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## Accessibility of Mental Health Resources in Schools

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# ACCESSIBILITY OF MENTAL HEALTH RESOURCES IN SCHOOLS

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

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

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by  
Zitlaly Lizeth Cruz-Roman  
Vianney Consepcion Sandoval

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## ABSTRACT

This study aimed to examine parents' and staff's perception of the accessibility and awareness of mental health resources in school. Mental health resources are made available in school settings; however, not all families and students are aware of the resources being provided. To address the accessibility of mental health resources, research needs to take place to understand why these resources are not being utilized. Individuals' mental health will improve by creating awareness of the resources since they will be aware of the resources and use them based on their needs. The research project utilized quantitative research methods and descriptive research methods. A survey questionnaire was used to compare responses of school staff and parents/guardians to understand the disconnect between awareness and accessibility of mental health resources in schools.

Keywords: mental health, schools, accessibility, parents, school staff.

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## DEDICATION

Zitlaly Lizeth Cruz-Roman

I would like to dedicate this to my mother Mariana and my siblings Gabriel, Virginia, Marianna, and Melanie. I would also like to dedicate this to my partner Manuel. Lastly, this is dedicated to my father who is watching me from heaven. I would not have been able to reach this accomplishment without the love and unconditional support you all provided me with. Los quiero mucho.

Vianney Concepcion Sandoval

I dedicate this achievement to my friends, family, fur babies, and those I keep in my heart, who have accompanied me on this journey and have undoubtedly shown me love and support. Con dios todo se puede y hoy se pudo.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

In 2010, the American Academy of Child and Adolescent Psychiatry found that one to every five youths in the U.S meets the criteria for a mental health disorder. The high prevalence can be attributed to problems from home continuing in their academic setting, trauma exposure, including violence, and experience of chronic stress (Zacarian, 2017). Children with a high allostatic load face poorer health outcomes and more significant behavioral problems (Rogosch, 2011).

Before a student steps into the classroom, teachers need to be trained to provide a safe environment to support their student's mental well-being. Student Wellness and Support Services (SWSS) in San Bernardino City Unified School District (SBCUSD) delivers services to staff and students. SWSS offers a multi-tiered system that supports enhancing students' and staff's mental health and collaborations in school (San Bernardino City Unified School District, 2021). This multi-tiered system is a framework that provides educators with both behavioral and academic strategies that can be used when working with students with a variety of needs and is comprised of three tiers. Tier 1 looks at the child as a whole and is provided to all students in the school. (Sailor & Skrtic, 2021). However, some students may require additional support, such as small group sessions (Tier 2), while others may require individualized support and assistance

(Tier 3). If a student can receive support for their mental health while in school, it can result in positive behavioral characteristics. In addition, having a positive social-relational climate contributes to students having a positive mental health (Oberle, 2018).

Proper training in mental health resources prepares educators to cultivate a conducive environment for learning. When students face mental health issues, they need to be aware of the available resources. School social workers are involved in various roles in a school, from making referrals to advocating for students. SWSS works directly with students and families at a micro level while connecting them with community resources. The San Bernardino School District does not assign a social worker to each school as other districts do due to insufficient funding. Consequently, staff members have to refer students out of the school district to receive mental health services.

At the macro level, one of the problems created by the lack of awareness of mental health is an emphasis on other topics not related to mental health in schools. For example, there is an emphasis on nutrition and students' health, but not on mental health. Congress recognized that schools have an essential role in promoting students' health, preventing obesity in children, and fighting problems related to poor nutrition and not being physically active (Agron & Berends, 2010). However, no recognition was mentioned about mental health playing an important role in students' overall well-being. The Child Nutrition and WIC Reauthorization Act of 2004 (CNR) addressed obesity by updating education

agencies to implement local wellness policies (LWP). This act focuses on students' health by changing nutrition and physical activity (Moag-Stahlberg & Howley, 2008). Although it is good to focus on students' health and nutrition, it is also important for them to be psychologically healthy.

What is currently being done to help students' mental health is practicing Positive Behavioral Interventions and Supports (PBIS). PBIS is a tiered behavior support practice that serves as school-wide prevention (Horner & Macaya, 2018). PBIS focuses on students' social, emotional, and academic success. PBIS also teaches students how to behave in the school setting, provides instructional consequences for the behavior causing a problem, and acknowledges the student's positive and appropriate behavior (Horner & Macaya, 2018).

Second Step is also implemented to help students' mental health. Second Step is a prevention program that focuses on violence and is created to reduce emotional, social, and behavior problems while developing core competencies (Frey & Hirschstein, 2000). It aims to promote the development of social-emotional skills, which allow students to learn about their feelings while having a safe environment that supports emotional well-being and mental health (Frey & Hirschstein, 2000). Overall, the research gap that we hope to fill through the study is obtaining parents' and staffs' perceptions of the accessibility and awareness of mental health resources in schools.

## Purpose of the Study

This study aimed to examine parents' and staff's perception of the accessibility and their awareness of mental health resources in school. To achieve this goal, the study utilized a cross-sectional design where quantitative data were gathered from staff and parents to examine if parents and staff have similar perceptions of the accessibility and awareness of mental health resources in school.

Participants were invited to complete several questionnaires on an online self-administered questionnaire design. A quantitative research design was chosen because we aimed to examine the association between the responses of school staff and parents with students. Moreover, having an online survey tool allowed the recruitment of a large sample size. A self-administered questionnaire also provided greater participant anonymity, reducing participants' risk of being recognized by their answers. Having our results as quantitative data made it easier to measure our answers and provide generalizable responses objectively. (Steckler & McLeroy, 1992).

## Significance of the Project for Social Work

In looking at mental health in school settings, a problem of significant importance, which needs attention, is identifying available resources ready to be used by students (Manning, 2009). Although resources are being provided to students and families in school settings, not many individuals are aware of the available types of resources for their use. To address the accessibility of mental

health resources in schools, research needs to be utilized to guide how to make individuals aware of these resources, whether by implementing them in classes or informing students and parents. Once these resources are made known to individuals, students' mental health will improve because they will know what resources to access based on their needs.

The findings from the study contribute to social work practice by examining whether there is a disconnect between the perception of accessibility of services and the resources offered. If results suggest a disconnect, social workers will better address how to rectify this disconnect. Moreover, it may encourage social workers to be more open to topics and activities when working with students. These activities include yoga and breathing exercises at the beginning of class or between classes. De-escalating techniques can also be implemented in school settings and help social workers, teachers, staff, and students (Price & Baker, 2015). Rather than referrals, social workers and teachers can consider other options like de-escalating techniques. Finally, social workers will benefit from this technique because students will be taught to talk about their emotions and learn how to identify them.



## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter consists of examining the research relevant to the topic of mental health resources in school settings. The subsections are mental health in school settings, policies in place, and prevention and intervention. The final section will examine Bertalanffy's General Systems Theory and Bronfenbrenner's Ecological Model.

#### Mental Health in Children

##### Allostatic Load

When a person receives a high amount of chronic stress in their environment that they are incapable of coping with, their bodies experience high allostatic loads. Even though children experience stress at different levels, a continuance of it can lead to high levels of toxic stress (Rogosch, 2011). When reaching these high levels of stress, our bodies try to control the different stimulations. As a result, people can start feeling physically sick and experience symptoms such as changes in their metabolism and immune system (McEwen, 2005). If these symptoms begin at an early age and are not identified, they can create adverse adult health outcomes.

Elementary school children exposed to cumulative high-risk exposure for many years have higher levels of allostatic loads when they are in middle school

( Evans, 2007). Children are then at risk of affecting physical changes in their lives, such as changes in their neuronal, endocrinological, cardiovascular, and immunological systems. This can be presented when students are exposed to a high-risk situation, and their body does not recognize how to lower their blood pressure. Not knowing how to control these emotions and feelings leads to devastating effects in children. While unintentional injuries are the leading cause of death for children aged 10-14, suicide is the second leading cause( NIMH, 2019).

School staff, especially in elementary schools, need to understand the allostatic loads their students face and how this impacts their development. Schools should teach students academic skills and life skills such as social-emotional learning.

### Trauma-informed Teaching

Half of the country's student population have been exposed to trauma in their life (Zacarian, 2017). When children live in areas of high crime and poverty, they are more likely to experience a traumatic event in their lives. In December 2020, there were 69 criminal homicides in the city of San Bernardino (UCR, 2020). From those 69 homicides, at least one San Bernardino City Unified School District (SBCUSD) student was a victim of homicide. Districts have guidelines for when a student passes away that require counseling to be available to students and teachers. However, in class, teachers need to be aware of how to consider a student's mental health during a time of crisis. Learning from

strength-based perspective practices such as Teaching to strengths by Debbie Zacarian helps teachers in K-12 be inclusive of the population of students they have. Using inclusion practices in class allows teachers to be aware of lessons and language that can trigger their students.

## Policies in Place

### Social-Relational Climate

School climate plays a role in how students feel at their school and how they connect with the adults on campus. Not only will they benefit their social relationships but also their mental health (Oberle, 2018). It is important for the students to feel comfortable asking for resources and know what has been made available to them. Teaching students life skills such as seeking help at an early age makes it easier for them to find that help later. However, a limitation to this finding is not mentioning how much funding the school received to place more importance on the social-relational climate. Even though SBCUSD has a similar objective in their SWSS office, there is a limit to how much cultural climate can be presented without asking for more funding either for staff or resources.

Even though it is the school's responsibility to create a positive social climate, that can be done by including students in their changes. When staff practice active inclusion of students, this forms the foundation for youth engagement (Jones, 2011). The best way to know how mental health resources can be more accessible is by asking students and their families directly. This

inclusion of students and families in the process can be done in multiple ways by conducting interviews or surveys.

### Wellness Policies

School wellness policies play an important role in preventing adolescent obesity (Agron & Berends, 2010). In 2006, about three thousand participants took part in surveys, interviews, and focus groups, and about one thousand school board members represented the school districts throughout the nation. The result of the study demonstrated that the board members of the school were confident of their district being able to develop, implement, and evaluate the wellness policy since they were interested in the tools and training (Agron & Berends, 2010). This opportunity allows school board associations, state public health, and school advocates to provide training and resources to school districts. In particular, they can provide the training and resources to physical education classes, implement initiatives and strategies, and evaluate the policies. Although it is good to see the support school wellness policies aimed at preventing obesity are receiving, there is not enough emphasis on mental health, which can be a limitation. If obesity is being targeted as a primary policy, mental health will remain a secondary priority.

Furthermore, local wellness policies (LWP) provide schools the opportunity to improve their practices that help support their student's health and well-being, which help their academic achievement (Moag-Stahlberg & Howley, 2008). However, the wellness policies focus on reducing and preventing

childhood obesity and providing school nutrition guidelines. Unfortunately, it does not consider policies for mental health in schools. It is important to keep this in mind when addressing the need for mental health accessibility and implementation in school districts. We can address the existing support for nutrition and obesity prevention and ask for more support in mental health policies since there are fewer efforts in the mental health area.

### Gaps in Mental Health Services

There are gaps between people that need the services and how many are using those mental services. In the study conducted by Lyon and Ludwig (2013), half of the youth screened for depression utilized mental health services. The majority of the students that received help got it through their school. However, it did not mention what other options were available to them. A gap in the research is that it did not say why the other half of the participants could not access mental health services. The study does not mention if the youth could not access resources because it was not made available to them or because their parents did not pursue further help. As minors, youth can only get so much support with mental resources without their parents' permission. Another gap is that this research has looked at the accessibility of mental health services from students' perspectives but not from those who initiate the referral, such as school staff and parents or guardians; hence, the study helped fill in the gap.

Part of improving accessibility is having staff trained in mental health resources. Some staff that could potentially help our students receive services

are school nurses. However, not all schools have an on-site nurse that students can meet with daily. If the school does have a nurse, part of the nurses' job is completing health screens. These health screens assess physical components such as hearing, height, weight, oral health, scoliosis, tuberculosis, and vision (Manning, 2009). Even though these are essential assessments, adding mental health questions will give a more holistic view of the child. Having this holistic view will also help the school nurse better understand how the child is feeling. For example, when mental health issues are presented as physical issues. If a student comes in with a stomach ache, the school nurse can assess if this stomach ache is due to some bad food or anxiety. Having trained school staff is the first step in helping students receive their needed resources. School staff will work directly with families in accessing the mental health needs of their students and create referrals.

### Preventions and Interventions

Prevention and intervention programs are important for mental and behavioral health. Second Step is a universal primary prevention program aimed at helping students' mental health while also serving as a violence prevention curriculum (Frey & Hirschstein, 2000). This program seeks to build a rich school environment where children's problems are addressed. Second Step also supports the use of positive social behaviors and socio-emotional skills (Frey & Hirschstein, 2000). Students benefit from this prevention by watching their peers use targeted language, skills, and strategies. Also, Second Step emphasizes the

importance of self-reflection, reinforcement, and observation which help students regulate and learn about their emotions (Frey & Hirschstein, 2000).

It was found that empathy, problem-solving, and impulse control prevent students from having poor relationships and problem behavior (Frey & Hirschstein, 2000). Second Step has lessons that are taught two times a week by a teacher or school counselor who is trained to teach the curriculum. The lessons are accompanied by videos based on the studies, posters, and throughout the school setting (Frey & Hirschstein, 2000). Student participation is highly encouraged in the lessons because they allow students to talk about their feelings, share their different points of view, and identify possible consequences (Frey & Hirschstein, 2000).

Positive Behavioral Interventions and Supports (PBIS) is a framework that implements evidence-based practices school-wide (Horner & Macaya, 2018). PBIS has been implemented in more than twenty-five thousand schools in the United States and is built on critical assumptions that serve as a guideline for achieving success in the schools. Furthermore, PBIS is broken down into three tiers. Tier I provides behavior support to help create a positive school climate. Tier II is for students who need additional support and is more targeted. Finally, Tier III is for students who need individual support that is more intense; approximately 3-5% of the student body will receive tier III services (Horner & Macaya, 2018). It is more than simply teaching social skills; instead, it is about

creating learning environments at schools with a stable, consistent, safe, and positive environment (Horner & Macaya, 2018).

### De-escalating Techniques

De-escalating techniques are non-physical interventions that help manage violence and aggression in mental health (Price & Baker, 2015). Some of the interventions include breathing and grounding exercises. Yoga, lowering the voice, and setting boundaries are other de-escalating techniques that can be used in school settings when working with students (Price & Baker, 2015). A limitation was that there was insufficient evidence that demonstrated consistent cognitive, skill, and affective improvements through direct skills (Price & Baker, 2015). However, the most significant takeaway from de-escalating techniques was that participants felt confident managing their behaviors (Price & Baker, 2015).

There are different ways school staff members, such as teachers or administrators, can apply de-escalation. De-escalation works with physical aggression and can also be used for other negative behaviors such as skipping class or not participating (Strategies, 2013). The first step in de-escalation is knowing the student; when the school staff members understand the student, they can use proactive or reactive skills. Proactive skills are practiced by gaining and maintaining mutual respect with the students (Strategies, 2013). This respect, however, is earned when teachers also practice respecting their students. Practicing respect does not mean giving up leadership roles in the



classroom but instead making the students feel they have a say in what needs to be done. For example, if homework assignments need to be assigned, the teacher can practice proactive skills by asking the students to vote in between which assignments they would like to complete.

Reactive skills can be completed using soft imperatives with redirection, patience, and humor (Strategies, 2013). An example of reactive skills is using redirection to de-escalate when two students in a classroom are arguing. Instead of the teacher spending their time trying to resolve the student's conflict, they can redirect the arguing student's attention by making them aware that they are other students in the environment, and to continue with the activity, they need to continue to the next step (Strategies, 2013). Instead of escalating the situation by arguing with the students, the teacher can change their concentration.

### Theories Guiding Conceptualization

Two theories used to conceptualize the ideas in this study are Ludwig von Bertalanffy's General Systems Theory and Bronfenbrenner's Ecological Model.

In the late 1960s, Biologist Ludwig Von Bertalanffy searched for a conceptual framework to understand the interactions between a living organism and its environment. Before, theories broke down the whole to look at its different parts, but systems theory kept the system as a whole and then looked at how it interacted with other systems. Maintaining the systems helps understand the dynamics in a client system to understand how they communicate with each other.

The systems model uses a linear system to connect the interaction between multiple systems. The linear model includes inputs, outputs, and outcomes to make up the social environment (Friedman, 2014). Each system has a role in the environment, and they are expected to stay within their roles for the system to be functioning. However, when there is a dysfunction in the social environment, there needs to be a way to better see how the systems interact.

Urie Bronfenbrenner's Ecological Model highlights the interactions between individuals and their sociocultural and physical environments (Zastrow & Kirst-Ashman, 2007). The ecological perspective has five components that influence an individual's wellbeing: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem focuses on the individual and their biological, social, and psychological systems, the mesosystem focuses on the family level, and the exosystem focuses on the community level. In addition, the macrosystem focuses on a societal level, and the chronosystem focuses on life events across the lifespan (Zastrow & Kirst-Ashman, 2007). A key element to look at in each level is the impact that the systems and subsystems have on an individual. This theory helped understand the interactions between the systems and the individuals that provide resources, support, and maintain their mental health.

### Summary

This study explored the accessibility of mental health resources in the school setting as perceived by families with students and school staff. The need

for mental health resources to be identified is important because it will open the door for students, families, and staff to use them. Although resources are being provided, students, families, and staff may not utilize offered mental health resources. Knowing that there are many barriers that students face that impact their mental health, resources need to be made accessible. Ludwig von Bertalanffy's General Systems Theory and Bronfenbrenner's Ecological Model can help bring resources together in an accessible manner. This study sought to add families with students' and school staff's perceptions to the literature and find ways to make resources more accessible.

## CHAPTER THREE

### METHODS

#### Introduction

This study assessed the accessibility of mental health resources in school settings from the perspective of parents, teachers, and staff. This chapter contains the details of how the study was conducted. The sections discussed are the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

This study aimed to identify and describe the accessibility of mental health resources in school settings within the United States. This descriptive research project compared parents' and staffs' responses. Having two survey questionnaires for each subject population allowed one to compare data responses easily. That enabled us to understand the disconnect between the resources provided and their accessibility.

Using a descriptive, quantitative approach helped identify new details and receive feedback on the accessibility of mental health resources in schools that parents and school staff reported. This study is cross-sectional and analyzes data from a population at a specific point in time. This questionnaire allowed us to understand better what setbacks need to be changed to make mental health resources accessible.

The descriptive methods approach helped create a survey questionnaire that could be accessed through Qualtrics. Qualtrics digitalized the connections to our respondents. Due to COVID-19, we wanted to minimize health risks for both the researchers and respondents. Because we are collecting data virtually, we will not interact with respondents, eliminating COVID transmission. Furthermore, having our responses go directly to an online confidential data collection system means we do not have to worry about securing physical copies during the duration of our project.

A limitation of using a survey questionnaire is that participants' responses will be limited to the options provided in the survey, therefore, restricting personal responses. This may prevent parents and staff from sharing personal and meaningful information. Another limitation of using a survey questionnaire is that some parents or staff might not be comfortable sharing information and answering questions through an online survey. Lastly, some parents or staff might not understand how survey questionnaires work due to their lack of knowledge of technology.

### Sampling

This study will use non-probability convenience and snowball sampling. For convenience sampling, we will use social media platforms such as Facebook and Instagram to give people the option to take the survey at their convenience. We will then use snowball sampling by contacting parents/guardians and school staff within our social networks and asking them to share the survey

questionnaire with people they know who identify with our participant requirements. Parents/guardians need to have children who are currently enrolled in kindergarten through twelfth grade and school staff members include teachers, student teachers, counselors, social service workers, or administrators. Also, the participants have to be 18 years or older. We targeted a minimum of 20 parent and 20 staff.

### Data Collection and Instruments

Using a quantitative research method, we conducted a cross-sectional study, and our independent variable was the type of provider, either parent/guardian or school staff. We had three dependent variables that measure factors such as accessibility, awareness, and specific related questions for parents and staff. For the quantitative section, we asked our participants: "How accessible do you think resources are in the district?" "How many total resources are you aware of?" "How willing are you to receive support for your child's mental health needs?" and "Is there something preventing you from receiving these resources?".

Since no established survey asked the questions we were looking for, the researchers created their own questions. The questions were created using three blocks that tested the perception of accessibility, awareness, and specific related questions to staff or parents. Bronfenbrenner's Ecological Model also guided our questions by wanting to question the connections in a student's mesosystem that would include their school and parents. Because we created our own test, we

could not conduct a Cronbach's alpha to test reliability or Pearson's correlation coefficient to test validity. However, the questions developed were informed by the literature. Using face validity, we created nonbiased questions that can be answered by both families of students and school staff. The questions developed were discussed between research partners and were further refined with the research supervisor.

Quantitative data was collected through Qualtrics, an online confidential data collection system. There were four survey questionnaires available for school staff and parents. There was a Spanish and English version of the questionnaire survey, and each survey had informed consent that they needed to agree to participate in our research project. The survey asked five demographic questions about their race/ethnicity, age, gender, income, and residing county.

Since the survey was conducted online, respondents did not have a specific time and place limitation to respond to the questionnaire. We limited the survey to fifteen questions to reduce survey fatigue, including demographic questions. Respondents could complete the survey in fifteen minutes or less. Our survey questions were written in a manner easily understood by parents and staff members who are not familiar with research terms.

### Procedures

We posted a flyer on social media platforms. The first social media platform we used was Facebook, and the link was posted from our personal profile, and local community pages, such as *I Love San Bernardino*. On

Instagram, we posted the flyer on our profiles, stories, and bio. Flyers were posted twice a week, once in the morning and the afternoon. In addition, snowball sampling was used by contacting parents and school staff members within our social network. Researchers also shared the flyer through email to eligible participants to complete the survey.

The participants had access to the QR code provided to complete the survey. Participants did not have a time limit once they opened the questionnaire. Answers were automatically saved once the survey was completed. To complete this study, parents/guardians and school staff were asked to complete a 15-minute survey about the accessibility of mental health resources in the school they work at or at the school their student attends.

#### Protection of Human Subjects

The anonymity of the participants was protected by not having any of the demographic questions ask identifiable information such as their names. We also did not require participants to write down identifiable information like email addresses or phone numbers. After participants read the informed consent section, they clicked on a box that signified they agreed to participate in our research project. The researchers secured the confidentiality of participants' answers by storing their responses in the online Qualtric systems. Only the researchers had access to the Qualtric information system. The researchers also used their personal computers that had 256-bit AES encryption. After three years



of the completion of the research project, the researchers will destroy all data relating to respondents' answers.

### Data Analysis

Data was gathered from Qualtrics and was then imported to an Excel sheet. The Excel sheet was uploaded to the IBM Statistics Software. Each response option was given a unique numerical code. Researchers analyzed the responses to make sure they were adequately coded. Each question was then categorized under its own theme. A master list was created that explained what each code and theme stood for.

The researchers analyzed the gathered data through Chi-Square. Using Chi-Square allowed the researchers to see the differences between parent and staff responses significantly. In particular, we also decided to use Chi-Square since it helped determine if there is a relationship between the role of participants (parent and staff) and the view on making mental health resources more accessible. First, the survey questionnaire responses were collected. The independent variable was the type of provider, either parent/guardian or school staff (teachers, student teachers, counselors, social service workers, and administrators). Next, the three dependent variables measured factors such as accessibility, awareness, and specific related questions for parents and staff.

## Summary

This study aimed to examine parents' and staff's perception of the accessibility and their awareness of mental health resources in school. We investigated the disconnect between the resources provided and their accessibility. The questionnaire actively invited subjective responses of parents and school staff to highlight the need to make mental health resources more accessible in school settings. The quantitative methods used in this study will best facilitated the process.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter described the results of our study that sought to answer how accessible mental health services are in school settings among students, parents, teachers, and staff. We presented participants' demographic characteristics and results of the bivariate analyses.

#### Frequency Distributions

##### Demographics

Table 1 displays the summary of the characteristics of the sample's demographic characteristics. First, the largest age group was 35-44 years old (36.36%), followed by 45-54 years old (22.72%) and then both 18-24 and 25-34 years old at (18.8%). Next, the majority of the participants were Latino or Hispanic (77.27%), and the next largest group was Caucasians (11.36%). Our sample mainly consisted of women (77.27%). Then our demographics showed that the highest percentage of annual household income was \$25,000-\$50,000 (34.09%). For parents, the largest group for their child's grade enrollment was 5th-6th grade (18.18%), then an equal distribution (13.63%) of 7th-8th, 9th-10th, and 11th-12th grade. Most of our participants were from San Bernardino County (63.63%). Finally, our respondents consisted of half parents (n=22) and half staff (n=22).

Table 1. Demographic Profile of Study

<b>Table 1</b>									
<i>Demographic Profile Of Study Sample (N=44)</i>									
<b>Variable</b>	<b>n (%)</b>								
<b>Age in years</b>									
18-24	8 (18.8)								
25-34	8 (18.8)								
35-44	16 (36.36)								
45-54	10 (22.72)								
54+	2 (4.54)								
<b>Ethnicity</b>									
Caucasian	5 (11.36)								
Hispanic/Latino	34 (77.27)								
Asian	2 (4.54)								
Native American	1 (2.27)								
Two or More	2 (4.54)								
<b>Sex</b>									
Men	10 (22.72)								
Women	34 (77.27)								
<b>Income <sup>a</sup></b>									
Less than \$25,000	15 (34.09)								
\$25,000-\$50,000	12 (27.27)								
\$50,000-\$100,000	11 (25.00)								
\$100,000-\$200,000	4 (9.09)								
Prefer not to say	2 (4.54)								
<b>Student's Grade<sup>b</sup></b>									
Kindergarten	1 (4.54)								
3rd-4th	8 (18.18)								
5th-6th	3 (13.63)								
7th-8th	3 (13.63)								
9th-10th	3 (13.63)								
11th-12th	4(18.18)								
<b>County</b>									
Riverside	14 (31.81)								
San Bernardino	28 (63.63)								
Other	1 (2.27)								
<b>Role of Participant</b>									
Parent	22 (50.00)								
Staff	22 (50.00)								
<sup>a</sup> Income represents annual income									
<sup>b</sup> Student's grade does not include 1st-2nd due to that choice not being chosen by responders.									

## Findings

### Chi-square

Table 2 shows the awareness profile for our study sample. The questions related to parents and staff and whether they believed there were enough mental health resources being offered in schools, their familiarity with the mental health resources offered in schools, and how many mental health resources their school offers.

### Awareness

When participants were compared on their views of enough resources in the schools, parents compared to staff were more likely to report believing that a low amount of mental health resources were offered in schools, 63.63% vs. 68.18%, respectively. Still, this difference was not statistically significant,  $\chi^2(4,44) = 1.71, p > .05$ .

### Familiarity

Participants were also asked about their familiarity with the schools' mental health resources being offered. Results indicated a statistically significant difference. Parents were more likely to report being slightly familiar (50.00%) versus moderately familiar (13.63%). Staff was less likely to report being slightly familiar (18.18%) versus moderately familiar (50.00%).  $\chi^2(4, 44) = 22.84, p < .05$ .

**Table 2. Awareness Profile of Study**

<b>Table 2</b>																					
<i>Awareness Profile Of Study Sample (N=22)</i>																					
<b>Variable</b>	<b>n (%)</b>																				
<b>Enough<sup>a</sup></b>																					
<b>Parent</b>																					
No	14 (63.63)																				
Maybe	2 (9.09)																				
Yes	6 (27.27)																				
<b>Staff</b>																					
No	15 (68.18)																				
Maybe	2 (9.09)																				
Yes	5 (22.72)																				
<b>Familiar<sup>b</sup></b>																					
<b>Parent</b>																					
Not familiar at all	8 (36.34)																				
Slightly familiar	11 (50.00)																				
Moderately familiar	3 (13.63)																				
Very familiar	0																				
Extremely familiar	0																				
<b>Staff</b>																					
Not familiar at all	0																				
Slightly familiar	4 (18.18)																				
Moderately familiar	11 (50.00)																				
Very familiar	4 (18.18)																				
Extremely familiar	3 (13.63)																				
<b>Number_MHR<sup>c</sup></b>																					
<b>Parent</b>																					
0	6 (27.27)																				
1- 4	13 (59.09)																				
4- 9	2 (9.09)																				
15+	0																				
<b>Staff</b>																					
0	0																				
1- 4	16 (72.72)																				
4- 9	4 (18.18)																				
15+	2 (9.09)																				
<b>Mental Health Resources<sup>d</sup></b>																					
<b>Parent</b>																					
One-time meeting with school counselor	14 (63.63)																				
Weekly individual counseling	2 (9.09)																				
Weekly group counseling	1 (4.54)																				
Crisis Intervention	3 (13.63)																				
Classes on emotions or behaviors	5 (22.72)																				
Class presentation (ex: second step)	3 (13.63)																				
Other	6 (27.27)																				
<b>Staff</b>																					
One-time meeting with school counselor	15 (68.18)																				
Weekly individual counseling	17 (77.27)																				
Weekly group counseling	11 (50.00)																				
Crisis Intervention	15 (68.18)																				
Classes on emotions or behaviors	10 (45.45)																				
Class presentation (ex: second step)	11 (50.00)																				
Other	7 (31.81)																				

<sup>a</sup> Do you think there are enough mental health resources offered in your student's school?

<sup>b</sup> How familiar are you with the mental health resources being offered in your school?

<sup>c</sup> How many mental health resources does your current school offer that you are aware of? Participants did not choose the option 10-14

<sup>d</sup> What type of mental health resources are offered? Participants had the option to choose multiple answers.

## Accessibility

Table 3 shows the accessibility profile for our study sample. The questions related to parents and staff being asked how accessible mental health resources are in their schools and if their school delivered information to parents or guardians regarding how to access them. Another question that was asked was, if a student needs mental health services, do they know who they would get in contact with so the student can receive mental health resources. Finally, the participants were asked if mental health resources are accessible to non-English speakers and whether mental health resources in schools need to be accessible to students and families.

When participants were compared on their views of the accessibility of mental health resources in school, the results indicated a difference. Parents were more likely to report low accessibility of mental health resources than staff, 60.00% vs. 27.27%, respectively. In contrast, parents were less likely to report high accessibility, 0.00% vs. 22.73%. These differences were statistically significant,  $\chi^2 (2, 42) = 7.40, p < .05$ .

Participants asked about information delivered by the school regarding how to access mental health resources indicated a statistically significant difference. More than half (54.55%) of parents reported they had not received information, while only 18.18% of staff reported no information being delivered ( $\chi^2 [2, 44] = 6.86, p < .05$ .)

When participants were questioned about knowing who to get in contact with so students can receive mental health resources, responses indicated that there is a statistically significant difference. Parents were less likely not to know who to contact, 45.45% vs. 31.82%. Staff was more likely to know who to contact versus not knowing who to contact, 81.82% vs. 4.54%.  $\chi^2 (2, 44) = 12.70, p < .05$ .

Participants were also asked about mental health resources being accessible to non-English speakers. Responses indicated that there is not a statistically significant difference. Both parents and staff were likely to indicate that mental health resources were available to non-English speakers. 71.43% of parents responded affirmatively, while 90.91% of staff provided similar response,  $\chi^2 (2, 43) = 2.70, p > .05$ .

Finally, participants were asked if mental health resources need to be made more accessible to students and families. Responses indicated there is not a statistically significant difference. Parents and staff reported a higher response of yes to mental health resources needing to be made more accessible. Parents reported 95.45% yes, while staff reported 90.91% yes.  $\chi^2 (2, 44) = .36, p > .05$ .



**Table 3. Accessibility Profile of Study**

<b>Table 3</b>	
<i>Accessibility Profile Of Study Sample (N=22)</i>	
<b>Variable</b>	<b>n (%)</b>
<b>Accessible<sup>a</sup></b>	
<b>Parent<sup>b</sup></b>	
Low	12 (60.00)
Moderate	8 (40.00)
High	0 (0.00)
<b>Staff</b>	
Low	6 (27.27)
Moderate	11 (50.00)
High	5 (22.73)
<b>Delivered Information<sup>c</sup></b>	
<b>Parent</b>	
Yes	4 (18.18)
Maybe	6 (27.27)
No	12 (54.55)
<b>Staff</b>	
Yes	10 (45.46)
Maybe	8 (36.36)
No	4 (18.18)
<b>Contact<sup>d</sup></b>	
<b>Parent</b>	
Yes	7 (31.82)
Maybe	5 (22.73)
No	10 (45.45)
<b>Staff</b>	
Yes	18 (81.82)
Maybe	3 (13.64)
No	1 (4.54)
<b>Language<sup>e</sup></b>	
<b>Parent<sup>f</sup></b>	
Yes	15 (71.43)
No	6 (28.57)
<b>Staff</b>	
Yes	20 (90.91)
No	2 (9.09)
<b>More Accessible<sup>g</sup></b>	
<b>Parent</b>	
Yes	21 (95.45)
Maybe	1 (4.55)
No <sup>h</sup>	
<b>Staff</b>	
Yes	20 (90.91)
Maybe	2 (9.09)
No <sup>i</sup>	

<sup>a</sup> How accessible are mental health resources in your student's school?

<sup>b</sup> Parent sample is out of 20 due to two missing responses

<sup>c</sup> Has your student's school delivered information to you regarding how to access mental health resources ( EX: Flyers, Informational Meetings)

<sup>d</sup> If your student is in need of mental health services, do you know who you would get in contact with so your student can receive mental health resources?

<sup>e</sup> Are mental health resources accessible to non-English speakers?

<sup>f</sup> Parent sample is out of 21 due to one missing response

<sup>g</sup> Do mental health resources in your student's schools need to be made more accessible for students and families?

<sup>h</sup> No answer was provided for response option "No"

<sup>i</sup> No answer was provided for response option "No"

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter discusses the conclusions of our survey related to mental health resources in schools and whether responses supported our hypothesis and supported earlier studies. The participants included parents and school staff members, and they were asked questions relating to demographics, awareness, and accessibility of mental health resources. Moreover, this chapter also discusses the limitations of our research study, recommendations for social work practice, the broader implications for policy, and research and conclusion.

#### Discussion

This study aimed to compare parents' and staff' awareness of mental health resources in school and perceptions of the accessibility of these resources. The leading research question that guided our survey questions was: Do parents and staff have similar perceptions of the accessibility and awareness of mental health resources in school? The questions developed for the survey were distributed to mental health resources.

Table 2 related to the perception of awareness in our study sample and included the results for the questions: Do you think enough mental health resources are being offered in schools and how familiar are you with the mental health resources being offered in your school? The first question showed no

statistically significant difference; the majority of parents and staff responded that there was a low amount of mental health resources being offered in schools. The second question showed a statistical significance to the familiarity with mental health resources; 50.00% of parents reported being slightly familiar, while 50.00% of staff reported being moderately familiar. The surveyors anticipated the results of the two questions since it was hypothesized that there are not enough mental health resources in schools, and there was a disconnect between the familiarity with mental health resources.

A possible explanation for the lack of mental health resources can be attributed to the lack of funding or availability of mental health resources. The finding that staff was more likely than parents to know about available resources may be because more staff are familiar with mental health resources in schools. After all, they are more likely to be exposed to that information in their work environment.

In the study conducted by Agron & Berends (2010), school wellness policies played an essential part in schools developing, implementing and evaluating tools and training. When school board members are confident about the training available, it makes it easier for students to receive the appropriate resources. When our results showed that both parents and staff believed there were not enough mental health resources available for students, that gave the chance to present those results to local districts and express the communities desire for more help. By presenting the results to school districts, school board

members will be aware of the need for mental health resources in schools. It will also help address the need for mental health services to be accessible for parents/guardians and staff since they are in direct contact with students. Our results will also help express the importance of creating awareness of mental health services throughout the school grounds and to families for services to be utilized.

Responses related to accessibility delivered information and contact presented a statistically significant difference. Staff were more likely to believe there was moderate accessibility of mental health resources, reported that their school delivered information, and knew who to get in contact with. However, parents were more likely to believe there was low accessibility of mental health resources, did not widely report receiving contact material, and were less likely to know who to get in contact with. Overall, findings indicated that parents were less likely to know how to access mental health resources compared to staff. Lyons' 2013 study states a low report of the use of services within the education and primary care sectors. Consistent with the previous research, our study showed possibilities for the low use of services by presenting the theme of disconnection of available services versus how accessible they are. Due to the low use of services, parents and staff can likely not use the services to help students since the services themselves are not being frequented.

When studies (Rogosch, 2011) present the importance of identifying allostatic load at an early age, parents need to be made aware of the available

resources. Table 3 shows that parents' and staffs' responses did not have a significant (statistical) difference when asked if they believed that resources were accessible to non-English speakers and that mental health resources need to be more accessible for students and families. If these mental health services are made available at the early stages of education, this could prevent other adverse mental health outcomes as adults.

### Limitations

Though this study presented the pattern of disconnection between parents and staff's responses, there were limitations in the research. The first limitation is the small sample size (N=44). A small sample size limits the generalizability of the respondent's answers and the likelihood of finding statistical significance. A lack of diversity meant most respondents consisted of Hispanic/Latina women. Because primarily Hispanic/Latina women responded to our survey, this added a language barrier that could have infringed on access to services that other groups did not have experienced. Since our respondents were mainly women, we do not know how men's experiences could have differed when accessing mental health resources. Another limitation is the data collection was done through the researcher's social network using snowball sampling. Since the researchers could not find an established survey, they had to create their own guided by theory. Since the researchers created the survey, reliability and internal/external validity tests were unknown. Using a survey also created limitations since respondents could not elaborate on their answers.

## Recommendation for Social Work Practice, Policy, and Research

### Social Work Practice

Social work practice consists of micro, mezzo, and macro levels. Micro social work involves working with individuals, groups, and families in an eclectic approach (Austin & Anthony, 2016). At the micro-level, social workers can provide practices in schools and help avoid outside referrals, instead allowing students to directly access mental health services in their academic environment. One recommendation from our results is to have schools hire more social workers or psychologists. Suppose schools have more mental health providers for students. This could help students access resources within their schools rather than seeking services through an outside agency, which can sometimes be difficult due to a lack of health insurance to cover the fees for mental health services. Not only that, but schools can focus more on educating parents and students about the resources available to them through the district.

On a mezzo level, the district can work with schools to ensure that mental health resources are available at all stages of their academic career. Urie Bronfenbrenner's Ecological Model highlights the importance of individuals' five systems working together (Zastrow & Kirst-Ashman, 2007). When schools and parents interact, this can open up communication between the two entities, making it easier for them to work together and find the appropriate resources for the student.

However, there needs to be change at the macro level for schools to have those mental health resources. Whether it starts with the county or at the federal level, policies and monies are needed for change. One funding model for school-based mental health includes three tiers (CA- School-Based Health Alliance). The overall model has federal funding, such as the mental health services act; however, it splits it into how the additional funding is provided. The first tier is funding for school-wide interventions, and this can be funded through local funding, such as what the district budgets for. The second tier includes short-term targeted interventions and this higher level of care that can be financed through state programs such as Medi-Cal. The final tier is long-term intensive interventions; this can also be paid for by Medi-Cal and includes educationally-related mental health services such as social workers being included in IEPs.

### Future Research

Recommendations for future research would include addressing the limitations, such as having a more extensive and more diverse response group. The recruitment of participants can be conducted in collaboration with schools all over the country to see if this problem is also being faced outside of San Bernardino and Riverside County. A survey can be created and tested for its validity and reliability for an extended time. Once these surveys have been tested, researchers can conduct their studies using the available tools and past data. When completing our literature review, there was a gap in studies relating to the accessibility of mental health resources.

The available literature mentioned the importance of funding health in school, such as preventing obesity. Additionally, to focusing on physical health, schools could also include mental health resources in those provisions.

### Conclusion

The study aimed to provide a deeper understanding of the disconnect between parents and staff regarding perceptions of accessibility and their awareness of mental health resources in school. Social workers are in a plethora of professional environments, including schools. Even though social workers in schools are something newer to communities like San Bernardino County, it provides a new way of reaching and caring for the mental health services for students. By providing a starting point in discussing the availability and accessibility of mental health resources, we hope to see more involvement and education of resources for students' mental wellbeing.



APPENDIX A  
STAFF SURVEY - ENGLISH  
DEVELOPED BY ZITLALY CRUZ AND VIANNEY SANDOVAL

Q1 What is your ethnicity?

- Caucasian (1)
- African-American (2)
- Latino or Hispanic (3)
- Asian (4)
- Native American (5)
- Native Hawaiian (6)
- Two or More (7)
- Other/Unknown (8)
- Prefer not to say (9)

Q2 What is your age?

- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 54+ (5)

Q3 What Gender do you identify as?

- Male (1)
- Female (2)
- Non-binary / third gender (3)
- Prefer not to say (4)

Q4 What is your annual household income?

- Less than \$25,000 (1)
- \$25,000-\$50,000 (2)
- \$50,000-\$100,000 (3)
- \$100,000-\$200,00 (4)
- More than \$200,000 (5)
- Prefer not to say (6)

Q5 Do you currently work in a school or school district?

- No (1)
- Yes (2)

Q6 Which county do you work in?

- San Bernardino County (4)
- Riverside County (5)
- Other (6)

Q7 What is your role in the school?

- Teacher (1)
- Student Teacher (2)
- Counselor (3)
- Social Service Worker (4)
- Administrator (5)
- Other (6)

End of Block: Demographics

Start of Block: DV-Awareness (Knowing Resources)

Q8 Do you think there are enough mental health resources being offered in schools?

- Definitely not (1)
- Probably not (2)
- Might or might not (3)
- Probably yes (4)
- Definitely yes (5)

Q9 How familiar are you with the mental health resources being offered in your school?

- Not familiar at all (1)
- Slightly familiar (2)
- Moderately familiar (3)
- Very familiar (4)
- Extremely familiar (5)

Q10 How many mental health resources does your current school offer that you are aware of?

- 0 (1)
- 1-4 (2)
- 4-9 (3)
- 10-14 (4)

- 15+ (5)

Q11 What type of mental health resources are offered?

- One-time meeting with School Counselor (1)
- Weekly Individual Counseling (2)
- Weekly Group Counseling (3)
- Crisis Intervention (4)
- Classes on emotions or behaviors (5)
- Class Presentations (ex: second step) (6)
- Other (7)

---

End of Block: DV-Awareness (Knowing Resources)

Start of Block: Providing/ Responses from Parents

Q12 When attempting to provide mental health resources for a student or family, how likely are you to receive a response from the parent or guardian?

- Extremely unlikely (1)
- Somewhat unlikely (2)
- Neither likely nor unlikely (3)
- Somewhat likely (4)
- Extremely likely (5)

Q13 While offering mental health resources, how often do you hear from parents or guardian once the process begins?

- Never (1)
- Sometimes (2)
- About half the time (3)
- Most of the time (4)
- Always (5)

Q14 After mental health resources are offered, how likely are you to hear back or receive feedback from parents or guardians?

- Extremely unlikely (1)
- Somewhat unlikely (2)
- Neither likely nor unlikely (3)
- Somewhat likely (4)
- Extremely likely (5)

Q15 While providing services how likely is it that you will encounter hesitancy from parents/guardians when providing services?

- Extremely unlikely (3)
- Somewhat unlikely (4)
- Neither likely nor unlikely (5)
- Somewhat likely (6)
- Extremely Likely (7)

Q16 How often does your school provide trainings or meeting covering mental health resources that are available?

- Always (1)
- Often (2)
- Occasionally (3)
- Rarely (4)
- Never (5)

End of Block: Providing/ Responses from Parents

Start of Block: DV- Accessibility

Q17 How accessible are mental health resources in your school?

- None at all (1)
- A little (2)
- A moderate amount (3)
- A lot (4)
- A great deal (5)

Q18 Has your school delivered information to parents or guardians regarding how to access mental health resources ( EX: Flyers, Informational Meetings)

- Yes (1)
- Maybe (2)
- No (3)

Q19 If a student is in need of mental health services, do you know who you would get in contact with so the student can receive mental health resources?

- Yes (1)
- Maybe (2)
- No (3).

Q20 Are mental health resources accessible to non-English speakers?

- Yes (1)
- No (2)

Q21 Do mental health resources in your student's schools need to be made more accessible for students and families ?

- Yes (1)
- Maybe (2)
- No (3)

End of Block: DV- Accessibility



APPENDIX B  
STAFF SURVEY - SPANISH  
DEVELOPED BY ZITLALY CRUZ AND VIANNEY SANDOVAL

## Start of Block: Demographics

### Q1 Cuál es tu Origen Étnico?

- Caucásico(a) (1)
- Afroamericano(a) (2)
- Latino(a) o Hispano(a) (3)
- Asiático(a) (4)
- Nativo Americano(a) (5)
- Nativo(a) de Hawai (6)
- Dos o más (7)
- Otro / Desconocido (8)
- Prefiero no decirlo (9)

### Q2 ¿Cuál es tu edad?

- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 54+ (5)

### Q3 ¿Con que genero te identificas?

- Masculino (1)
- Femenino (2)
- No binario / tercer género (3)
- Prefiero no decirlo (4)

Q4 ¿Cual es tu ingreso anual?

- Menos de \$ 25,000 (1)
- \$ 25,000- \$ 50,000 (2)
- \$ 50 000- \$ 100 000 (3)
- \$ 100,000- \$ 200,00 (4)
- Más de \$ 200,000 (5)
- Prefiero no decir (6)

Q5 ¿Trabajas actualmente en una escuela o distrito escolar?

- No (1)
- Si (2)

Q6 ¿En qué condado trabajas?

- Condado de San Bernardino (4)
- Condado de Riverside (5)
- Otro (6)

Q7 ¿Cuál es tu función en la escuela?

- Maestro(a) (1)
- Estudiante profesor (2)
- Consejero(a) (3)
- Trabajador(a) de servicios sociales (4)
- Administrador(a) (5)
- Otro (6)

End of Block: Demographics

Start of Block: DV-Awareness (Knowing Resources)

Q8 ¿Crees que se ofrecen suficientes recursos de salud mental en las escuelas?

- Definitivamente no (1)
- Probablemente no (2)
- Podría o no podría (3)
- Probablemente si (4)
- Definitivamente si (5)

Q9 ¿Qué tan familiarizado está con los recursos que se ofrecen en su escuela?

- No estoy familiarizado en absoluto (1)
- Un poco familiar (2)
- Moderadamente familiar (3)
- Muy familiar (4)
- Extremadamente familiar (5)

Q10 ¿Cuántos recursos de salud mental ofrece su escuela actual que conozca?

- 0 (1)
- 1-4 (2)
- 4-9 (3)
- 10-14 (4)

- 15+ (5)

Q11 ¿Qué tipo de recursos de salud mental se ofrecen?

- Reunión única con el consejero escolar (1)
- Consejería individual semanal (2)
- Consejería grupal semanal (3)
- Intervención de crisis (4)
- Clases sobre emociones o comportamientos (5)
- Presentaciones de clase (p. Ej., Second Step, PBIS) (6)
- Otro (7)

---

End of Block: DV-Awareness (Knowing Resources)

Start of Block: Providing/ Responses from Parents

Q12 Al intentar brindar servicios de salud mental a un estudiante o una familia, ¿qué probabilidad hay de que reciba una respuesta del padre o tutor?

- Extremadamente improbable (1)
- Algo poco probable (2)
- Ni probable ni improbable (3)
- Algo probable (4)
- Extremadamente probable (5)

Q13 Mientras ofrece servicios de salud mental, ¿con qué frecuencia escucha a los padres o tutores una vez que comienza el proceso?

- Nunca (1)

- Algunas veces (2)
- Aproximadamente la mitad del tiempo (3)
- La mayor parte del tiempo (4)
- Siempre (5)

Q14 Una vez que se ofrecen los servicios de salud mental, ¿qué probabilidades hay de que recibas comentarios de sus padres o tutores?

- Extremadamente improbable (1)
- Algo poco probable (2)
- Ni probable ni improbable (3)
- Algo probable (4)
- Extremadamente probable (5)

Q15 Mientras brinda servicios, ¿qué probabilidades hay de que los padres / tutores esten indecisos al brindar los servicios?

- Extremadamente improbable (3)
- Algo poco probable (4)
- Ni probable ni improbable (5)
- Algo probable (6)
- Extremadamente probable (7)

Q16 ¿Con qué frecuencia su escuela ofrece capacitaciones o reuniones que cubren los recursos de salud mental que están disponibles?

- Siempre (1)
- A menudo (2)

- Ocasionalmente (3)
- Casi nunca (4)
- Nunca (5)

End of Block: Providing/ Responses from Parents

Start of Block: DV- Accessibility

Q17 ¿Qué tan accesibles son los recursos en su escuela?

- Ninguno en absoluto (1)
- Un poquito (2)
- Una cantidad moderada (3)
- Mucho (4)
- Bastante (5)

Q18 ¿Su escuela ha entregado información a los padres o tutores sobre cómo acceder a los servicios de salud mental (EX: volantes, reuniones informativas)

- Si (1)
- Quizás (2)
- No (3)

Q19 Si un estudiante necesita servicios de salud mental, ¿sabe con quién se pondría en contacto para que el estudiante pueda recibir servicios de salud mental?

- Si (1)
- Quizás (2)

- No (3)

Q20 ¿Los servicios de salud mental son accesibles para personas que no hablan inglés?

- Si (1)
- No (2)

Q21 ¿Es necesario que los servicios de salud mental en las escuelas sean más accesibles para los estudiantes y las familias?

- Si (1)
- Quizás (2)
- No (3)

End of Block: DV- Accessibility



APPENDIX C  
PARENT SURVEY - ENGLISH  
DEVELOPED BY ZITLALY CRUZ AND VIANNEY SANDOVAL

## Start of Block: Demographics

Q1 What is your ethnicity?

- Caucasian (1)
- African-American (2)
- Latino or Hispanic (3)
- Asian (4)
- Native American (5)
- Native Hawaiian (6)
- Two or More (7)
- Other/Unknown (8)
- Prefer not to say (9)

Q2 What is your age?

- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 54+ (5)

Q3 What Gender do you identify as?

- Male (1)
- Female (2)
- Non-binary / third gender (3)
- Prefer not to say (4)

Q4 What is your annual household income?

- Less than \$25,000 (1)
- \$25,000-\$50,000 (2)
- \$50,000-\$100,000 (3)
- \$100,000-\$200,00 (4)
- More than \$200,000 (5)
- Prefer not to say (6)

Q5 Do you currently have a student enrolled in school?

- No (1)
- Yes (2)

Q6 Which county does your student's school belong to?

- San Bernardino County (4)
- Riverside County (5)
- Other (6)

Q7 What grade is your student(s) in?

- Kindergarten (1)
- 1st-2nd (2)
- 3rd-4th (3)
- 5th-6th (4)
- 7th-8th (5)
- 9th-10th (6)
- 11th-12th (7)

End of Block: Demographics

Start of Block: DV- Awareness

Q8 Do you think there are enough mental health resources being offered in your student's school?

- Definitely not (1)
- Probably not (2)
- Might or might not (3)
- Probably yes (4)
- Definitely yes (5)

Q9 How familiar are you with the resources being offered in your student's school?

- Not familiar at all (1)
- Slightly familiar (2)
- Moderately familiar (3)
- Very familiar (4)
- Extremely familiar (5)

Q10 How many mental health resources does your student's school currently offer that you are aware of?

- 0 (1)
- 1-4 (2)
- 4-9 (3)
- 10-14 (4)

- 15+ (5)

Q11 What type of mental health resources does your student's school offered?

- One-time meeting with School Counselor (1)
- Weekly Individual Counseling (2)
- Weekly Group Counseling (3)
- Crisis Intervention (4)
- Classes on emotions or behaviors (5)
- Class Presentations (ex: second step) (6)
- Other (7)

---

End of Block: DV- Awareness

Start of Block: Receiving mental health resources

Q12 How willing are you to receive mental health resources for your child's mental health needs?

- Strongly unwilling (1)
- Somewhat unwilling (2)
- Neither willing nor unwilling (3)
- Somewhat willing (4)
- Strongly willing (5)

Q13 Have you ever contacted someone in your student's school or district for help with mental health resources?

- Yes (1)
- No (2)

Display This Question:

If Have you ever contacted someone in your student's school or district for help with mental health... = Yes

Q14 How long did it take for someone to contact you regarding getting mental health resources for your student.

- 1 -6 days (1)
- 1-4 weeks (2)
- Over 4 weeks (3)

Q15 What are some reasons you are unable to receive mental health resources?

- Time (1)
- Language Barrier (2)
- Cost (3)
- Transportation (4)
- Lack of knowledge/awareness (5)
- Other (6)

---

Q16 How would you rate the mental health resources that are being provided?

- Very helpful (1)

- Helpful (2)
- Neutral (3)
- Somewhat Helpful (4)
- Not Helpful At All (5)

End of Block: Receiving mental health resources

Start of Block: DV- Accessibility

Q17 How accessible are mental health resources in your student's school?

- None at all (1)
- A little (2)
- A moderate amount (3)
- A lot (4)
- A great deal (5)

Q18 Has your student's school delivered information to you regarding how to access mental health resources ( EX: Flyers, Informational Meetings)

- Yes (1)
- Maybe (2)
- No (3)

Q19 If your student is in need of mental health services, do you know who you would get in contact with so your student can receive mental health resources?

- Yes (1)

- Maybe (2)
- No (3)

Q20 Are mental health resources accessible to non-English speakers?

- Yes (1)
- No (2)

Q21 Do mental health resources in your student's schools need to be made more accessible for students and families ?

- Yes (1)
- Maybe (2)
- No (3)

End of Block: DV- Accessibility



APPENDIX D  
PARENT SURVEY - SPANISH  
DEVELOPED BY ZITLALY CRUZ AND VIANNEY SANDOVAL

## Start of Block: Demographics

### Q1 Cuál es tu Origen Étnico?

- Caucásico(a) (1)
- Afroamericano(a) (2)
- Latino(a) o Hispano(a) (3)
- Asiático(a) (4)
- Nativo Americano(a) (5)
- Nativo(a) de Hawai (6)
- Dos o Mas (7)
- Otro / Desconocido (8)
- Prefiero no Decirlo (9)

### Q2 ¿Cuál es tu edad?

- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 54+ (5)

### Q3 ¿Con que genero te identificas?

- Masculino (1)
- Femenina (2)
- No binario / tercer género (3)
- Prefiero no decirlo (4)

Q4 ¿Cual es tu ingreso anual?

- Menos de \$ 25,000 (1)
- \$ 25,000- \$ 50,000 (2)
- \$ 50 000- \$ 100 000 (3)
- \$ 100,000- \$ 200,00 (4)
- Más de \$ 200,000 (5)
- Prefiero no decirlo (6)

Q5 ¿Tiene actualmente un estudiante inscrito en la escuela?

- No (1)
- Si (2)

Q6 ¿A qué condado pertenece la escuela de su estudiante?

- Condado de San Bernardino (4)
- Condado de Riverside (5)
- Otro (6)

Q7 ¿En qué grado está su (s) estudiante (s)?

- Jardín de infancia (1)
- 1ro / 2do (2)
- 3ro / 4to (3)
- 5to / 6to (4)
- 7 ° / 8 ° (5)
- 9 ° / 10 ° (6)
- 11 / 12 (7)

End of Block: Demographics

Start of Block: DV- Awareness

Q8 ¿Cree que se ofrecen suficientes recursos de salud mental en la escuela de su estudiante?

- Definitivamente no (1)
- Probablemente no (2)
- Podría o no podría (3)
- Probablemente si (4)
- Definitivamente si (5)

Q9 ¿Qué tan familiarizado está con los recursos que se ofrecen en la escuela de su estudiante?

- No estoy familiarizado en absoluto (1)
- Un poco familiar (2)
- Moderadamente familiar (3)
- Muy familiar (4)
- Extremadamente familiar (5)

Q10 ¿Cuántos recursos de salud mental ofrece actualmente la escuela de su estudiante que usted conoce?

- 0 (1)
- 1-4 (2)
- 4-9 (3)
- 10-14 (4)

- 15+ (5)

Q11 ¿Qué tipo de recursos de salud mental ofrece la escuela de su estudiante?

- Reunión única con el consejero escolar (1)
- Asesoramiento individual semanal (2)
- Asesoramiento grupal semanal (3)
- Intervención de crisis (4)
- Clases sobre emociones o comportamientos (5)
- Presentaciones de clase (p. Ej., Segundo paso) (6)
- Otro (7)

---

End of Block: DV- Awareness

Start of Block: Receiving mental health resources

Q12 ¿Qué tan dispuesto está a recibir servicios de salud mental para las necesidades de salud mental de su hijo?

- Muy en desacuerdo (1)
- Algo de acuerdo (2)
- Acuerdo neutral (3)
- Algo dispuesto (4)
- Muy dispuesto (5)

Q13 ¿Alguna vez se ha comunicado con alguien en la escuela o el distrito de su estudiante para obtener ayuda con los recursos de salud mental?

- Si (1)
- No (2)

Display This Question:

If Have you ever contacted someone in your student's school or district for help with mental health... = Yes

Q14 ¿Cuánto tiempo tardó alguien en comunicarse con usted para obtener servicios de salud mental para su estudiante?

- 1-6 días (1)
- 1-4 semanas (2)
- Más de 4 semanas (3)

Q15 ¿Cuáles son algunas de las razones por las que no puede recibir servicios de salud mental?

- Tiempo (1)
- Barrera del idioma (2)
- Costo (3)
- Transporte (4)
- Falta de conocimiento / conciencia (5)
- Otro (6)

---

Q16 ¿Cómo calificaría los recursos de salud mental que se brindan?

- Muy útil (1)
- Util (2)

- Neutral (3)
- Algo útil (4)
- No es útil en absoluto (5)

End of Block: Receiving mental health resources

Start of Block: DV- Accessibility

Q17 ¿Qué tan accesibles son los recursos de salud mental en la escuela de su estudiante?

- Nada en absoluto (1)
- Un poquito (2)
- Una cantidad moderada (3)
- Mucho (4)
- Bastante (5)

Q18 ¿La escuela de su hijo le ha entregado información sobre cómo acceder a los servicios de salud mental (por ejemplo, folletos, reuniones informativas)

- Si (1)
- Quizás (2)
- No (3)

Q19 Si su estudiante necesita servicios de salud mental, ¿sabe con quién se pondría en contacto para que su estudiante pueda recibir servicios de salud mental?

- Si (1)

- Quizás (2)
- No (3)

Q20 ¿Los servicios de salud mental son accesibles para personas que no hablan inglés?

- Si (1)
- No (2)

Q21 ¿Es necesario que los servicios de salud mental en las escuelas de su estudiante sean más accesibles para los estudiantes y sus familias?

- Si (1)
- Quizás (2)
- No (3)

End of Block: DV- Accessibility



APPENDIX E  
STAFF INFORMED CONSENT - ENGLISH

### School Staff Informed Consent

The study in which you are being asked to participate is designed to investigate the accessibility of mental health resources in schools. This study is being conducted by Zitlaly Cruz and Vianney Sandoval under the supervision of *Dr. Caroline Lim Assistant Professor of Social Work at California State University, San Bernardino*. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of this study is to evaluate the accessibility of mental health resources in schools.

**DESCRIPTION:** Participants will be asked a series of questions regarding various aspects of the accessibility of mental health resources in schools.

**PARTICIPATION:** Your participation is completely voluntary, and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

**CONFIDENTIALITY:** All information collected will be completely anonymous and the data will not include any identifiable information.

**DURATION:** This survey will take approximately 15 minutes to complete.

**RISKS:** There is no personal risk associated with the questionnaire; however, if at any time you feel uncomfortable answering some of the questions, you are free to skip or end participation.

**BENEFITS:** Participants will not have any direct benefits in the study; however, the findings from our research will contribute to our knowledge of mental health resources in schools.

**CONTACT:** If you have any questions or concerns regarding this survey please contact the researchers, Zitlaly Cruz at [005466223@coyote.csusb.edu](mailto:005466223@coyote.csusb.edu), Vianney Sandoval at [005537749@coyote.csusb.edu](mailto:005537749@coyote.csusb.edu), or Dr. Caroline Lim at [Caroline.Lim@csusb.edu](mailto:Caroline.Lim@csusb.edu)

**RESULTS:** The results of this study will be published in the Pfau Library ScholarWorks database at CSUSB after July 2022. Direct Link: <http://scholarworks.lib.csusb.edu>

\*\*\*\*\*  
**CONSENT:** I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

I agree  
 I do not agree

APPENDIX F  
STAFF INFORMED CONSENT - SPANISH

### Consentimiento Informado del Personal Escolar

El estudio en el que se le pide que participe está diseñado para investigar la accesibilidad de los recursos de salud mental en las escuelas. Este estudio está siendo realizado por Zitlaly Cruz y Vianney Sandoval bajo la supervisión de la Dra. Caroline Lim Profesora Asistente de Trabajo Social en la Universidad Estatal de California, San Bernardino. Este estudio ha sido aprobado por la Junta de Revisión Institucional de la Universidad Estatal de California, San Bernardino.

**PROPÓSITO:** El propósito de este estudio es evaluar la accesibilidad de los recursos de salud mental en las escuelas.

**DESCRIPCIÓN:** A los participantes se les hará una serie de preguntas sobre varios aspectos de la accesibilidad de los recursos de salud mental en las escuelas.

**PARTICIPACIÓN:** Su participación es completamente voluntaria y no tiene que contestar ninguna pregunta que no desee contestar. Puede omitir o no responder cualquier pregunta y puede retirarse libremente de la participación en cualquier momento.

**CONFIDENCIALIDAD:** Toda la información recopilada será completamente anónima y los datos no incluirán ninguna información identificable.

**DURACIÓN:** Esta encuesta tomará aproximadamente 15 minutos en completarse.

**RIESGOS:** No hay ningún riesgo personal asociado con el cuestionario; sin embargo, si en algún momento se siente incómodo al responder algunas de las preguntas, puede omitir o finalizar la participación.

**BENEFICIOS:** Los participantes no tendrán ningún beneficio directo en el estudio; sin embargo, los hallazgos de nuestra investigación contribuirán a nuestro conocimiento de los recursos de salud mental en las escuelas.

**CONTACTO:** Si tiene alguna pregunta o inquietud con respecto a esta encuesta, comuníquese con los investigadores, Zitlaly Cruz al [005466223@covote.csusb.edu](mailto:005466223@covote.csusb.edu), Vianney Sandoval al [005537749@covote.csusb.edu](mailto:005537749@covote.csusb.edu) o la Dra. Caroline Lim a [Caroline.Lim@csusb.edu](mailto:Caroline.Lim@csusb.edu)

**RESULTADOS:** Los resultados de este estudio se publicarán en la base de datos ScholarWorks de la biblioteca Pflin en CSUSB después de julio de 2022. Enlace directo: <http://scholarworks.lib.csusb.edu>

\*\*\*\*\*  
**CONSENTIMIENTO:** Entiendo que debo tener 18 años o más para participar en su estudio, haber leído y entendido el documento de consentimiento y estar de acuerdo en participar en su estudio.

- Estoy de acuerdo
- No estoy de acuerdo

APPENDIX G  
PARENT INFORMED CONSENT - ENGLISH

### Parental/Guardian Informed Consent

The study in which you are being asked to participate is designed to investigate the accessibility of mental health resources in schools. This study is being conducted by Zitlaly Cruz and Vianney Sandoval under the supervision of *Dr. Caroline Lim Assistant Professor of Social Work at California State University, San Bernardino*. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of this study is to evaluate the accessibility of mental health resources in schools.

**DESCRIPTION:** Participants will be asked a series of questions regarding various aspects of the accessibility of mental health resources in schools.

**PARTICIPATION:** Your participation is completely voluntary, and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

**CONFIDENTIALITY:** All information collected will be completely anonymous and the data will not include any identifiable information.

**DURATION:** This survey will take approximately 15 minutes to complete.

**RISKS:** There is no personal risk associated with the questionnaire; however, if at any time you feel uncomfortable answering some of the questions, you are free to skip or end participation.

**BENEFITS:** Participants will not have any direct benefits in the study; however, the findings from our research will contribute to our knowledge of mental health resources in schools.

**CONTACT:** If you have any questions or concerns regarding this survey please contact the researchers, Zitlaly Cruz at [005466223@coyote.csusb.edu](mailto:005466223@coyote.csusb.edu), Vianney Sandoval at [005537749@coyote.csusb.edu](mailto:005537749@coyote.csusb.edu), or Dr. Caroline Lim at [Caroline.Lim@csusb.edu](mailto:Caroline.Lim@csusb.edu)

**RESULTS:** The results of this study will be published in the Pfau Library ScholarWorks database at CSUSB after July 2022. Direct Link: <http://scholarworks.lib.csusb.edu>

\*\*\*\*\*  
**CONSENT:** I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

- I agree
- I do not agree

APPENDIX H  
PARENT INFORMED CONSENT - SPANISH



### Consentimiento Informado de los Padres / Tutores

El estudio en el que se le pide que participe está diseñado para investigar la accesibilidad de los recursos de salud mental en las escuelas. Este estudio está siendo realizado por Zitlaly Cruz y Vianney Sandoval bajo la supervisión de la Dra. Caroline Lim Profesora Asistente de Trabajo Social en la Universidad Estatal de California, San Bernardino. Este estudio ha sido aprobado por la Junta de Revisión Institucional de la Universidad Estatal de California, San Bernardino.

**PROPÓSITO:** El propósito de este estudio es evaluar la accesibilidad de los recursos de salud mental en las escuelas.

**DESCRIPCIÓN:** A los participantes se les hará una serie de preguntas sobre varios aspectos de la accesibilidad de los recursos de salud mental en las escuelas.

**PARTICIPACIÓN:** Su participación es completamente voluntaria y no tiene que contestar ninguna pregunta que no desee contestar. Puede omitir o no responder cualquier pregunta y puede retirarse libremente de la participación en cualquier momento.

**CONFIDENCIALIDAD:** Toda la información recopilada será completamente anónima y los datos no incluirán ninguna información identificable.

**DURACIÓN:** Esta encuesta tomará aproximadamente 15 minutos en completarse.

**RIESGOS:** No hay ningún riesgo personal asociado con el cuestionario; sin embargo, si en algún momento se siente incómodo al responder algunas de las preguntas, puede omitir o finalizar la participación.

**BENEFICIOS:** Los participantes no tendrán ningún beneficio directo en el estudio; sin embargo, los hallazgos de nuestra investigación contribuirán a nuestro conocimiento de los recursos de salud mental en las escuelas.

**CONTACTO:** Si tiene alguna pregunta o inquietud con respecto a esta encuesta, comuníquese con los investigadores, Zitlaly Cruz al [005466223@covote.csusb.edu](mailto:005466223@covote.csusb.edu), Vianney Sandoval al [005537749@covote.csusb.edu](mailto:005537749@covote.csusb.edu) o la Dra. Caroline Lim a [Caroline.Lim@csusb.edu](mailto:Caroline.Lim@csusb.edu)

**RESULTADOS:** Los resultados de este estudio se publicarán en la base de datos ScholarWorks de la biblioteca PfaU en CSUSB después de julio de 2022. Enlace directo: <http://scholarworks.lib.csusb.edu>

\*\*\*\*\*  
**CONSENTIMIENTO:** Entiendo que debo tener 18 años o más para participar en su estudio, haber leído y entendido el documento de consentimiento y estar de acuerdo en participar en su estudio.

- Estoy de acuerdo  
 No estoy de acuerdo



APPENDIX I  
INSTITUTIONAL REVIEW BOARD APPROVAL

Caroline Lim Vianney Sandoval, Zilaly Lizeth Cruz Roman  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Caroline Lim Vianney Sandoval, Zilaly Lizeth Cruz Roman:

Your application to use human subjects, titled "Mental Health Resources in Schools" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2022-78 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair  
CSUSB Institutional Review Board

ND/MG

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## ASSIGNED RESPONSIBILITIES

The researchers have agreed to work together in completing the research project. While writing chapters one, two, and three, we would decide which section we wanted to write. We tried our best to split the work as evenly as we could. We have decided to post on our personal Facebook and Instagram and reach out to our intimate circle to complete data collection. If we ever felt like one researcher was doing more work than the other, we are open with each other and would help alleviate the workload.