content, and so on?

*If the participant answered no, then follow up:*

Why not?

16. We just went through all my questions, is there anything else you'd like to share with me about your training experience regarding students' anxiety, depression, and suicide that I didn't ask? Anything else that you'd like to add?

**Closing Statement**

This concludes the interview. Thank you again for your participation in this study! Do you have any final questions about the research study or about the interview today? You will be given the opportunity to review your interview transcripts within the next month to confirm the accuracy of the transcripts.

## Appendix E: Invitation to Participate

*Participants Name*

My name is Angela Gill. I am currently working on my dissertation to complete my doctorate in the Educational Leadership with Baker University. My dissertation is to explore what trainings teachers have received regarding students' anxiety, depression, and suicide and their perceptions about the trainings. Additionally, the study also explores teachers' perceptions of the effectiveness of those trainings and their recommendations for additional trainings. I am seeking secondary teachers to participate in the study to help me gain understanding on how to potential help teachers work with students struggling with anxiety, depression, or suicide.

If you choose to participate in the study, you will have a 40-45 minutes on Zoom. The interview scheduled at your convivence. You will be asked 16 questions related to your trainings on anxiety, depression, and suicide. Following your interview, you will have an opportunity to review your responses.

If you have any questions or would like to participate, please let me know. I look forward to talking with you soon.

Angela Gill

Baker University

## Appendix F: Consent to Participate

**Research Title:** Secondary teachers' perceptions on training they received regarding anxiety, depression, and suicide

**Researcher**: Angela Gill

**Advisor**: Dr. James Robins

School of Education

Baker University

8001 College Blvd.

Overland Park, KS 66210

My name is Angela Gill. I am a former school psychologist in your district and I am currently working on my dissertation to complete my doctorate in the Educational Leadership with Baker University. My dissertation is to explore what trainings teachers have received regarding students' anxiety, depression, and suicide and their perceptions about the trainings. Additionally, the study also explores teachers' perceptions of the effectiveness of those trainings and their recommendations for additional trainings. I am seeking secondary teachers to participate in the study to help me gain understanding on how to potential help teachers work with students struggling with anxiety, depression, or suicide.

If you choose to participate in the study, you will have a 40-45 minutes on Zoom. The interview scheduled at your convivence. You will be asked 16 questions related to your trainings on anxiety, depression, and suicide. You may decline to answer any of questions at any time. You may also discontinue your participation in the study for an reason at any time.

All personally identifiable information will remain confidential. You will be given a number for the purpose of this study. Interview transcripts will be password protected and only my researcher advisor and research analysist will have access to raw data and the transcripts. You will have an opportunity to review your interview transcripts to ensure the interview is accurately transcribed.

**Consent to Participate**

I understand that my participation in this research study is completely voluntarily. I also understand that I am able to decline to answer any question at any time. Furthermore, I am able to discontinue my participation in this study at any time point for any reason. The researcher can be contacted at angelajgill@stu.bakeru.edu should I have any questions or wish to discontinue my participation.

I have read and understand the above statement. By signing, I agree to participate in the research study. The Baker University Institutional Review Board approved this study on March 24, 2023 and will expire on March 24, 2024 unless renewal is obtained by the review board.

**Participant Signature:_____Date_____**