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SCHOOL FACULTY'S KNOWLEDGE AND AWARENESS OF SCHOOL-BASED MENTAL HEALTH PROGRAMS

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SCHOOL FACULTY'S KNOWLEDGE AND AWARENESS OF SCHOOL-BASED
MENTAL HEALTH PROGRAMS

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
Cristal Cortes-Vasquez
Bianca Gonzalez Vargas

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ABSTRACT

Children between the ages of five and eighteen spend a significant amount of time in school settings where they may have the opportunity to receive mental health services if needed. Children come into contact with many school faculty members, such as teachers, social workers, counselors, secretaries, administrators, and many more. These faculty ideally would be able to identify and properly refer children to mental health services. However, prior research demonstrates that many faculty members are not aware of the various types of mental health services and programs provided in schools. In addition, for mental health services to be correctly offered to children, school faculty members need proper mental health training that would aid in identifying when a child needs additional support, as well as identifying appropriate mental health services geared towards children. Equally important, it is imperative to understand the perspective of school faculty members because they are in regular contact with children and they may inform others of the needs of schools, parents, and the community.

The purpose of this study was to assess school faculty's knowledge and understanding of mental health related services provided in schools. The targeted population was school faculty working in a K-12 settings across a variety of school districts in California. Participants were sought through online platforms and were asked to complete a survey. This study identified areas in which school faculty may require additional support in identifying mental health needs among students and raising awareness of the mental health support that is available to

students. The results identified the lack of mental health related training provided to all school faculty members. Implications of these findings and recommendations for social work are discussed.

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DEDICATION

This is dedicated to my mom, dad, and my sisters, Itzel, and Xitlali. I am beyond grateful for your encouragement and for motivating me to keep going, even more so throughout these two years. I love you all so much!

I want to thank Malle and Guilo for always providing me with profound wisdom and warmth, los adoro, AMO! Thank you to my Tio, Gabby, Laura, and my cousins, for always making laugh and supporting me throughout this journey. Thank you to Edgar, for always being a source of comfort and support. Finally, thank you to Cristal for being the best research partner I could ask for, I could not have done this without you! I am forever grateful to you all.

- Bianca Gonzalez Vargas

To family:

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Children and adolescents spend the majority of their time in school supervised by school faculty at all times, allowing them to recognize any mental health challenges a student may have. The need for mental health services has been identified to support students' emotional self-regulation. Additionally, students are less likely to drop out or participate in risky behaviors, more likely to develop better decision-making, and decrease the rates of suicide ideation (Hayes et al., 2019; Marsh & Mathur, 2020). In referring to mental health services, it should be noted that it includes services or trainings for general mental health well-being or mental health issues that can address out-of-school factors, mental health disorders, or social-emotional difficulties.

Mental health is part of a person's emotional, psychological, and social well-being, and it affects people's thoughts, feelings, and actions (CDC, 2021). Mental health is something that everyone deals with, and it determines how someone handles stress and the choices they make. Students are expected to go to school and focus regardless of their mental health. Students, similar to adults, need support and reminders on how to cope with life stressors. Students can be dealing with out-of-school factors that can include experiencing poverty, neglect, foster care adjustment, or managing parents' divorce, ultimately affecting their learning ability (Walsh et al., 2014; Bowden et al., 2020). These challenges

impact their mental health leading to the development of mental health illnesses; a mental health illness is when one is diagnosed with a mental health disorder.

A mental health disorder can start before the age of 14, and 50% of adult mental health disorders are developed in the adolescent years (Hayes et al., 2019; Belfer, 2008). The most prevalent mental disorders developed in school-age children and adolescents are anxiety disorders, Oppositional Defiant Disorder (ODD), Attention-Deficit/Hyperactivity Disorder (ADHD), depression disorder, Conduct Disorder, Tic Disorder, Obsessive-Compulsive Disorder, and Posttraumatic Stress Disorder (*Facts and Statistics*, 2020; Danielson, 2020). One out of six students met the criteria for one of those disorders (Danielson, 2020). In particular, Anxiety Disorder has been identified as the top disorder among school-age and adolescent students and is known to develop in childhood (*Facts and Statistics*, 2020; American Psychiatric Association, 2013).

When general mental health problems, i.e., anxiety, depression after family death, or bullying, are not addressed, they can hinder a mental disorder having adverse outcomes in childhood, adolescents, and adulthood. Having a disorder as a child or adolescent without proper support can persist into other disorders, affect academic achievement, and cause difficulty in achieving mental health well-being (Durlak et al., 2011). In addition, students with learning disabilities or physical disabilities can also benefit from any mental health services. These students are at high risk of developing higher levels of anxiety, stress, and mental illness (Hen & Goroshit, 2014). These can develop due to

their lack of confidence, self-doubt, and extreme self-criticism, which are all related to social and emotional components.

Students are dealing with out-of-school issues at school that can include being bullied. In the United States, 14.8% of students have been bullied online by other students, and 19.6% have been bullied on school property (Kann et al., 2014). Being bullied has been a concern for cases of suicide or hospitalizations (Postigo, 2019; Kann et al., 2014). Suicide is the number one leading cause in the U.S. and is the second leading death for children ages 10 to 14 years (CDC, 2022). Students who do not get mental health support during mental health issues can lead to long-term mental health services later in life, affecting their capacity to participate in the economy. (Furnham & Swami, 2018; Scheffler, 2016; White & Casey, 2017). Students need support in addressing these issues that can cause social isolation and mental health issues. Mental health services can include education in social-emotional development for students; and for staff to learn how to manage stressful situations that can consist of bullying and their general mental health (Greenberg et al., 2017). School faculty can increase their training to support students' mental health and the ability to refer them to the proper services.

Studies have focused on the need for mental health services and the effect that mental health has on students. However, not much is discussed on how any of the school faculty can also be an impact to support students in mental health well-being and identifying mental health issues or concerns. School faculty can include teachers, security, office assistants, or yard duty (the people

supervising children at recess or lunch). When any school faculty can refer students to appropriate services and is competent in doing it, it can increase students getting support before developing a mental disorder or long-term poor mental health issues (Hayes et al., 2019). Just like physical health is required in all schools to support students' physical well-being, mental health services to all students could support students' mental health well-being and decrease the negative stigma. This study will analyze the school faculty's knowledge and awareness of available mental health services and identify their confidence in connecting students to necessary mental health services. Additionally, this study will gain insight into what training or services are available for school faculty to support students in mental health. This study will address the questions: What is the knowledge and awareness of school-based mental health programs that school faculty hold? What challenges do school faculty face in addressing mental health needs in schools?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will review the literature concerning school-based mental health programs. First, the literature review will analyze policy and funding and how funding is needed to establish better programs and support for school faculty and students. Next, school personnel and their roles will be assessed and determine how to help connect students to mental health programs. Finally, the literature will review ways in which mental health programs are effective and why it is essential to hear the perspectives of school faculty.

Policy and Funding

Policy and funding affect the amount of school-based mental health programs available to students. It also determines the support provided to school faculty when identifying mental health needs. It was found that 50% of mental health cases begin at the age of 14, and of that 50%, only about half receive mental health services (Kessler et al., 2005; Whitney & Peterson, 2019). When discussing the importance of mental health programs in school settings, it is imperative to address how these mental health programs impact students. Good mental health has been found to promote welcoming school environments, such as academic achievement, improved classroom attendance, and behavior (Shelton & Owens, 2021). Furthermore, schools have the ability to connect students and their families to intensive services based on severity, and this can

be done by the faculty employed by the school. Assembly Bill (A.B.) 309 (2021) will expect the State Department of Education to establish better-equipped protocols to address students' mental health concerns. While A.B. 309 will work towards supporting the needs of students, it will also attempt to improve the barriers educators face when identifying students' need for additional mental health support (A.B. 309, 2021).

Local and federal governments have the capacity and the obligation to provide schools with adequate mental health services; however, the availability of such services may look different from state to state (Shelton & Owens, 2021). States are required to provide mental health services that meet state and federal guidelines, but there are still states that do not maintain appropriate or sufficient mental health services for students (Shelton & Owens, 2021). Students would benefit from policies that implement appropriate and sufficient mental health programs to help identify students in need and link them to the appropriate services.

As a result, school staff and teachers, in general, have stated that the lack of funding for school-based mental health programs is a barrier to students and their social-emotional success in school (Froese-Germain & Riel, 2012). To increase the amount and quality of mental health programs available to students, there must be more funding directed towards the programs. To illustrate, the lack of advocacy for mental health programs in schools from school faculty and mental health providers may hinder the amount of funding and resources schools get (Herlitz et al., 2020). Again, advocating for efficient mental health programs in

schools means more access to funding, training for school faculty, and more collaboration between educators and mental health professionals (Herlitz et al., 2020).

Types of Mental Health Programs Provided in Schools

There is a decline in mental health services used after students turn 18; additionally, there is an increase in services used from childhood to adolescence (Ringeisen et al., 2016). Furthermore, it was found that youth are more likely to participate in mental health programs in schools as opposed to in community settings (U.S. Department of Education, 2021). It has been established that schools are the most frequent providers of mental health services for students (Green et al., 2013). They also lead to specialty-based providers outside of schools (Green et al., 2013).

Services such as school-based counseling have been found to decrease external usage of services by students experiencing distress, behavior disorders, and emotional disturbances (Green et al., 2013). School faculty may also use prevention activities that increase the usage of external services when students experience mild-to-moderate mental disorders (Green et al., 2013). In addition to counseling and intervention activities, it has also been found that early identification plays a significant role in referring students to programs and early identification can also help normalize social-emotional and behavioral health (Green et al., 2013). In contrast, when there is an absence of early intervention

and adequate support, there may be an increase in disciplinary actions such as suspensions and expulsions (U.S Department of Education, 2021).

Mental health services may also be delivered in separate classrooms where students are provided with strategies to address behavior challenges and intensive therapeutic interventions (Green et al., 2020). Furthermore, research on the Multi-Tiered System of Support (MTSS) has shown that establishing a safe and positive school environment helps support students' social and emotional behaviors (U.S. Department of Education, 2021). Within MTSS, there are three tiers of support; tier one, also known as Primary Prevention, initiates positive, safe, and predictable classroom environments which promote reinforcement of desired behaviors, engagement, and support (U.S. Department of Education, 2021). Tier two, known as Secondary Prevention, provides targeted individual support for students who continue to experience difficulties with mental health (U.S. Department of Education, 2021). Lastly, tier three, known as Tertiary Prevention, provides intense individual support that assesses strengths and develops plans that would help students improve mental health (U.S. Department of Education, 2021). Furthermore, when MTSS programs are utilized, students are more likely to participate in programs that are directly offered on campus (U.S. Department of Education, 2021).

School Personnel

Students spend a majority of their time on school grounds, meaning that students are in daily contact with teachers, administrators, school security,

nurses, and mental health professionals. Administrators, like principals and directors, primarily oversee students and staff and are responsible for building positive connections with students, parents, and the community (Meador, 2021). Schools rely heavily on community-based mental health services; as a result, administrators are knowledgeable of services available to students and their families (U.S. Department of Education, 2021).

Teachers provide direct lessons to students and are responsible for building positive relationships with students and their parents (Meador, 2021). With this in mind, teachers are adept at recognizing concerning behavior in students and consult the mental health professionals in schools or directly connect them to services (*For educators*, n.d.). Moreover, school nurses mainly focus on physical health concerns, but they also have the power to assess and manage mental health issues students may be facing (Gaines, 2022). Additionally, school nurses also have the expertise to connect families to services outside of the school setting (Gaines, 2022).

Students are more likely to get connected to mental health programs when they can turn to school staff that are knowledgeable and aware of mental health needs (Major Depression, n.d.). Many school staff do not have the proper knowledge or awareness of mental health and mainly rely on community providers to support students with mental health challenges (U.S. Department of Education, 2021). School-based mental health providers are available on campuses for a limited amount of time; in addition, mental health providers spend most of their time completing administrative tasks instead of directly supporting

students (Green et al., 2013; U.S. Department of Education, 2021). For this reason, all school staff should be better equipped to assist students struggling with mental health (U.S. Department of Education, 2021).

Effectiveness of Mental Health Services

Students deal with mental health issues daily, making mental health services or programs critical to be available to students. Students can have social-emotional problems due to bullying or insecurities causing mental health issues. Having evidence-based programs like social and emotional learning (SEL) programs increase the students' confidence, increases engagement in school, improves academic performance, and reduces behavioral problems in the future by developing positive thoughts, attitudes, and behaviors (Durlak et al., 2011). The SEL program teaches students to put their thoughts, emotions, and behaviors together and deal with personal and social challenges (Durlak et al., 2011). These programs also prompt connections between teachers, students, and the community to share the same goal of better supporting the student's mental health and academic achievements (Durlak et al., 2011; U.S. Department of Education, 2021).

Services that are only provided out of school can have a low effect on students' mental health. For example, clinicians usually offer services outside of school, making it a barrier for families and children to have effective and efficient outcomes (U.S. Department of Education, 2021). Family barriers can include the distance to the center, not seeing any change in the child's behavior, and poor

communication with the agencies (U.S. Department of Education, 2021).

Therefore, mental health programs that occur in various places like classrooms, during or after school, and in the community increase effectiveness (Durlak et al., 2011). A higher effect has also been found when schools partner with mental health services provided during school hours (Fazel, 2014). Furthermore, the mental health services that had the most significant effect were interventions integrated into academic instruction, services provided multiple times a week or daily, and services that focused on externalizing problems (Sanchez et al., 2018). Therefore, implementing mental health into academic instruction or on school campuses has been more effective than community mental health services.

School faculty training that helps support students' mental health has benefited the connection between students and school faculty. Something as basic as training teachers to respond to students more empathetically can allow students disclose distress, disclose out-of-school issues, and increase engagement between school faculty and students (Wong, 2021). School faculty often respond to students based on their beliefs about what students should be thinking and doing (Wong, 2021). Also, when students disclose their distress, school faculty often compare their childhood to the students' experience, causing students to disengage. School faculty can change their perspectives in how they respond to students to create a safe place for students to share any distress or out-of-school issues that can be critical to their mental health (Wong, 2021).

Importance of School Faculty's Perspective

School faculty have reported that the one element influencing students' ability to flourish in school are mental health challenges (Froese-Germain & Riel, 2012). Schools are capable of adopting curricula that enhance mental health literacy among school faculty and assist in changing the stigma against mental health disorders (Kutcher et al., 2009). It is crucial to acknowledge school faculty's awareness of mental health programs because mental health does not only affect social-emotional concerns, it also affects academic success; therefore, incorporating mental health into the curricula would be beneficial for students (Rowling et al., 2009). In addition, when school faculty assume the proper knowledge and awareness of mental health programs, they will be able to accurately promote programs available in schools and teach positive social skills (Froese-Germain & Riel, 2012). Equally important, school faculty have expressed a lack of staff training pertaining to mental health in students (Froese-Germain & Riel, 2012.). Therefore, school faculty are capable of identifying the barriers that students face regarding mental health services. Additionally, there should be adequate trainings and lessons provided to teachers that would raise their awareness and knowledge concerning ways to get students connected to efficient programs.

Theories Guiding Conceptualization

Researchers have identified that the school setting is a unique environment for students to receive help and services from mental health

professionals. While the school system is mainly concerned with academic performance, it has been recognized that school faculty members have an incredible advantage in identifying when students are in need of mental health support. Despite having an advantage in interacting with students frequently, faculty members are not trained in providing mental health support or properly identifying when a child is in need (Miller et al., 2010). With this in mind, mental health professionals have identified several theories that have been applied within the school setting such as the strengths-based approach and resiliency theory.

First, the strengths-based approach directed this study. The strengths based approach is used to encourage the idea that individuals and communities have strengths and potential to use their strengths to achieve goals (Brownlee et al., 2012). Researchers have identified that by the time a student reveals that they need additional support, they may have already developed unhealthy ways of coping, such as low self-esteem and anxiety (Miller et al., 2010). Therefore, school faculty members may utilize the strengths-based approach to promote a student's strengths that would aid them in achieving better quality of life as well as academic success.

Second, the researchers utilized the resiliency theory, which is an approach that would aid school faculty members in understanding child and adolescent development. Resiliency theory can be used to identify contextual, social, and individual factors that may interfere with a child's development (Zimmerman, 2013). As mentioned before, school faculty members hold a unique

advantage in connecting with students frequently. Because of this, resiliency theory would be an asset for faculty members, because it would provide parents and faculty with opportunities to learn and identify mental health issues and enhance the use of mental health programs.

Summary

According to the Assembly Bill (A.B.) 309 (2021), local and federal governments provide funding for school-based mental health programs, which can be implemented in various ways. An essential significance to funding for mental health services was made due to the mental health cases in children and adolescents. School faculty were found to make adequate providers refer students to mental health and provide training to increase their awareness of mental health services and support students with mental health issues. In addition, the effectiveness of services was discussed, with the most effective mental health services being integrated within school-based services with academic instructions or evidence-based programs.

CHAPTER THREE

METHODS

Introduction

This study will evaluate the school faculty members' awareness of mental health programs that promote positive mental health among students. This chapter will describe the study design best suited for the proposed study. The sampling and data collection will also be discussed. This study will use school faculty as the participants selected for this study and describe what instrument will be used and how participants' identities will be protected. The proposed study will be discussed in further detail in this chapter.

Study Design

This study aims to assess the knowledge and awareness of mental health programs and school faculty's support to connect students to the appropriate services. This will be a descriptive research project because it is essential to be informed of the faculties' mental health awareness and resources that the districts provide that are appropriate enough to refer students to services. For this study, it would be appropriate to utilize the quantitative method to determine whether school faculty holds the appropriate knowledge and awareness of school-based mental health programs. However, there are certain strengths and limitations that occur when using the quantitative research method. Such limitations that the researchers may encounter include the improper representation of the population that the researchers are studying.

Another limitation to quantitative research is that the sample size the researchers acquire may be too small. Moreover, another limitation may be that the responses acquired from the participants may vary too much, and they may not be generalizable to the sample. Furthermore, possible strengths of this study include generalizability, developing a standard of quality in enforcing knowledge and awareness of mental health-related programs in schools, and enforcing the need for mental health knowledge and awareness among school faculty members. By taking this approach, we will be able to determine if school faculty is effectively trained or attains the appropriate understanding to recognize whether students require mental health services. Additionally, the researchers will be able to determine whether the faculty knows about the different programs provided by the school districts.

Sampling

This study will provide an electronic survey to school faculty that are regularly in contact with students. Any faculty who has contact with the students will be able to participate, and participants can be from any school district in California. School faculty can include teachers, teachers aids, nurses, security, receptionist, principal, principals assistant, counselors, librarians, yard duty (person watching children at recess and lunch), school social worker, and school psychologist. The intended number of participants is one hundred electronic surveys completed. The participants will be recruited through a non-probability snowball sampling method.

Data Collection and Instruments

This study will be collecting quantitative data through a self-administered survey. Each individual will be provided with consent before agreeing to participate in the study. This study will utilize a frequency analysis test to understand the relationship between the understanding and awareness of mental health issues in school children and factors such as years of work, which district they work for, their roles in the school setting and how long they have been working in the k-12 setting. In addition, correlation analysis test will determine if there is a relationship between faculty members' years in the k-12 school setting and their knowledge and awareness of school based mental health programs.

The survey will include questions that will have school faculty indicate the number of school-based resources they are familiar with. In addition, the survey will require fill-in responses to get a better understanding of the faculty's mental health knowledge and awareness. The questions will also assess the school faculty's confidence in connecting students to school-based mental health services. Furthermore, the survey will determine whether school faculty need additional access to mental health training and their overall satisfaction, beliefs, and thoughts about mental health services available to the students.

Procedures

Participants in this survey will be obtained through social media applications, such as Reddit, Instagram, and Facebook. The participants we are seeking will range within the California region, and they must work within a

school with children on a daily basis. Data collection will take place online through the Qualtrics survey software over the summer of 2022 and will proceed into the school year if needed. Moreover, the researchers, Bianca Gonzalez and Cristal Vazquez will be responsible for collecting and analyzing the data.

Protection of Human Subjects

This study will utilize the Qualtrics survey tool connected to the researcher's school email address. Data will be saved within the researchers' school email google drive. The researchers' school email address has three layers of protection. They are protected by a password and username and then sent to the second protection, which is the Duo Mobile application connected to the researcher's phone. In addition, the researchers also have protected passwords on their computers and phones that will be used for this research. The data collected will be destroyed after three years. No identifiable information will be collected that will link the participants to the collected surveys. Overall, the data collected will be protected by three layers: email password, Duo Mobile application, and phone/computer password.

Data Analysis

The data will be entered into the Statistical Package for the Social Science (SPSS) statistical application to be analyzed. The researcher will review data entry and results for any data entry errors that need to be addressed. Incomplete surveys will not be considered for this study and will be disregarded. Each question will be sorted and categorized to gather the frequency of each

response. It will separate the results to identify the knowledge and awareness that participants have regarding mental health programs provided to students, trainings that participants have taken to support students' mental health, and participants' thoughts regarding mental health services. It will also separate the results of the participants' demographics, which include; participants' roles, amount of time working in a school, and the type of school participants are from (elementary school, middle school, and high school). These demographics will support in identifying if there are any possible correlations in any of the responses and demographics.

Summary

This study will examine the school faculty's knowledge and awareness of mental health services provided to students. In addition, it will provide information on the training provided to school faculty regarding supporting students' mental health. It will provide an insight into school faculty's thoughts regarding the needs and availability of mental health services. The aim of this study is to add to school mental health literature and identify areas where quality and sufficient mental health programs could be implemented. This study will identify the number of mental health services that school faculty are aware of to help school districts gain knowledge about possible changes or implementations that need to be made. The results of this study will identify if there's any need to support school faculty in getting proper training to refer students to mental health services or training to support students with mental health.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the general results gathered from the survey. The data was analyzed utilizing Statistical Package for the Social Science (SPSS) statistical application. Frequency analysis and correlation analysis were used to examine the relationship between understanding and awareness of mental health issues in school-aged children, as well as looking at factors such as years of work, which districts participants work in, and participants roles in the school setting. The data was collected throughout ten weeks in which the survey received 97 respondents that completed the survey. The current survey participants were K through 12th grade staff members.

Presentation of The Findings

Professional Characteristics

The first set of identity characteristics the participants were asked about was related to their profession within the K through 12th grade settings. Table 1 below illustrates the following professional aspects that will be discussed. When asked what professional setting the participants currently worked in, 47.4% responded in an Elementary school, 13.4% in a middle school, 20.6% in a high school, and 18.6% in another. When asked the type of school the participants work in, 86.6% responded public, 6.2% responded private, 5.2% responded

charter, 1.0% responded other, and 1.0% did not respond to the survey question. Moreover, participants were asked to report which county they work in, 66.0% of participants reported working in the San Bernardino County, 13.4% work in the Riverside County, 10.3% work in the Los Angeles County, 2.1% work in Alameda County, 1.0% work in Orange County, 1.0% work in the San Diego County, 1.0% work in Ventura County, and of all participants 5.2% were reported as missing (see Table 1). The final question asked regarding identity was the participants' current role. The results were divided by direct or indirect contact with the student, 68.6% were categorized as having direct contact with students, 10.4% were categorized as having indirect contact with the students, and 21.6% stated they had Other Roles (see Table 1). Direct contact with a student included teachers, teacher aid, principal/administrator, social worker, counselor, and nurse. Indirect contact with a student included lunch and recess monitor, security, office assistance/receptionist, and intern/volunteer.

Table 1. Professional Characteristics

| Variable | Frequency (N) | Percentage (%) |
|-----------------------------|----------------------|-----------------------|
| Professional setting | | |
| Elementary School | 46 | 47.4 |
| Middle School | 13 | 13.4 |
| High School | 20 | 20.6 |
| Other | 18 | 18.6 |
| Type of School | | |
| Public | 84 | 86.6 |
| Private | 6 | 6.2 |
| Charter | 5 | 5.2 |
| Other | 1 | 1.0 |
| Missing | 1 | 1.0 |
| Counties | | |

| | | |
|---------------------|----|------|
| San Bernardino | 64 | 66.0 |
| Riverside | 13 | 13.4 |
| Los Angeles | 10 | 10.3 |
| Orange County | 1 | 1.0 |
| Alameda | 2 | 2.1 |
| San Diego | 1 | 1.0 |
| Ventura | 1 | 1.0 |
| Missing | 5 | 5.2 |
| Current Role | | |
| Direct | 66 | 68.6 |
| Indirect | 10 | 10.4 |
| Other | 21 | 21.6 |

Awareness

The survey asked if the participants about what specific services the participants were aware of (see Table 2). In this question, participants could mark more than one service, so the total size is larger than the sample size. In terms of findings, 18.6% were aware of Victor Community Support Services, 2.1% were aware of LSS Community Care, 0% were aware of Project Cal-STOP, 17.5% were aware of Care Solace, 24.7% were aware of Crisis Walk-in Clinic, 28.9% were aware of Student Assistance Program, 10.3% were aware of Substance Abuse Mental Health, 10.3% were aware of Substance Abuse and Mental Health Services Administration (SAMHSA), 21.6% were aware of 211 San Bernardino, 5.2% were aware of California Parent and Youth Hotline, 18.6% were aware of Parent and Youth Hotline, 17.5% were aware of Trevor Project, and 13.4% were aware of Other.

Moreover, participants were asked whether they were aware of the school-based mental health services available to students at their place of work,

respondents were given three options to choose from, Yes, No, and Not Sure (see Table 5). For this survey question, 77.3% of participants responded Yes, 6.2% responded No, 13.4% responded Not Sure, and 3.1% were recorded as Missing. Participants were asked to identify the number of services that they are aware exist within their place of work. 32.0% of participants were aware of only one services, 17.5% were aware of 2 services, 10.3% were aware of 3 services, 8.2% were aware of 4 services, 4.1% were aware of 5 services, 4.1% were aware of 6 services, 2.1% were aware of 7 services, and 1.0% of participants were aware of 12 services. Of all participants, 20.6 were reported as missing (see Table 3).

Additionally, participants were asked to identify the number of services they have utilized at their place of employment 61.9% of participants reported only utilizing 1 service, 10.3% utilized 2 services, 2.1% utilized 3 services, and 25.8% were reported as missing (see Table 4). Mental health services that participants have utilized to support or refer students to mental health services. Participants were asked to report the number of services they have used, 4.1% have used Project Cal-Well, 0% have used project Cal-STOP, 13.4% have used Youth Mental Health First Aid, 64.9% have used Positive Behavior Intervention Support, and 6.2% have used National Alliance on Mental Illness (see Table 6).

Table 2. Awareness of Mental Health Services

| Variable | Frequency (N) | Percentage (%) |
|-----------------------------------|----------------------|-----------------------|
| Victor Community Support Services | 18 | 18.6 |
| LSS Community Care | 2 | 2.1 |

| | | |
|---|----|------|
| Project Cal-STOP | 0 | 0 |
| Care Solace | 17 | 17.5 |
| Crisis Walk-in Clinic | 24 | 24.7 |
| Student Assistance Program | 28 | 28.9 |
| Substance Abuse and Mental Health Administration (SAMHSA) | 10 | 10.3 |
| 211 San Bernardino | 21 | 21.6 |
| California Parent and Youth Hotline | 5 | 5.2 |
| Parent and Youth Helpline | 18 | 18.6 |
| Trevor Project | 17 | 17.5 |
| Other | 13 | 13.4 |

Table 3. Number of Services Aware of

| Variable | Frequency (N) | Percentage (%) |
|-----------------|----------------------|-----------------------|
| 1 Service | 31 | 32.0 |
| 2 services | 17 | 17.5 |
| 3 services | 10 | 10.3 |
| 4 services | 8 | 8.2 |
| 5 services | 4 | 4.1 |
| 6 services | 4 | 4.1 |
| 7 services | 2 | 2.1 |
| 12 services | 1 | 1.0 |
| Missing | 20 | 20.6 |

Table 4. Number of Services Used

| Variable | Frequency (N) | Percentage (%) |
|-----------------|----------------------|-----------------------|
| 1 service | 60 | 61.9 |
| 2 services | 10 | 10.3 |
| 3 services | 2 | 2.1 |
| Missing | 25 | 25.8 |

Table 5. Awareness of Mental Health Services Available in Schools

| Variable | Frequency (N) | Percentage (%) |
|---|----------------------|-----------------------|
| Are you aware if any school-based mental health services available to students? | Yes | 75 |
| | No | 6 |
| | Not Sure | 13 |
| | Missing | 3 |
| | | 77.3 |
| | | 6.2 |
| | | 13.4 |
| | | 3.1 |

Table 6. Services

| Variable | Frequency (N) | Percentage (%) |
|--|----------------------|-----------------------|
| Project Cal-Well | 4 | 4.1 |
| Project Cal-STOP | 0 | 0 |
| Youth Mental Health First Aid (YMFHA) | 13 | 13.4 |
| Positive behavior Intervention (PBIS) | 63 | 64.9 |
| National Alliance on Mental Illness (NAMI) | 6 | 6.2 |

Confidence

Participants were asked to report their confidence in their ability to connect students to mental health services at school by responding with Yes, No, or Not Sure (see Table 7). For this survey question, 45.4% of respondents responded Yes, 18.6% responded No, 27.8% responded Not Sure, and 8.2% were recorded as Missing. Additionally, participants were asked whether they felt confident in their ability to identify when a student needs additional support from mental health programs/services by responding with Yes, No, or Not Sure (see Table 7). 76.3% of participants responded Yes, 5.2% responded No, 10.3% responded Not Sure, and 8.2% of responses were recorded as Missing.

Table 7. Confidence

| Variable | Frequency (N) | Percentage (%) | |
|--|----------------------|-----------------------|------|
| Are you confident in your ability to connect students to mental health programs available in school? | Yes | 44 | 45.5 |
| | No | 18 | 18.6 |
| | Not Sure | 27 | 27.8 |
| | Missing | 8 | 8.2 |

| | | | |
|---|----------|----|------|
| Do you feel confident in your ability to identify when a student needs additional support from mental health programs/services? | Yes | 74 | 76.3 |
| | No | 5 | 5.2 |
| | Not Sure | 10 | 10.3 |
| | Missing | 8 | 8.2 |

Opinion and Satisfaction

This survey asked participants a series of questions regarding their opinions and satisfaction on the mental health services provided in schools (see Table 8). The first question asked whether the participant thinks mental health is an important aspect that can affect students' academic performance, participants were asked to respond with Yes or No. 89.7% responded Yes, 1.0% responded No, and 9.3% of the responses were recorded as Missing. Participants were also asked whether they think that having mental health providers working in the schools decreases the barriers to receiving mental health services with Yes, No, or Not Sure. 70.1% of participants responded Yes, 12.4% responded No, 7.2% responded Not Sure, and 10.3% of the responses were counted as Missing (see Table 8).

The final question asked participants whether they were satisfied with the mental health support available to students at school with either Yes, No, or Not Sure. Of all the responses, 32.0% responded Yes, 41.2% responded No, 16.5% responded Not Sure, and 10.3% of the responses were Missing (see Table 8). The final question that was asked was, "can the access to school-based

mental health programs be improved?" 71.1% responded yes, 2.7% responded no, 2.7% responded not sure, and 24.7% were missing (see Table 8). Regarding this specific question, respondents were allowed to provide additional comments. In the comments, there were two common themes (additional mental health services and awareness of services). Five commented that additional mental health services should be placed in schools, such as having more social workers and programs. Four commented that awareness of services, like ensuring caregivers and students know about the services. And one stated that the accessibility of services needs to improve.

Table 8. Opinion and Satisfaction

| Variable | | Frequency (N) | Percentage (%) |
|---|----------|----------------------|-----------------------|
| Do you think mental health is an important aspect that can affect students' academic performance? | Yes | 87 | 89.7 |
| | No | 1 | 1.0 |
| | Missing | 9 | 9.3 |
| Do you think having mental health providers working in the school decreases barriers to receiving mental health services? | Yes | 68 | 70.1 |
| | No | 12 | 12.4 |
| | Not Sure | 7 | 7.2 |
| | Missing | 10 | 10.3 |
| Are you satisfied with the mental health support available to students at school? | Yes | 31 | 32.0 |
| | No | 40 | 41.2 |
| | Not Sure | 16 | 16.5 |
| | Missing | 10 | 10.3 |
| Can the access to school-based mental health programs be improved? | Yes | 69 | 71.1 |
| | No | 2 | 2.7 |
| | Not Sure | 2 | 2.7 |
| | Missing | 24 | 24.7 |

Hypothesis Testing

The main hypothesis of this study was that length of time working in the school would relate to the confidence they reported about mental health services. A correlation analysis was used in SSPS Statistics to determine if there was any correlation between the length of time the participants worked in an educational setting to their confidence in identifying when a student needs support. The results indicated an insignificant correlation.

Summary

This chapter presented the findings of the researcher's quantitative study that aimed to recognize the awareness and awareness of mental health issues in school-aged children, as well as looking at factors such as years of work, which districts participants work in, and participants roles in the school setting.

CHAPTER FIVE

DISCUSSION

Introduction

This research study aimed to understand the knowledge and awareness of school faculty members; therefore, this chapter will discuss the results presented in the results section. The implications for social work practice, policy and research will be discussed in this section as they pertain to providing mental health support in schools. Additionally, this chapter will provide an overview of this research study's strengths and limitations.

Discussion

The purpose of this study was to determine the knowledge and awareness school faculty holds regarding school-based mental health programs. This study aimed to understand school faculty's awareness, confidence, barriers, and their overall opinions and satisfaction with the services that are readily available to students. A major finding was that school faculty need more training and support to effectively help students facing mental health crises. Literature suggests that students are more likely to seek help from school faculty who are knowledgeable and aware of the mental health needs in schools (Major Depression, n.d.). Consequently, many school faculty members do not have adequate knowledge of mental health issues and mainly rely on community providers to support students (U.S. Department of Education, 2021).

Participants of this study were asked to share the type of school they work in, their current role, and how long they have worked in their current role as well as in the K-12 setting. Participants were provided with a list of mental health services provided in schools and in the community, participants were directed to mark all services they were aware of. Overall, the findings showed that participants, regardless of their role and years working in the school setting, only 32.0% of participants knew of one service provided from the list. Similarly, participants were asked to share training and mental health services they have utilized and only 61.9% of participants have utilized only one service. With this in mind, researchers have acknowledged that when school faculty members acquire adequate knowledge and awareness of school-based mental health programs they would recommend programs available in schools (Froese-Germain & Riel, 2012). However, this research's findings suggest that school faculty members require more training. Similarly, school faculty members have expressed a lack in mental health training in schools geared towards faculty members (Froese-Germain & Riel, 2012).

As mentioned before, participants were asked to report their confidence in connecting students to mental health services in schools as well as confidence in their ability to identify when a student needs mental health support. While results suggest that 45.5% of participants are confident in connecting students to support, as well as 76.3% of participants are confident in identifying when students need additional support, however only 32.0% of participants are aware

of one service they can connect students too. Results suggest that school faculty need more support in being able to connect students to services in schools.

Moreover, school faculty members were asked four questions based on whether they believe that mental health affects academic performance, as well as whether they believe that having mental health providers in schools decreases barriers in receiving support, and whether participants are satisfied with the mental health support available to students. Of all participants, 89.7% shared that they believe mental health can negatively affect a student's academic performance. To illustrate, past research has found that the main element preventing students from flourishing academically, are mental health challenges (Froese-Germain & Riel, 2012).

Moreover, 70.1% of participants have shared that having mental health providers in schools helps decrease barriers to receiving mental health support. It was found that students are more likely to participate in mental health programs in schools as opposed to in the community because of the convenience factor (U.S. Department of Education, 2021). However, it should be noted that school-based mental health providers may only be available in schools for a limited amount of time (Green et al., 2013). For example, participants were given the opportunity to provide written answers to whether or not they believe that more mental health providers in schools could decrease barriers to mental health services. One participant shared that their school site "only has one social worker for every 1,200 students" (Study Participant, 2022), because of this all school staff should be provided with more training opportunities to better equip them in

assisting students struggling with mental health (U.S. Department of Education, 2021). Furthermore, participants were asked whether they were satisfied with the mental health support in schools to which 41.2% stated that they were not satisfied.

Finally, participants were asked whether the access to school-based mental health programs should be improved, to which 71.1% said Yes. Many participants also shared that to improve access would be provide additional mental health services, raise awareness of services, hiring more mental health professionals in schools, and improving accessibility such as creating apps and collaborating with parents. Overall, school faculty should be provided with more training on mental health and collaboration between mental health providers and school faculty should be promoted as well to decrease the barrier in accessibility.

Implications for Social Work and Policies

The results of this study suggest that school staff is not highly aware of considerable number of programs available for school-age children. Social workers should be engaged in this disadvantage that school faculty face. Social workers can support in connecting school staff to services that can be incorporated into school or out-of-school mental health services. Social workers may play a crucial role as the liaison between school and home, above all, this shows that social workers and mental health professionals alike, can support school faculty in boosting their confidence in connecting students to mental

health support. In addition, it will expand on school staff's awareness of mental health services available to students. This will be an advantage for students who are encountering mental health issues at an early age because it could develop into a mental health disorder or long-term mental health issues (Hayes et al. 2019). There should be a push to educate school staff on how and when to refer students to mental health services.

This study showed that a number of participants do not feel confident in connecting students to mental health services. In addition, more than half of the participants stated that they had referred students to one mental health service. Statistics show that one in six students met the criteria for a mental health disorder; therefore, school faculty should report higher numbers of referrals to mental health programs and services (Danielson, 2020). To support this gap, it can help to have social workers train school staff on ways to refer and when to refer students to mental health services. Students deserve to be connected to mental health services when dealing with out-of-school factors, mental health disorders, or social-emotional difficulties.

The current school-age mental health law, Assembly Bill (A.B.) 309 (2021), was chaptered on October 8th, 2021. The A.B. 309 (2021) states that the education department should develop a model to refer students with mental health issues to appropriate services. This study showed that not all school staff were aware or were unsure if they were aware of mental health services available to students. This bill needs to be incorporated into every school policy, considering that there is a decline in mental health services after a child is done

with high school (Ringeisen et al., 2016). There needs to be a higher increase in awareness of mental health services and a set protocol for referring students to mental health services.

It is the obligation of the local and federal governments to provide sufficient mental health services to students (Shelton & Owens, 2021), which the State of California is committed to. Therefore, the funding for mental health services needs to focus on increasing the amount of mental health professionals hired by schools, which would increase the training school staff receive on mental health related topics. The mental health issues addressed can include a person's emotional, psychological, and social well-being that contributes to affecting people's thoughts, feelings, and actions in a negative aspect (CDC, 2021).

Education for Further Development in the Study

In future studies, the researcher should ask further questions regarding the mental health training the school staff members have taken and are available. This knowledge can support in identifying what programs, lessons, or trainings can be incorporated to help school staff feel confident in referring students to services. Furthermore, being aware of what is needed to help school faculty support student's mental health well-being should be incorporated in BSW and MSW schools. Having trained social workers to support school faculty will help the economy because when school-age children are not connected to proper resources, it can lead to a long-term need for mental health services. This

affects their ability to participate in the economy (Furnham & Swami, 2018; Scheffler, 2016; White & Casey, 2017). Social work programs should focus on the support needed for school-age children. In addition, it will also meet the requirements for any out-of-school factors that affect children, such as divorce, or being in foster care. Every child in California is expected to attend school, therefore support for children, and school faculty is imperative for their success.

Strengths and Limitations

This study had a strength in the wide range of participants from different types of schools that consisted of public, private, charter, and others. The survey allowed any school staff to participate, which helped get a sample size of 97 respondents. This study received a range of professional roles and staff from different counties which helped gain a clear perspective on how aware school staff are of mental health services and their confidence in referring students to services. It also allowed participants not feel targeted or fear in responding honestly, considering that it was not only provided to only one district or a particular school. Additionally, the survey allowed participants to skip questions if they chose to do so.

This study consisted of a survey that was convenient for the researchers to get a reasonable sample size (Grinnell & Unrau, 2018). School staff are often busy and would not take the time to complete multiple open-ended questions; therefore, multiple-choice questions were provided with the option to add

additional responses. This study allowed participants to express their thoughts on what they believe can be improved.

This quantitative study did help to have a sufficient number of respondents. However, it is also a limitation due to the amount of information that was gathered. In order to encourage participants to complete the survey, it was stated that it was a short survey and took about seven to ten minutes to complete. This limited the number of questions that were asked. Questions regarding demographics, like education level, race, or age were not asked. The demographics could have helped to compare this sample to a larger population of school faculty.

The survey consisted of multiple-choice options for only certain mental health services that were mainly served in the Inland Empire. Recalling services that were not mentioned is more challenging than recognizing them in a multiple-choice question (Grinnell & Unrau, 2018). This was proven to be a disadvantage to participants in districts outside the Inland Empire, because other districts may have different protocols and mental health services. Furthermore, another disadvantage the researchers encountered may be that no established survey instrument was used to collect data, therefore reliability and validity were not able to be measured with any accuracy.

Conclusion

This study was conducted to understand school faculty's knowledge and awareness of mental health programs and services. One significant finding from

this study was that a majority of participants were only aware of one to two services that can be provided to students in need of mental health services. This is a disadvantage to students and their caregivers. Not every mental health provider will meet students' and their family's needs. For example, a family's location may become a barrier when they are seeking mental health support. Another significant finding is that more than half of the participants reported having only used one service to refer a student to mental health support. This is a concern due to the number of referrals that school staff should be receiving, considering how one in six school-age children develop a mental health disorder (Hayes et al., 2019; Belfer, 2008; Danielson, 2020).

Equally important, 46.4% of the participants reported being unsure or not confident in connecting students to available mental health services. This finding brings awareness to the issues that school staff may be facing, such as a lack in mental health training. This study brought up questions on how school districts are doing their part to support school faculty and students. The results can also indicate that there is still a stigma in mental health, considering it appears not to be prioritized in schools. Students need to be better supported; they depend on school staff to guide them to appropriate services. This study should further increase the advocacy for mental health in schools. There is a need to develop a new system to help school staff with supporting or referring students to mental health services and programs.

APPENDIX A:
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate in is designed to investigate the awareness and competency of school faculty regarding school-based mental health programs. This study will raise awareness on the need for school faculty training on mental health programs and additional instruction on connecting students to said programs. This study is being conducted by Cristal Vazquez and Bianca Gonzalez Vargas under the supervision of Dr. Carolyn McAllister, Director of the School of Social Work at California State University, San Bernardino (CSUSB). This study has been approved by the Institutional Review Board at CSUSB. This study has been approved by the CSUSB institutional review board.

PURPOSE: The purpose of this study is to examine school faculty members' knowledge and awareness of school-based mental health programs.

DESCRIPTION: Participants will be asked to complete a survey on their knowledge and awareness of school-based mental health programs, ability to connect students to such programs, and challenges in connecting students to such programs.

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.

ANONYMOUS: Your responses will remain anonymous. No identifying information will be gathered.

DURATION: It will take 7 to 10 minutes to complete the survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to the literature in this area of research.

CONTACT: If you have any questions please feel free to contact Cristal Vazquez or Bianca Gonzalez Vargas at vazgonz.cb22@gmail.com or our Research Supervisor Dr. Carolyn McAllister at cmcallis@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino in May 2023.

CONFIRMATION STATEMENT: I have read and understand the consent document and agree to participate in this study.

APPENDIX B:
SURVEY

1. Please read the consent document.
2. I have read and understand the consent document and agree to participate in this study.
 - a. Yes
 - b. No
3. What type of school are you employed in?
 - a. Public
 - b. Private
 - c. Charter
 - d. Other. Please specify
4. What school district do you work/volunteer for?
 - a. Fill in
5. What type of school do you work in?
 - a. Elementary school
 - b. Middle school
 - c. High school
 - d. Other. Please specify
6. What is your current role in the school?
 - a. Teacher
 - b. Teacher's aid
 - c. Principal/administrator
 - d. Social worker

- e. Counselor
- f. Psychologist
- g. Lunch/recess monitor
- h. Security
- i. Office assistant/receptionist
- j. Nurse
- k. Intern/volunteer
- l. Other. Please specify

7. How long have you been working for the school?

- a. Fill in

8. How long have you worked in the K-12 educational setting? Please specify months/years.

- a. Fill in

9. Are you aware of any school based mental health services available to students?

- a. Yes
- b. No
- c. Not sure

10. Choose all the mental health services that you are aware of that can be provided to student:

- a. Victor Community Services
- b. LSS Community Care
- c. Project Cal-Stop

- d. Care Solace
- e. Crisis Walk-in Clinic
- f. Student Assistance Program (SAP)
- g. Substance Abuse and Mental Health Services Administration (SAMHSA)
- h. 211 San Bernardino County Helpline
- i. California Parent & Youth Helpline
- j. Trevor Project
- k. Other. Please specify.

11. Choose the programs/services that you have received in regard to supporting students with mental health issues.

- a. Project Cal-Well
- b. Project Cal-Stop
- c. Youth mental Health First Aid (YMHFA)
- d. Positive Behavior Intervention Support (PBIS)
- e. National Alliance on Mental Illness (NAMI)

12. Are you confident in your ability to connect students to mental health programs available in schools?

- a. Yes
- b. No
- c. Not sure

13. Do you feel confident in your ability to identify when a student needs additional support from mental health programs/services?

- a. Yes
 - b. No
 - c. Not sure
14. Do you think mental health is an important aspect that can affect students academic performance?
- a. Yes
 - b. No
 - c. Not sure
15. Do you think having a mental health provider working in school decreases barriers to receiving mental health services?
- a. Yes
 - b. No
 - c. Not sure
16. Are you satisfied with the mental health support available to students at school?
- a. Yes
 - b. No
 - c. Not sure
17. Can the access to school-based mental health programs/services be improved?
- a. Fill in

APPENDIX C:
INSITUTIONAL REVIEW BOARD APPROVAL

September 21, 2022

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-281

Carolyn McAllister Bianca Gonzalez Vargas, Cristal Vasquez
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Bianca Gonzalez Vargas, Cristal Vasquez:

Your application to use human subjects, titled "School-based Mental Health Programs" 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. Please include your application approval number IRB-FY2022-281 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,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

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ASSIGNED RESPONSIBILITIES

All chapters were completed together by Bianca Gonzalez Vargas and Cristal Cortes-Vasquez. Both researchers split the sections in each chapter evenly. Both researchers worked together in creating the survey as well as distributing the survey to potential participants.