An Examination of Mental Health Education and Training and The Impact on the Socio-Emotional Development of Students

Katie Morgan

17729259

BA Honours Psychology

March 2020

Supervisor: Dr. Michelle Kelly

Submission of Thesis and Dissertation

National College of Ireland

Research Students Declaration Form

(Thesis/Author Declaration Form)

Name: Katie Morgan

Student Number: X17729259

Degree for which thesis is submitted: Bachelor of Arts Honours Psychology

Material submitted for award

(a) I declare that the work has been composed by myself.

(b) I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged.

(c) My thesis will be included in electronic format in the College Institutional Repository TRAP (thesis reports and projects)

(d) ***Either*** *I declare that no material contained in the thesis has been used in any other submission for an academic award.

Or *I declare that the following material contained in the thesis formed part of a submission for the award of

I declare that the following material contained in the thesis formed part of a submission for the award of QQI BA (Honours) Degree in Psychology at level 8

(State the award and the awarding body and list the material below)

Signature of research student: Katie Morgan

Date: 02/03/2020

Submission of Thesis to Norma Smurfit Library, National College of Ireland

Student name: Katie Morgan_ Student number: 17729259

School: School of Business Course: Bachler of Art Honours Psychology

Degree to be awarded: BA (Honours) Degree

Title of Thesis: An examination of Mental Health Education and Training and The Impact on the Socio-Emotional Development of Students

One hard bound copy of your thesis will be lodged in the Norma Smurfit Library and will be available for consultation. The electronic copy will be accessible in TRAP (http://trap.ncirl.ie/), the National College of Ireland's Institutional Repository. In accordance with normal academic library practice all theses lodged in the National College of Ireland Institutional Repository (TRAP) are made available on open access.

I agree to a hard bound copy of my thesis being available for consultation in the library. I also agree to an electronic copy of my thesis being made publicly available on the National College of Ireland's Institutional Repository TRAP.

Signature of Candidate: Katie Morgan

For completion by the School:

The aforementioned thesis was received by_____ Date:_____

This signed form must be appended to all hard bound and electronic copies of your thesis submitted to your school

Acknowledgements

I would like to thank my supervisor Dr. Michelle Kelly; she has been a wonderful guide taking time out of her day to answer all my questions no matter how big or small. I would all like to thank my parents, friends and family for all their unwavering support and patience as I completed my project. I would also like to thank my manager and colleagues for allowing me to take off more days than I should have and for taking up additional shifts so that I could focus entirely on my project.

Table of Contents

Abstract

Adolescence is a pivotal time in which mental health issues begin to arise. Teachers are in a unique position to provide mental health services to their students an ability which is often overlooked. This study aimed to gain a teacher's perspective on the mental health training and education of teachers, and the barriers which prevent them from doing so. Seventy-three participants with a mean age of 40 from five secondary schools within County Dublin completed the online survey. Participants reported on their level of mental health training, the reasons why they feel students fall through the cracks in schools and the barriers they face. Participants indicated that an increased number of barriers preventing the provision of mental health problems would result in a decrease in willingness to provide mental health support ($p=.006$). Results also demonstrated that levels of teacher mental health training had a non-significant impact on reasons for which they perceive students falling through the cracks. Further study is needed in providing mental health education and training in teachers. Broader implications and future directions are discussed.

1.1 Introduction

Mental health issues often occur for the first-time during adolescence (Jorm, Kitchener, Sawyer, Scales, & Cvetkovski, 2010). Mental health issues in young adolescents such as major depressive disorder has been shown to have increased in recent years (Fombonne, 1995, Twenge, 2019,). As many as one in five adolescents struggle with mental health problems in the world today (Bor, Dean, Najman, & Hayatbakhsh, 2014). In 2017 it was reported that 22.6% of Irish adolescents aged between 11 and 15 years experienced two or more psychological symptoms more than once a week (Brazier, 2017). There has been a gradual increase in mental health issues in adolescents, in particular generalized anxiety disorder and major depressive disorder, this increase has made it apparent that awareness and support in the schooling environment needs to be widely available and made a priority (László, Andersson, & Galanti, 2019). The prevalence of major depressive disorder in adolescents has gradually increased in the last decade increasing from 8.7% in 2005 to 11.3% in 2014. This increase means more than half million adolescents suffer with a 12-month long major depressive episode (Mojtabai, Olfson, & Han, 2016). Adolescent females have significantly higher probability than their male counterparts to experience major depressive disorder. Adolescent males are also less inclined to seek assistance than females (Sen, 2004). These mental health problems can increase in severity if they are left untreated and can lead to multiple adverse outcomes for the student (Suldo, Gormley, DuPaul, & Anderson-Butcher, 2014).

Contemporary research into mental health in schools has suggested that mental health is an unconversant term in the schooling environment (Ekornes, Hauge, & Lund, 2012). Suggesting that mental health is not in the forefront of concerns in modern schooling. The school plays an important role in the lives of adolescents as it is where the majority of their time is spent. As a result of the volume of time spent in school by

adolescents, teachers become important figures to aid emotional and social development in the adolescents they teach (Harvey, 2004, Schonert-Reichl et al, 2015). Schools are said to be an ideal setting for depression prevention programmes to take place and they can effectively reach a large quantity of adolescents at one time (Calear & Christensen, 2010).

One of the most prominent consequences of mental health concerns continuing to increase among students is the expectation that teachers should work hand in hand with students, families and health professionals to implement and monitor mental health interventions for struggling students (Kay-Lambkin, Kemp, Stafford, & Hazell, 2007). Teachers can have a noteworthy impact on the development and emotional well-being of the students they teach and the duties of a teacher in many cases goes beyond just teaching expectancy (Kratt, 2019). They are thought to be in an optimal position which enables them to determine whether or not there are issues arising within their students social and emotional development (Graham, Phelps, Maddison, & Fitzgerald, 2011). Teachers possess the ability to identify early signals in the case where a student appears to be struggling or has experienced a change in "attention, social interaction, work habits, or mood". They hold a key position to provide exemplary behaviours and social interactions which can assist students in learning how to navigate unfavourable situations (Graham, Killoran, & Parekh, 2017). For a student who is struggling with mental health problems, the teacher is often the key person in the school setting who is asked to perform school-based interventions, as well as to refer students who need additional mental health focused support (Reinke, Stormont, Herman, Puri, & Goel, 2011).

It is important to recognize the problems teachers face which hinder their abilities to provide adequate mental health education to their students. The Mind Out study, a curriculum-based module developed for 15-18 year olds currently studying in Irish secondary schools found that only 37% of teachers "feel well equipped to educate

students on mental health and mental illness" (Byrne, Barry, & Sheridan, 2004). Teachers have been proven to possess the ability to recognise the existence of a mental health disorder in students and the ability to accurately rate severity of the issue (Loades, & Mastroyannopoulou, 2010). Although teachers may have the ability to identify a mental health disorder within their students, studies suggest that teachers often lack the appropriate training and education to effectively intervene and assist with students suffering with mental health problems (Frauenholtz, Mendenhall, & Moon, 2017). In a study conducted on teachers defined as either 'novice' or 'expert' it was found that both groups of teachers accept that consideration and treatment of the mental health issues of their students is essential to their ability to educate. Furthermore during this study it was established both groups of teachers reported they received insufficient formal academic education in 'prevention-based' mental health practices in their training. (Koller, Osterlind, Paris, & Weston, 2004). One study reported that 89% of teachers believed that schools should play a part in addressing the emotional needs of their students. In contrast to this only 34% of teachers surveyed believed that they had the skills necessary to play a supportive role in meeting the emotional and mental needs of their students (Reinke et al., 2011). Another study found that 68% of teachers examined stated they attained no training regarding mental health literacy which was found in increased frequency in teachers who had little teaching experience; 75% stated they attained no training in metal health (Froese-Germain, & Riel, 2012). Many teachers receive very little training in mental health issues throughout their educational studies. The absence of training can lead teachers to feel inadequately equipped to cope with the increasing challenges of students' mental health problems in the Irish secondary school system. (Rothì, Leavey, & Best, 2008).

It is vital that practicing teachers are provided with the appropriate training in dealing with mental health issues as the mental health issues of students are an added distraction to a teachers classroom. As a result of a lack of time and a larger population of students than teachers there is a risk that they will only be addressed when they are seen as a direct barrier to effective teaching (Kidger et al., 2009). Teachers are essential components to this as they possess the ability to implement different techniques and teachings into the classroom. It is fundamental for the success of students for teachers to be able to recognize and identify mental health issues within their students. 87.5% of participants in one study felt one of the major barriers to implementing mental health practices in the schooling environment was lack of teacher mental health training (Byrne, Barry, & Sheridan, 2004). Teachers often do not refer students solely based on behaviour problems at the same speed they would refer a student who is struggling academically (Eklund et al., 2009). This may be due to lack of education on mental health symptoms in students. As a result of this immense pressure placed on teachers to provide mental health services to students, it has become a concern as many teachers do not have the skills, education or training to make a diagnosis for their students suffering with mental health issues or disorders (Klug, Bruder, & Schmitz, 2016). Teachers who are educated on mental health practices are able to effectively enforce mental health programmes in schools and have a positive impact on the adolescents they teach (Kuosmanen, Clarke & Barry, 2019).

An overwhelming amount of studies have found teachers often do not receive comprehensive mental health training within their studies which is important for the health of their students (O'Reilly et al., 2018). The promotion of health and well-being through the use of an integrated approach is vital to the cognitive, emotional, social and academic development of adolescents (Barry & Jenkins, 2007). Prevention and early intervention are essential factors in dealing with mental health disorders in adolescents (Read, Roush,

& Downing, 2018). In the case of adolescents dealing with bipolar disorder it has been found that early interventions have the ability to improve help-seeking behaviour in adolescents, their quality of life and the likelihood of functional recovery for individuals who develop the disorder in adulthood (McAulay, Mond, & Touyz, 2018). Corresponding with this teacher-administered prevention and early intervention programs are effective for mental health problems such as anxiety (Neil & Christensen, 2009). Mental health interventions are often put in place by governments as an attempt to help students. Regardless of the government supplying these basic guidelines for mental health interventions, only 51.5% of Irish schools have enforced a policy in relation to mental health arrangements in addition less than 50% of schools stated that they are providing adequate support to students suffering with mental health issues (Patalay, Giese, Stanković, Curtin, Moltrecht, & Gondek, 2016).

Directing the focus to improving teachers mental health literacy and education can contribute to positive mental health outcomes, for example identifying initial psychiatric illnesses (Whitley, Smith, & Vaillancourt, 2013). Mental health problems often present themselves in different ways such as student withdrawal or acting out. Often times students whose mental health problems present themselves in more attention seeking forms are more likely to receive adequate mental health assistance. Diverging away from this, the majority of mental health disorders present themselves in silent ways which go undetected. This exemplifies why it is needed for teachers to receive comprehensive training in order to detect these silent symptoms and ensure their students will not slip through the cracks. The training of teachers in mental health results in the successful promotion of positive attitudes surrounding mental health in schools and improve mental health knowledge in the schooling environment (Anderson, Werner-Seidler, King, Gayed, Harvey, & O'Dea, 2019).

Educating adolescents in the mandatory mental health skills to have the ability to identify and respond to mental health issues may provide life-long skills that promote lesser stigmatism, greater support from peers, more effective help seeking (Hart, Cox & Lees, 2018). It is highly beneficial for the mental health promotion in schools to be achieved through the use of intervention programmes. Interventions which are administrated throughout the later stages of adolescence and included a mixture of multiple mindfulness exercises often result in the largest effects on mental health and well-being (Carsley, Khoury, & Heath, 2018). However, there are a number of factors involved for an intervention to be successful, one of which is to ensure that staff are supported and engaged (O'Reilly, Svirydzenka, Adams, & Dogra, 2018). Teachers much be fully committed and educated correctly to ensure the success of any intervention within the school environment. School based interventions only function well when implemented and conducted by teachers (Wilson, Lipsey, & Derzon, 2003). The effectiveness of the intervention can also be determined if teacher efficacy is increased, through extensive training and if the teacher is provided with sufficient support and supervision by qualified mental health professionals (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

The issues arising from teachers being unqualified or unprepared to deal with the types of mental health illnesses students may develop over the course of their school career can have very serious repercussions on an adolescents' life. Mental health issues can affect the everyday functioning of adolescents, they can have a detrimental effect on their social and emotional wellbeing as well as a negative affect academically. It has been found that up to 30% of students do suffer with a mental health disorder (Kaltiala-Heino, Marttunen, Rantanen, & Rimpelä, 2003; Patel, Flisher, Hetrick, & McGorry, 2007). More than 50% of adult mental disorders begin before the age of 18 years (Kessler et al., 2007). This illustrates the importance of early prevention in adolescents to alleviate the negative long-

term effects of the early acquisition of a mental health disorder. Untreated mental health disorders can have serious effects on an adolescent. Studies have found that adolescents who are struggling with a mental health disorder without receiving any form of help are at risk of academic failure, family conflict, substance abuse, violence, and in some cases suicide (Fleming et al, 2014, Suhail, 2012). Previous literature has found that 63% of adolescents who suffer with depression revealed a significant disfunction occurring in at least one area of functioning, along with approximately 30% reporting suicidality in a single year in comparison to the 10.8% who revealed a suicide attempt in a single year (Avenevoli, Swendsen, Burstein, & Merikangas, 2015). There is significant evidence which suggests that adequately developed and effectively practiced school-based mental health programs can have a positive effect on adolescents behavioural and emotional performance (Han & Weiss, 2005).

It is hypothesized that the lack mental health training and education of secondary school teachers was associated with the perceived reasons as to why students suffering with mental health problems and disorders fall through the cracks within the school system. In relation to this, it is hypothesized that a teacher's level of mental health training and education had an impact on the perceived reasons as to why students with mental health disorders fall through the cracks in schools. As result of past literature it is hypothesised that a teacher's willingness to be involved in the promotion of positive mental health practices in students is hindered by the barriers faced in providing mental health services in their respective schools.

2.1 Methods

2.2 Participants

A total of 73 participants from 5 different secondary schools in County Dublin completed the online survey. Inclusion criteria detailed that all participants must be working secondary school teachers from county Dublin. Retired, unemployed or individuals currently studying to become teachers were excluded from this sample. The sample includes both male and female teachers from a number of different secondary schools in county Dublin. Participants were divided as 58.1% female , 38% male and 2.5% stated prefer not to say. The participants years of teaching experience had a range of 1 year to 34 years of experience. The mean years of teaching experience was 14.45 years. Nearly half of the participants 45.2% had 1-10 years of teaching experience 27.3% had 11-20 years of teaching experience. Number of years of teaching experience had a standard deviation of 9.6. The participants age range was 21 years of age to 65 years of age and the mean age was 40. Age had a standard deviation of 10.7. This study only examined and included active the teaching staff in the respective schools no other members of school staff were asked to participate in the survey. An active teacher was defined as someone who was currently employed in the school for teaching work.

2.3 Design

This study was conducted using quantitative research to gain an understanding of the teachers beliefs and views in their ability and responsibility to support their students who are suffering mental health issues. Quantitative research was used in this study as it provides a statistical analysis of the beliefs and abilities of secondary school teachers. This study was conducted through the use of an online survey. The survey followed a cross sectional design as only one survey will be conducted throughout the entirety of the study. The study is a within participants study. A spearman correlation was carried out to

examine if the lack of teacher mental health training in secondary schools associated with the reasons students with mental health problems to fall through the cracks. The independent variable was the level of teachers mental health training and the dependent variable was the number possible reasons for students to fall between the cracks in schools. In this study as Kruskal- Wallis one way ANOVA was conducted to examine the impact of teacher mental health training on negative student outcomes. In this analysis the dependent variable was the number of possible reasons for students with mental health problems to fall through the cracks in schools and the independent variable was the level of teacher training. A linear regression was conducted to evaluate the relationship between the perceived barriers for providing mental health services in schools and teachers willingness to be involved in providing mental health services in schools. The predictor variable was the perceived barriers for providing mental health services in schools and the criteria variable was the willingness for teacher involvement in addressing the mental health needs of students in their schools. Descriptive statistics tables were also produced in this study which involved variables such as gender, age, years of teaching experiences, number of students, number of students referred by a teacher in a single school year and the number of families referred by a teacher in a single school year.

2.4 Materials

The survey was used was an adapted version of The Mental Health needs and practices in schools survey taken from Supporting Children's Mental Health in Schools: Teacher perceptions of Needs, Roles and Barriers study see *appendix D* (Reinke et al, 2011). The adapted survey was created using google forms. The adapted version of the survey included questions detailing information on attitudes and beliefs around why students with mental health needs fall between the cracks, beliefs around the extent to which teachers should be involved in addressing the mental health needs of students and

beliefs around perceived barriers for providing mental health services in their school. The survey consisted of 31 questions each answered on a 5 point Likert scale, 3 multiple choice questions and 5 questions which participants had to answer themselves. The first section of the survey included several different demographic questions detailing gender, age, years of experience, the total number of students they have seen or referred for mental health services in the past school year, the total number of families they have seen or referred for mental health services in the past school year and highlight the different mental health problems students which they have taught have dealt with and mental health services provided in the participants respective schools. Participants were asked to rate their mental health and behavioural intervention education or training on a 4 point Likert scale each point was paired with an example of how a participant may apply their education or training in mental health problems in the schooling environment. Participants were asked to choose from None as explained with the example “I have never used behavioural interventions in my work”, Minimal as explained with the example “I have rarely used behavioural interventions in my work”, Moderate as explained with the example “I have occasionally used behavioural interventions in my work” and Substantial as explained with the example “I regularly use behavioural interventions in my work”. The remaining question were all presented on 5 point Likert scales including the statements; Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree. The 31 Likert scale questions were split into 3 main themes; I believe students with mental health needs fall between the cracks in our school because of the lack of , rate the extent to which you feel that teachers should be involved in addressing the following mental health needs of students and I believe the following are barriers for providing mental health services in my school. After these statements a number of reasons were given such as an insufficient number of school mental health professionals, lack of adequate training for dealing with adolescents mental

health needs and gaining parental cooperation and consent. Participants answered questions regarding their experience with students suffering with mental health issues and the mental health training they have received.

2.5 Procedure

An email inviting a number of different schools to partake in the survey was sent out. The email contained a brief synopsis of the subject and aims of the study, assurance that the survey was entirely anonymous, the length of time the survey was estimated to take, how the information gained will be utilised and information on how to contact myself if any issues arose or alternatively to gain access to the findings of the study. The survey was attached through a link in each email. A consent form was included on the first page of the online survey detailing all information about their part in current study. All consent given by participants was not received under coercion or other forms of influence. All information received was done so with the participants full willingness and consent. To ensure this participants were unable to complete the survey without agreeing to the consent form. Participants then completed the online survey themselves which took approx. 5 minutes to complete. A debriefing form was included at the end of the survey and was presented to participants when they had finished which highlighted what will happen to their data and also contained information on mental health helplines in the unlikely event that a participant is effected negatively by the contents of the survey. Participants in this study did not have the right to withdraw their answers following completion of the survey as there are no identifiable features in the survey which could link a participant with a particular survey. In this study there were no potential risks, physical, social or otherwise to participants taking part in this study. All participants identities were kept confidential throughout the survey. There was no tough or sensitive questions asked throughout the survey that may be triggering for any of the participants.

3.1 Results

3.2 Descriptive Statistics

The survey asked teachers to indicate whether they had taught or worked with a student in the past year with one or more of the 14 specific mental health and behavioural concerns listed in the survey (Table 1). The top listed mental health and behavioural concerns were Anxiety Problems 78.5%, Depression 68.4% and Bullying 53.2%. It was found that defiant behaviour and hyperactivity both received reported scores of 48.1%. Problems with inattention and victims of bullying also both had reported scores of 40.5%. Other frequent mental health and behavioural concerns reported by teachers included Disruptive Behaviour/Acting out which had a reported score of 39.2% and Peer Problems which had a reported score of 34.2%. Considering Dropping out of School 26.6%, Immigration and cultural adjustment issues 10.1%, and School Phobia 24.1% were all reported in the lowest frequency of all the possible mental health disorders and behavioural concerns.

Table 1

Please indicate whether you have worked with or taught a student in the past year who was affected by or referred by you for the following

	% of teachers
Aggressive Behaviour	30.4
Anxiety Problems	78.5
Bullying	53.2
Considering Dropping out of School	26.6
Defiant Behaviour	48.1
Depression	68.4
Hyperactivity	48.1
Disruptive Behaviour/ Acting out	39.2
Immigration and cultural adjustment issues	10.1
Family Stressors	43
Peer Problems	34.2
Problems with inattention	40.5
School Phobia	24.1
Victims of bullying	40.5

The current study examined a number of demographic factors, illustrated in Table 2. Twenty-one participants fell within the 21-30 years of age category, 18 participants fell within 31-40 years of age, 23 participants fell within 41-50 years of age, and two participants fell within 51-60 years of age. The study asked teachers to report the total number of students you have seen or referred for mental health services in the past school

year. The number of referrals made by teachers in a single year had a range of 0- 48 students referred. 72.6% of teachers reported referring 0-5 students for mental health services in the past school year. Of this 24.7% of teachers reported referring 0 students for mental health services in the past school year. 28% of teachers reported that they have referred 6-10 students for mental health services in a school year. Teachers were asked to report the total number of families you have seen or referred for mental health services in the past school year. The number of families you have seen or referred had a range of 0-17 families referred. 73.9% of teachers reported referring only 0-5 families in a single school year. 20.5% of teachers reported referring 6-10 families in a single school year. Nearly half of all participants 45.2% had 1-10 years of teaching experience, 27.3% had 11-20 years of teaching experience and 19.1% had 21-30 years of teaching experience.

Table 2

Frequencies for the current sample of Teachers on each demographic variable (N = 73)

Variable	Frequency	Valid Percentage
Gender		
Male	30	41.1
Female	41	56.2
Prefer Not to Say	2	2.7
Age		
21-30	21	27.6
31-40	18	23.6
41-50	23	30.2
51-60	12	15.7
61-70	2	2.6

Number of students Referred		
0-5	53	72.6
6-10	21	28.7
11-15	5	6.8
31-45	1	1.3
46-50	1	1.3
Number of Families Referred		
0-5	54	73.9
6-10	15	20.5
11-20	2	2.7
16-20	1	1.3
Year of Teaching Experience		
1-10	33	45.2
11-20	20	27.3
21-30	14	19.1
31-40	6	8.2

Table 3 shows the means and SDs, including max and min scores for each of the three continuous variables. The highest score was for TOTAL_teacherinvolvement (i.e. "Rate the extent to which you feel that teachers should be involved in addressing the following mental health needs of students") at 40.6 (SD=7.5). This indicates that teachers feel that they should be involved in addressing the needs of their students. The mean score

for TOTAL_fallingthroughcracks (i.e. “I believe students with mental health needs fall between the cracks in our school because of the lack of”) was 39.1 (SD=7.9). This indicates that participants agree with the reasons for students falling through the cracks. Finally, the mean score for TOTAL_barriers (i.e.“I believe the following are barriers for providing mental health services in my school”) was 36.8 (SD=8.1) which shows that participants

Table 3

Totals for discrete variables

	Mean	Median	SD	Minimum	Maximum	Range
TOTAL_barriers	6.86	38	.15	10	50	40
TOTAL_teacherinvolvement	0.61	41	.52	11	55	44
TOTAL_fallingthroughcracks	9.12	40	.94	12	50	38

3.3 Inferential Statistics

Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. The data for both variables were not normally distributed. The relationship between teacher training and the belief that students with mental health needs fall between the cracks in our school was investigated using Spearman rank-order correlation coefficient. There was a non-significant, negative correlation between the two variables (r = -.053, n = 73, p = .653). The results suggest that higher

levels of training are not associated with beliefs about whether/why students with mental health disorders fall through the cracks in the participants' schools.

The non-parametric alternative of the one way ANOVA, the Kruskal-Wallis H test, was conducted to examine the impact of the differences in 'levels of training' on the outcome of 'students falling through the cracks'. The results showed that there was no statistically significant main effect for levels of training, $\chi 2(3) = 1.869$, $p = .600$, with a mean rank training score of 42.09 for 'None', 32.71 for 'Minimal', 37.24 for 'Moderate' and 36 for Substantial. This indicates that the levels of teachers' training do not impact the extent to which they perceive students 'falling through the cracks'.

A simple linear regression analysis was conducted to examine whether barriers to providing mental health services in schools predicted the extent to which teachers were willing to address the mental health needs of students. The predictor variable (barriers) significantly predicted the criterion variable (willingness): $F(1,71) = 7.9$, $p = .006$, with r squared .100. This indicates that an increase in barriers would predict a decrease in teachers' willingness to be involved.

4.1 Discussion

There are a number of variables which have had an influence on the implementation of evidence based practices which are the focal point of contemporary research as researchers attempt to bridge the research to implementation gap by gaining an understanding of what it takes for an intervention to be integrated (Walker, Ramsey, & Gresham, 2004). Through a series of analysis this study examined a number of the most common factors which can have an effect on the delivery and implementation of mental health services in secondary schools in the Dublin district. These factors included mental health training and education of teachers, the barriers to providing adequate mental health services in schools and the perceived reasons as to why students who are suffering with mental health disorders may fall through the cracks in the school system.

In this study it was hypothesized that the lack mental health training and education of secondary school teachers had an association with the perceived reasons which contribute to why students suffering with mental health problems and disorders fall through the cracks within the school system. There was a non-significant negative correlation between the two variables. It was concluded all participants considered the reasons presented in the survey to be valid factors as to why students with mental health issues may fall through the cracks. Reasons stated in the survey included the lack of early screening and pre-referral programs, early intervention programs, staff training and coaching, and the implementation of existing programs as intended. It can be suggested that although the majority of participants did not have comprehensive mental health training and education, they were undoubtably aware of the factors which could contribute to the explanation as to why students fall through the cracks in schools. Participant's identified the implementation of existing programmes as valid a reason, this is cohesive with past literature which had also indicated that teacher training is essential to delivering

and providing mental health interventions in schools and are pre-eminently beneficial in the promotion of positive mental health in adolescents in the schooling environment (Kidger et al, 2019).

The study hypothesized that a teacher's level of mental health training and education will have an impact on the perceived reasons which contribute to why students who suffer with mental health disorders fall through the cracks in the school system. Teacher training was measured on four different levels none, minimal, moderate and substantial. Each was presented with its own example to assist participants in how they may determine their level of training. The results of this analysis have indicated that not one of the four levels of teacher mental health training had a significant impact on the reasons for which they perceive students falling through the cracks. This illustrates that regardless of the level of mental health training a teacher receives they are invariably aware of the reasons as to why students fall through the cracks in schools. Conforming with previous literature this implies that the issue does not lie with the teachers lack recognition of the present problems but with their lack of training to assist with mental health disorders (Reinke et al., 2011). It can be deduced that the reason for students suffering with mental health falling through the cracks in schools are always apparent to educators but those who can recognise them are not adequately equipped to provide the correct supports for the issue at hand.

The study also hypothesised that a teacher's willingness to be involved in the promotion of positive mental health practices in students is hindered by the barriers they face in providing mental health services in their respective schools. Results have indicated that an increase in barriers would lead to a direct decrease in the level of teacher's willingness to be involved in the promotion of positive mental health practices within their schools. Breaking down the barriers to mental health is essential to providing support to

adolescence who suffer with mental health problems. Research has proposed that teachers indicated that they would be willing to be involved in providing mental health services if they were to be given further resources (Graham, Phelps, Maddison, & Fitzgerald, 2011) In turn this would allow for a greater conversation about mental health within the schooling environment and would create an open environment. This would give students comfort in knowing that if and when they have any issues surrounding their own mental health there will be a range of people and services available for them to go to within the school. However, decreasing barriers to providing mental health practices increase teacher's willingness to partake in the promotion of positive mental health in their students, indicating that further research is needed to ensure efforts are made to reduce the number of barriers teachers face. This is in line with previous literature which stated the majority of teachers agreed mental health education is "very" or "extremely" important, and also stated they were willing to be involved in mental health programs outside the classroom (Kratt, 2019).

This study looked at a range of mental health problems and behavioural concerns which occur most often during adolescence. The mental health and behavioural concerns which were reported the most frequently were anxiety problems 78.5%, depression 68.4% and bullying 53.2%. The high frequency of anxiety disorder and major depressive disorder in secondary school is apparent within these results. This is in concordance with contemporary literature which has concluded that anxiety disorder and major depressive disorder are deemed the most common mental health concerns throughout the duration of adolescence (Sawyer, Miller-Lewis, & Clark, 2007). Whilst this is the case it was found in this study that 72.6% of teachers reported referring 0-5 students for mental health services in a single school year. This may be a result of a number of different reasons such as teachers not receiving the education they need to recognise the severity of different mental

health disorders in their students or having the skills needed to support a student suffering with a mental health disorder. This would impact how they could help and encourage them within the schooling environment. Preceding literature has established in cases where teachers do receive the adequate mental health training and education needed in schools it alleviates behavioural problems within the classroom. This indicated how important promoting positive mental health is to not only the student suffering but also to the ability of the teacher to educate their students. The statistics for the total number of families a participant has seen or referred for mental health services in the past school year were virtually identical to the number of students referred with 73.9% of teachers reported referring 0-5 families. This is an inadequate number of referrals in comparison to the number of mental health issues present in the schooling environment therefore elucidating the impression that as a result of the lack of teacher training students are not receiving the support they need within the school system.

A significant number of teachers who participated in this study described their education or training in using behavioural interventions as either ‘none’ or ‘minimal’. The population of this study has a population age range of 21-60 years which demonstrates that the lack of mental health training and education is not exclusive to an older generation of teachers but can be seen as an issue which is faced by teachers of all ages. Mental health training is often overlooked in schools but has an infinite number of benefits. In one study it was found that teachers who were involved in a Mental Health First Aid training course received enhanced mental health knowledge, a decrease in stigmatized beliefs, and an increase in confidence to offer assistance to students (Jorm et al, 2010). In addition to this improving teacher mental health education and decreasing stigma surrounding mental health has been found to have a long-lasting positive effect on adolescence (Wei, Hayden, Kutcher, Zygmunt, & McGrath, 2013).

Limitation of this study included the small sample size (n=73). This may cause the results to be ungeneralizable to the Irish population. Further studies could aim to compare a bigger population which could include more factors such as including regions outside of Dublin. It could also be suggested that future studies could aim to include and compare primary schools and third level education to gain and wider understanding of mental health practice across multiple domains. Although the study gives an indication for future studies into this topic as many of the results obtained are comparable with past literature. Carrying this out on a larger scale with a larger population can predict increased significance in results and applicability to the general population. The survey only referred to practicing teachers' future studies can aim to include students in an effort to bridge the gap between research and implementation. Gaining the perspective of students will assist teachers in knowing what type of mental health support they need and want.

One of the implications of this study which can be highlighted is that the evidence to support the statement that mental health training and education of teacher is indispensable when providing positive mental health practices in secondary schools. Studies have found the importance of tailoring positive mental health programmes across different schools and ages, in addition to the capacity for the involvement of psychological tests to examine the effectiveness of said interventions (Burke, & Minton, 2019). Without the training of teachers, the mental health needs of adolescents are neglected which can result in a number of aversive outcomes some include academic failure, school drop-out, a greater severity of present mental health issues, additional mental health issues, aversive or disruptive behaviour increased risk of progressing or in some cases suicide (REF). Contemporary literature has also indicated that strong student teacher relationships are needed to ensure the prevention of these negative outcomes (Krane, Karlsson, Ness, & Kim, 2016). This study has highlighted a number of different components which could be

of benefit in bridging the gap between the intervention programme and the implication of the programme. It is apparent that secondary school teachers need adequate training in mental health across all areas. In Ireland at present there is not enough mental health training and education for teachers. This study has highlighted the importance of teachers in providing mental health services in schools. Future studies can draw on this information to examine how this importance can be used to benefit their students and improve mental health practices. Placing focus on improving teacher mental health literacy can result in many improvements, for example having the ability to recognize early symptoms of mental health issues.

A life-long implication may be the improved over all mental wellbeing of adolescents which can have a limitless number of benefits to individuals later in life. Positive mental health throughout the period of adolescence may also involve implications for successful functioning in the developmental periods which follow adolescence, and is an advantage which provides a foundation on which adolescents can meet the variety of requirements they are likely to endure as they transition into young adulthood (Schulenberg, Bryant, & O'Malley, 2004). Taken together, the results of this study, combined with prior research, demonstrate the importance of mental health as an ongoing topic of investigation.

5.1 Conclusion

The intention of this study was to bring recognition to the lack of mental health education for teachers and repercussions of teachers not receiving this training and why it is needed for the successful socio emotional development of their students. The value of adequate training teachers in mental health practices or school based mental health problems is not widely considered. The number of factors which continue to act as blocks to providing mental health support in schools were considered in this study. In response to this the study provided an insight into the reason as to why mental health education is often overlooked or missed in schools. We give valuable information into how future research can aim to now amend these factors and bridge the gap between the research and the implementation of the promotion of positive mental health. As previously stated in this study, the importance of providing mental health training and education to teachers is unprecedented. This level of importance is conveyed through the study as evidence supporting this finding continues to increase. The importance of this training is reflected in the effects it can have on the students they teach. This can give students the skills and knowledge they need to overcome their mental health issues. Teachers mental health training should be included throughout their training in addition to specific mental health practices in schools. Teachers hold a unique position in which they can greatly influence and benefit their student's socio-emotional development.

6.1 References

Anderson, M., Werner-Seidler, A., King, C., Gayed, A., Harvey, S. B., & O'Dea, B. (2019). Mental health training programs for secondary school teachers: a systematic review. *School Mental Health*, 11(3), 489-508.

Avenevoli, S., Swendsen, J., He, J. P., Burstein, M., & Merikangas, K. R. (2015). Major depression in the national comorbidity survey–adolescent supplement: Prevalence, correlates, and treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, *54*(1), 37-44.

Barry, M. M., & Jenkins, R. (2007). *Implementing mental health promotion*. Edinburgh: Churchill Livingstone.

Bor, W., Dean, A. J., Najman, J., & Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century? A systematic review. *Australian & New Zealand Journal of Psychiatry*, *48*(7), 606-616.

Brazier, C. (2017). Building the Future: Children and the Sustainable Development Goals in Rich Countries. Innocenti Report Card 14. *UNICEF*.

Burke, J., & Minton, S. J. (2019). Well-being in post-primary schools in Ireland: the assessment and contribution of character strengths. *Irish Educational Studies*, *38*(2), 177-192.

Byrne, M., Barry, M., & Sheridan, A. (2004). Implementation of a school-based mental health promotion programme in Ireland. *International Journal of Mental Health Promotion*, *6*(2), 17-25.

Calear, A. L., & Christensen, H. (2010). Systematic review of school-based prevention and early intervention programs for depression. *Journal of Adolescence*, *33*(3), 429-438.

Carsley, D., Khoury, B., & Heath, N. L. (2018). Effectiveness of mindfulness interventions for mental health in schools: A comprehensive meta-analysis. *Mindfulness*, *9*(3), 693-707.

Compas, B. E. (1993). Promoting positive mental health during adolescence. In *Promoting the health of adolescents: New directions for the twenty-first century*, Susan, Millstein, Anne, Petersen, Elena (Ed.) pp. 159-179.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, *82*(1), 405-432.

Eklund, K., Renshaw, T. L., Dowdy, E., Jimerson, S. R., Hart, S. R., Jones, C. N., & Earhart, J. (2009). Early identification of behavioral and emotional problems in youth: Universal screening versus teacher-referral identification. *The California School Psychologist*, *14*(1), 89-95.

Ekornes, S., Hauge, T. E., & Lund, I. (2012). Teachers as mental health promoters: a study of teachers' understanding of the concept of mental health. *International Journal of Mental Health Promotion*, *14(*5), 289-310.

Fleming, T. M., Clark, T., Denny, S., Bullen, P., Crengle, S., Peiris-John, R., ... & Lucassen, M. (2014). Stability and change in the mental health of New Zealand secondary school students 2007–2012: Results from the national adolescent health surveys. *Australian & New Zealand Journal of Psychiatry*, *48*(5), 472-480.

Fombonne, E. (1995). Depressive disorders: time trends and possible explanatory mechanisms. *Psychosocial disorders in young people: time trends and their causes. Chichester: Wiley*, 544-615.

Frauenholtz, S., Mendenhall, A. N., & Moon, J. (2017). Role of school employees' mental health knowledge in interdisciplinary collaborations to support the academic success of students experiencing mental health distress. *Children & Schools*, *39*(2), 71-79.

Froese-Germain, B., & Riel, R. (2012). Understanding Teachers' Perspectives on Student Mental Health: Findings from a National Survey. *Canadian Teachers' Federation*. 2490 Don Reid Drive, Ottawa, ON K1H 1E1, Canada.

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching*, 17(4), 479-496.

Graham, D., Killoran, I., & Parekh, G. (2017). Supporting students' mental health and emotional well-being in inclusive classrooms. In *Gaming and Technology Addiction: Breakthroughs in Research and Practice* (pp. 637-667). IGI Global.

Han, S. S., & Weiss, B. (2005). Sustainability of teacher implementation of school-based mental health programs. *Journal of Abnormal Child Psychology*, 33(6), 665-679.

Hart, L. M., Cox, G. R., & Lees, L. (2018). Teaching mental health first aid in the school setting: a novel approach to improving outcomes for common adolescent mental disorders. *Current Opinion in Pediatrics*, *30*(4), 478-482.

Harvey, S. T. (2004). *Understanding the emotional environment of the classroom* (Doctoral dissertation). Retrieved from The University of Waikato.

Jorm, A. F., Kitchener, B. A., Sawyer, M. G., Scales, H., & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: a cluster randomized trial. *BMC Psychiatry*, *10*(1), 51.

Kaltiala-Heino, R., Marttunen, M., Rantanen, P., & Rimpelä, M. (2003). Early puberty is associated with mental health problems in middle adolescence. *Social science & medicine*, 57(6), 1055-1064.

Kay-Lambkin, F., Kemp, E., Stafford, K., & Hazell, T. (2007). Mental health promotion and early intervention in early childhood and primary school settings: A review. *The Journal of Student Wellbeing, 1*(1), 31-56.

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, *20*(4), 359.

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2009). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, 36(6), 919-935.

Kidger, J., Turner, N., Fisher, H., Evans, R., Bell, S., & WISE study team. (2019). An intervention to improve mental health support and training available to secondary school teachers (the WISE study): a cluster-randomised controlled trial. *The Lancet*, *394*, S63.

Klug, J., Bruder, S., & Schmitz, B. (2016). Which variables predict teachers diagnostic competence when diagnosing students' learning behavior at different stages of a teacher's career?. *Teachers and Teaching*, *22*(4), 461-484.

Koller, J. R., Osterlind, S. J., Paris, K., & Weston, K. J. (2004). Differences between novice and expert teachers' undergraduate preparation and ratings of importance in the area of children's mental health. *International Journal of Mental Health Promotion*, *6*(2), 40-45.

Krane, V., Karlsson, B., Ness, O., & Kim, H. S. (2016). Teacher–student relationship, student mental health, and dropout from upper secondary school: A literature review. *Lærer-elev-relasjoner, elevers psykiske helse og frafall i videregående skole. En eksplorerende studie om samarbeid og den store betydningen av de små ting*.

Kratt, D. (2019). Teachers' perspectives on educator mental health competencies: A qualitative case study. *American Journal of Qualitative Research*, *2*(1), 22-40.

Kuosmanen, T., Clarke, A. M., & Barry, M. M. (2019). Promoting adolescents' mental health and wellbeing: evidence synthesis. *Journal of Public Mental Health*.

László, K. D., Andersson, F., & Galanti, M. R. (2019). School climate and mental health among Swedish adolescents: a multilevel longitudinal study. *BMC Public Health*, *19*(1), 1695.

Loades, M. E., & Mastroyannopoulou, K. (2010). Teachers' recognition of children's mental health problems. *Child and Adolescent Mental Health*, *15*(3), 150-156.

McAulay, C., Mond, J., & Touyz, S. (2018). Early intervention for bipolar disorder in adolescents: A psychosocial perspective. *Early Intervention in Psychiatry*, *12*(3), 286-291.

McElearney, A., Adamson, G., Shevlin, M., & Bunting, B. (2013). Impact evaluation of a school-based counselling intervention in Northern Ireland: Is it effective for pupils who have been bullied?. *Child Care in Practice*, *19*(1), 4-22.

Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*, *138*(6), e20161878.

Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review*, *73*, 384-391.

Neil, A. L., & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review*, *29*(3), 208-215.

O'Reilly, M., Adams, S., Whiteman, N., Hughes, J., Reilly, P., & Dogra, N. (2018). Whose responsibility is adolescent's mental health in the UK? Perspectives of key stakeholders. *School Mental Health, 10*(4), 450-461.

O'Reilly, M., Svirydzenka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion interventions in schools. *Social Psychiatry and Psychiatric Epidemiology, 53*(7), 647-662.

Patalay, P., Giese, L., Stanković, M., Curtin, C., Moltrecht, B., & Gondek, D. (2016). Mental health provision in schools: priority, facilitators and barriers in 10 European countries. *Child and Adolescent Mental Health, 21*(3), 139-147.

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet, 369*(9569), 1302-1313.

Read, H., Roush, S., & Downing, D. (2018). Early intervention in mental health for adolescents and young adults: A systematic review. *American Journal of Occupational Therapy, 72*(5), 7205190040p1-7205190040p8.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26(1), 1.

Rothì, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education, 24*(5), 1217-1231.

Sawyer, M. G., Miller-Lewis, L. R., & Clark, J. J. (2007). The mental health of 13–17 year-olds in Australia: Findings from the national survey of mental health and well-being. *Journal of Youth and Adolescence, 36*(2), 185-194.

Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thomson, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing cognitive and social–emotional

development through a simple-to-administer mindfulness-based school program for elementary school children: A randomized controlled trial. *Developmental Psychology*, *51*(1), 52.

Schulenberg, J. E., Bryant, A. L., & O'MALLEY, P. M. (2004). Taking hold of some kind of life: How developmental tasks relate to trajectories of well-being during the transition to adulthood. *Development and Psychopathology*, *16*(4), 1119-1140.

Sen, B. (2004). Adolescent propensity for depressed mood and help seeking: race and gender differences. *Journal of Mental Health Policy and Economics*, *7*(3), 133-145.

Suhail, H. J. (2012). Prevalence of mental disorders among adolescents of secondary schools in Diwaniya governorate. *Al-Qadisiyah Medical Journal*, *8*(13), 18-27.

Suldo, S. M., Gormley, M. J., DuPaul, G. J., & Anderson-Butcher, D. (2014). The impact of school mental health on student and school-level academic outcomes: Current status of the research and future directions. *School Mental Health*, *6*(2), 84-98.

Twenge, J. M. (2019). Why increases in adolescent depression may be linked to the technological environment. *Current opinion in psychology*.

Walker, H. M., Ramsey, E., & Gresham, F. M. (2004). Antisocial behavior in school: Evidence-based practices. *Wadsworth Publishing Company*.

Wei, Y., Hayden, J. A., Kutcher, S., Zygmunt, A., & McGrath, P. (2013). The effectiveness of school mental health literacy programs to address knowledge, attitudes and help seeking among youth. *Early Intervention in Psychiatry*, *7*(2), 109-121.

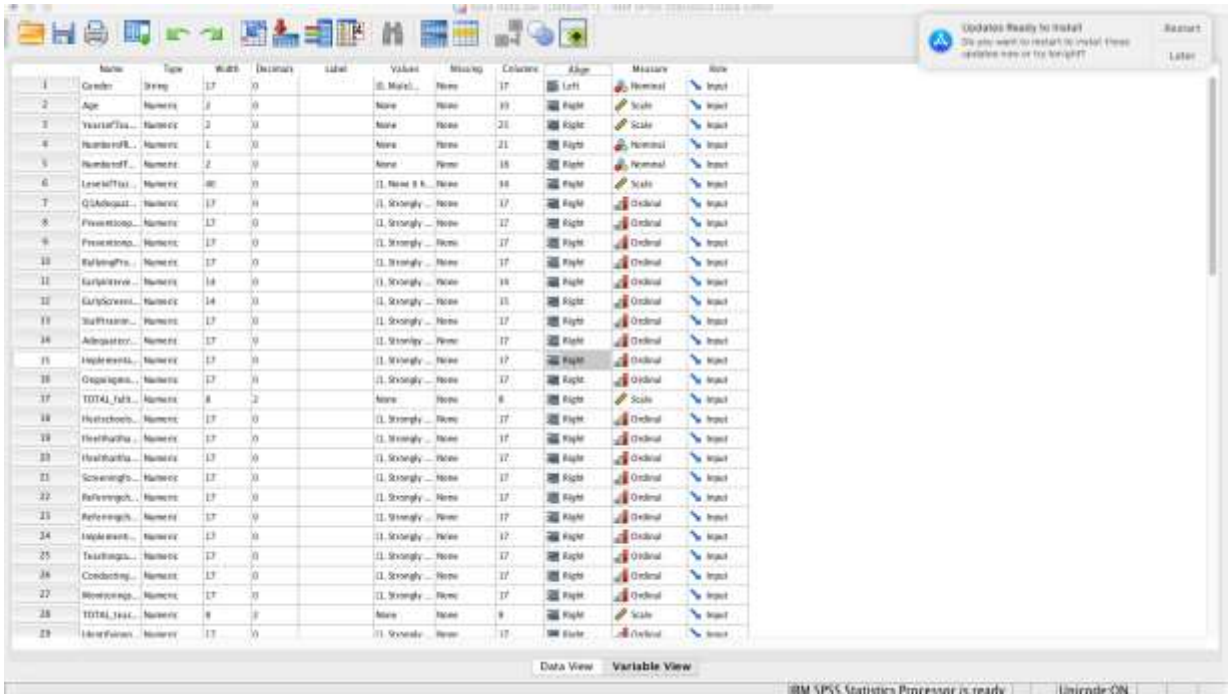
Whitley, J., Smith, J. D., & Vaillancourt, T. (2013). Promoting mental health literacy among educators: Critical in school-based prevention and intervention. *Canadian Journal of School Psychology*, *28*(1), 56-70.

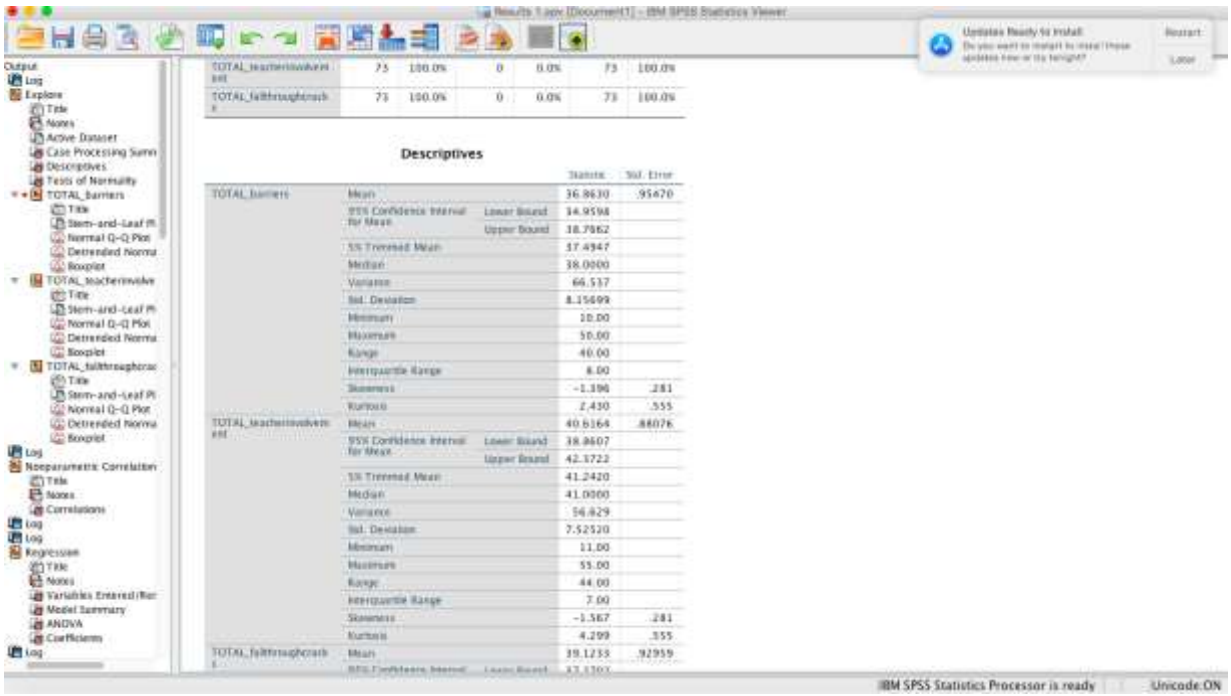
Wilson, S. J., Lipsey, M. W., & Derzon, J. H. (2003). The effects of school-based intervention programs on aggressive behavior: A meta-analysis. *Journal of Consulting and Clinical Psychology, 71*(1), 136.

7.1 Appendices

Appendix A

Evidence of data





Appendix B

Information Sheet

In agreeing to participate in this research I understand the following: This research is being conducted by Katie Morgan an undergraduate student at the School of Business, National College of Ireland. I have agreed to answer all questions of this survey as honestly as I can. I have aware there are no sensitive question on this survey. I have agreed to not compare answers with other colleagues when completing this survey.

The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.

If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage. This study is being conducted through a survey format.

No identifiable information will be taken during the survey the survey will be completely anonymous.

I have been informed as to the general nature of the study and agree voluntarily to participate. There are no known expected discomforts or risks associated with participation. All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. No participant's data will be identified by name or by any other identifiable information at any stage of the data analysis or in the final report. At the conclusion of my participation, any questions

or concerns I have will be fully addressed. I may withdraw from this study at any time.

Appendix C

Debrief Sheet

Thank you for part taking in this study. In accordance with the consent sheet all information given is completely anonymous. As previously stated, participants cannot withdraw from this study as their information has not been taken so I am unable to identify the survey you have completed. If you have any queries about this survey or study please email me at x17729259@student.ncirl.ie If you have been affected at all by this study here are some numbers of places to call

The Samaritanswww.samaritans.ie

Tel: 116 123

Text: 087 2 60 90 90

Pieta House National Suicide Helpline (Pieta House) 1800 247 247

www.pieta.ie

Tel: 01 623 5606

Shine (Supporting people effected by mental ill health)

www.shine.ie

Thank you for your time

Appendix D

Adapted Survey

Gender:	Male	☐
	Female	☐
	Other	☐
Age	_____	
Years of teaching experience	_____	

Please indicate whether you have worked with or taught a student in the past year who was affected by or referred to you for the following:

Aggressive behaviour	☐
Anxiety Problems	☐
Bullying	☐
Considering dropping out of school	☐
Defiant Behaviour	☐
Depression	☐
Disruptive behaviour/ Acting out	☐
Family stressors (i.e. parent death, divorce)	☐
Hyperactivity	☐
Immigration and cultural adjustment issues	☐
Peer problems	☐
Problems with inattention	☐
School phobia	☐
Victims of bullying	☐

Please indicate the total number of students you have seen or referred for mental health services in the past school year

_____

Please indicate the total number of families you have seen or referred for mental health services in the past school year

_____

How would you rate your education or training in using behavioural interventions?

□ None (I have little or no information about such interventions)

□ Minimal (I do not feel confident about my knowledge and ability to use such interventions)

□ Moderate (I feel somewhat confident about my knowledge and ability to use such interventions)

□ Substantial (I feel very confident about my knowledge and ability to use such interventions)

If you have received training in behavioural interventions, in what format did the training occur? (Check all relevant options)

□ I have not received any training in behavioural interventions

□ Workshops / In service

□ Undergraduate course work

□ Staff development

□ Independent reading/ study

I believe students with mental health needs fall between the cracks in our school because of the lack of

(Please indicate whether you strongly disagree, disagree, neutral, agree, strongly agree)

Adequate parent support programs

Prevention programs for students with externalising (disruptive etc) behaviour problems

Prevention programs for students with internalising (depression etc) behaviour problems

Bullying Programs

Early intervention programs

Early Screening and Pre-referral Programs

Staff training and coaching

Adequate crisis planning and support

Implementation of existing programs as intended

Ongoing monitoring for students with mental health needs

Rate the extent to which you feel that teachers should be involved in addressing the following mental health needs of students.

(Please indicate whether you strongly disagree, disagree, neutral, agree, strongly agree)

I feel schools should be involved in addressing the mental health issues of students

I feel that I have adequate cultural knowledge and communication/ interpersonal skills to meet the mental health needs of the culturally diverse children with whom I work

I feel that I have the level of knowledge required to meet the mental health needs of the children with whom I work

Screening for mental health problems

Referring children and families to school-based service providers

Referring children and families to community-based services providers

Implementing classroom behavioural interventions

Teaching curriculum-based classroom social-emotional lessons

Conducting behavioural assessments

Monitoring student progress

Identifying parent/ family-based issues

I believe the following are barriers for providing mental health services in my school

(Please indicate whether you strongly disagree, disagree, neutral, agree, strongly agree)

Insufficient number of school mental health professionals

Lack of adequate training for dealing with adolescents mental health needs

Gaining parental cooperation and consent

Stigma associated with receiving mental health services

Language and cultural barriers while working with culturally diverse students

Lack of referral options in the community

Lack of coordinated services between schools and community

Lack of funding for school based mental health services

Mental health issues are not considered a role of the school

Competing priorities taking precedence over mental health services