



California State University, San Bernardino
CSUSB ScholarWorks

Electronic Theses, Projects, and Dissertations

Office of Graduate Studies

6-2020

Measuring Teacher Self-Efficacy In Addressing Pupil Mental Health Post Assembly Bill 2246

Samantha J. Ross

California State University - San Bernardino

Christel Salas

California State University - San Bernardino

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>

 Part of the [Social Work Commons](#)

Recommended Citation

Ross, Samantha J. and Salas, Christel, "Measuring Teacher Self-Efficacy In Addressing Pupil Mental Health Post Assembly Bill 2246" (2020). *Electronic Theses, Projects, and Dissertations*. 1036.
<https://scholarworks.lib.csusb.edu/etd/1036>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

MEASURING TEACHER SELF-EFFICACY IN ADDRESSING
PUPIL MENTAL HEALTH POST ASSEMBLY BILL 2246

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

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

by
Samantha J. Ross

Christel Salas

June 2020

MEASURING TEACHER SELF-EFFICACY IN ADDRESSING
PUPIL MENTAL HEALTH POST ASSEMBLY BILL 2246

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

by
Samantha J. Ross
Christel Salas

June 2020

Approved by:

Armando Barragán, PhD, Faculty Supervisor, Social Work

Armando Barragán, PhD, MSW Research Coordinator

© 2020 Samantha J. Ross and Christel Salas

ABSTRACT

Assembly Bill 2246, known as the pupil suicide prevention policies, was implemented into law at the start of the 2017-2018 academic school year. This legislation mandates that all secondary schools in the state of California implement a suicide prevention, intervention, and postvention policy for at-risk students. Assembly Bill 2246 specifically recognizes the role of teachers in addressing pupil mental health and aims to provide support through policy. The purpose of this study is to measure teacher self-efficacy in addressing pupil mental health post Assembly Bill 2246. This study's research design is comprised of a quantitative, pretest/posttest model using an independent samples t-test. The results of this study were collected either before or after gatekeeper training on suicide prevention facilitated by a mental health professional. The participants were asked to rate themselves in six measures based on pupil mental health and Assembly Bill 2246. The findings of this study showed a significant improvement in overall teacher self-efficacy but varied between the measures. This study has many implications for social work practice. The findings can help to streamline trainings that target teachers' specific needs regarding their understanding of pupil mental health. In addition, these findings can assist in developing an effective collaboration between educators and mental health professionals in the pursuit of assisting at-risk students.

ACKNOWLEDGEMENTS

The authors of this study would like to acknowledge the hard work and dedication of teachers in ensuring the well-being of their students. We would also like to acknowledge school-based mental health professionals and their ongoing efforts to provide safe spaces for students and their communities. We specifically recognize the school district and its administrators who graciously allowed us to conduct this study, and the district's behavioral and mental health manager for his support and insight throughout this project. Finally, the authors would like to thank Dr. Barragán for his enthusiasm surrounding this project and his continued guidance and support.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	iv
CHAPTER ONE: INTRODUCTION	1
Problem Formulation.....	1
Purpose of the Study	2
Significance of the Project for Social Work Practice	4
CHAPTER TWO: LITERATURE REVIEW.....	5
Introduction.....	5
Pupil Mental Health.....	5
Local Educational Agencies' Role in Mental Health.....	6
Teacher Self-Efficacy.....	7
Theories Guiding Conceptualization	8
The Ecological Systems Theory.....	8
The Interpersonal-Psychological Theory of Suicide	9
Summary	10
CHAPTER THREE METHODS	11
Introduction.....	11
Study Design	11
Sampling.....	12
Data Collection and Instruments.....	13
Procedures	14
Protection of Human Subjects	14

Data Analysis.....	15
Summary	16
CHAPTER FOUR: RESULTS.....	17
Introduction	17
Presentation of Findings	17
Descriptive Statistics	17
Statistical Analysis	17
Summary	19
CHAPTER FIVE: DISCUSSION	20
Introduction	20
Discussion	20
Measure One: Familiarity with Assembly Bill 2246 and Mandates Within	21
Measure Two: Understanding of Protocol for Suicide Prevention and Intervention	21
Measures Three and Five: Risk Factors for Suicide and Comfortability Talking with At-Risk Students.....	22
Measure Four: Confidence in Recognizing Warning Signs for Suicide	23
Measure Six: Intervening with Pupils at Risk for Suicide.....	23
Limitations.....	24
Implications for Social Work Practice.....	25
Macro	25
Micro	26
Conclusion.....	27
APPENDIX A: SURVEY INSTRUMENT	29

APPENDIX B: INFORMED CONSENT	31
APPENDIX C: DEBRIEFING STATEMENT	33
APPENDIX D: INSTITUTIONAL REVIEW BOARD APPROVAL	35
REFERENCES	37
ASSIGNED RESPONSIBILITIES	40

CHAPTER ONE: INTRODUCTION

Problem Formulation

Suicide is currently ranked as the second leading cause of death among persons aged 10-19 in the United States (Centers for Disease Control and Prevention, 2017). Between 2011 and 2016 the rate of suicide among this population increased by 23% resulting in 13,591 deaths (Centers for Disease Control and Prevention, 2017). In response, California adopted legislation to address this issue in the form of Assembly Bill 2246, mandating that all local educational agencies serving grades 7-12 enact a policy for pupil suicide prevention, intervention, and postvention (California Legislative Information, 2016). A pivotal component of Assembly Bill 2246 is the utilization of training for school staff to create effective gatekeepers between at-risk youth and mental health services. Trainings are required to include information on identification of suicide risk factors, prevention methods, and proper protocols for the referral of students to services (California Legislative Information, 2016). To adequately gauge the effectiveness of these trainings and local educational agencies' ability to comply with Assembly Bill 2246, it is important to assess teachers' self-efficacy in addressing at-risk youth in the classroom.

A survey conducted by the Jason Foundation found teachers to be the number one resource students utilize when peers express suicidal ideation (The Jason Foundation, 2016). As potential first responders, it is critical for teachers

to feel confident in their ability to recognize problematic symptoms and behaviors in at-risk youth. In turn, it is equally important that those same teachers be prepared to connect those students to mental health services.

Research conducted by Walter et al. (2006), on teacher self-efficacy regarding student mental health concluded that teachers with no prior mental health training had positive attitudes towards efforts to enact mental health services in school. However, the same study determined teachers felt ill-equipped to handle the mental health needs of their students. Barriers expressed by teachers in addressing mental health issues in the classroom included lack of training and ambiguity about student support resources. This is evidenced in a study conducted by Stein et al. (2010), where it was concluded that teachers placed at schools with low implementation of suicide prevention protocols experienced low self-efficacy when addressing pupil mental health and were reluctant to refer students to services.

Teachers possess a unique opportunity to act as gatekeepers because of the amount of time they spend with students. Assembly Bill 2246 specifically recognizes the role of teachers in addressing pupil mental health and aims to provide support through policy. Research measuring teacher self-efficacy is an important component in examining the success of Assembly Bill 2246 thus far.

Purpose of the Study

The implementation of Assembly Bill 2246 mandates all California secondary local educational agencies espouse a policy on pupil suicide

prevention, intervention, and postvention. This policy is a direct response to the rise of youth suicide rates reported in the last decade. The purpose of this study is to measure teacher self-efficacy towards mental health in the classroom setting. Research on teacher self-efficacy is limited and even fewer studies exist that target teachers in a secondary school setting. A second component missing from prior research is how teacher self-efficacy is affected by trainings as mandated in policies such as Assembly Bill 2246.

School based mental health professionals have much to gain in understanding teacher self-efficacy towards mental health. While Assembly Bill 2246 mandates the training of teachers, it does not provide a specific curriculum for doing so. The trainings offered to school staff are subject to the discretion of individual school districts. Through the assessment of teacher self-efficacy, it can be better understood if school sites are successful in the implementation of Assembly Bill 2246.

The data collected from this study used a pretest/posttest model and produced quantitative data accumulated through self-administered surveys. The use of quantitative data as a research design was chosen in consideration for the time constraints of the participants. Teachers were specifically identified as participants due to their proximity to students and their role as outlined in Assembly Bill 2246.

Significance of the Project for Social Work Practice

This study has many implications for social work practice. School districts often employ clinical social workers to address the mental health needs of students. However, social workers are rarely stationed at a school site and, instead, rely on the concerted effort of teachers to recognize problematic behaviors and make referrals. The results of this study can be used strategically to help school social workers establish collaborations based on a mutual understanding of the needs of at-risk students. From a micro perspective these findings may have an impact on the time it takes to connect at-risk youth to service providers. It can be concluded that teachers with high self-efficacy will refer more at-risk students to providers. On a macro level these findings can be beneficial in the development of trainings that specifically target teachers' needs in addressing pupil mental health.

These findings also contribute to upholding the National Association of Social Workers' (NASW) ethical principle of the importance of human relationships. For Assembly Bill 2246 to be properly implemented social workers must engage and form healthy relationships with those who are tasked as gatekeepers. With so much at stake for teachers, pupils, and the clinicians that serve them, the question for this project is as follows: What is the level of teacher self-efficacy towards addressing pupil mental health in a post Assembly Bill 2246 climate?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will provide a synthesis on research surrounding the issue presented in this project. The subsequent sections will include literature on the topics of pupil mental health, school-based mental health programs, and teacher self-efficacy in addressing at-risk students. The final section will present the theories which helped guide the conceptualization of this project.

Pupil Mental Health

Pupil mental health has become an important issue in the last few years as alarming statistics continue to emerge indicative of a public health crisis. It has been estimated that 20% of youth will encounter a mental health condition with severe functional impairment during their lifespan (Merikangas et al., 2010). Epidemiological data indicates that suicide rates among youth aged 10-19 have increased by 23% in the last decade (Centers for Disease Control and Prevention, 2017). In a post-mortem study conducted by Karch et al. (2013) it was found that 37.2% of youth experienced a depressed mood prior to the completion of suicide. The same study also found that 29.2% of youth had revealed an intent to commit suicide (Karch et al., 2013). Factors which have shown to increase the risk of suicide among this age group include a lack of communication about suicide and resources available for treatment (Portzky et

al., 2008). According to Gould et al. (2003), five to eight percent of adolescents attempt suicide each year. However, less than one third of youth receive psychological services for their emotional disturbances (Whitney et al., 2011).

Local Educational Agencies' Role in Mental Health

In response to the growing need for mental health resources, local educational agencies have been identified as ideal locations for interventions involving at-risk youth. According to the Jason Foundation (2016), students experiencing suicidal ideation would most likely turn to a teacher as a resource. Local educational agencies serve as ideal locations based on their proximity to students and their ability to provide interventions to at-risk youth (Whitney et al., 2011). School-based mental health programs have also been identified as a potential protective factor in suicidal behavior (Gould et al., 2003). Another benefit of school-based mental health programs is they offer the students and their families a familiar setting which may alleviate the stigma attached with obtaining services from an outside agency (Satcher, 2004).

Student mental health has made marked gains in the political arena. Policy makers are turning their attention to schools to help alleviate the growing need for student mental health services. An example of this is Assembly Bill 2246, passed in the state of California. This bill specifically mandates local educational agencies to implement the use of suicide prevention, intervention, and postvention protocol by the start of the 2017-2018 academic year.

Teacher Self-Efficacy

The role of teachers as gatekeepers between at-risk youth and mental health services is a relatively new phenomenon. While research on school-based mental health programs has increased exponentially in the last few years, research is limited regarding teacher self-efficacy in addressing pupil mental health. Walter et al. (2006) found that 48% of non-trained teachers identified disruptive classroom behavior as the predominant mental health concern of their pupils. The same study also found that teachers fell somewhere between “not at all confident” and “somewhat confident” in their ability to address mental health concerns in the classroom (Walter et al., 2006).

Teachers are not alone in their reluctance in addressing the mental health needs of their students. In a study conducted by Whitney et al. (2011), school administrators were shown to object to a school-based approach for suicide prevention. Teachers are not inherently trained to recognize and respond to the mental health needs of their students. Barriers perceived by teachers in addressing pupil mental health have been identified as deficiencies in training, time, and support services (Walter et al., 2006). In contrast, studies conducted on school personnel who have received training seem to produce favorable results. King and Smith (2000), found that 74% of school counselors who received an 8-hour training on suicide prevention strategies felt prepared to assist a student with suicidal ideation.

Many school-based mental health programs employ the use of gatekeeper training for their staff. These trainings have been shown to increase school staff awareness and comfort in addressing at-risk youth (Stein et al., 2010). In their study, Stein et al. (2010), found that the staff felt equally supported when there were protocols and structures in place to address at-risk youth. Assembly Bill 2246 aims to address many of the barriers perceived by teachers. Included in the bill are provisions for trainings and support services (California Legislative Information, 2016). It remains to be seen if this policy will be effective in increasing the level of teacher self-efficacy.

Theories Guiding Conceptualization

The theories guiding the conceptualization of this project are the ecological systems theory and the Interpersonal Theory of Suicide (ITS).

The Ecological Systems Theory

The Ecological Systems Theory is presented numerous times in research discussing school-based mental health. This theory is also widely adopted in social work practice as it recognizes the “person in environment” approach. (Hepworth et al., 2017). The ecological systems theory developed by Urie Bronfenbrenner, is based on the idea that a human’s development is contingent on the environments in which they are exposed (Santrock, 2014). This theory contends that five individual systems compose the makeup of these environments. These environments are defined as the microsystem, mesosystem, exosystem, macrosystem, and the chronosystem. Local education

agencies exist in the microsystem. The microsystem is the environment in which the individual participates in the most intimate interactions often with peers, parents, and teachers (Santrock, 2014). Although local educational agencies reside in the microsystem, pupil mental health remains reliant on all environments in which the pupil has interactions. Equally detrimental to a pupil's development are the resources available in the environment (Hepworth et al., 2017). A human's functional impairment is at risk when there is a deficiency of resources or positive social interactions. School-based mental health programs can be a valuable resource for pupils in need of mental health services. Teachers, in turn, can offer positive interactions with at-risk students and refer them to those services.

The Interpersonal-Psychological Theory of Suicide

The Interpersonal-Psychological Theory of Suicide contends that a person will not complete suicide without meeting specific criteria. The criteria are defined as "perceived burdensomeness", "low belonging/social alienation", and "acquired ability to enact lethal self-injury" (Ribeiro & Joiner, 2009). Perceived burdensomeness can be understood as a one's view that they are a burden to the others around them and that people would be better off in the advent of that person's suicide. Perceived burdensomeness has been shown to be a major precipitating marker of both suicide attempts and suicidal ideation (Van Orden et al., 2006). Low sense of self belonging, and social alienation are particularly profound risk factors for adolescents, in the sense that this population relies very

heavily on peer interactions. (Ribeiro & Joiner, 2009). The last consideration of the theory asserts that for a person to complete suicide they must override the biological mechanisms for self-preservation. The ability to prevail over one's self-preservation mechanisms can be obtained through several means. Examples of these means are past suicide attempts, self-inflicted harm, and physical abuse (Ribeiro & Joiner, 2009). This theory has been used primarily with adult populations. However, because suicidal ideation tends to emerge during adolescence, the ITPS is a compelling theory that can be used as a guide for targeting interventions for at-risk youth (Stewart et al., 2017).

Summary

Pupil mental health is an emerging issue and has recently gained the attention of policy makers due to rising youth suicide rates. Through Assembly Bill 2246, local educational agencies have been identified as ideal settings for addressing the needs of at-risk students. Teachers play a pivotal role as potential gatekeepers for at-risk youth and mental health services. However, the use of teachers in this capacity is not well understood or researched. Evidence suggests that gatekeeper training and suicide prevention protocols help to increase teacher self-efficacy in addressing pupil mental health.

CHAPTER THREE

METHODS

Introduction

This study measured teachers' feelings of self-efficacy in their ability to recognize the signs of suicide risk among students and in their ability to effectively intervene with identified at-risk students. This chapter will describe the study design, sampling techniques, the data being collected, the instruments utilized, and the procedures used to gather data, as well as information regarding the protection of human subjects and data analysis.

Study Design

This was an exploratory research project due to the limited amount of research that addresses this topic. This study used a repeated measures design producing quantitative data gathered through pretest and posttest surveys.

A strength of the design was that distributing surveys to teachers, and having them complete them, while they are a captive audience at a mandatory training allowed the researchers an opportunity to gain access to a large number of potential participants and, therefore, a greater amount of data to analyze. Additionally, obtaining teachers' responses to survey questions allows the presenters to better assess the effectiveness of their trainings and to better address teachers' needs in future trainings.

A limitation of the design was that a brief, quantitative survey does not allow for more profound and insightful feedback from teachers. Therefore, the ability to more astutely assess teachers needs and to, potentially enhance the effectiveness of future trainings, was more difficult. The use of a survey to gather feedback from teachers presented another limitation as teachers could either, choose not to respond at all, or be influenced by social desirability and feel compelled to answer the questions favorably.

Sampling

The targeted participants for this research were teachers in secondary school (grades 7-12) settings. Teachers are also specifically mentioned in Assembly Bill 2246 as persons designated to receive training. Brief pre and posttest surveys were chosen as the best data collection method because of the limited amount of time allotted for school staff to both receive the training and complete the surveys.

The selection of participants for the study consisted of a purposive sample of secondary teachers who attend district-provided suicide awareness and prevention trainings. The teachers selected to participate were employed in a mid-sized, public school district in California which, through their behavioral and mental health program, provides annual suicide awareness and prevention training to secondary school staff. A total of 74 pretests and 77 posttests were collected. Data was collected directly from the participating teachers' survey responses.

Data Collection and Instruments

Quantitative data was collected in the form of surveys, one pretest and one posttest. Demographic information collected for each teacher included the number of years teaching, the grades taught, and whether each teacher had previously received suicide prevention training. The survey measured teachers' responses on a 5-point Likert scale including the choices "strongly agree", "agree", "neither agree or disagree", "disagree", and "strongly disagree." Each training began with an introduction and description of the study and its purpose. This study used a repeated measures design and implemented either a pretest or posttest survey to each teacher attending the training. The independent variable (IV) examined in this study was the district-provided suicide awareness and prevention training. The dependent variable (DV) was teachers' feelings of self-efficacy. A survey instrument to collect data was created for this study with the purpose of addressing the research question of this study.

A limitation of the instrument used to collect data is that it has no demonstrated measures of validity or reliability, as it is an original survey created by the researchers. The creation of an original survey was necessary as there were no existing instruments to assess teachers' self-efficacy in addressing students' potential risk for suicide. The survey instrument contained six measures used to assess teachers' awareness of Assembly Bill 2246, as well as their district's suicide prevention and intervention protocol, and to measure teachers' feelings of self-efficacy either before or after receiving the district-

provided suicide awareness and prevention training. The identical survey instrument was used for both pre and posttest surveys.

Procedures

California's Assembly Bill 2246 requires that all secondary school teachers in the state receive suicide awareness and prevention training. During their attendance at said trainings, teachers were solicited to participate in the researchers' study. Trainings are ongoing and can occur at any time during the academic calendar year. The researchers attended trainings and conducted their research over a six-month period.

The researchers gathered data from participants using two identical surveys, a pretest and a posttest. The pretests were distributed and collected at the outset of the suicide awareness training, and posttests were implemented and collected after teachers had received the training. Each survey took approximately five minutes to complete. Approval for the researchers to attend the suicide awareness trainings and to distribute research surveys was granted by the school district's behavioral and mental health manager.

Protection of Human Subjects

To protect study participants, no identifying information was collected. Participants read and indicated their willingness to participate in the research study on an informed consent form prior to completing the survey. Informed consent clarified that participation in the study was voluntary and anonymous,

and that survey responses would remain confidential, with data only being reported in group form. Informed consent also included the purpose and a description of the study, information regarding the duration of the survey, possible risks and benefits of participation, who to contact with questions about the study, and where to find the results of the completed study. Informed consent forms, with the surveys, were returned to the researchers once the surveys were completed.

Participants were given a debriefing statement after completing the surveys. The debriefing statement included a brief description of the study, who to contact with questions about the study, and where to find the completed results of the study. The debriefing statement also included resources participants could utilize to gain additional information about suicide awareness and prevention. Participants returned surveys to researchers once they were completed.

Data collected from paper surveys was stored on a USB drive with password encryption and, along with the paper surveys, placed in a locked file cabinet to be kept confidential. Researchers will keep the data and paper surveys for one year. After one year's time, all data will be deleted from the USB drive and all paper surveys will be destroyed.

Data Analysis

Quantitative data was collected from the participants' survey answers and analyzed with IBM SPSS software. Descriptive statistics was completed to

provide a breakdown of their past training experience, number of years teaching experience, and if they teach multiple grades. The researchers utilized an independent samples t-test to examine the data from survey measures related to the IV, the district-provided suicide awareness and prevention training, and to the DV, teachers' feelings of self-efficacy both before and after the suicide awareness training.

Summary

This study measured teachers' self-efficacy regarding their ability to recognize the signs of suicide risk among students, as well as their ability to effectively intervene with identified at-risk students. Quantitative data was collected in the form of pretest surveys administered to a selection of teachers before their participation in a suicide awareness, prevention, and intervention training presented by the school district's behavioral and mental health manager, and in the form of posttest surveys administered to a different selection of teachers after their participation in said training.

CHAPTER FOUR

RESULTS

Introduction

The following chapter presents the statistical data found as a result of the study. Demographic information regarding study survey respondents is included, as well as statistical analysis of the independent samples t-tests conducted.

Presentation of Findings

Descriptive Statistics

A total of 151 completed surveys were collected. Seventy-four completed pretests were collected, with the remaining 77 being posttests. The number of years teacher respondents had taught ranged from 0 to 36 years, with a mean 11.07 years of teaching experience. The grades taught included 7th through 12th, with the majority of respondents (74.8%) teaching multiple grades and 21.2% teaching a single grade. Finally, a majority of the respondents (83.2%) indicated that they had received previous training in suicide prevention. Those with no previous training included 16.8% of the teachers responding.

Statistical Analysis

An independent samples t-test was conducted to compare the suicide awareness training survey results between teachers' feelings of self-efficacy before the training and teachers' feelings of self-efficacy after the training. Due to the way in which the measures were scaled, a decrease in respondents'

scores indicates an increase in their familiarity, understanding and/or feelings of self-efficacy. There was an overall significant decrease in scores between the pretest ($M = 16.70$, $SD = 5.270$) and posttest ($M = 13.08$, $SD = 5.175$; $t(148) = 4.25$, $p = .000$, two-tailed).

In addition to an overall statistical significance, independent samples t-tests showed statistical significance on four of the six measures as well.

Measure one, regarding teachers' familiarity with California's Assembly Bill 2246, showed a significant decrease in scores for pretest ($M = 3.43$, $SD = 1.183$) and posttest ($M = 2.22$, $SD = 1.131$; $t(149) = 6.434$, $p = .000$, two-tailed).

Measure two sought to measure teachers' familiarity with their school district's protocol for suicide prevention and intervention. Again, there was a significant decrease in scores for pretest ($M = 3.07$, $SD = 1.122$) and posttest ($M = 2.26$, $SD = 1.105$; $t(148) = 4.447$, $p = .000$, two-tailed).

Measure four asked teachers how confident they felt in their "ability to recognize the warning signs of a student at risk for suicide". There was a significant decrease in scores for pretest ($M = 2.68$, $SD = .981$) and posttest ($M = 2.18$, $SD = .899$; $t(149) = 3.227$, $p = .002$, two-tailed).

The final survey measure showing statistical significance was measure six, which asked teachers to rate the confidence they felt about "how to intervene with a student who is exhibiting signs of suicide risk". There was a significant decrease in scores for pretest ($M = 2.80$, $SD = 1.170$) and posttest ($M = 2.34$, $SD = 1.059$; $t(149) = 2.533$, $p = .012$, two-tailed).

The two remaining measures did show a decrease in scores from pretest to posttest, however, this decrease was not significant. Measure three asked about teachers' awareness of the "possible risk factors associated with suicide" and measure five inquired about teachers' comfort level in talking with students whom they feel are "at risk for suicide". For the former measure, there was no significant decrease in scores for pretest ($M = 2.05$, $SD = .935$) and posttest ($M = 1.79$, $SD = .817$; $t(149) = 1.835$, $p = .068$, two-tailed). For the latter measure, There was no significant decrease in scores for pretest ($M = 2.58$, $SD = 1.194$) and posttest ($M = 2.29$, $SD = 1.099$; $t(149) = 1.583$, $p = .116$, two-tailed).

Summary

This chapter presented data that was collected through pretest and posttest surveys completed by teacher respondents participating in their school district's suicide prevention training. The study assessed teachers' familiarity with California's Assembly Bill 2246, as well as their school district's suicide prevention and intervention protocol. The study further measured teachers' feelings of self-efficacy in recognizing the warning signs of a student at risk of suicide, and in their ability to intervene with a student determined to be at risk.

CHAPTER FIVE

DISCUSSION

Introduction

This study was designed to address the level of teacher self-efficacy in addressing pupil mental health post Assembly Bill 2246. An independent samples t-test was used to quantify data obtained using self-report surveys. The surveys were collected before and after a suicide prevention training facilitated by a mental health professional. The following chapter will provide a discussion of the significance of the results as they pertain to the exploration of teacher self-efficacy. This chapter will also discuss the limitations presented in the study and inform on the future implications for social work practice.

Discussion

To further explore this study, teachers were given pre and posttest surveys which were designed to measure their self-efficacy in six areas of pupil mental health. The following areas included: teachers familiarity with Assembly Bill 2246 and the mandates put forth by the bill, their understanding of the local education agency's protocol for suicide prevention and intervention, understanding of risk factors associated with suicide, comfortability in recognizing warning signs of a pupil who may be suicidal, comfortability with talking to a student at risk for suicide, and their confidence in intervening with a student exhibiting signs of suicide. The surveys were distributed amongst separate pre and posttest groups either before or after teachers had received a one-hour

training facilitated by a school based mental health professional. The data concluded that all participants improved their understanding of pupil mental health holistically between pre and posttests. However, improvement in self-efficacy between the six measures varied slightly. These variations will be discussed below.

Measure One: Familiarity with Assembly Bill 2246 and Mandates Within

Assembly Bill 2246: Pupil Suicide Prevention Policies was introduced into the California Senate in 2016. The bill was ultimately passed and went into effect during the 2017-2018 school year. Prior to this bill, local educational agencies were not sanctioned to provide training or services pertaining to pupil suicide prevention, intervention, and postvention. Pupil suicide prevention policy is an emerging field in research. Further, data on Assembly Bill 2246 from a teacher's point of view is not yet widely available due to its novelty in the spectrum of pupil mental health. Assembly Bill 2246 is an active ingredient in California's plan to implement suicide prevention policies in schools across the state. Consequently, it is of high importance that teachers understand this bill and its mandates put forth to be effective in its implementation. This study found that the participants improved their understanding of Assembly Bill 2246 between pre and posttests. The data indicates that the one hour training they received was effective in achieving its desired result of improving teachers' knowledge of the bill.

Measure Two: Understanding of Protocol for Suicide Prevention and Intervention

A salient function of Assembly Bill 2246 is the design of a suicide prevention protocol or policy to be instituted at the local educational agency.

Although the bill mandates a protocol be implemented, it is up to the local educational agencies to design and implement their individual strategies. This ambiguity can be a barrier for teacher self-efficacy regarding their own district's protocol. However, Stein et al. (2010), concluded that school staff had higher efficacy when there were protocols put into place on how to address pupil mental health. This study found a similar result between pre and posttest scores when measuring teachers' familiarity with their own district's suicide prevention protocol. The participants' self-efficacy improved between tests indicating that the training was an effective support in improving knowledge of suicide prevention protocols. It can be concluded that including training on the specific protocols utilized by the agency is an important factor in increasing self-efficacy for teachers regarding pupil mental health.

Measures Three and Five: Risk Factors for Suicide and Comfortability Talking with At-Risk Students

Measure three in this study examined teachers' awareness of risk factors associated with suicide. In addition, measure five of this study looked at teachers' comfortability with talking to a pupil who is exhibiting at-risk behaviors for suicide. According to the data produced, no significance was found between pre and posttests in either of these areas. Without the use of a qualitative study, the reason for this result is up for interpretation. One cause may be that teachers are receiving more training on pupil mental health due to the emerging issue of pupil suicide. Many school staff are now offered trainings in Youth Mental Health First Aid and are privy to outreach efforts provided by community partners. Uribe

Guajardo et al. (2019), found that teachers' knowledge of mental health problems and confidence in helping a youth who is experiencing mental health issues was greatly improved after completion of Youth Mental Health First Aid. The self-administered surveys asked if the participants had prior training in suicide prevention. Eighty-three percent of the participants reported that they had received prior training. This factor may better explain why there was no significance in the data in these areas.

Measure Four: Confidence in Recognizing Warning Signs for Suicide

Teachers improved between pre and posttest regarding their confidence in recognizing warning signs for suicide. Although there were no significant findings on measure three, awareness of risk factors, it appears teachers feel confident in their ability to recognize warning signs. This finding can be attributed to the thoroughness of the suicide prevention training that included information on warning signs for suicide. Increased confidence may also be due in part to participants receiving prior training. This is an important measure to gauge as teachers have been identified in Assembly Bill 2246 as potential gatekeepers between at-risk students and mental health professionals.

Measure Six: Intervening with Pupils at Risk for Suicide

Walter et al. (2006), found that teachers reported being low in self-efficacy in their ability to address pupils exhibiting mental health symptoms. Teachers identified barriers in their self-efficacy in this area as being a lack of resources and training on how to address pupil mental health. This study addressed this issue and found a significant result in this area in pre and post test scores. As

addressed before in chapter two, teachers are not inherently trained for interventions targeted for pupils at risk for suicide. While the mandates for Assembly Bill 2246 specifically instruct teachers to not work out of their scope, it does recommend teachers have efficacy in addressing these students and connecting them with services. This would include alerting trained professionals of students who may be at risk for mental health issues. The significant findings in this measure illustrate that through gatekeeper training teachers have a better self-efficacy towards intervening with an at-risk student and connecting them with services.

Limitations

This study faced several limitations that may have had an impact on the findings. The first limitation was the inability to conduct qualitative data to obtain a better understanding of teachers' self-efficacy and needs regarding pupil mental health. The decision not to include qualitative data was made after careful consideration of the time constraints teachers work under. For future research, a qualitative study may be better suited to fully grasp the magnitude of teacher self-efficacy in addressing mental health. Validity and reliability were also a limitation due to the use of self-report for surveys. Participants may have answered in such ways as to appear more confident or in juxtaposition may have failed to be diligent in their responses. The surveys were distributed at their place of employment, and although the researchers were clear in providing instruction that the surveys would remain anonymous and voluntary, some participants may have answered in ways to avoid judgement.

Another limitation of this study lies within the cohort of the participants. While maintaining a vigilance on the time constraints faced by teachers, it was decided that some sites would be administered pretests and other sites would be administered posttests. This decision limited the results as no one cohort provided both pre and posttests. This also added another limitation which was a disparity in the number of pre and posttests. In the future it would be desirable to obtain results on the same cohort to maintain congruency.

Implications for Social Work Practice

As mentioned in chapter one, this project has many implications for social work practice. School based mental health is a large field that employs many professionals in social work. As legislation for suicide prevention is becoming more common, this field can be expected to grow. The specific implications for this study lie both in the realms of micro and macro practice. This is due to the legislation of Assembly Bill 2246 and the connection of services for students needing clinical interventions. The implications for macro and micro practice will be discussed separately below.

Macro

Pupil mental health continues to be an emerging issue and has seen many acts of legislation proposed and passed to address the needs of students. In February of 2019, a federal response to pupil mental health was proposed by way of H.R. 1109-Mental Health Services for Students Act of 2019. In summary, H.R 1109 intends to increase funding for school based mental health programs as well as provide staff with comprehensive training and development (House Bill

1109, 2019). Further, this bill aims to increase the quality of collaboration between health and human services workers and educators (House Bill 1109, 2019). Social work professionals working in this capacity must be knowledgeable in policy and legislation to be better equipped to assist their local education agencies through transformations in pupil mental health. Social work professionals are in a unique position to inform on these issues due to their understanding of systems on a macro level. Policy work is a fundamental component of social work and is dictated in the NASW's ethical standards. Ethical standard 5.2 (Evaluation and Research) states that social workers have a duty to evaluate policies, programs, and interventions used in practice (NASW, 2018). In turn, mental health professionals can use skills in this area to help educate those who they collaborate with on the mandates set forth through policy. Further, this study indicates the importance of offering support and direction for creating systems, such as school based mental health programs in order to address students' needs. Lastly, this study addressed teacher self-efficacy in six measures that aligned closely with the mandates of Assembly Bill 2246. The results of this study can be used as a guide for future training curriculum that is streamlined towards the specific gaps in teacher self-efficacy.

Micro

Once pupils experiencing mental health issues are identified, services can be rendered by the appropriate mental health professionals. As stated in chapter two, pupils are more likely to speak with a trusted teacher when experiencing disruptions in their well-being (The Jason Foundation, 2016). This study's results

indicate that with the right support and training teachers are willing to intervene with students. While teachers are not expected to provide clinical interventions, they can direct these students to trained professionals. School sites provide an optimal environment for addressing pupil mental health because of their proximity to students. However, for school-based services to be effective it would be imperative that teachers have a high level of self-efficacy in addressing pupil mental health. By working collaboratively, teachers and mental health professionals can identify and address mental health concerns of students and intervene before the issues begin to have negative impacts on the student's well-being.

Conclusion

The purpose of this study was to explore teacher self-efficacy in addressing pupil mental health post Assembly Bill 2246. Addressing pupil mental health is not inherent to teachers in their professional capacity. However, the mandates put forth by the bill ask that teachers play a role in identifying at-risk students and connecting them to services. However, teachers are not expected to endure this effort alone. Mental health professionals are assigned to train and support teachers and work collaboratively for the well-being of the students. This study addressed this collaboration by collecting pre and post data collected after a one-hour teacher training facilitated by a professional mental health worker. This study found that teachers comprehensively improved their self-efficacy in

pupil mental health between pre and post test scores. Six measures were individually scored, and four of the six scores showed a significance in improvement.

Gatekeeper training is essential to improving the self-efficacy of teachers in the realm of mental health. In addition, support and collaboration between teachers and mental health providers are equally important. This study illustrates that collaboration between teachers and mental health professionals can be achieved to support the students' mental health needs. Future research in this area would be greatly expanded with the use of a qualitative study. This type of study would be important to gain a better understanding of what teachers are experiencing in their new role. With increased interest by policy makers in pupil mental health it is likely teachers will continue to play an active role. Therefore, it is imperative to continue to understand pupil mental health through the lens of teachers and support them in this new journey.

APPENDIX A
SURVEY INSTRUMENT

SURVEY

1. How many years have you been teaching? _____
2. What grade(s) do you currently teach? _____
3. Have you previously received suicide prevention training? [] yes [] no

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I am familiar with California Assembly Bill 2246, passed into law in 2016, and the mandates contained therein.	1	2	3	4	5
I am familiar with my school district's protocol for suicide prevention and intervention.	1	2	3	4	5
I am aware of the possible risk factors associated with suicide.	1	2	3	4	5
I feel confident in my ability to recognize the warning signs of a student at risk for suicide.	1	2	3	4	5
I would feel comfortable talking with a student who I felt was at risk for suicide.	1	2	3	4	5
I feel confident about how to intervene with a student who is exhibiting signs of suicide risk.	1	2	3	4	5

Survey developed by Samantha Ross and Christel Salas

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed measure teachers' feelings of self-efficacy in their ability to recognize the signs of suicide risk among students and in their ability to effectively intervene with identified at-risk students. This study is being conducted by Samantha Ross and Christel Salas under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino. This study has been approved by the School of Social Work Subcommittee of the Institutional Review Board at California State University, San Bernardino.

PURPOSE: The purpose of this study is to measure teachers' feelings of self-efficacy in their ability to recognize the signs of suicide risk among students and in their ability to effectively intervene with identified at-risk students.

DESCRIPTION: Teachers will receive a survey inquiring about their thoughts on addressing suicide risk among students.

PARTICIPATION: Your participation in this survey is completely voluntary. You can refuse to participate or discontinue your participation at any time without any consequences.

ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take approximately 5 minutes to complete the survey.

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

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions or comments about this study please contact Dr. Armando Barragán at abarragan@csusb.edu or (909) 537-3501.

RESULTS: Results of this study will be available online at California State University, San Bernardino's Pfau Library Scholar Works Database (<https://scholarworks.lib.csusb.edu>) after June 2020.

.....
This is to certify that I have read the above and I am 18 years of age or older.

Place an "X" here

Date

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The survey you just completed was designed to measure teachers' feelings of self-efficacy in their ability to recognize the signs of suicide risk among students and in their ability to effectively intervene with identified at-risk students.

Thank you for your participation in our study. Your input will enable your school district's behavioral and mental health program to better address your needs in future suicide prevention trainings.

If you have any questions about the study, please feel free to contact Samantha Ross at samar306@coyote.csusb.edu, Christel Salas at salasc1@coyote.csusb.edu, or Dr. Armando Barragán at abarragan@csusb.edu or (909) 537-3501. Results of this study will be available online at California State University, San Bernardino's Pfau Library Scholar Works Database (<https://scholarworks.lib.csusb.edu>) in June 2020.

In the event that the content of the training or the survey triggers any intense or uncomfortable emotions, or if you are interested in obtaining additional information about the training material, the following resources are available:

- California Department of Health Care Services - <https://www.dhcs.ca.gov>
- National Alliance on Mental Illness (NAMI) - <https://nami.org/>
- American Foundation for Suicide Prevention (AFSP) - <http://www.afsp.org/>
- Suicide Prevention Resource Center (SPRC) - <http://www.sprc.org/>
- Know the Signs - <https://www.suicideispreventable.org/>

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Samantha Ross & Christel Salas

Proposal Title Measuring Teacher Self-Efficacy in Addressing
Pupil Mental Health post AB 2246

SW1946


Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)



Committee Chair Signature

4/4/2019

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

REFERENCES

- California Legislative Information. (2016). *AB-2246 pupil suicide prevention policies*. Retrieved from https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246
- Centers for Disease Control and Prevention (2017). *Web-based injury statistics query and reporting system*. Retrieved from <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>
- Gould, M. S., Greenberg, T., Velting, D.M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(4), 386-405.
- Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2017). *Direct social work practice: Theory and skills* (10th ed.). Boston, MA: Cengage Learning.
- The Jason Foundation. (2016). *Jason Flatt act*. Retrieved from <https://jasonfoundation.com/about-us/jason-flatt-act/>
- Karch, D. L, Logan, J., McDaniel, D. D., Floyd, C F., & Vagi, K. J. (2013). Precipitating circumstances of suicide among youth aged 10-17 years by sex: Data from the national violent death reporting system, 16 states, 2005-2008. *Journal of Adolescent Health*, 53(1), S51-S53.
- King, K. A., & Smith, J. (2000). Project SOAR: A training program to increase school counselors' knowledge and confidence regarding suicide prevention and intervention. *Journal of School Health*, 70(10), 402-407.

Mental Health Services for Students Act of 2019, H. R. 1109, 116th Congress.
(2019).

Merikangas, K. R., He, J., Burstein, M., Swanson, S., Avenevoli, S., Cui, L.,
Benjet, C., Georgiades, K. & Swendsen, J. (2010). Lifetime prevalence of
mental disorders in US adolescents: Results from the national comorbidity
study-adolescent supplement (NCS-A). *Journal of the American Academy
of Child & Adolescent Psychiatry, 49*(10), 980-989.

National Association of Social Workers. (2018). Read the Code of Ethics.
Retrieved from <https://www.socialworkers.org/about/ethics/code-of-ethics/code-of-ethics-english>

Portzky, G., Audenaert, K., & Van Heeringen, K. (2008). Psychosocial and
psychiatric factors associated with adolescent suicide: A case-control
psychological autopsy study. *Journal of Adolescence, (2008)*, 1-14.

Ribeiro, J. D., & Joiner, T. E. (2009). The interpersonal-psychological theory of
suicidal behavior: Current status and future directions. *Journal of Clinical
Psychology, 65*(12), 1291-1299.

Santrock, J. (2014). *Essentials of life-span development* (3rd ed.). New York,
New York: McGraw Hill.

Satcher, D. (2004). School-based mental health services. *Pediatrics, 113*(6),
1839-1845.

- Stein, B. D., Kataoka, S. H., Hamilton, A. B., Schultz, D., Ryan, G., Vona, P., & Wong, M. (2010). School personnel perspectives on their school's implementation of a school-based suicide prevention program. *Journal of Behavioral Health Services & Research, 37*(3), 338-350.
- Stewart, S. M., Eaddy, M., Horton, S. E., Hughes, J., & Kennard, B. (2017). The validity of the interpersonal theory of suicide in adolescence: A review. *Journal of Clinical Child & Adolescent Psychology, 46*(3), 437-449.
- Uribe-Guajardo, M. G., Kelly, C., Bond, K., Thomson, R., & Slewa-Younan, S. (2019). An evaluation of the teen and Youth Mental Health First Aid training with a CALD focus: An uncontrolled pilot study with adolescents and adults in Australia. *International Journal of Mental Health Systems, 13*:73, 1-15.
- Van Orden, K., Lynam, M. E., Hollar, D., & Joiner, T. E. (2006) Perceived burdensomeness as an indicator of suicidal symptoms. *Cognitive Therapy and Research, 30*(4), 457-467.
- Walter, H. J., Gouze, K., & Lim, K. G. (2006). Teachers' beliefs about mental health needs in inner city elementary schools. *Journal of American Academy of Child & Adolescent Psychiatry, 45*(1), 61-68.
- Whitney, S. D., Renner, L. M., Pate, C. M., & Jacobs, K. A. (2011). Principals' perceptions of benefits and barriers to school-based suicide prevention programs. *Children and Youth Services Review, 33*(6), 869-877.

ASSIGNED RESPONSIBILITIES

This research project to meet partial fulfillment of the requirements for the degree Master of Social Work in the School of Social Work was completed as a joint project by Samantha Ross and Christel Salas. Chapters 1 and 2 were completed by Salas prior to Ross joining the research project. Ross contributed significant editing and revising to Chapters 1 and 2. Chapter 3 was written by Ross. The survey used for this study was created by Ross, with edits and fine-tuning of the final instrument collaboratively provided by both researchers. Collection of data, data analysis, and Chapters 4 and 5 were collaboratively completed by both researchers.