

THE EXPERIENCES OF ELEMENTARY GENERAL EDUCATION TEACHERS WORKING
WITH STUDENTS WITH MENTAL HEALTH DEFICITS:
A PHENOMENOLOGICAL STUDY

by Jordan Cole Swineford-Johnson

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

Liberty University, Lynchburg, VA

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Abstract

The purpose of this phenomenological study was to describe the lived experiences of general education elementary teachers attempting to meet the mental health needs of students in their care. Ten teachers from an Eastern Virginia school district were selected to participate in this study. Individuals with experience working with distressed students were selected through purposive criterion and snowball sampling. The theories guiding this study were Maslow's (1943) hierarchy of needs and trauma theory (Caruth, 1995). Data from survey/questionnaires, interviews, and focus groups were collected and analyzed per transcendental phenomenology procedures to identify emerging themes from the data. The following four themes were identified: job successes, predictors/indicators of poor mental health, the importance of building relationships, and experiences serving as the best teacher. This study supports the need for additional mental health and wellness training at the pre-service and in-service levels for educators. Additionally, policymakers and educational leaders are challenged to ensure that teachers and students feel safe inside the classroom and that mental health resources are easily accessible for use. The aforementioned findings inform the training necessary to increase teachers' self-efficacy, skill, and knowledge when it comes to meeting the mental health needs of students in their care.

Keywords: mental health, educators, training, trauma, students, colleagues, relationships

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Dedication

This work is dedicated to my grandfather, Colin Peter Cole. To the man who believed I could accomplish this achievement before I did, *thank you*. I would not have taken this leap without your encouragement and confidence in my ability to be successful in this capacity. Your legacy lives forever in my heart and this published work- saturated in dedication, sacrifice, and persistence. I am honored to be your granddaughter, and I love you with all of my heart. You are *exceptional*.

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“From the end of the earth will I cry unto Thee when my heart is overwhelmed; lead me to the rock that is higher than I.” Psalm 61:2

To God be the glory! It is to Him I owe my highest gratitude and praise for carrying my, often overwhelmed, heart through this journey to completion. For I have lived in the goodness of God.

To my parents, Robert Mark & Tracy Cole Swineford. No words can describe what this accomplishment means to me- *to us*. Your love, support, and example of commitment in my life have made all the difference. Without the two of you, this manuscript would not exist. I love you both more than you know. From the bottom of my heart, thank you.

To my husband, Anthony. Thank you for insisting that my academic journey didn't end when life threw us curveballs. For all of the ways that you supported our family and my academic ambition during this season, I am grateful. We accomplished this *together*. I love you.

To my son, Gray. Reach for the stars; no dream is too big! You are my sunshine, anything but average, and the reason I push myself to be better. I love you beyond measure.

To my committee, Dr. Lucinda Spaulding and Dr. Meredith Park, thank you for challenging me and believing in me along the way. I am forever grateful to both of you.

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List of Abbreviations

Developmental Trauma Disorder (DTD)

General Teacher Efficacy (GTE)

Institutional Review Board (IRB)

Ohio Scale of Teacher Efficacy Scale (OSTES)

Personal Teacher Efficacy (PTE)

Positive Behavioral Interventions and Supports (PBIS)

Post-Traumatic Stress Disorder (PTSD)

Professional Learning Communities (PLC)

Social and Emotional Learning (SEL)

Teacher Efficacy Scale (TES)

Teacher Sense of Efficacy Scale (TSES)

CHAPTER ONE: INTRODUCTION

Overview

Mental health concerns are increasing in schools, and while educators believe they should be involved in supporting students with mental health concerns, most teachers report they lack the training to provide the reinforcements students need (Sulkowski & Lazarus, 2017).

Unfortunately, educators are, self-reportedly, not well equipped to assist students struggling in the area of mental health (Sulkowski & Lazarus, 2017). This qualitative phenomenological study will examine the lived experiences of teachers attempting to meet the mental health needs of students in their care to inform the training necessary to increase their self-efficacy, skill, and knowledge regarding mental health in Eastern Virginia. This chapter provides background information on mental health training by outlining its history, social context, and theoretical relevance in regard to this study. Furthermore, this chapter includes the problem and purpose statement, which collectively support an overarching need for required mental health training for educators. Next, a central research question and two sub-questions are provided, along with definitions of terms that are related to the study. Lastly, the significance of the study was outlined to explain how the research could positively impact relationships between educators, students, and other stakeholders in education. Additionally, this study provided various implications to inform training necessary to increase knowledge and skill in the area of mental health.

Background

Conducting foundational research to gain an understanding of background information surrounding mental health training for general education teachers was relevant to modern times. Mental health training for educators was explained through three scopes. First, the history of

mental health training and expectations for teachers was examined. Next, the social context of the study was explained to link the positive benefits of mental health training to a variety of groups in education. Lastly, Maslow's (1943) hierarchy of needs and trauma theory (Caruth, 1995) were examined to depict why mental health training for educators was important within the context of theory by examining the lived experiences of teachers attempting to meet the mental health needs of their students.

Historical Context

Throughout the first decade of the 19th century in the United States, teacher training was open to anyone who seemingly possessed the skills required for the position because no standard for qualified teachers existed (Schneider, 2018). Limited criteria would have been assessed during this time, including a perceived ability to maintain order and have completed some level of schooling above the position desired by the candidate (Schneider, 2018). Teaching positions were rarely advertised, and teacher training was essentially nonexistent because laws surrounding hiring and licensure were not present during this time (Schneider, 2018). At the beginning of the Civil War era in the United States, several educator training opportunities became available due to the increasing demand (Schneider, 2018). The objective of these early educator training opportunities focused heavily on ensuring that teachers were prepared to teach their assigned subject area adequately (Schneider, 2018). Questions surfaced surrounding teacher training as well questions like, "Who will pay for it?" "How long will the training be?" and "What would be covered?" (Schneider, 2018). During those earlier years, training was designed to ensure that teachers knew how to teach (Schneider, 2018).

It was not until 1975, after the Civil Rights Movement, that public school mandates for teaching students with disabilities came into focus (Keogh, 2007). Public Law 94-142: The

Education of All Handicapped Children Act of 1975 was created to ensure that students with disabilities, who were prior often excluded from schools because their needs did not “fit” schools’ settings, would receive the right to a free and appropriate public education (Keogh, 2007). It was determined that limiting students with disabilities access to public education was unconstitutional, invidious discrimination. The development of the Individualized Education Program (IEP) ensured that school personnel planned accordingly to see that all student needs were met (Keogh, 2007). Thus, colleges and universities began attempting to train teachers to effectively work with a broad range of learners (Keogh, 2007). Today, delivering instruction is still the central focus for many educators. However, now, thousands of educators are additionally fostering students’ emotional health needs as well (Sulkowski & Lazarus, 2017).

Beginning in the early 1800s, teacher training opportunities were on the rise (Schneider, 2018). However, teachers had very little student interaction during these training sessions (Schneider, 2018). Therefore, the earliest forms of educator training were designed to be teacher-centered, focusing on developing the educator’s ability to educate students in sole terms of academic requirements. Teachers were largely not required to earn a teaching license until the 1920s (Schneider, 2018). While teacher education and training today are superior to any other time when it may have been offered previously (Schneider, 2018), criticism of opportunities for teacher training has never been fiercer. Teacher training opportunities have evolved as licensure requirements have increased. The training required for obtaining a teaching license is specific to each state, but training opportunities once jobs are acquired vary widely from school to school. Often, professional development opportunities for current teachers are created by the school division or specific schools where teachers are employed. Thus, the planning and organization of teacher training opportunities are vastly diverse. A recent study suggests that there is a lack of

provision, often leading to uneven and sometimes inadequate professional development training (Amott, 2018).

Further, over time, many new responsibilities have been placed on the modern education system, such as providing free and reduced lunches for eligible students, providing academic intervention supports to help enhance school performance scores, and providing training for social development through guidance departments. As the demands of education have evolved, there is a lack of focus on precisely what teachers need to be able to do, making it difficult for experts to be identified to lead professional development opportunities (Amott, 2018). A recent study reported that 5% to 6% of primary school-aged children can be described as having extreme behavior challenges (Ford et al., 2019). Additionally, a second study reported that approximately three-quarters of educators admitted to working with or encountering a student with mental health issues during the past year (Sulkowski & Lazarus, 2017). This finding equates to one or two students per class. These challenging behaviors could be related to a student's mental health, suggesting a developing need for training in this area for educators.

Many teachers report feeling ill-equipped to help students work through mental health issues (Harrington, 2015). Specifically, one study reported that 94% of teachers feel that schools should be involved in supporting the mental health of students, yet 66% of those surveyed educators also reported that they lacked the necessary training to support students struggling with mental health (Sulkowski & Lazarus, 2017). Currently, there is a trauma-sensitive schools movement that promotes student success by focusing on mental health. Developing trauma-sensitive schools focuses on better-educating school leaders and educators on the impacts of trauma on student educational success (Craig & Stevens, 2016).

Social Context

Mental health training for educators can impact teachers in several ways through many relationships. First, mental health training for educators can impact teachers' relationships with their students. As teachers become more educated in identifying symptoms and resources to help students struggling with mental health, their relationships with students could improve.

Secondly, teachers may demonstrate positive benefits in their relationships with colleagues, which can improve the overall school climate. Focusing on the experiences of educators working with distressed students can provide insights into training that can be developed to promote more positive social encounters with students by improving educators' knowledge, skills, and self-efficacy. Some teachers may already be practicing positive mental health strategies to encourage healthy living. For example, educators may join together to participate in an after-school yoga class together in the school gym or practice mindfulness activities daily with their students. A secondary focus of this study involving relationships included that teachers could benefit interpersonally from mental health training as they may be more inclined to pay closer attention to their mental health conditions. Aspects of relationships among educators to parents, as well as student-to-student relationships, were also examined within this study. Educators who are focused on maintaining personal mental health may participate in events such as a daily moment of silence to begin their day with purpose and direction. Additionally, understanding educators' experiences regarding mental health may aid in detecting early problematic behaviors in their own lives to prevent the negative impact of neglected mental health in their careers.

Overlooking student mental health needs may cause serious consequences for school districts. One consequence of oversight regarding the mental health needs of students is teacher retention. In the United States, 8% of educators leave the profession annually, while more than

50% leave the profession before retirement (Making Teachers Stick, 2020). More teachers are leaving the profession voluntarily than those who remain teaching until retirement (Ingersoll et al., 2014). However, focusing on the social and emotional needs of those inhabiting schools can have positive outcomes for school districts. Schools that work to create positive work climates, with enhanced support from both principals and colleagues, can increase teacher retention (Collie et al., 2017; Ju et al., 2015). Emotional and social support networks are positively influential regarding job satisfaction within educational institutions (Thomas, Tuytens et al., 2019). A lack of job resources, job demands, and stress are factors impacting teacher commitment or increased risk of leaving the profession (Taris et al., 2017). Consequentially, the costs of teacher attrition can range from \$4,366 to \$17,872 in the United States (De Jong & Campoli, 2018).

In 2015, a group of high school students from California were plaintiffs in a lawsuit. Each student had been exposed to trauma and sued their school under the Americans with Disabilities Act of 1990 when they argued that the school district had not met their educational and mental health needs, which resulted from trauma exposure. The case reached the Supreme Court, where their argument for students who have experienced trauma to be provided services for a classified disability, including a demand for increased trauma training for teachers, was denied. The judge's ruling implies that although trauma *can* lead to the development of disabilities impacting academic success, it may not always (Santiago et al., 2018).

Children can be exposed to trauma in a variety of scenarios, events, and circumstances. Trauma can occur after one or multiple exposures, or it can be chronic (Santiago et al., 2018). Natural disasters, accidents, and people can all be contributors to trauma exposure within an individual (Santiago et al., 2018). Unfortunately, trauma exposure is reasonably prevalent in

children (Alisic et al., 2011). A study conducted in North Carolina, which included over 1,400 adolescents, confirmed that over two-thirds of adolescents experienced at least one traumatic event by the age of 16 (Santiago et al., 2018). Similarly, a national survey concluded that about 62% of children between the ages of 13-17 reported having experienced at least one traumatic event (Santiago et al., 2018). Anyone is at risk of being exposed to trauma. Likely, children in poverty, ethnic minority and immigrant youth, children with disabilities, gay, lesbian, bisexual, or transgender youth, and other youth subjected to polyvictimization will be exposed to trauma (Santiago et al., 2018). Rates of victimization and trauma exposure in children suggest that this experience is common (Santiago et al., 2018). For this reason, school staff must consider factors surrounding possible trauma exposure while working with students (Santiago et al., 2018).

The global pandemic COVID-19 created a demand for virtual learning, as children and many adults were forced to learn or work from home. Virtual learning created a unique set of academic challenges for families, teachers, and students across the globe. Immediate concerns such as lack of socialization, discontinuation of intervention services, loss of free or reduced meals, increased need for childcare, and limited or nonexistent home internet access were issues that many school districts tried to combat quickly through video chat, food delivery, or pickup locations, lending school property such as student laptops and internet boosters, etc. However, there were some situations that schools were unable to monitor or report, such as increased child abuse or neglect. A variety of factors, including economic stress, disaster-related instability, increased exposure to exploitive relationships, and reduced options for support, are associated with family violence during pandemics (Peterman et al., 2020). Dangerous coping mechanisms, such as excessive consumption of alcohol, are often increased when isolation is paired with physiological and economic stressors, creating a spike in family violence (Van Gelder et al.,

2020). When mandated isolation causes social hangouts such as bars, pubs, and restaurants to close, there is an increase in drinking at home (Usher et al., 2020). Substance abuse, financial strain, and isolation are identified abuse risk factors (Richards, 2009). Since a high number of child abuse cases are usually detected and reported early by educational personnel, and because the closure of schools and places of worship (both safe havens for many abused and neglected children) were closed, there was an increase in late detection, abuse cases, and under-reporting of child maltreatment cases (Sserwanja et al., 2021). Isolation aids in keeping abuse hidden, as evidence of physical or emotional abuse is better hidden from those outside the home (Stark, 2009). Additionally, isolation leads to fewer opportunities for those exposed to family violence to call for help (Usher et al., 2020). COVID-19-induced lockdowns provided increased time for children to be under the care of abusive relatives, and the economic stressors on those guardians may further increase the risk of child abuse (Sserwanja et al., 2021). In addition to increased abuse, economic stressors around the world greatly impacted many families' ability to provide necessities for children, such as water, food, medical care, and shelter (Sserwanja et al., 2021).

Theoretical Context

Maslow's (1943) hierarchy of needs provides a useful framework for investigating the lived experiences of general education teachers working with students with mental health concerns. Maslow (1943) first introduced this theory suggesting that a set of basic needs must be met before individuals can excel in their roles at the highest level. The hierarchy of needs is generally organized in a pyramid, showing the order of achievement one must obtain before moving to the next level of need. Maslow's (1943) idea of prepotency suggested that one cannot identify or attempt to progress to the next level until the previous level is satisfied (Gawel, 1997). The lowest level and most basic needs on the pyramid are physiological (Maslow, 1943). Needs

such as thirst and hunger are paired there. Maslow's (1943) theory suggests, if students' needs are not met, they will not learn to the highest extent to which they possess the ability to do so. The second level of the pyramid is safety, suggesting that an individual must feel security, stability, and protection (Gawel, 1997; Maslow, 1943). The third level of the pyramid is love and belongingness. These needs are met when individuals escape loneliness, love and are loved, and experience a sense of belonging. The fourth level of the pyramid is esteem, addressing the individual's need to feel respected and to respect others (Gawel, 1997; Maslow, 1943). Lastly, the final level on the pyramid is self-actualization. It is at this level that one can fulfill potentialities (Gawel, 1997; Maslow, 1943). Per Maslow (1943), when threats to physiological/survival needs and/or physical/emotional safety are present, children are unable to engage in complex learning tasks (Davis & Buchanan, 2020; Maslow, 1943).

Maslow's (1943) hierarchy of needs is referenced in various academic studies and publications. One book entitled *Take Time for You: Self-Care Action Plans for Educators* (Boogren, 2018) used Maslow's (1943) hierarchy of needs to support care plans for teachers to increase healthy self-reflection and mindfulness. A recent research study used Maslow's (1943) hierarchy of needs as a framework for understanding adolescent depressive symptoms over time, connecting Maslow's (1943) theory to mental health-related issues in children (Crandall et al., 2020). Other books such as *Healing the Hidden Hurts: Transforming Attachment and Trauma Theory into Effective Practice with Families, Children, and Adults* use trauma theory (Caruth, 1995) to help educators understand the message behind the behavior and how to create safe learning environments (Archer et al., 2015). While both theories were present in previous and current literature, there was an opportunity for the two theories to merge to better understand the impacts of trauma on students, students' needs inside the classroom, and ultimately, the

experiences of educators working with students struggling in the area of mental health for this study.

Topics such as social and emotional learning, teacher self-efficacy, and mental health in elementary-aged students have been widely researched. There has been increased interest and research conducted on these topics since the COVID-19 pandemic began and schools across the United States were temporarily forced to halt in-person instruction. One recent study was conducted to determine the impacts of COVID-19 and the role of social and emotional learning in children's mental health (Davis, 2022). Similarly, another recent study addressed administrators' perceptions of mindfulness practices in diverse urban elementary schools (Romero-Chandler, 2022). Lastly, another study presented information about mental health training programs for secondary school teachers (Anderson et al., 2019). The proposed research provided an opportunity for the impacts of trauma on children to coincide with shared experiences of general education teachers working with students struggling with mental health. A better understanding of educators' experiences and mental health in children could illuminate gaps in futuristic teacher training and professional development opportunities to ensure the needs of students are met within the classroom.

Problem Statement

The problem is some children and adolescents face behavioral and emotional challenges resulting from poor mental health, yet educators are unprepared to meet their needs inside the classroom (Loades & Mastroyannopoulou, 2010; Sulkowski & Lazarus). With rates of depression and anxiety on the rise, up to half of children and adolescents will meet the criteria for a diagnosable mental health disorder in their lifetime (Bitsko et al., 2018; Merikangas et al., 2010). Underachievement in academic performance is more likely to occur in students struggling

with mental health (Rothì & Leavey, 2006). Educators reported that they are not receiving necessary training in mental health to help struggling students in this area, a phenomenon impacting overall job satisfaction and contributing to the potential development of compassion fatigue (Loades & Mastroyannopoulou, 2010; Sulkowski & Lazarus, 2017). Generally, this topic is important because school personnel have the unique ability to help children receive mental help services, due to the nature of frequent interactions with students; “Schools are already the primary providers and a reliable referral system for mental health services” (Long et al., 2018, p. 652). Moon et al. (2017) reported that while 93% of educators have a high level of concern for the mental health needs of students, 85% of educators from the study expressed the need for more extensive training in the area of mental health (Moon et al., 2017).

Teacher retention is a highly researched topic due to the dissatisfaction that many teachers encounter in their field. In the United States, approximately 25% of educators leave the profession after one year of teaching (Chen et al., 2000; Ingersoll, 2003). Alarmingly, almost one out of two educators leave within the first five years of teaching (Chen et al., 2000; Ingersoll, 2003). Teachers employed by high-poverty school districts are projected to be 50% more likely to leave the teaching profession than colleagues working in low-poverty schools (Ingersoll, 2003). Teachers must be equipped to serve the needs of all students. To better equip teachers and thereby decrease teacher attrition, research is needed to describe general teachers’ experiences working with students manifesting mental health concerns in their classrooms.

Purpose Statement

The purpose of this phenomenological study is to describe the lived experiences of elementary general education teachers with students manifesting mental health concerns in the classroom. For this study, trauma was defined as, “Events including, but not limited to, abuse,

domestic violence, accidents, witness to homicide, divorce and separation, disasters, war, gender reversals, etc.” (Steele & Malchiodi, 2012, p. 32). For this study, mental health needs were defined as children identifying with at least one of the following: “1) depression; 2) anxiety problems; 3) behavioral or conduct problems, such as ODD or conduct disorder; 4) autism, Asperger’s disorder, pervasive developmental disorder, or other ASDs; 5) developmental delay; 6) Tourette syndrome; and 7) ADD/ADHD” (Avenevoli et al., 2013, p. 5). This study was grounded in Maslow’s (1943) hierarchy of needs and trauma theory (Caruth, 1995). Together, they provide a holistic framework for examining teachers’ experiences with students manifesting mental health concerns.

Significance of the Study

This study builds on prior research establishing the need to equip teachers but was unique in the examination of their experiences surrounding mental health and their students. Developing a deeper understanding of the personalized experiences of educators in the area of supporting student mental health helped to inform mental health training needs for educators. While there was speculation of a shortage in mental health training for educators, the full impact of what this means for educators remains unforeseen. The descriptive experiences of elementary general education teachers concerning their preparedness to meet the mental health needs of their students has theoretical, empirical, and practical implications for pre-service and in-service teacher training.

Theoretical

This study has theoretical ties to, both, Maslow’s (1943) hierarchy of needs and trauma theory (Caruth, 1995). Analyzing the experiences of teachers working with students struggling with mental health may illuminate the need to understand the social, emotional, and academic

needs of those students. A better understanding of the mental health needs of students directly correlates to Maslow's (1943) hierarchy of needs, as his tiered approach suggests necessary areas of needs to be met before learning occurs, such as physiological, safety, love, esteem, and self-actualization. Additionally, understanding educators' personal experiences working with students struggling with mental health could also provide broader insight into potential opportunities to meet professionals' needs through training and effective motivational strategies to help them be most successful (Ştefan et al., 2020). Secondly, as the study is also guided by trauma theory (Caruth, 1995), it is understood that trauma can cause cognitive chaos and the present division of consciousness (Baleav, 2008). Therefore, trends of how trauma impacts students' mental health may emerge from the shared experiences of educators within this study.

First, Maslow's (1943) hierarchy of needs is important to consider within this study due to the role teachers play in educating students. Without meeting students' most basic needs such as breathing, food, water, shelter, clothing, and sleep, teachers are unable to advance students academically or emotionally. Maslow's (1943) hierarchy of needs theory will be extended by examining the experiences of teachers addressing the mental health needs of their students. According to this theory, teachers will not be able to access student success in attempts at higher-level learning if students' physiological needs are not met first. Understanding the lived experiences of educators working with students' mental health concerns will enhance Maslow's (1943) theory that students whose basic needs are not being met will be unreachable academically and emotionally.

Second, trauma theory (Caruth, 1995) is extended through this study because it served as a lens for understanding how trauma impacts students. trauma theory (Caruth, 1995) suggests that trauma can alter, divide, or destroy the identity of those affected (Baleav, 2008). Without

understanding the initial and long-term impacts of trauma on students, it will be difficult to justify why a deeper understanding of how teachers can work with these students is necessary. Additionally, this study examined the types of training educators have received to understand the impacts of trauma, directly relating to trauma theory (Caruth, 1995). Teachers have the opportunity to play a vital role in a child's recovery from trauma or other mental health-related issues, but many feel it is beyond their role and expertise due to their uncertainty about how to help students deal with trauma (Le Brocque et al., 2017). Out of 364 surveyed educational professionals, a recent Australian study reported that over half of the teachers were not able to identify traumatic stress in children and were unfamiliar with the referral process to find students' help if traumatic stress could be identified (Le Brocque et al., 2017).

Empirical

While teacher efficacy and the impacts of poor mental health on student performance have been examined separately before now, a gap in the literature is present to determine teacher efficacy while helping students struggling in the area of mental health. For example, a recent study in 2019 was conducted to explore the role of personal values and motivations for teaching, focusing solely on teacher self-efficacy (Barni et al., 2019). Another study examined teacher efficacy concerning students, such as student achievement, motivation, and self-efficacy beliefs (Tschannen-Moran & Hoy, 2001). Additionally, a study conducted in 2020 used Maslow's (1943) hierarchy of needs theory to understand healthcare employees' performance.

Erasmus (2019) wrote a handbook addressing staff training, classroom safety, support, and mentorship, but failed to target elementary schools and report the lived experiences of educators. In 2018, researchers gathered elementary educators to partake in an online mental health role-play simulation (Long et al., 2018). The simulation was self-paced, virtual, and did

not take the school's climate or prior training experiences into consideration before the study began. Additionally, participants were recruited across 10 states, making it difficult to target one population group. Ultimately, it was determined that online role-play simulation for elementary teachers was effective at improving teacher preparedness, likelihood, and self-efficacy to perform positive gatekeeping behaviors (Long et al., 2018). While these independent resources possess features of my proposed study, all have failed to combine the topics of mental health examined through the lived-experiences of teachers and teacher self-efficacy rooted in theologically sound research.

Practical

Many practical implications emerged from this study. Practically speaking, the data from this study could also determine that the district is consistently providing the same training opportunities for teachers surrounding mental health as well. Although it is possible for training opportunities offered to be consistent throughout the three elementary schools for teachers, the experiences of teachers within those trainings are likely individualized may differ due to unique learning opportunities planned by administrative teams and the school's climate. Diverse experiences among participants during training may vary if the training included the same information (per the division) but was presented differently among schools. Either way, the information will be useful to district leaders. Some schools may be more proactive in training teachers in the area of mental health, which might indicate a higher presence of mental health concerns within the school culture. Through sharing the experiences of teachers and identifying the areas they need more training and support, this study provided concrete recommendations for improving pre-service and in-service training. Colleges and universities should use this data to influence the construction of syllabi for pre-service teachers. Restructuring syllabi and course

design would create increased preparedness, self-efficacy, and potentially greater job satisfaction for educators entering the field. The most important and practical implication is the understanding that by better-equipping teachers, the mental health needs of students in the classroom will increasingly be sooner detected, communicated, met, and supported.

Developing a better understanding of how educators are impacted by a lack of training in mental health could be directly related to teacher retention rates. Although teachers enter the field with hopes to deeply impact students, an Australian study confirmed that one-third of teachers planned to leave teaching in the first decade of their career, with 25% of surveyed teachers reporting they planned to leave a few years afterward (Gray et al., 2017). The more resources teachers are given to be educated in the area of mental health from the beginning of their careers, the more likely they will feel prepared for a variety of mental health scenarios they may encounter within themselves, their students, or colleagues through years of teaching. If a school is truly trauma-informed, the knowledge gained from trauma's effects should be incorporated into daily activities to avoid re-traumatization (Hales et al., 2019). This study can also impact the general population of a community, as teachers may be able to identify mental health concerns to report to mental health institutions to help students receive outside support.

Additionally, the findings from this study may reveal how the learning experiences of students will be impacted by teachers who are unequipped to help students suffering from mental health issues. By using Maslow's (1943) hierarchy of needs, this should become apparent by examining whether students' base needs are being met to determine if higher-order needs (concerning requirements of academia) can be accomplished. Without proper knowledge from training and accessibility to resources, educators will likely struggle to maintain strong classroom management. Lastly, uncovering educators' experiences relating to meeting the needs

of students' mental health may unveil that students are not receiving the best education possible. Research confirms that children who experience abuse and neglect have lower learning outcomes, higher rates of learning difficulties, and increased rates of mental health disorders and behavioral challenges than children who have not experienced former traumatic situations (Dombo & Sabatino, 2019). Students with mental health concerns will largely benefit from this study, as it may inspire change in how teacher training programs and school districts approach training educators in the area of mental health.

Research Questions

The following research questions were developed to delineate the scope of the study. One focused central question was enhanced by two sub-questions to guide the narrative of the research. Most importantly, this study examined the experiences of teachers who are striving to meet the needs of students' mental health in the classroom. Understanding educators' experiences provided feedback for guidance in developing necessary professional development opportunities to meet the needs of both teachers and students in this area. The sub-questions were created to enhance the broader topic of educators' lived experiences by specifying which experiences have impacted their confidence, or lack thereof, in working with distressed students and how these experiences can shape the future of teacher training to better serve students and their families.

Central Research Question

What are general education teachers' lived experiences addressing the mental health needs of students in their classrooms?

This question created an opportunity for me to reflect on teachers' experiences working with students struggling with mental health. Responses to this question revealed the state of

mental health training and reinforced the potential need for improvement in this area. It was important for teachers to examine their understanding, or lack thereof, regarding the needs of mental health for students before answering more targeted questions on this topic. This question kept me focused on identifying if the teacher has a deep understanding of the needs associated with students' mental health. It is suggested that faculty leaders should work with institutions to develop a comprehensive written policy for addressing mental health needs, outlining protocols to manage any situation that may arise (Lucas, 2009). However, even for educational systems that do so, there seems to be a divide between policy and staff preparation (Schonert-Reichl, 2019). Specifically, teachers are lacking adequate training to apply the skills necessary to identify and address students' mental health needs (Walter et al., 2006).

Sub-Question One

What experiences shape general education teachers perceived self-efficacy toward meeting the mental health needs of students in their classroom?

This question helped me to remain focused on participants' knowledge, or lack thereof, of mental health and trauma, in general terms. However, this question encouraged participants to take a deeper look into their experiences and how they impacted their levels of confidence when handling mental health deficits displayed in students. The focus of this question enabled me to determine, both, positive and negative experiences that have contributed to teachers' perceived self-efficacy in serving the mental health needs of their students. Not specifically associated with students and education, educators may have personal knowledge of mental health or trauma due to their experiences or backgrounds. After reviewing the syllabi of U.S. elementary teacher preparation programs, little evidence of training in the areas of social, emotional, and behavioral development was present (State et al., 2011). Incorporating training in these areas during pre-

service work for educators may increase teacher preparedness and confidence in addressing student mental health (Phillippo & Kelly, 2014). Additionally, it may encourage pre-service teachers to include student behavioral and emotional well-being in their evolving understanding of student needs (Phillippo & Kelly, 2014). While there are a variety of programs available for explicitly training practicing teachers on how to address student mental health, they are designed for administration by school districts and have not been widely dispersed (Greif Green et al., 2020).

Sub-Question Two

How do general education teachers' experiences with students with mental health needs inform preservice and in-service teacher training?

As students are spending between 25 and 27 hours a week in school with teachers, there is a crucial need to help students experiencing mental health problems within the school system (Stoll & McLeod, 2020). Unfortunately, many teachers reported the critical work of implementing school-based mental health interventions and services to be stressful and difficult (Franklin et al., 2012; Stoll & McLeod, 2020). While evidence exists supporting the efficacy of a variety of school-based mental health interventions, the impact of implementing counseling through guidance counselors and support staff is frequently disregarded (Shucksmith et al., 2010; Stoll & McLeod, 2020; Weare & Nind, 2011; Wolpert et al., 2011). This is unfortunate because discerning between emotional/behavioral difficulties has proven to be a problem for teachers, as many of them have reported feeling unprepared to manage the mental health needs of students (Rothi et al., 2008; Stoll & McLeod, 2020). The data gathered from this study can inform current educational leaders on the training needs of current educators. However, in-service teachers may take longer to see the implementation of mental health training incorporated into required

coursework, as change at the university level tends to move slowly and is frequently out of touch with the needs of nearby K-12 school districts (Tassell et al., 2020). There is a correspondence between mindfulness training for preservice teachers and a heightened awareness of students' emotional and mental needs (Tassell et al., 2020; Vacarr, 2001).

Definitions

The following terms and definitions are included to enhance the understanding of unique topics mentioned in this study relating to education, trauma, and mental health.

1. *Burnout* - "Emotional fatigue, disengagement, irritability, and apathy related to the work environment" (Ryan et al., 2017, p.3).
2. *Compassion Fatigue* - "The natural consequent behaviors and emotions resulting from knowing about a traumatized event experienced by a significant other- the stress from helping or wanting to help a traumatized or suffering person" (Buttery, 2005, p. 4).
3. *Compassion Satisfaction* - Refers to the pleasure derived from work (Buttery, 2005)
4. *Job Satisfaction* - "A pleasurable condition of a positive emotional state resulting from the appraisal of one's job or job experiences. Job satisfaction is the result of a personal assessment of work and work experiences" (Veldman et al., 2013, p. 56)
5. *Mental Health* - "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2022, para. 2).
6. *Professional Identity* - "Relatively stable views, reflection patterns on professional behaviour, and the accompanying self-image" (Lunenberget al., 2014, p. 17).

7. *Professional Role* - “A personal interpretation of a position based on expectations from the environment and on a systematically organized and transferable knowledge base” (Lunenberg et al., 2014, p. 17).
8. *School-Community Partnerships* - “The connections between schools and community individuals, organizations, and businesses that are forged to promote students’ social, emotional, physical, and intellectual development” (Sanders, 2001, p. 20).
9. *Self-care* - “The daily process of being aware of and attending to one’s basic physiological and emotional needs including the shaping of one’s daily routine, relationships, and environment as needed to promote self-care” (Tantillo Philibert et al., 2019, p. 51).
10. *Self-efficacy* - “People’s judgments of their own capabilities to organize and execute courses of action required to attain designated types of performances” (Bandura, 1986, p. 391).
11. *Training* - A way to enrich human performance (Silberman et al., 2015).
12. *Trauma* - Events including, but not limited to, abuse, domestic violence, accidents, witness to homicide, divorce and separation, disasters, war, gender reversals, etc. (Steele & Malchiodi, 2012).
13. *Traumatic Experience* - A traumatic experience is a temporarily disturbing event or one that can have longer-lasting more debilitating impacts (Dombo & Sabatino, 2019).
14. *Trauma-Informed Care* - The process of engaging individuals with past traumatic experiences which recognizes the presence of symptoms associated with trauma and acknowledges the role that trauma has played in their lives (Steele & Malchiodi, 2012).

Summary

The purpose of this phenomenological study was to describe the lived experiences of general education teachers with students manifesting mental health concerns in the classroom. Literature indicated that teachers felt unprepared to meet the needs of students' mental health concerns. Therefore, many educators do not feel prepared or qualified to assist or even identify, students struggling with mental health. Lack of preparedness and qualification in the area of mental health was a problem, as teachers interact with students daily and should be advocates for their health, when necessary. A gap in the literature was present regarding the experiences of general education teachers working with students struggling with mental health. An absence of knowledge in *what teachers are experiencing* when working with distressed students has not provided an opportunity for adequate training to occur for teachers to be prepared for educating students with mental health deficits. Additionally, the absence or lack of training in mental health could cause teachers to leave the profession prematurely before being provided with tools and resources available to support students who suffer from mental health issues. Without proper training, teachers may grow frustrated with the challenging behaviors that many students with a history of mental health problems display. This frustration could contribute to decreased rates of teacher retention and low rates of student success.

CHAPTER TWO: LITERATURE REVIEW

Overview

Teachers serve as advocates for their students in several ways. Educators' abilities to recognize symptoms of poor mental health, as well as their abilities to access mental health support, can largely impact a child's academic experience. Although many teachers admittedly care about their student's mental health, many feel ill-equipped to have discussions or provide resources surrounding the topic (Frauenholtz et al., 2017). The relationships formed within a learning environment can serve as an indicator of a school's climate. Teachers likely feel supported when the climate of a learning institution is healthy and strong. Mental health training may actively encourage and hold a school community accountable for seeking treatment when one's mental health is, or in jeopardy of being, compromised. Lastly, to reduce the work-related stressors associated with teaching, many teachers would benefit from a deeper understanding of mental health and preventative practices for themselves. The intrapersonal relationships of teachers would likely improve if educators can more readily recognize poor mental health symptoms within themselves. While the research was abundant on the topic of mental health, little research had been done to describe the lived experiences of general education teachers with students manifesting mental health concerns and the training teachers are receiving to support student mental health in the classroom.

Two theories provided the framework for the study, Maslow's (1943) hierarchy of needs and trauma theory (Caruth, 1995). It is important to note the implications of COVID-19 on the study, as an increased number of school closures and virtual learning became normalized, many students with mental health issues were forced to adjust to less socialization and new academic expectations. Discussed next is background information on trauma with a depiction of how

trauma can impact academics. Factors impacting trauma related to students such as poverty, ethnicity, foster care placement, homelessness, and family structures were also reviewed. A better understanding of the impacts and factors of trauma in students led to the opportunity to address mental health concerns as witnessed within an educational environment. Specifically, I discussed mental health training and the impacts it could have on relationships in an educational setting. Relationships that educators can foster within the learning environment include but are not limited to, teacher-to-student, teacher-to-colleague, teacher-to-parent, student-to-student, and intrapersonal relationships for teachers as well. Lastly, it was important to address the concerns for levels of self-efficacy and compassion fatigue in educators as they worked to help support the mental health needs of students. The topic of this study was relevant amid a global pandemic and was necessary for determining how confident teachers are in identifying, providing assistance, and working with students' mental health needs in the classroom. The results yielded from this study have the potential to influence future opportunities for mental health training in educational settings, as well as influence policies at the state Department of Education level. Additionally, the study's data could aid in benefiting the school climate of educational institutions by positively impacting teachers' relationships with a wide range of people groups.

Theoretical Framework

In qualitative studies, the theoretical framework provides structure to the study while rooting the topic under investigation in theory. A theoretical framework is essential in academic research because it serves as a blueprint, providing structure and support for the study (Osanloo & Grant, 2016). Rooting a study in theory informs qualitative analysis by providing concepts and relationships to explore (Garvey & Jones, 2021). Synchronously, the theoretical framework creates an opportunity for a deeper understanding of the story to appear from the analysis, while

an in-depth description from the analysis allows the opportunity for the framework to be appreciated (Garvey & Jones, 2021). Given the nature of the phenomenon being studied, Maslow's (1943) hierarchy of needs and trauma theory (Caruth, 1995) serve as the framework for this research.

Maslow's Hierarchy of Needs

A broader look at Maslow's (1943) hierarchy of needs is essential for a deeper understanding of basic needs among people. Per Maslow (1943), when threats to physiological/survival needs and/or physical/emotional safety are present, children are unable to engage in complex learning tasks (Davis & Buchanan, 2020; Maslow, 1943). Some have challenged the idea that the need for safety should be prioritized over love. An absence of physical and emotional safety are factors linked to adolescent depression (Butler et al., 2012). While Maslow's (1943) theory relies on the good and working order of society to contribute to one's overall feeling of safety, the argument that one must feel loved as a prerequisite to feeling safe in both secure modern societies, as well as primitive and dangerous societies, is a reasonable thought (Oved, 2017). Regardless, in congruence with Maslow's (1943) theory, students have to accomplish levels of safety and love before self-actualization could be accomplished. Students suffering from trauma may struggle to feel safe and loved, which discourages their ability for them to perform at their highest level of potential.

The product of children feeling unsafe and unloved may also lead to medical consequences, such as the development of depression (Crandall et al., 2020). Depression is one of the top four medical disorders causing disabilities among 10–19-year-olds (Crandall et al., 2020). In 2016, it was estimated that approximately three million adolescents in the United States experienced one or more major depressive episodes (Crandall et al., 2020). Suicide rates, often

associated with depression, have increased by 70% from 2006 to 2016 among adolescents ranging from ages 10 to 17 years old (Crandall et al., 2020). Academic issues, behavior problems, difficulty sleeping, weight fluctuations, inability to practice self-care, self-harm, and suicide are all associated with adolescents experiencing depression (Crandall et al., 2020).

Given the premises of Maslow's (1943) theory, if lower-level needs such as safety, love, and belonging are not met, students cannot ultimately arrive at self-actualization to learn. Without a thorough understanding of mental health education, many educators and staff may overlook identifiable symptoms within students. School systems must provide educators and staff with adequate training and resources to ensure that students can access every level of Maslow's (1943) hierarchy of needs to perform at their greatest academic potential. While this is true, it is important to note that teachers cannot, and should not, be asked to take on the role of a mental health professional. Rather, teachers must be well-equipped to identify symptoms, triggers, and preventable practices to help guide students, and themselves, to professional resources for mental health services, when necessary.

Trauma Theory

A second theory informing this study was trauma theory (Caruth, 1995). A deeper understanding of trauma, and its impact on humanity, provided a necessary background to understanding trauma theory (Caruth, 1995). Trauma theory (Caruth, 1995) suggests that one's identity can be changed, split, or destroyed as a result of trauma (Baleav, 2008). Many children are exposed to traumatic events that, potentially, have serious psychological and developmental repercussions (Alisic et al., 2011). Understanding trauma theory (Caruth, 1995) creates an opportunity for individuals, especially students, to be viewed through more a compassionate lens when their challenging behaviors, academic performance, or personalities are altered by traumatic

experiences. A holistic understanding of risk factors, as well as protective factors and how they influence posttraumatic stress, in children is necessary (Alisic et al., 2011).

Trauma does not discriminate based on age, race, sex, or socioeconomic status. However, it does tend to impact individuals in various ways according to their social groups paired with the individual's distinctive mind and body reaction to the experienced trauma (Bloom, 1999; Yule, 2001). Therefore, it is evident that the impacts of trauma are reliant on unique criteria surrounding every individual experience. While each individual responds differently to traumatic experiences, the way one thinks, learns, remembers, views themselves and others, and their worldview were all altered in conclusion to experiencing trauma (Bloom, 1999; Everett & Gallop, 2000; Yule, 2001). Specifically, children experienced trauma when they feared for their safety or the safety of a loved one (American Psychiatric Association, 2000; Bloom, 1999). Responding with heightened emotions can negatively impact the health of one's body and psyche (Bloom, 1999). The internal protective mechanism known as the *fight-or-flight* response contributed to the array of emotions that individuals experience and filter through their organs, including the brain (Bloom, 1999; Dunlea, 2019). This was especially true for children who experienced abandonment or disrupted attachments, as it can alter their brains. The varied emotions could produce effects of trauma such as flashbacks, body memories, post-traumatic nightmares, and behavioral reenactments (Bloom, 1999; Caruth, 1995; Mills & Turnbull, 2004; Treisman, 2017). As love is often reciprocated from caretaker to child, similarly, children who experience trauma will reciprocate negative emotions and seek revenge (Bloom, 1999). This revenge could be enacted upon themselves, others, or both.

There were some disorders associated with trauma. One was Developmental Trauma Disorder (DTD), which described the subjective experience and effects of collective and

developmentally adverse traumas in children and adolescents in terms of “significant disruptions of protective caregiving” (Gregorowski & Seedat, 2013, p. 105). DTD is composed of three components: the individual experiences multiple forms of persistent dysregulation after experiencing traumatic reminders, triggers are associated with non-traumatic stimuli which lead to frequent and pervasive traumatic responses, and behaviors are altered to avoid or prevent the reoccurring traumatic experience (Gregorowski & Seedat, 2013). A second disorder associated with mental health is Post-Traumatic Stress Disorder (PTSD). Weakened emotionality and cognitive function are symptoms generally associated with PTSD (Treisman, 2017). Both, an isolated incident and as well as multiple reoccurring events can result in trauma (Treisman, 2017). Although singular traumas tend to have more immediate and disastrous effects, exposure to multiple traumatic exposures can build over a period of years before symptoms of PTSD are detected (Treisman, 2017). Thirdly, anxiety plays a major role in mental health and can manifest in individuals through a diagnosis of disorders such as obsessive-compulsive disorder (OCD).

In high-stress situations, the human body will react in a highly emotional way that impacts all of the organs (Bloom, 1999; Treisman, 2017). Who one is while terrified is drastically different from whom they are when calm. Separate experiences associated with danger can link within the mind to cause an individual to react more sensitively when danger presents itself in new situations (Bloom, 1999). A continual series of exposure to dangerous situations creates a stimulus-response in children that impact them on a physical, emotional, and cognitive level (Bloom, 1999; Treisman, 2017). As children are exposed to high volumes of dangerous scenarios, or not provided enough protection in childhood or adulthood, this response functions as an uncontrolled, biological defense mechanism (Bloom, 1999). Helping traumatized people requires a commitment to creating safe environments to counteract the damage caused by

continual high-stress situations (Bloom, 1999). Many behaviors of trauma victims are not socially accepted, especially when they include destruction, yet they are often the victim's only coping mechanism (Bloom, 1999). If their coping mechanisms are to be taken, they must be replaced with something better- beginning with healthy human relationships (Bloom, 1999).

Decisions made in high-stress situations often lead to decisions involving action (Bloom, 1999). Repetition of making decisions within stressful environments can cause long-term impacts on one's cognitive performance (Bloom, 1999). Trauma can also impact various aspects of memory (Bloom, 1999; Everett & Gallop, 2000). Neuroscientist, Joseph LeDoux, referred to *emotional memory* as being extremely difficult, or impossible, to erase (Bloom, 1999).

Emotional memory refers to the powerful images, feelings, and sensations that one's memory system processes while under conditions of high stress or danger (Bloom, 1999). A symptom of memory surrounding trauma is flashbacks, which can occur when a victim is upset, stressed, frightened, or aroused (Bloom, 1999). Flashbacks may encourage individuals to avoid surrounding themselves with specific people or attending certain places which can lead to feelings of depression, isolation, and a general numbness of overall emotions (Bloom, 1999).

Since trauma can cause individuals to have flashbacks of reliving experiences, but lack true memory, it is difficult for many victims to learn from these scenarios (Bloom, 1999). This finding is especially concerning for children, whose brains are still developing if the impacts of trauma go unhealed because a narrative cannot be provided to match the flashback or memory of what happened (Bloom, 1999; Everett & Gallop, 2000). Without the ability to verbalize detail surrounding trauma, children are unable to distinguish words like past, present, and future to move forward healthily by leaving the sting of trauma in the past while working in the present to create a more stable future (Bloom, 1999; Everett & Gallop, 2000). Language functions are often

compromised during child terror (Bloom, 1999; Everett & Gallop, 2000). Compromised language function creates opportunities for children to show us what happened to them through behavior (traumatic reenactment), versus verbally communicating the details surrounding the trauma (Bloom, 1999). For this reason, children must be provided with outlets where they can express themselves nonverbally through programs surrounding art, movement, theater programs, and sports (Bloom, 1999). These programs could all play a vital role in a community's effort to heal the impacts of trauma in children who cannot verbalize their experiences. While some individuals who experience trauma can develop rare cases of amnesia, completely forgetting events and feelings tied to them, many other trauma victims experience a less extreme numbing of emotions (American Psychiatric Association, 2000; Bloom, 1999; Caruth, 1995; Everett & Gallop, 2000; Mills & Turnbull, 2004). Hence, experiencing trauma may impact one's ability to separate their feelings from the traumatic experiences that have occurred. They may be observed as unphased during a difficult situation such as someone screaming at them (Bloom, 1999). While in some cases it is possible to cut off all emotions, it is more common for individuals to cut off specific emotions tied to situations understood to warrant emotions associated with dangerous results (Bloom, 1999). For example, if a young child is consistently ridiculed for crying and made to believe that sadness is equivalent to weakness, the child may begin to disassociate from displaying facial expressions, body language, verbal cues, etc. which are associated with sadness (Bloom, 1999). While the emotion of sadness is still very present for the individual, it can be processed internally rather than externally. Due to the knowledge that, unexpressed emotions can be damaging to one's physical and mental health, this is especially important information (Bloom, 1999).

While emotional numbing is harmful to trauma victims themselves, it also impacts the health of the victim's relationships with others (Everett & Gallop, 2000). Without the ability to express all emotions, developing and maintaining relationships with others will be nearly impossible. Numbing any one emotion can lead to a series of actions causing more serious consequences such as suicide or homicide for victims of trauma (Bloom, 1999). Experienced trauma in children is especially damaging because they are still developing cognitive processes such as the ability to make decisions, solve problems, and learning skills (Bloom, 1999). For this reason, a child's reaction to trauma is intensified because it inhibits the process of normal development (Bloom, 1999; Hartman et al., 2017). Children who experience repetitive trauma have a more difficult time discerning between wrong and right (Bloom, 1999). This is why it is especially important for systems working with children regularly to develop programs and opportunities that nurture a child's emotional intelligence before the impacts of trauma create long-term issues for the child, family, and society (Bloom, 1999).

Children who experience repetitive stress can become addicted to trauma (Bloom, 1999). This addiction stems from the heightened level of endorphins being released during trauma (Bloom, 1999). If endorphins from trauma begin to regulate the bodies of children, it is possible for them to feel calm amid trauma and experience a sense of irritability or agitation once a situation deescalates, much like the reaction of an adult withdrawing from drugs (Bloom, 1999). This kind of behavior is most visible in a school setting if a child is consistently seeking to disturb the peace and functionality of the learning environment for themselves, or others (Bloom, 1999). This finding also explains why self-mutilation becomes problematic for trauma victims as they associate hurt and pain with endorphins which make them feel calmer (Bloom, 1999; Everett & Gallop, 2000).

Many child trauma victims mature into adults who do not learn healthy and appropriate ways to manage their emotions (Bloom, 1999; Everett & Gallop, 2000). These adults seek a variety of negative behaviors and actions to release endorphins which provide them with temporary relief such as self-mutilation, risk-taking behavior, compulsive sexuality, engagement in violent activity, bingeing or purging, and drug addiction (Bloom, 1999; Everett & Gallop, 2000). Understanding trauma addiction raises a variety of problems for children, as addictions are treated after detox occurs. True physiological stability cannot be achieved through a school environment because the student returns home daily to the stimulus and response enslaving them to the addiction (Bloom, 1999).

Further, trauma victims often establish patterns of building unhealthy relationships (Bloom, 1999). Victims can experience a bond with their abuser when the relationship is founded on fear and manipulation (Bloom, 1999). Trauma bonding can occur within children, or adults, and leaves victims believing that the abuser is in complete control of their lives (Bloom, 1999). The abuser inflicts pain and fear yet provides the victim with a sense of hope and respite. Those who experience trauma bonding often need education and assistance in forming future relationships founded on healthy terms. Many trauma victims grow up to repeat the same behaviors and offenses that were inflicted upon them (Bloom, 1999). This phenomenon happens as a result of traumatic information processing determining reenactment behavior (Bloom, 1999). Reenactment behavior can still occur apart from specific memories associated with trauma because it is possible to reenact what one does not remember according to Freud's repetition compulsion theory (Bloom, 1999). Freud argued that although the memory may not be present, one's compulsion is inescapable resulting in repeated behavior as a way of remembering (Bloom,

1999). Additionally, there is research to support that ongoing trauma can impact one's physical long-term health (Bloom, 1999; Everett & Gallop, 2000).

In the classroom, many educators are experiencing the effects of undocumented, or well-documented, trauma in children inside educational institutions. Often students who exhibit violence, disrespect, or other behavioral challenging traits, are labeled as “bad”, “dangerous”, or “troubled”. Labels such as these present giant informational holes behind the *why* regarding students' behaviors. However, the presence of harmful student labels presents opportunities for educational institutions to become trauma informed. The risks associated with educators being uninformed about the effects of trauma, especially in children, can result in job dissatisfaction for teachers, a lack of support and access to available resources for students and teachers, and poor student-teacher relationships. Maslow's (1943) hierarchy of needs student-teacher relationships must be developed to help students retrain their bodies, minds, and emotions to combat stressful situations in a healthy manner. Trauma-informed teachers may develop a deeper level of compassion, patience, and self-efficacy when working with students who have been victims of traumatic experiences.

Related Literature

There was a variety of literature outlining mental health, trauma, education, and training. While filtering through research, it was important to consider the ongoing impacts of the COVID-19 pandemic on mental health, trauma, education, and training. While there is still much research to be done on the impacts of COVID-19, there is minimal information available to provide a limited understanding of how the restrictions put in place to protect society have influenced educational environments, students, and educators. The effects of COVID-19 may be contributed to past and present trauma experienced by educators, students, and their families.

Understanding trauma, factors that influence trauma, and how trauma can impact academia were strong areas of focus for this study. A few factors that influenced student trauma that was presented in this study were poverty, population groups, foster care placements, homelessness, and family structures. Understanding factors influencing trauma may provide opportunities for education training to help better equip educators to assist students struggling with their mental health. Additionally, other intrapersonal and teacher-to-colleague relationships could improve with a deeper understanding of trauma through training. Educators who are willing, but underprepared, to help identify symptoms of trauma in students are vulnerable to experiencing compassion fatigue, impacting burnout and turnover rates in teachers (Greenglass et al., 1997; Jennings et al., 2017; Tang et al., 2001). Burnout is, “emotional fatigue, disengagement, irritability, and apathy related to the work environment” (Ryan et al., 2017, p.3).

COVID-19

In the midst of a global pandemic, teachers and students were navigating new academic and social norms in their learning environments. While there was not an abundance of research to examine on COVID-19 impacting education to date, some studies have examined how the stressors of the pandemic have impacted community healthcare workers. While teachers were not considered community healthcare workers, much of their role encompasses maintaining student safety in the learning environment. With mandates and new protocols implemented in schools throughout the nation, teachers were likely feeling stressors similar to those of community health care workers. Community care workers who were working in high-risk positions regularly interacted with infected patients, and those who are asked to be quarantined for more than 3 days are more likely to have increased levels of anxiety and depression (Sun et al., 2021).

Background on Trauma

Several factors that enhanced the likelihood of trauma in students. While it is important to understand that all individuals process experiences differently, it is critical that educators were acutely aware of situations that may serve as predictors for trauma, leading to potential temporary or long-term mental health concerns. Trauma can significantly impact academic performance for children and should be taken into consideration when evaluating student behaviors. A popular reaction to trauma in children ages six or less is mirrored in the developmental characteristics of their behavior (Yule, 2001). Some additional factors that served as predictors of trauma in children include poverty, ethnicity, homelessness, placement in foster care, and various family structures. A cohesive effort to train educators on factors such as these may increase awareness and lead to many beneficial consequences such as students receiving early intervention in the area of mental health if symptoms or behaviors can be identified quickly.

Trauma Impact on Academics

Approximately 80% of children and adolescents are victims of childhood trauma (Larson et al., 2017). Concerning that group, one and four children experiencing traumatic events are of preschool age (Finkelhor et al., 2009; Jimenez et al., 2016). The impact of trauma on students' academic success can be vast. Socioeconomic stressors and environmental triggers impair executive functions for students who have experienced trauma and violence, making it difficult for them to thrive in an academic setting (Crosby et al., 2018). Trauma has short-term and long-term impacts on human growth and development, relationships between families and peers, and academic performance (Alisic, 2012; Walker & Goings, 2017). There is a higher risk of trauma exposure for children and adolescents living in poverty and those from varying racial and ethnic

groups (Larson et al., 2017). Additionally, these population groups are less likely to have access to mental health care (Larson et al., 2017). It is estimated that one in five children and adolescents have a diagnosable mental health disorder, yet 70% of them do not receive mental health services (Larson et al., 2017). Lower IQs, including specific difficulties in the areas of reading, comprehension, and writing, are associated with children from traumatic backgrounds (Berardi & Morton, 2017).

Chronic irritability is an outward symptom of trauma that can impact students' ability to problem-solve (Davis & Buchanan, 2020). Students with three or more, adverse childhood experiences are two and a half times more likely to fail a grade, score lower on standardized tests, experience more suspension and expulsion, be referred to special education, and have poorer physical health- leading to lower attendance rates (Davis & Buchanan, 2020).

Additionally, children with adverse childhood experiences tend to have difficulty processing and storing new information, struggle with social communication and struggle to problem solve, think critically, identify cause and effect relationships, and organize sequential relationships (Davis & Buchanan, 2020). All of those struggles overlap with the difficulty for these students to regulate their own emotions, which is often displayed through behaviors such as reactivity and impulsivity or demonstrating signs of aggression, defiance, withdrawal, or perfectionism (Litgen, 2013; Massachusetts Advocates for Children, 2005). Children who have experienced trauma may seem angry, aggressive, distrusting, isolated, oppositional, struggle to relate to the perspectives of others, have difficulty regulating emotions, are unable to advocate for themselves, withdrawn, impulsive, inattentive, have difficulty completing tasks, lack continued curiosity, have low self-esteem, and feel guilt and shame (Finigan-Carr, 2017). All of these symptoms can negatively affect students' ability to thrive academically.

Educational systems must be equipped with trained staff and available resources to offer support to students who have experienced trauma. The majority of professional development opportunities for educators related to trauma are presented in the form of workshops, presentations, online modules, videos, and research briefs (Anderson et al., 2015; Thomas, Crosby et al., 2019). However, trauma-informed schools are a relatively new concept. K-12 teachers are reporting the need for more training and support in this area, as well as practical ways that information shared in workshops can be executed (Alisic, 2012; Anderson et al., 2015). Washington State is one of the leaders in the trauma-responsive school movement (Stevens, 2012). The state has developed a training program to equip teachers to aid students struggling with trauma and other mental health concerns. The framework for their training is derived from the book, *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success*. The four broad sections of training for teachers include background on trauma, compassion, and resiliency; teacher self-care; classroom strategies; and school community partnerships (Washington State Superintendent of Public Instruction Office, 2011).

Factors Impacting Trauma

There are many factors to consider when working with those who have been or are increasingly likely to be, impacted by trauma. These potential risk factors are important to consider when gaining information about students' medical, family, and personal history upon school registration dates. While some factors are glaring and easier to flag initially, others are unpredictable. Mass amounts of individuals could experience unpredictable trauma all at once as a result of a natural disaster, near death or deadly experience (such as car accidents or school shootings) or receiving a life-altering health diagnosis. However, as previously stated, each individual may have unique reactions to experiencing the same trauma. Understanding this

creates a greater need for educators to be adequately educated and acutely aware of pre-determining dispositions, symptoms, and consequences of trauma.

Poverty

The United Nations Children's Fund estimates that one-fourth of children are living in urban poverty and experience higher community risk factors (Bartlett, 2011). The effects of poverty, such as homelessness, lack of access to medical attention, lack of academic preparation, and limited parental engagement, are illuminated across schools throughout the United States (Lampert & Burnett, 2015). Despite the National Child Poverty Center's suggestion for schools to prepare for the increase of children living in deep poverty, educators are faced with the challenge of being ill-equipped to appropriately respond, or even understand, the reality of harsh circumstances that poverty creates for children (Lampert & Burnett, 2015). Comparatively speaking, poor children begin the school year with fewer academic skills and are estimated to be a full year behind versus higher-income peers (Garcia, 2015; Miller & Flint-Stipp, 2019; Zhang & Han, 2017). Understanding this creates a major challenge for teachers who are asked to meet curriculum goals, and standardized testing scores, of students across one grade level.

The discrepancies previously noted regarding poor children evolve into lower achievement, educational attainment, and economic stability and follow poor children into adulthood (Miller & Flint-Stipp, 2019). Because children have different developmental needs from adults, the consequences for children living in poverty can span over a lifetime. Even short-term food deprivation has the potential to impact a child's long-term development (Hartman et al., 2017; Ortiz et al., 2012). Children who do not receive sufficient nutrition grow smaller in size and intellectual capacity, are more susceptible to life-threatening diseases, perform poorly academically, and are less likely to mature into productive adults (Ortiz et al., 2012). It is

important to note that poverty in children does not end only with the child impacted but is likely to transcend throughout future generations (Ortiz et al., 2012). Thus, further broadening gaps of inequality within society and communities (Ortiz et al., 2012).

While high volumes of the current research were dedicated to examining the presence and consequences of violence and related trauma in urban communities, high volumes of violence and other trauma-inducing experiences are present in rural communities as well (Carlson, 2006). Children living in rural communities with higher levels of poverty are more likely to be exposed to substance abuse and lack appropriate healthcare (Carlson, 2006). Unemployment and poverty rates are higher and fewer economic resources are available for rural residents (Leider & Henning-Smith, 2020). Many students living in rural communities are at risk for experiencing high-stress levels from mental and physical health challenges taking place outside of the classroom. Abuse, neglect, and higher rates of poverty are a few of the interconnected issues between academic success and socioeconomic status that these students may encounter (Davis & Buchanan, 2020). While it is important to note that poverty does not imply neglect or abuse, students are at a double disadvantage when they become interrelated.

Native Americans

The U.S. Census Bureau (2012) reported 566 federally recognized Indian tribes. Many circumstances surrounding students' daily lives are largely out of their control, such as those impacted by cultural norms. This is true for a group of Native American students who participated in a study that followed their transition from schooling on the reservation to a public high school. Students experienced trauma from the transition as a result of a lack of preparedness, which negatively impacted their overall academic achievement. Students were not invested in academic achievement because they perceived themselves to be insufficiently

prepared for the transition (Wilson, 1991). The students participating in the study reported facing racism, patterns of behaviors differing from their own, unfamiliar cultural norms, and economic stress in the mainstream educational environment daily (Chain et al., 2017; Wilson, 1991). These factors, in addition to those specific to the institution, directly contributed to their levels of academic performance and achievement gaps, which can lead to disengagement, underperforming, and dropping out of school (Chain et al., 2017; Wilson, 1991).

The perceptions of teachers, and other academic leaders, to assume that students were underprepared for the transition also negatively impacted students' academic achievement. Students explained that they were often placed in vocational or special education classes but, although knew they were capable of challenging coursework, did not possess the confidence to suggest their enrollment in more rigorous courses (Wilson, 1991). For these reasons and more, despite a history of strong educational performances on the reservation, Native American students underperformed in mainstream education. This is largely due to educational leaders' misconceived notions of student abilities, poorly structured transitional supports, and a lack of self-confidence preventing students from advocating for themselves (Wilson, 1991). The significance of cultural differences for all transitional students moving into mainstream education must be taken into consideration when considering academic success.

A second study examining the impact of social-emotional competence on academic achievement in Native American students confirmed that there is an achievement gap between these students and their peers. Specifically, levels of student poverty and social-emotional competence largely attribute to this gap in achievement between Native American students and others (Chain et al., 2017). Thus, a need for educational opportunities for students to develop stronger social-emotional understandings becomes apparent. Today, Native Americans

experience some microaggressions within the current education system. Examples of microaggressions include sports team mascots with Native American-themed names or characters (such as “Indians” or “Chiefs”), the dismissal of indigenous peoples’ lived experiences, questioning racial/ethnic identity, historical misrepresentations of contemporary experiences, and physical or symbolic invisibility (O’Keefe & Greenfield, 2019). Negative health impacts associated with microaggressions among youth and adults include physical pain, lower self-esteem, and feeling less valued in the community (O’Keefe & Greenfield, 2019).

Foster Care Community

Another group of children experiencing high volumes of trauma, often paired with educational transitions, are those in the foster care community. It is believed that children in the foster care system are among the most vulnerable groups of learners in schools today (Zetlin, 2006; Zetlin et al., 2012). The unique challenges associated with abuse and neglect for children in the foster care community create a complicated task for designing adequate educational services. Yet, those working outside of the foster care system know very little about it (Wolanin, 2005). This is especially alarming because approximately 14% of foster care children develop a disability concerning complications from abuse and neglect (Mitchell et al., 1999). Without consistency, strong academic support, and accurate diagnoses, these students will underperform academically. Expulsion and suspension from school are methods used to remove problematic students from the classroom (about 7% of overall students), but the percentage of children in the foster care community who are expelled or suspended is more than doubled at 24% (Berardi & Morton, 2017). The act of removing a student from the learning environment fails to address the root of the deeper problem resulting in suspension or expulsion. Thus, these suggested solutions create undesirable conditions for student learning and can stifle academic growth in students.

Homeless Population

Despite once primarily comprised of single men, the homeless community now includes a significant number of families with children (Tobin, 2016). The National Center for Homeless Education (NCHE) (2012) reported that in 2010-2011 there were 1,065,794 homeless children enrolled in schools across the United States. Increasing more than 85% over the last 10 years, there is over 1.3 million youth who are homeless attending public schools (National Association for the Education of Homeless Children and Youth, 2018). This population of people may have a variety of resources available to their families, depending on the demographics of their communities. For example, urban populations are more likely to be close to shelter systems, which provides a convenient location for researchers to extract data for studies. However, homeless individuals and families in rural areas are more likely to be sleeping in cars or camping in difficult places to locate (National Coalition for the Homeless, 2007b). Some experts believe that homelessness may be more prevalent in rural areas than in urban areas (Alkire et al., 2014; Tobin, 2016).

Research supported that homelessness for children can be devastating, this is especially true for academics (Tobin, 2016). Test scores (Dworsky, 2008; Robertson, 1992; Rubin et al., 1996) and grades (Rubin et al., 1996) are consistently lower for homeless students, while drop-out rates are higher (Masten et al., 1997; Rouse & Fantuzzo, 2009). Additionally, homeless students are more likely than the general population of students to be retained. Further, homeless students, when compared to their steadily housed peers, are more frequently retained, have poorer school experiences, lower future self-expectations, and lower academic performance rates (Rafferty et al., 2004). Four major factors negatively impacted the academic success of homeless children. First, school enrollment can be difficult due to logistical and procedural obstacles

(Tobin, 2016). Second, a lack of healthcare can create an increased presence of physical ailments (Tobin, 2016). Third, homeless children suffer from mental health issues at greater lengths than the general population (Tobin, 2016). Lastly, it is generally difficult for homeless students to meet standards of academic readiness (Tobin, 2016).

Family Structures

Another factor impacting student trauma and academic performance is family structure. The impact of the family is powerful, for its function is to provide security to each of its members (Okoree et al., 2020; Thornton, 2014). More than ever, children today are living in increasingly diversified family contexts (Brown, 2006; Okoree et al., 2020; Sun & Li, 2011). Many students are born into overall unhealthy families, unwed families, blended families, or experience a change in the original structure of the family later in life that impacts their mental health and/or ability to perform academically. Concerning education, variations of parental expectations, involvement, and support were understood to positively impact students' educational aspirations, academic performance, and academic adjustment (Brooks, 2015; Nichols et al., 2010; Pallock & Lamborn, 2006; Taylor et al., 1995). A 2011 study confirmed that greater progress in Math and Reading was consistently achieved from students in nondisruptive two-biological-parent and nondisruptive stepparent households over time as opposed to students from nondisruptive single-parent, disrupted two-biological parent, and disrupted alternative families with multiple transitions (Sun & Li, 2011). Growing up in alternative family structures has negative academic disadvantages likely stemming from resource deficiency paired with parental investment (Sun & Li, 2011).

Students from divorced parents are more at risk to struggle with social behavior, psychological development, and academics in comparison to peers from nondivorced parents

(Firdausi et al., 2020; Okoree et al., 2020). To avoid the negative impacts of divorce within the family, often parents decide to cohabit instead. However, on average, the overall well-being of a child is lower in cohabitating compared to children from married families and is similar to single-mother families (Brown, 2006). Cohabiting unions are highly unstable in comparison to married families or single-mother families where the mother does not cohabit (Brown, 2006). Children who are subjected to viewing their mother or father physically abused may experience shock and fear. Unfortunately, if these events are witnessed daily, the child will likely be traumatized, become quiet, frequently be angry, and possibly cry (Firdausi et al., 2020).

Mental Health Training

The severity of problems associated with mental health has created a more urgent need for increased awareness and acceptance of impacted individuals (Oduguwa et al., 2017). This is especially true because mental disorders and medical disabilities are the largest diseases impacting youth today worldwide (Kutcher et al., 2016). Educators work closest with children and youth daily. If teachers and educational staff were not sufficiently trained in identifying symptoms and signs of problematic mental health, a great disservice has been done to children. While educational systems have qualified resources in place for students who need emotional support, such as guidance counselors, many students' mental health concerns go unnoticed until later in life. Despite initial symptoms of most mental disorders occurring before age 25, adequate care is not provided to the majority of youth suffering from mental disorders (Kutcher et al., 2016). Educators can play a role in educating students about positive mental health practices and connecting students, and their families, to mental health professionals that could assist with long-term sustainable support. For educators to do this effectively, they must also model and become familiar with preventative practices which help maintain mental health.

Likely, the cause of many mental health illnesses going undiagnosed until adulthood resulted from a lack of knowledge and training to identify symptoms related to mental health concerns. Factors such as lack of knowledge and what professional resources are available to utilize, shame surrounding the opinions of others, and levels of comfortability in which one feels confiding in mental healthcare professionals all contribute to the reality that many youths with mental health concerns go untreated (Morgan et al., 2019). As mental illness continually impacts the youth of today, it is imperative that educators, who work with them closely, are adequately trained to recognize symptoms associated with mental health concerns.

Educators were trained and prepared in a variety of ways before entering into their profession, but as the role of teachers continues to evolve, so must the state-mandated training required for teaching licensure and professional development opportunities. Overall, educators are not engaging in training for mental health to help students, their colleagues, and themselves (Sulkowski & Lazarus, 2017). Educators serve as advocates for students and inevitably have the opportunity, and responsibility, to help students struggling with mental health connect with supports they can utilize. A recent study suggests that, while the majority of educators are concerned for their students' mental health, most of them need extensive training in this area to more sufficiently support students (Moon et al., 2017).

Mental Health Training's Impact on Others

Mental health training could benefit a variety of people groups in education. The benefits of mental health training could stretch beyond teacher-student relationships and merge into impacting educators' relationships with colleagues, guardians of students, relationships among students and their peers, and intrapersonal relationships as well. The information learned from such training would be valuable for teachers helping students get connected to potentially helpful

resources. Additionally, this same information could help teachers be more alert in identifying negative symptoms associated with mental health in their colleagues. Knowledge gained from mental health training could also encourage educators to be more supportive in planning and implementing preventative mental health practices for themselves and others. Lastly, mental health training could provide teachers with a deeper understanding of what it means to maintain their mental health.

Defining Mental Health Training

There was an abundance of studies available addressing various aspects of mental health training. Although research supported that being trained in mental health would benefit those who work or learn in academic environments, there is little to no research that outlines best practices for *how* to most effectively train individuals in this area. This was especially true when specifying how to train educators on the topic of mental health in academic settings. Although programs existed to help targeted groups of students struggling with mental health, often funding is unavailable to continue them as needed (Shute & Slee, 2016). Mental health is defined as, “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community” (WHO, 2022, para. 2). For the sake of this study, training will be simply defined as a way to enrich human performance (Silberman et al., 2015).

However, a more specified method of training exists known as *active training* (Silberman et al., 2015). Active training occurs when participants do most of the work. This method closely aligns with Badura’s (1997) social learning theory as trainees would observe and model the behaviors, attitudes, and emotional responses of others. Active training would be the best model of instruction for educators because it is designed for the trainees to acquire knowledge and skill

instead of simply receiving them through only listening (Silberman et al., 2015). This is language is consistent with the aforementioned training methods of prevention groups, which define acquiring knowledge and skill as “proper” training (Harpine, 2015).

Mental Health Training in Schools

It is important to acknowledge that there is a clear distinction between “kids being kids” and mental health issues in students. Educators must not be too eager to label students who are misbehaving as potential candidates for needing mental health support, for they are two very different entities. The fine line between typical child-like behavior and struggling symptoms of mental health illuminates the need for detailed professional training in the area of mental health. Some believe it is the responsibility of schools to educate students on how to manage their distress, in addition to their academic requirements (Maisel, 2017). Teachers would be unable to communicate strategies for helping students cope with distress to improve their mental health without adequate training. Every staff member in an educational setting should be adequately trained to look for signs, behaviors, or symptoms of mental health concerns, especially among students. Students are the individuals most closely watched in school environments and many of these symptoms can be identified through activities that take place outside of a classroom such as during tutoring, breaks, lunchtime, and extra-curricular activities. Erasmus (2019) reiterate that teachers should not be asked to diagnose or treat those struggling with mental health, but rather ensure that staff is trained to listen and given spaces and time to engage in conversations with students about mental health.

Teacher-to-Student Relationships

Currently, schools are the primary source of mental health services for children and youth, as an average of 70% to 80% of psychosocial services are provided for them there (Atkins

et al., 2015). However, the prime method for treating students with mental health issues is through individualized-counseling services. Unfortunately, this model is generally ineffective for students struggling with mental health, especially those in low-income areas (Atkins et al., 2015). This finding encouraged researchers Atkins et al. (2015) to partner with mental health staff in the community and pair them with teachers and parents of students in the low-income schools to enhance children's success. This structure is ideal, as teachers can influence a larger number of students rather than the individualized student-to-counselor ratio. This model had positive impacts on student learning behavior, social interactions, and eliminated the barrier of transportation and finances for families in low-income community to gain the mental health supports their children needed. This data supports the claim that teachers are the best resources, in educational settings, to use for helping students receive mental health support because the adult-to-child ratio is much larger in this model.

Unfortunately, the same resources may not be available in every state, or even within each school district, and teachers cannot be asked to replace the job of mental health professionals in addition to their job requirements. However, teachers should be well-informed in the area of mental health for the purposes previously stated. Children have identified teachers as vital members of their support systems and possible resources for mental health (Frauenholtz et al., 2017). Higher student classroom engagement, leading to higher achievement, and lower rates of depression are present when supportive teacher-student relationships exist (Kidger et al., 2016). Students view personal relationships between teachers and students as critically important (Hadar & Brody, 2016).

It has been determined that 21% of adolescents experience mental health disorders between the ages of 13 and 18 (Frauenholtz et al., 2017). It is fair to consider that mental health

disorders may harm a student's academic success. Therefore, just as teachers are trained to work with students with disabilities, which impact their learning, the area of mental health should be viewed as no different. Educating students who suffer from anxiety, depression, and other mental-health-related conditions may require alternative approaches to learning and behavior management. It is not possible for teachers to effectively educate students suffering from conditions related to mental health without adequate training in this area. Research suggested that today, teachers and other school staff have little knowledge of children's mental health (Frauenholtz et al., 2017).

If teachers were educated well in this area, alarming symptoms and behaviors displayed in students could lead to quick preventative actions by teachers to stop or slow the progression of a mental health decline. Receiving training on mental health is beneficial for everyone, not just those who struggle to maintain it. Many students may feel the stressors surrounding academic expectations and, while they may not have mental health disorders yet, they may develop without education on how to manage emotions like stress, anxiety, and depression. Undergoing mental health training for educators will require teachers to be intentional during their interactions with others to implement what they learned. Administrative support will need to be present to allow and promote opportunities dedicated to preventative practices of declining mental health. Teachers may be encouraged to form deeper relationships with students, to be more playful, to teach the language that allows students to accurately express emotions and implement activities that promote calmness inside the classroom (Cranham, 2019).

Teacher-to-Colleague Relationships

The profession of teaching provokes a variety of stressors. Teachers are not immune to suffering from mental health issues and, often, teachers turn to colleagues for support. Teachers

should utilize relationships with colleagues for accountability, to reduce the increased risk of *burnout*, referring to heightened levels of stressors related to teaching (Iancu et al., 2018). This is especially true because relationships are fundamental to teaching (Srinivasan, 2014). Resilience in teachers is contributed to a variety of factors, one being colleagues (Gray et al., 2017). If teachers are provided with mental health training to better understand, and acutely identify symptoms of, mental health issues they can hold one another accountable to seek help or counsel if observed necessary. Participating in collaborative and engaging activities with colleagues can help increase well-being and resilience within teachers (Gray et al., 2017). Additionally, socializing with colleagues can relieve stress (Eyre, 2016).

Colleagues can support one another in practicing mindfulness routines throughout the workday to improve and stabilize mental health. Mindfulness is being aware of the present moment (Behan, 2020). This can be practiced through meaningful conversation or movement. Colleagues working in educational environments could practice mindfulness in groups together through exercise after the workday, meaningful conversation, etc. Practical ways to implement practices to improve mental health for teachers, such as mindfulness, could easily be integrated into relationships with teachers and their colleagues. Mental health training for educators would likely focus on preventative measures for individuals to prevent, or help reverse, the development of mental health problems. Those who practice mindfulness experience decreased levels of emotional exhaustion, stress, depression, anxiety, and occupational stress (Janssen et al., 2018).

Teacher-to-Self Relationship

Training educators in the area of mental health may not only benefit their interactions with colleagues and students but could also positively impact their intrapersonal relationships.

Compared to other professions, teachers are increasingly at risk for common mental health disorders (Kidger et al., 2016). This finding is problematic for several reasons, but especially because if teachers fail to address high-stress levels it may lead to prolonged mental problems, reduced performance at work, absence due to sickness, and health-related retirements in teachers (Kidger et al., 2016). Growing demands of teachers have led to emotional exhaustion and overall increased teacher turnover rates. (Evers et al., 2017). Research showed that mental health-related issues and stress are proven indicators that influence teacher attrition rates in the field of education (Mérida-López et al., 2017). Many teachers are leaving the profession due to extreme stress levels and burnout.

One definition provided for burnout is, “emotional fatigue, disengagement, irritability, and apathy related to the work environment” (Ryan et al., 2017, p.3). Teachers are increasingly at risk for mental health issues due to the work-related stressors of their jobs (Mérida-López et al., 2017). While there are a variety of factors that lead to burnout, inadequate training, and student discipline are believed to be two of many reasons teachers are choosing to leave teaching (Ryan et al., 2017). In the absence of mental health training, teachers will continue to leave the profession as a result of being ill-prepared to manage their stress levels. Teacher training would illuminate the symptoms and triggers associated with declining mental health. This would likely increase educators’ self-awareness by enabling them to more effectively identify symptoms and triggers within themselves and seek options for treatment. If educators are not mentally well, it is unrealistic that they will be able to help students, or others, struggling with mental health issues. Poor mental health among teachers could lead to lower-quality teacher-student relationships, poor classroom management, and an inability to develop supportive relationships with students (Kidger et al., 2016). For educators to become empowered with the knowledge and skills needed

to serve as mental health advocates for themselves, their colleagues, and their students, teachers must be given the training and resources to understand this area of study.

Self-Efficacy

Research indicated that teachers experienced low self-efficacy when attempting to support their students with mental health deficits (Sulkowski & Lazarus, 2017). Therefore, it is important to examine self-efficacy theory (Bandura, 1997) as the findings from this study may inform teacher training on mental health and thereby increase self-efficacy levels. Theorist, Albert Bandura, first proposed the self-efficacy theory in 1997. Self-efficacy is defined as “People’s judgements of their own capabilities to organize and execute courses of action required to attain designated types of performances” (Bandura, 1986, p. 391). Bandura (1997) theorized that self-efficacy impacts an individual’s choice of activities, effort, and persistence (Schunk, 1991). One’s belief in their capabilities may determine the behaviors surrounding accomplishing tasks such as avoidance or eagerness to complete (Schunk, 1991). Efficacious people are hypothesized to work harder and persist longer amid difficult situations in contrast to those who doubt their competencies (Schunk, 1991). Since Bandura’s (1997) original proposal of this theory, much research has been done to expand and clarify the function of self-efficacy as a factor impacting behavioral change, maintenance, and generalization (Schunk, 1991). Evidence is present to support that self-efficacy serves as a predictor for broad outcomes in areas of academic achievements, social skills, smoking cessation, pain tolerance, athletic performances, career choices, assertiveness, coping with feared events, recovery from a heart attack, and sales performance (Bandura, 1986).

Researchers in Taiwan studied teachers’ self-efficacy by examining their knowledge of using and integrating technology into regular instruction (Lee & Tsai, 2010). Researchers

hypothesized that teachers may only use technology, specifically referring to the internet, to gain the attention of students. However, the concern is that educators do not effectively understand ways to use the internet to enable students' cognitive development (Lee & Tsai, 2010). Several causes may attribute to a lack of understanding for teachers in this area including a shortage of teacher training and commitment, inadequate technological assistance, structural limitations in school schedules and policies, and lack of administrative support (Wallace, 2004). This study was significant because the same could be hypothesized for educators' ability to understand and assist students in their cognitive and affective development relating to mental health. Teacher self-efficacy plays a role in the desire, and the overall success, of teachers to perform desired tasks for themselves and their students (Rodger et al., 2020). Researchers have theorized teacher self-efficacy as "the teachers' perceptions of their competence and their ability to teach as a professional discipline to facilitate students' knowledge, values and behaviors" (Guskey & Passaro, 1994; Lee & Tsai, 2010, pg. 123; Tschannen-Moran & Hoy, 2001; Tschannen-Moran et al., 1998). Increased academic outcomes, improved adjustments to academic pressure, and increased motivation have all been associated with students according to teacher self-efficacy (Rodger et al., 2020). Teachers' sense of self-efficacy is a strong indicator of their performance in the classroom (Velthuis et al., 2014). For example, educators with advanced self-efficacy set higher goals, will not be discouraged by potential failure, and will seek to improve strategies, when necessary (Bandura, 1997; Rodger et al., 2020; Tschannen-Moran & Woolfolk Hoy, 2007; Velthuis et al., 2014). Additionally, teachers with higher self-efficacy are believed to have a higher tolerance towards challenging students, job satisfaction and commitment, personal accomplishment, and well-being (Rodger et al., 2020).

The exciting finding about self-efficacy is that it can be improved throughout one's lifetime (Velthuis et al., 2014). Thus, teachers and students must be continually provided with opportunities for growth and improvement in this area. In terms of mental health, teachers must be efficacious to identify problematic behaviors and assist students in the area of mental health. For students, it is imperative that their needs are recognized and that they are adequately equipped to engage in conversations, exercises, and opportunities to strengthen and maintain a healthy state of mind. Increased self-efficacy for teachers and students creates beneficial opportunities in their personal, professional, and academic lives. It is understood that if individuals believe in their ability to handle the current situations, more successful and satisfactory performance will be accomplished (Sun et al., 2021). Self-efficacy and mental health are intertwined for healthcare providers amid pandemics. Self-efficacy proved to be valuable during the SARS epidemic as it was understood to be an important factor in nurses' intention to care for patients (Sun et al., 2021). Efficacy was also realized to influence individuals' practice of preventative behaviors against SARS (Sun et al., 2021; Tang & Wong, 2005). Educators are asked to examine their own perceived self-efficacy toward meeting the mental health needs of students. The perceived capabilities to learn or perform actions at selected levels define self-efficacy (Bandura, 1997; Schunk & Pajares, 2009).

While the studies related to mental health are ongoing, this study served to narrow the focus by examining the lived experiences of teachers of teachings supporting students with mental health deficits to inform the training necessary to increase their self-efficacy, skill, and knowledge. While teachers have expressed a desire and feeling of responsibility to tend to their student's mental health needs (Harrington, 2015; Sulkowski & Lazarus, 2017), the opportunities provided, or lack thereof, to learn more about how to do so present a current gap in the literature.

The contributions to the field that this study may bring could be endless, but data gathered through the learning educators' experiences should provide directed feedback for future training purposes. Teacher participation in this study also served as a good indicator of the current level, and quality, of experiences currently being provided to support them in serving students' mental health needs.

Lastly, the study could contribute to the existing data for self-efficacy by examining the unique relationship between teachers' perceived self-efficacy by working with distressed students related to the amount and quality of experiences they have had surrounding mental health knowledge. Another important, yet secondary, focus of the study is relationships. Opportunities to learn more about how mental health can improve intrapersonal relationships, as well as working relationships among coworkers would be beneficial to educators. An overall better understanding of mental health for educators may increase job satisfaction, teacher retention, and self-efficacy levels, decrease teacher turnover rates, and provide feedback for learning communities to improve school climate.

Compassion Fatigue

There is a variety of terminology used to distinguish between the positive and negative impacts of the workplace on employees. In the field of education, particular uses of terms such as burnout, compassion fatigue, and compassion satisfaction are frequently addressed. Compassion fatigue is, "the natural consequent behaviors and emotions resulting from knowing about a traumatized event experienced by a significant other- the stress from helping or wanting to help a traumatized or suffering person" (Buttery, 2005, p. 4). Although compassion fatigue and burnout are similar concepts, they are distinctly unique. Burnout is a more gradual process characterized by mental, physical, and emotional exhaustion within the workplace (Buttery, 2005; Chang,

2009). Relating to a worker's interaction with a client's traumatic material, compassion fatigue is characterized by physical, emotional, cognitive, spiritual, and mental symptoms and can occur quickly, with little warning (Buttery, 2005). Though, the recovery rate for compassion fatigue is faster than for burnout. While compassion fatigue addresses the negative costs of caring, a different term exists to describe the positive costs of caring known as *compassion satisfaction*. Compassion satisfaction refers to the pleasure derived from work (Buttery, 2005).

Often, the decisions of others directly impacted teachers' daily responsibilities. The absence of teachers in the decision-making process can have dramatic effects on teachers' perceived efficacy (DuBois & Mistretta, 2020). This is important because teachers' positive perceptions of self-efficacy have been linked to whether or not they remain in the field of education (DuBois & Mistretta, 2020). Intrinsic rewards, or feelings of compassion and satisfaction, are accomplished when teachers are self-confident in their abilities. This is because they believe their work can have a grandiose impact on the life of a child (DuBois & Mistretta, 2020). While resilience is a major component of compassion satisfaction (DuBois & Mistretta, 2020), educators struggle to develop coping mechanisms when faced with traumatic stressors without colleagues and administrative support (Billingsley, 2004; Stamm, 2002). Positive school climate and opportunities for additional training also help to determine if the aforementioned coping mechanisms can be developed (Billingsley, 2004). Prevention is a crucial element when examining burnout and compassion fatigue in education (DuBois & Mistretta, 2020). Impacts from secondary trauma can be avoided if proactive approaches are taken to equip teachers.

A strong sense of self-awareness is critical for self-protection and also aids in achieving a healthy balance of empathy (Saakvitne & Pearlman, 1996). Consequentially, poor self-awareness negatively impacts one's ability to sufficiently identify personal stressors quickly and address

them successfully (DuBois & Mistretta, 2020). In addition to developing healthy self-awareness, educators are encouraged to establish boundaries to avoid compassion fatigue. Boundaries such as maintaining regular work hours, taking periodic breaks throughout the day, and maintaining a manageable workload are a few of the suggestions that can help educators promote balance (DuBois & Mistretta, 2020). These boundaries may be difficult to set in place for many educators, as the roles and responsibilities of teachers vary depending on a variety of factors such as administrative support, school climate, colleague support, natural disasters, health pandemics, needs of students, etc. For educators struggling to set healthy boundaries, self-care plans have also proven to be effective in preventing burnout and compassion fatigue for educators (DuBois & Mistretta, 2020). These plans are designed to address specific strategies and behaviors that educators can employ while dealing with the stressors and responsibilities of their jobs. A self-care plan promotes self-reflection and provides engaging practices, rooted in positivity, that can be implemented during times of distress. Effective self-care plans encourage users to develop goals for themselves within six categories: physical, psychological, emotional, spiritual, relational, and workplace support (DuBois & Mistretta, 2020).

Research depicted a correlation between education and job-associated stressors to mental health issues in teachers. However, the gap in the literature exists in the lack of research explaining the lived experiences of teachers supporting students with mental health deficits in the classroom, as well as the mental-health-related training opportunities educators have been provided. Truly, there is little research defining the process or guidelines of mental health training, especially in educational settings. Additionally, there is limited research available expressing the opinions of school staff, students, principals, and parents about mental health services being delivered in schools and which programs they most prefer (Shute & Slee, 2016).

There is the potential for future research to be done to consider the personal resources of teachers (their emotional abilities) to better predict mental health outcomes (Mérida-López et al., 2017). Some mental health support programs are currently already in existence and available for use by some students in their schools. However, they are led by mental health-trained professionals. While this is a step in the right direction, the limited funding and evolving budget for school systems each year could greatly impact programs' continued existence and effectiveness.

Need for the Study

Research on the experiences of educators working with students struggling in the area of mental health could narrow the gap in the literature on this topic and influence future training opportunities for educators. Although it will not “solve” the problem of managing mental health in education settings, it could greatly increase the potential for students to receive interventions earlier to help diminish the negative impact of undiagnosed mental health issues progressing into adulthood. While teachers can be trained to identify problematic symptoms and behaviors of students struggling with mental health, they will be unqualified to provide medical diagnoses and should always refer students and colleagues to professional services for more specified treatment options. However, empowering teachers with the knowledge to help bridge the gap of unidentified mental health needs creates opportunities for this topic to be more intensely researched and monitored. If an increase of students were receiving mental health interventions sooner due to the mental health training educators could receive, funding and more support may be provided to schools nationwide to grow mental health programs for youth.

Understanding mental health will likely increase healthy relationships between educators and could impact retention rates for teachers. Unfortunately, poor mental health is the leading cause of teachers leaving the profession (Ford et al., 2019). As teachers learn more about the

fundamentals and practices of maintaining mental health, they will be able to integrate learned skills for intrapersonal use. Effective methods of training for educators, in the field of mental health or elsewhere, may be uncovered as more active training opportunities become available to them. Providing educators with opportunities to observe and model positive mental health care practices can help improve school climate and increase self-efficacy in educators when dealing with mental health-related concerns in a learning environment.

Summary

Research supported that an increasing number of children and youth in the United States suffer from mental health disorders. There are limited in-school programs available to help treat and counsel mental health-related concerns for students. While some programs exist, their impact and continuance are contingent upon yearly funding and teacher referrals. Educators report a lack of preparedness and training to help students struggling with mental health (Gowers et al., 2004; Gray et al., 2017; Levine Brown et al., 2019; Rodger et al., 2020; Rothi et al., 2008). Being ill-prepared to handle students' mental health deficits is difficult for educators because they do not have the knowledge of successful classroom interventions and are unfamiliar with warning signs and risk factors for developing mental health disorders (Ekornes, 2017). The profession of teaching puts individuals at higher risk for developing mental health-related problems than individuals working in other occupations. Mentally unhealthy teachers are less effective in their job performance and their abilities to develop healthy relationships with students.

The experiences of educators working with students struggling with mental health remain widely available for deeper study. While some teachers and educational institutions may have attempted to develop relevant training opportunities for educators and staff on mental health, the individual and group experiences and methods of training being used remain widely unreported.

This study can address the gap in the literature as educators share about the mental health training, or lack thereof, opportunities that their educational institutions, state, and school districts have provided for them. Understanding the methods for delivery of training can determine whether the training was deemed successful by teachers. Through questioning the state of mental health and learning more information about the delivery of current mental health training opportunities, future training could be informed by the data generated from this study. Training should ensure that educators receive adequate knowledge and learn skills to use when addressing mental health concerns for themselves and others.

CHAPTER THREE: METHODS

Overview

This study was a qualitative phenomenology created to describe the lived experiences of elementary school general education teachers with students manifesting mental health concerns in the classroom. In Chapter Three, a plan for research design and analysis was explained. Participants for the study were selected from three elementary schools in one school district. A central research question and two sub-questions guided the inquiry of the study to examine teachers' experiences meeting the needs of, and their perceived self-efficacy of assisting, students struggling with mental health, as well as how aforementioned experiences can inform future training opportunities for educators. Data were triangulated across three data collection methods including survey/questionnaire, interviews, and focus groups. Data were horizontalized and analyzed using Microsoft Word, Google Sheets, and Excel until saturation occurred, revealing four themes and several subthemes in the research. I ensured the study was trustworthy, credible, transferrable, dependable, confirmable, and ethically sound.

Research Design

This study was qualitative by nature given the objective of exploring a phenomenon to discover meaning (East & Peters, 2019). A qualitative method was appropriate for this study as the lived experiences of educators were examined to inform an understanding of teachers interacting with students struggling with mental health in the classroom. The selected qualitative research design was phenomenology because this was a study focused on examining individuals' lived experiences. Phenomenology can be defined as, "...the study of human experience and of the ways things present themselves to us in and through such experience" (Sokolowski, 2000, p. 2). This study was phenomenological as it focused on the experiences of individuals and is

written from the first-person point of view (Gallagher, 2012; Moran, 2002). A phenomenology primarily focuses on the *how* instead of the *what* of an object (Moran, 2002; Zahavi, 2019). Simply put, a phenomenological study focuses on a phenomenon. Completed evaluation of the lived experiences of elementary general education teachers with students manifesting mental health concerns for a group of teachers in Eastern Virginia aligns with the aforementioned definition of this study design. Data that reflected the experiences of educators was gathered through survey/questionnaires, interviews, and focus groups for this study. Phenomena is a Greek word for *appearances* (Gallagher, 2012). The origins of phenomenology are found in the era of Plato, Socrates, and Aristotle as a philosophy of human beings (Qutoshi, 2018). The history of phenomenology dates back to over a century ago when German philosopher, Edmund Husserl, founded the philosophy (Moran, 2002; Qutoshi, 2018). Phenomenology is described as a radical way of philosophizing in contrast to more traditional systematic philosophies. Focused on uncovering the truth embedded within one's consciousness, this philosophy is rooted more in *practice* than the *system* (Moran, 2002). It has been described as a way of *seeing* rather than a set of doctrines or theories (Gallagher, 2012; Moran, 2002). Popular methods for gathering data in phenomenological studies include interviews, observations, and discussions (Qutoshi, 2018).

The transcendental phenomenological approach was selected for this study as it is a philosophical approach to qualitative research methodology, which seeks to understand human experience (Moustakas, 1994). Disciplined and systematic actions were taken to avoid the invasion of bias regarding the phenomenon being investigated (Moustakas, 1994). The process completed to remove bias from the researcher is known as *epoché*, a critical element of transcendental phenomenology (Moustakas, 1994). Epoché creates opportunities for the study to exist with minimal elements of perceptions, beliefs, and knowledge of the phenomenon gained

by the researcher during professional studies or personal experience (Moustakas, 1994). Also, epoché creates opportunities for the researcher to listen to participants while remaining open, receptive, and naïve to their own experiences (Moustakas, 1994). Epoché and bracketing were completed in this study through personal journaling to illuminate any bias or assumptions I had before conducting research. Transcendental phenomenology is also unique in emphasizing intuition, imagination, and universal structures while acquiring a picture of the characteristics that reinforce the experience, account for, and allow an understanding of how perceptions, feelings, thoughts, and sensual awareness are aroused in consciousness with association to specific feelings (Moustakas, 1994). Although phenomenology is broadly associated with ideas and essences, transcendental phenomenology heavily focuses on realism (Moustakas, 1994). Another distinction of transcendental phenomenology includes two types of intention: signitive and intuitive (Moustakas, 1994). Signitive intention is understood to be empty, with connections to something that lies beyond itself while intuitive intention is directly related to something, fulfilling it (Moustakas, 1994).

Research Questions

Central Research Question

What are general education teachers' lived experiences addressing the mental health needs of students in their classrooms?

Sub-Question One

What experiences shape general education teachers perceived self-efficacy toward meeting the mental health needs of students in their classroom?

Sub-Question Two

How do general education teachers' experiences with students with mental health needs inform preservice and in-service teacher training?

Setting and Participants

The setting for this study took place in a rural community in Eastern Virginia with three elementary schools within the district. The research was conducted with participants serving as elementary teachers representing samples from all three elementary schools in the district of Johnsonville. Johnsonville was selected for this study to examine the experiences of teachers within a smaller public school district. Although Virginia is home to various school districts, narrowing the setting to Johnsonville provided opportunities for multiple elementary school teachers within the district to participate who have had varied experiences in training and working with students experiencing mental health needs in the classroom. The data gathered from this study was useful for educational leaders across the district to determine how their efforts can be more aligned in promoting mental health training for teachers if it is not already. On a broader scale, findings from this study could impact training mandates or opportunities at the state level with the Virginia Department of Education.

Setting

The leadership structure of the three elementary schools included one head principal and one assistant principal. School A had a male head principal and a female assistant principal. School B had two female administrators, as well as School C. Each elementary school had one special education Lead Teacher. All Lead Teachers from Schools A, B, and C are female. The three schools varied in the number of guidance counselors by the student population. School A had three full-time counselors, but one of the counselors was designated to serve the mental health needs of students. Both, schools B and C had two guidance counselors. Each school had a

Positive Behavioral Interventions and Supports (PBIS) committee, dedicated to promoting positive school-wide behavioral practices and providing support for students in each of the three tiers associated with the program. In some cases, students who suffer from mental health may be behaviorally challenged which allowed schools to place them in Targeted Prevention (Tier Two) or Intensive, Individualized Prevention (Tier Three) intervention groups to help support and manage undesired behaviors.

For the 2020-2021 academic year, School A had a total of 626 students enrolled in PK-5th grade (Virginia School Quality Profiles, n.d.). 18.4% of students at School A qualified for free and reduced meals (Virginia School Quality Profiles, n.d.). For the 2020-2021 academic year, School B had a total of 752 students enrolled in PK-5th grade (Virginia School Quality Profiles, n.d.). 29.5% of students at School B qualified for free and reduced meals (Virginia School Quality Profiles, n.d.). For the 2020-2021 academic year, School C had a total of 423 students enrolled in PK-5th grade (Virginia School Quality Profiles, n.d.). 16.5% of students at School C qualified for free and reduced meals (Virginia School Quality Profiles, n.d.). Combined between the three elementary schools, 64.4% of PK-5th grade students meet eligibility for free and reduced meals county-wide (Virginia School Quality Profiles, n.d.). According to the U.S. Census Bureau (n.d.), from 2015-2019 the median household income for Johnsonville County residents was \$89,090.00.

Participants

Ten participants were selected through purposive criterion and snowball sampling. Purposive sampling provides the researcher with the ability to include participants representing a wide spread of knowledge, rich data, and a focus that closely relates to the objective (Ames et al., 2019). All participants were currently employed as full-time general education teachers. For

this study, a full-time teacher was defined as a general education teacher who works with students to teach the required curriculum for the entirety of a regularly scheduled school day. Participants also indicated that they had worked with a minimum of one student with serious mental health needs. Some internal and external factors indicated potential poor mental health in students. For this study, “mental health needs” was defined as children identifying with at least one of the following: “1) depression; 2) anxiety problems; 3) behavioral or conduct problems, such as ODD [oppositional defiance disorder] or conduct disorder; 4) autism, Asperger’s disorder, pervasive developmental disorder, or other ASDs; 5) developmental delay; 6) Tourette syndrome; and 7) ADD/ADHD” (Avenevoli et al., 2013, p. 5). An additional requirement was that participants had to have worked with a minimum of one student with serious mental health needs to be considered for the study. Participants were selected from each elementary school to partake in the study. I obtained the maximum variation of participants possibly in terms of ethnicity, sex, age, credentials, and years of experience. I sought to include a sample that was representative of the district’s demographics. Teachers had to be elementary general education employees of Johnsonville County Public Schools and had been employed for at least one full academic year of teaching. Participants were at least 22 years of age. Data analysis occurred until data saturation was reached, meaning no new data, themes, or coding emerged and the study can be replicated (Guest et al., 2006).

Table 1*Participant Background Information*

Pseudonym	Ethnicity	Grade	YOE	Average TSES Score
Annalise	White	5 th	17	Above
Brianna	White	1 st	3	Below
Brielle	White	5 th	7.5	Below
Clara	White	K	18	Below
Emilia	Asian America	5 th	7	Above
June	White	5 th	8	Below
Kenzie	African American	5 th	30	Above
Lennon	White	1 st	25	Below
Luna	White	4 th	1.5	Above
Serenity	White	4 th	15	Above

Researcher Positionality

With a mindset rooted in social constructivism, I believe knowledge is constructed through human activity and that meaning is created through interactions. I chose a transcendental phenomenological research model for this study because I was studying the experiences of educators working with students struggling with mental health. The analysis and conclusion of this study have the potential to inform educational leaders of gaps in required teacher training across the United States. Experience cannot be taught or replicated but can be learned from and presents the ability to inform areas of weak performance. The only way to test the reliability of knowledge is through practical experiences (Pfadenhauer & Knoblauch, 2019). The motivation for choosing this topic centered around the potential for others to learn more about how to be better equipped to help students, as well as their co-workers and selves, maintain positive mental health for the future.

Interpretive Framework

The paradigm that I am most closely aligned with is social constructivism. Social constructivism is most appropriate because of the value of the framework that is placed on the

human experience. Social constructivism highlights the importance of culture and context by synthesizing what occurs in reality and developing knowledge based on this understanding (Kim, 2001). Relationships and learning through participation are emphasized within this framework. It is through perceptions that knowledge is acquired and developed (Pfadenhauer & Knoblauch, 2019).

Philosophical Assumptions

It is important to understand a researcher's philosophical assumptions before conducting qualitative studies. Philosophical assumptions created a framework of thought for researchers to organize, collect, and analyze data. The three areas of philosophical assumptions that were addressed include ontological, epistemological, and axiological. All three are of equal importance, as philosophical assumptions help the reader identify the lens through which I viewed the world. Additionally, philosophical assumptions determined how I approached my research. Collectively, these philosophical assumptions addressed my thoughts on the nature of reality, knowledge, and roles of values.

Ontological Assumption

Ontological assumptions address the nature of reality and its characteristics (Creswell & Poth, 2018). Through the unique circumstances surrounding personal experience, multiple realities can exist. Multiple realities are derived from the meaning individuals assign their experiences. This study was conducted with the intent to report multiple realities among participants (Creswell & Poth, 2018). Similar to trauma theory (Caruth, 1995), individuals can experience the same event and perceive multiple truths or realities dependent on their perceptions. While I recognize that there are elements of absolute truth, for my study I desired to describe the realities of general education teachers working with students with mental health

concerns by examining their lived- experiences. Author, Beaumie Kim (2001), explained, “For the social constructivist, reality cannot be discovered: it does not exist prior to its social invention” (p. 3). Through processes unique to phenomenological research like epoché, transcendental-phenomenological reduction, and imaginative variation it is understood that the nature of reality is different among humans (Moustakas, 1994). Therefore, in phenomenological studies, perception should remain fresh, as if being heard or experienced for the first time (Moustakas, 1994). Moustakas (1994) wrote, “The empirical phenomenological approach involves a return to experience to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essence of the experience” (p. 13).

Epistemological Assumption

Genuine knowledge is possible to inherit subjectively. Through examining the subjective experiences of others, knowledge is discovered (Creswell & Poth, 2018). I attempted to get as close as possible to my participants to understand their lived experiences during conversations in interviews and focus groups (Creswell & Poth, 2018). For the social constructivist, individuals produce knowledge and create meaning through interactions with others and within their environment (Kim, 2001). Due to the nature of personal experience, what becomes knowledge for one may never occur as knowledge to another. For this study, knowledge was not determined by an instrument but rather by the shared experiences of participants through conversations or interactions related to mental health. Knowledge relative to mental health was gained through understanding the individualized experiences of participants supporting students with mental health deficits within their classrooms. No human experience is the same and should be studied and evaluated independently. What one participant knows to be true about supporting the mental health needs of students may differ from the knowledge of others. Therefore, if knowledge were

quantifiable and objective, there would be no value in the essence of human experience.

Intuition, the beginning place in deriving knowledge of human experience, is another key component of transcendental phenomenology (Moustakas, 1994). The art of phenomenology reveals the power of gaining knowledge through lived human experience.

Axiological Assumption

My axiological assumption is that teachers' voices matter. I've chosen a phenomenological study because I value the essence of lived experiences and believe that they can enhance knowledge to promote positive change. For the social constructionist, learning is accomplished through engagement in social interactions and is viewed as a social process (Kim, 2001). Additionally, I value the opportunity to teach the *whole child*. Aside from academic instruction, children must be nurtured and instructed on a social-emotional level per the premises of Maslow's (1943) hierarchy of needs theory. Maslow's (1943) theory suggests that children are unable to reach their highest academic level of performance until their basic social and emotional needs are met first. I will remain subjective as an important part of phenomenological research since compassion and empathy for participants' experiences, or social processes, must always be considered. Procedures, such as achieving epoché and bracketing out personal bias through journaling, created opportunities for me to remove any objective values and ideas that may have existed in my mind before the study. Entering into phenomenological qualitative research with predetermined ideas or concepts based on personal experience impacts the interpretation of data analysis when textural and structural meanings are being determined.

Researcher's Role

My role as or human instrument was to gather and analyze data fairly while minimizing the effects of personal bias, which related to the objective of the study (Qutoshi, 2018). My

relationship with the participants was once professional but is now personal. My role in setting the research site was to ensure that the participants worked in the same district, hoping that their mental health training during in-service experiences would be somewhat aligned. Additionally, I was responsible for reporting the varied realities reported by participants surrounding their experiences when working with students struggling in the area of mental health. My lack of training in the area of mental health and personal challenging experiences with students struggling with mental health in my previous job assignments could have created a bias in the study. However, I completed reflective journaling and bracketed my own experiences by answering my interview questions before beginning with participants to remove personal bias (Appendix E and R).

My role as the researcher was particularly important while collecting data. For example, during interviews, some participants required redirection or clarification during the interviews. When this is needed, it was my responsibility to provide this. I also ensured that the privacy of the participants remained secure during and after the study. Confidentiality was accomplished by creating pseudonyms for participants. Once pseudonyms were selected, they were transferred over into data collection sheets for analysis and then over into formal writing after the research was completed. I interacted with some of the participants selected for this study due to previously established professional or personal relationships. This was important to consider as I interpreted information while gathering data, especially during interviews and focus groups. Completing epoché was an essential step in transcendental-phenomenological reduction. Achieving epoché ensured that everyday comprehension, perceptions, and judgments were set aside (Moustakas, 1994). Epoché is accomplished by bracketing out my personal experiences to remove bias (Moustakas, 1994). I bracketed my experiences through journaling while examining

the essence of my experience with consideration for unique conditions, frames of reference, and possible meanings (Moustakas, 1994). Bracketing enabled me to avoid inaccurate interpretations and helped me focus on describing the phenomenon with precision. Findings from survey/questionnaires, interviews, and focus groups were reported largely through survey responses and direct quotations. I interpreted through descriptions rather than explanations (Qutoshi, 2018). I was responsible for selecting participants after ensuring that they meet the study criterion. Additionally, I was responsible for securing participants, scheduling interview and focus group times, and maintaining professionalism during communication. I also provided participants with opportunities to member check the transcripts from all recorded sessions. I synthesized the data from the analysis and reported it honestly.

Procedures

A variety of procedures were put in place to ensure that the study can be replicated. First, approval was obtained by the IRB. Secondly, potential participants were recruited through purposive criterion and snowball sampling and were asked to fill out a confidentiality agreement and consent for participation in the study. Next, participants completed the survey/questionnaire. After data was collected through three methods including a survey/questionnaire, individual interviews, and focus groups. The data was organized in Google Forms, Google Sheets, and Excel. I analyzed responses from the survey/questionnaire using researcher-generated scales for specific questions related specifically to teachers working with students struggling with their mental health, and previously determined TSES scoring ranges. Next, the individual interviews and focus groups were completed and coded to uncover textural and structural descriptions within the transcripts. Credibility and trustworthiness were strengthened through the use of reflective notetaking during the interview and focus group data collection period, transcribed

interviews and focus groups, and allowing participants to review data before the publication of the study.

Permissions

The study was first approved by the Institutional Review Board (IRB) (Appendix A). Once approved by the IRB, I sought permission from the author to use the TSES instrument that I chose to use in my survey (Appendix B). Then, I distributed the recruitment letter (Appendix C) to teachers by email with a link embedded in the letter for teachers to complete the first method of data collection, the survey/questionnaire. Within the survey, information was gathered to gain participant informed consent (Appendix D) to participate in the study, as well as information to determine participants' eligibility to participate in the study. Once completed, I reviewed the participants' responses. If participants met the selection criteria, completed at least one full academic year of teaching, was currently an elementary general education teacher, and was a minimal age of 22 years old, they were invited to participate.

Recruitment Plan

The sample pool for this study was 123 Kindergarten through fifth-grade teachers employed through Johnsonville County Public Schools (National Center for Education Statistics, 2021). For this study, the sample size was 10 participants derived from the total sample pool. Purposive criterion sampling was appropriate for this study as it helps to align the sample with the aim and objective of the research (Campbell et al., 2020). Criteria for participating in the study included having completed one full year of teaching, being a minimum of 22 years of age, and must currently be assigned to a teaching position as an elementary general education teacher. The study was enhanced in rigor, as well as the trustworthiness of the data and results, through the use of purposive and snowball sampling (Campbell et al., 2020). Purposive and snowball

sampling were best suited for this study because I investigated the unique experiences of general education teachers in kindergarten through fifth grade working with a specific population group of students. Participants completed an electronic consent form through Google forms (before completing the survey/questionnaire) to participate in the study (Appendix D). A purposeful criterion sample of participants was selected from schools A, B, and C with consideration of maximum variation in terms of participant demographics (race, gender, years of experience, grade level taught, etc.).

Data Collection Plan

Multiple methods were used for data collection in the study to strengthen the internal validity of the study (Crowe, Cresswell, Robertson et al., 2011). Using various sources allowed for data triangulation and strengthens the reliability of the study (Fusch & Ness, 2015). Therefore, multiple sources of data (survey/questionnaire, interviews, and focus groups) were collected, analyzed, and triangulated. A survey/questionnaire was sent out to gather more information about participants' backgrounds including questions developed by the researcher to understand the participants' experiences in the area of mental health, and the TSES (Tschannen-Moran & Hoy, 2001) (Appendix F and G). Interviews were conducted to gain more insight from general education teachers' unique experiences working with students struggling in the area of mental health (Appendix K). Lastly, focus groups were developed to examine how teachers' experiences with students suffering from mental health issues can inform future pre-service and in-service teacher training opportunities (Appendix N).

Survey/Questionnaire Data Collection Approach

The first method of data collection was a three-part questionnaire and survey created using Google forms (Appendix F and G). Participants received an email with an accessible link

embedded into the recruitment letter to complete the survey in Google forms. Part one included a brief description of the survey, the collection of participants' emails, and detailed information on the study within the consent form requiring participants' signatures. During part two of the survey, participants reported demographics (gender, ethnicity, age, etc.), as well as questions relating to their training experiences in education (assigned grade level, years of teaching, school assignment(s), etc.), and their perceived self-efficacy working with students struggling in the area of mental health (Appendix F and G). With permission from the author of the instrument, the survey concluded once participants completed the TSES as part three of the survey form (see Appendix B and G).

The TSES, developed by Gibson and Dembo (1984) during the early 1980s, was constructed following Bandura's (1997) social cognitive theory and was a 30-item measure of teacher efficacy. Gibson and Dembo (1984) believed that their, limiting, two-factor structure model best reflected the two expectancies of Bandura's (1997) social cognitive theory, *personal teaching efficacy* (PTE) and general *teaching efficacy* (GTE). More recently, the TSES was modified by eight graduate students at Ohio State University including two teacher educators, two full-time doctoral students, and four practicing teachers to reflect additional dimensions of efficacy that they believed were limitations of the originally developed TES (Tschannen-Moran & Hoy, 2001). The newly developed version of the TSES is referred to as the *Ohio State Teacher Efficacy Scale* (OSTES) in some literature due to the origin of the scale's development, but developers prefer to use the title, *Teachers' Sense of Efficacy Scale* (TSES). While new measures for efficacy were explored, the students ultimately decided to use Bandura's (1997) scale as a basis for measurement, with an extended list of teacher capabilities (Tschannen-Moran & Hoy, 2001). The TSES included items to analyze a broader range of teaching tasks, including

dimensions of efficacy for instructional strategies, student engagement, and classroom management (Tschannen-Moran & Hoy, 2001). The TSES had both a shortened (12), and long (24 items), version. For a deeper understanding of efficacy among participants, the longer version was used for this study. Twenty-four questions were answered through a 9-point Likert answer scale to determine experiences during pre-service and professional development opportunities since receiving their official teaching assignment.

The construct validity of both the condensed and expanded versions was examined by analyzing the relation to other measures of teacher efficacy and was found to be positively related (Tschannen-Moran & Hoy, 2001). The TSES could be considered justly valid and reliable (Tschannen-Moran & Hoy, 2001). Superior to other measures of teacher efficacy, the TSES has a unified and secure factor structure and assesses a broad range of educators' skills, while leaving enough range for relatability among teachers across various grade levels, contexts, and subjects (Tschannen-Moran & Hoy, 2001). Surveys are effective and efficient methods of measurement in social and behavioral science research (Ruel et al., 2015). They rely on proper design, representative sampling, and appropriate and effective administration of the questionnaire (Krosnick, 1999; Ruel et al., 2015). Once traditionally administered by phone or pen and paper, surveys have increased in flexibility and are now primarily administered virtually (Krosnick, 1999; Ruel et al., 2015). Generally, young and old adults, males, and those with the highest income levels are underrepresented in survey research (Krosnick, 1999). In contrast, those with the lowest educational levels are often overrepresented in survey research (Krosnick, 1999). Obtaining higher response rates or correcting for sample composition bias does not necessarily translate to more accurate results in studies of phenomena, except for voting

(Krosnick, 1999). Using both surveys and interviews is helpful and recommended to capture participants' perspectives collectively when researching the evaluation of training (Iyioke, 2018).

Survey/Questionnaire Questions

Qualifying Questions Embedded into Electronic Questionnaire

1. Are you 22 years of age or older?
2. Have you completed at least one academic year of teaching prior to today?
3. Are you currently assigned a teaching position as a general educator in a grade level ranging from kindergarten through fifth grade?
4. Have you worked with **at least** one student who has had, or later developed, a mental health concern to include to follow: 1) depression; 2) anxiety problems; 3) behavioral or conduct problems, such as ODD or conduct disorder; 4) autism, Asperger's disorder, pervasive developmental disorder, or other ASDs; 5) developmental delay; 6) Tourette syndrome 7) ADD/ADHD.

This survey has been created to gather information about participants such as sex, ethnicity, years of teaching experience, endorsement areas, grade levels taught/currently teaching, and self-efficacy levels concerning working with students struggling in the area of mental health.

Provide Email:

Provide Full Name:

1. What is your sex?

Multiple Choice: Male, Female, prefer not to Say, Other

2. What is your race/ethnicity?

Multiple Choice: American Indian or Alaska Native, Asian, Black, or African American, Hispanic, or Latino, Native Hawaiian, or Other Pacific Islander, White, or Other

3. What are your current years of teaching experience?

Short answer box provided

4. What is your highest academic qualification?

Multiple Choice: Bachelor's Degree, Master's Degree, Doctorate, Educational Specialist (Ed.S.)

5. Please list any areas of endorsement that you currently hold.

Short answer text box provided

6. What grade level do you currently teach?

Multiple Choice: Kindergarten, First, Second, Third, Fourth, Fifth

7. Please select all of the elementary school grade levels/positions that you have previously taught, if different from your current assignment.

Select all that apply: Preschool, Kindergarten, First Grade, Second Grade, Third Grade, Fourth Grade, Fifth Grade, Special Education Teacher, or Other

8. What Elementary School do you currently work for?

Short answer box provided

Questions 9-11 have answer choices on a Linear Scale provided from 0 (Not at All) to 5 (Extensive Training)

9. During pre-service, I received training in mental health related to assisting students to the following degree:

10. During a previous teaching assignment, I received training in mental health related to assisting students to the following degree:

11. During my current teaching assignment, I received training in mental health related to assisting students to the following degree:

12. I have taught, at least, one child with a documented (or was later to be documented) mental health related issue (i.e., depression, anxiety, PTSD, ADD, ADHD, eating disorder, oppositional defiant disorder, or bipolar disorder). If not included above in parenthesis, please specify the specific student diagnosis in designated area for "other" listed below.

Multiple Choice: Yes, No, Other

All answer choices for questions 13-18 are in a multiple-choice grid format where participants will select one of the following options:

Nothing (1), 2, Very Little (3), 4, Some Influence (5), 6, Quite a Bit (7), 8, A Great Deal (9)

13. How well can you instruct students struggling with mental health concerns?
14. To what extent is teaching students struggling with mental health challenging?
15. To what extent have mental health training opportunities during pre-service impacted your preparedness to teach students who struggle with mental health?
16. To what extent have mental health training opportunities in-service impacted your preparedness to teach students who struggle with mental health?
17. How well can you support the mental health needs of your students?)
18. To what extent do you believe you could positively impact students' mental health within the classroom?

Teacher Sense of Self-Efficacy Scale (TSES)

Directions: Please complete the published Teacher Sense of Self-Efficacy Scale created by Tschannen-Moran and Woolfolk Hoy (2001). Use the scale provided to rate your response to each question. If you find yourself between two labeled answer choices, please select the number option between the two labels. Your answers are confidential.

Tschannen-Moran and Woolfolk Hoy (2001). Teacher efficacy: Capturing an elusive

construct. *Teaching and Teacher Education*, 17, 783-805.

All answer choices for the TSES are in a multiple-choice grid format where participants will select one of the following options:

Nothing (1), 2, Very Little (3), 4, Some Influence (5), 6, Quite a Bit (7), 8, A Great Deal (9)

1. How much can you do to get through to the most difficult students?
2. How much can you do to help your students think critically?
3. How much can you do to control disruptive behavior in the classroom?
4. How much can you do to motivate students who show low interest in schoolwork?
5. To what extent can you make your expectations clear about student behavior?
6. How much can you do to get students to believe they can do well in schoolwork?
7. How well can you respond to difficult questions from your students?
8. How well can you establish routines to keep activities running smoothly?
9. How much can you do to help your students value learning?
10. How much can you gauge student comprehension of what you have taught?
11. To what extent can you craft good questions for your students?
12. How much can you do to foster student creativity?
13. How much can you do to get children to follow classroom rules?
14. How much can you do to improve the understanding of a student who is failing?
15. How much can you do to calm a student who is disruptive or noisy?
16. How well can you establish a classroom management system with each group of students?
17. How much can you do to adjust your lessons to the proper level for individual students?
18. How much can you use a variety of assessment strategies?

19. How well can you keep a few problems students from ruining an entire lesson?
20. To what extent can you provide an alternative explanation or example when students are confused?
21. How well can you respond to defiant students?
22. How much can you assist families in helping their children do well in school?
23. How well can you implement alternative strategies in your classroom?
24. How well can you provide appropriate challenges for very capable students?

Qualifying questions listed in the initial phase of the survey determined eligibility for the study. Survey questions one through eight were created to gather descriptive background on participants including gender, age, race/ethnicity, current years of teaching experience, the highest level of academic achievement, areas of endorsement, current grade level assignments, previous grade assignments, and current assigned elementary school. Questions nine through 11 were created to examine experiences with mental health training in pre-service, in-service, and previous teaching assignments. Question 12 confirmed that participants had taught at least one student with the conditions listed about the definition used to define mental health concerns for the study. Questions 13-18 were designed to determine the levels of self-efficacy of educators working with students who, specifically, displayed mental health deficits. Lastly, the final 24 questions were embedded into the survey from the TSES to determine educators' levels of self-efficacy in the areas of student engagement, instructional strategies, and classroom management.

Survey/Questionnaire Data Analysis Plan

The reflection that occurs throughout the phenomenological approach provides a logical, systematic, and coherent framework to carry out the analysis and synthesis necessary to describe of the experience (Moustakas, 1994). Similar to the bracketing process, I journaled to complete

the reflection portion of my research before providing descriptions of the analysis experience (Appendix R). Completing the reflection process enabled me to then move into creating a textural description that includes thoughts, feelings, examples, ideas, and situations that portray the essence of the full description surrounding my conscious experience conducting the study (Moustakas, 1994). One electronic survey/questionnaire was administered through Google forms to collect demographic data and researcher-created mental health-related questions followed by questions from the Teachers' Sense of Self-Efficacy Scale (TSES). The responses from the survey were compiled into a Microsoft Excel sheet to organize participants' responses (Appendix H and J). The TSES provided data on respondents' level of self-efficacy working with students in the areas of engagement, classroom management, and instruction. The answer choices for my researcher-created items and the TSES are formatted in Likert scales provided as answer choices for each question ranging from "Nothing" (1) to "A Great Deal" (9). The demographic and other survey-related questions gathered from the questionnaire was uploaded into Google Sheets and Excel to keep the data organized on each participant (Appendix I and J). The TSES data was scored through analysis of three subscales: (a) Efficacy in Student Engagement, (b) Efficacy in Instructional Practices, and (c) Efficacy in Classroom Management (see Appendix G). To determine Efficacy in Student Engagement, Efficacy in Instructional Practices, and Efficacy in Classroom Management in participants, I computed unweighted means of the items that load on each factor (Appendix H). The first subscale, *Efficacy in Student Engagement*, was related to items 1, 2, 4, 6, 9, 12, 14, and 22. The second subscale, *Efficacy in Instructional Practices*, was related to items 7, 10, 11, 17, 18, 20, 23, and 24. The third subscale, *Efficacy in Classroom Management*, was related to items 3, 5, 8, 13, 15, 16, 19, and 21. An average of three separate subscales were calculated from participants' responses, including a total overall scale average of

the participants' entire TSES score. Using the original data and table provided by the instrument's authors, participants were assigned a score either above, on, or below the calculated mean levels of self-efficacy in each subscale, as well for their overall scale score across the entire assessment. It is important to note that standard deviation and alpha scores were not calculated for this study. Trends revealed from the demographic survey and TSES have the potential to inform changes to questions included in the individual interviews conducted with participants. The participant's responses to the six researcher-created questions are section two of the survey relating to self-efficacy and teachers' experiences specifically related to mental health using the same answer scale options for the TSES. The sums of participants' scores were added to create a score in the low, medium, or high range of self-efficacy (as determined by the researcher), based on averages between the ranges between lowest and highest scores achievable (Appendix J). The lowest score had a spread of 16 points between the lowest to the highest score in this category, while the medium and high range's spread was both 15 from lowest to highest scores in those categories.

Table 2

Teachers' Sense of Self-Efficacy Scale (TSES, Longform)

	<i>M</i>	<i>SD</i>	<i>Alpha</i>
OSTES	7.1	0.94	0.94
Engagement	7.3	1.1	0.87
Instruction	7.3	1.1	0.91
Management	6.7	1.1	0.90

Individual Interviews Data Collection Approach

After analyzing the data from the demographic survey/questionnaire and TSES, I conducted individual interviews with each participant. Due to COVID-19 restrictions, participants were interviewed virtually, and the recording feature was used to document the

interview for transcription. Interviews were conducted in private spaces that alleviated distractions and promoted honest feedback throughout the conversation. Before beginning the interview, I confirmed that these guidelines were followed by asking the participant. As a secondary precautionary measure, the interviews were additionally audio-recorded using a program called Audacity. Each interview took place one-on-one with the researcher and was completed at the earliest convenience of the researcher and participant. Each interview was transcribed by a professional transcriptionist. Once returned, the transcriptionist's files were saved onto a password-protected flash drive to ensure it was secure. The transcribed interviews were examined thoroughly by the researcher and coded to determine patterns and themes.

Questions conducted within the interviews were updated or additionally influenced to question information gaps revealed during the participant's demographic survey and TSES data analysis. Additionally, clarifying questions were asked during conversations as needed. Interviews allowed me to hear the personal experiences of educators working with students struggling in the area of mental health. Hearing teachers' perspectives on working with students struggling with mental health in their work environment enabled me to uncover themes among their experiences to organize and analyze. I conducted semi-structured interviews using an interview protocol but reserved the freedom to ask follow-up questions, as needed, to ensure deep understanding and to be able to explore topics that may emerge. Interviews consisted of 20 pre-determined questions created by the researcher, which were asked about the participants' lived experiences in the classroom working with students struggling in the area of mental health. Interviews were an appropriate research method for this study because phenomenology is focused on the essence of human experience through examining a phenomenon. Therefore, it is

necessary for participants to be asked about, and allowed to explain, their prior experiences regarding working with students manifesting mental health concerns.

Individual Interview Questions

1. Please introduce yourself to me as if we just met one another.
2. Please share what motivated you to become a teacher, and why have you remained in the profession.
3. What are the greatest challenges for teachers in the 21st century? CRQ
4. Describe your understanding of symptoms associated with poor mental health. SQ1 & SQ2
5. How have you experienced teaching and mental health being associated? CRQ
6. How has an understanding of mental health, or lack thereof, impacted your experience working with students in your classroom? SQ1
7. What is your most memorable positive experience working with a student struggling with mental health? CRQ
8. What is your most challenging experience working with a student struggling with mental health? CRQ
9. Are there any instances that immediately come to mind when discussing the topic of mental health in the classroom? CRQ
10. What experiences during pre-service training did you have to prepare you to work with students struggling with mental health? SQ1 & SQ2
11. What experiences during in-service training have you had to prepare yourself to work with students struggling with mental health? SQ1 & SQ2

12. What unique classroom experiences have you had to prepare you to work with students struggling with mental health? CRQ
13. Describe a time that you responded to a mental health need for a student in your classrooms? CRQ
14. What emotions did you experience, if any, related to working with students struggling in the area of mental health? CRQ
15. What resources are available to you, if any, to support working with students struggling with mental health? SQ1 & SQ2
16. Describe how, if at all, you relied on those available resources to help teach students struggling with mental health. SQ2
17. Describe what supports have been helpful to you during your time working with students who struggle with mental health. SQ1 & SQ2
18. What resources did you wish you had but were not provided? SQ2
19. Explain how working with students who are struggling with their mental health has impacted you as an educator. SQ2
20. What else would you like to share related to your experiences working with students struggling with mental health in the classroom?

Question one served to introduce the interviewee. Question two allowed the interviewee to relay pertinent information about their knowledge of mental health symptoms and could lead to a deeper understanding of how well, or not, they can identify mental health concerns. Questions two and three addressed participants' knowledge of symptoms associated with mental health and whether the participant has awareness of how mental health correlates with the teaching profession. As The World Health Organization (WHO, 2007) explained, it is important to

understand that the term mental health does not only refer to the absence of mental disorders, but also the state of well-being in which one sees his or her potential can cope with general stressors, works productively, and can make contributions to the community. Generally, teachers rely on in-service professional development to improve their knowledge of mental health (Ohrt et al., 2020). Both questions three and four were included to align mental health and teaching as the focus of the study because several paths link education to mental health (Bracke et al., 2014).

Question three provided an in-depth opportunity for the interviewer to analyze participants' responses with what lens the interviewee uses to determine mental health's impact on teaching. For example, some responses reflected answers specific to only one category of mental health concerns in education such as the mental health of teachers, its impact on students, or how mental health can be facilitated between colleagues. Question four narrowed the topic of mental health and education by asking the interviewee how those areas directly relate to student success. These two areas were addressed in research and were understood to reflect higher psychological distress (Mirowsky & Ross, 2003) and mental disorders (Dohrenwend et al., 1992) in lower-educated people in comparison to those who are higher-educated (Bracke et al., 2014). Questions five through eight focused heavily on the experiences of educators working with students struggling with mental health. Responses to these questions related to the initial self-efficacy survey that participants completed before the interviews. Feelings of competence, mastery, and self-efficacy are generally associated with higher-educated people (Bracke et al., 2014). Questions nine through twelve examined teachers' preparedness for experiences, or lack thereof, with resources and supports relating to mental health. Research indicated that higher-educated people have more resources to build and maintain supportive networks, which have proven to serve as beneficial for mental health (Aneshensel, 1992; Bracke et al., 2014; Cohen & Wills,

1985; Pearlin, 1989). Question thirteen provided an opportunity for educators to recall details surrounding a specific experience responding to the mental health needs of a student. Question fourteen asked educators to reveal their emotions related to working with students who struggle with mental health. Questions fifteen through eighteen focused on currently accessible or desired, resources available for teachers to utilize to help support students with mental health needs. Question nineteen existed to narrow the existing gap in literature relating to the likelihood of teachers' mental health and well-being directly relating to that of their students' (Harding et al., 2019). Poor teacher well-being may be problematic for longer-term teacher mental health (Melchior et al., 2007) and the mental health of their students (Harding et al., 2019). The final twentieth question provided educators with an opportunity to share any details or comments relating to the topic of their experiences working with mental health issues among their students in the classroom that was not already addressed in the interview.

Individual Interview Data Analysis Plan

Each interview was recorded and transcribed. Next, the coding of interviews took place. The coding of interview transcripts was completed in the order of interviews conducted. Interviews were conducted and coded after the survey, but before conducting and coding focus groups. This allowed me to see any themes emerging from the interviews, allowing for the refinement of themes through the focus groups. Coding allowed the researcher to uncover themes and better understand the perspectives of participants' while examining interview responses, documentation, and observations (Moustakas, 1994). Transcriptions of interviews were studied through the methods and procedures of phenomenological analysis (Moustakas, 1994). The first procedure for studying the interview transcripts included identifying significant statements,

which were determined from commonly used phrases or words spoken by interviewees (Appendix M). These were tracked using the comments feature in Microsoft Word.

Once significant statements were identified, the next procedure included horizontalizing the data and acknowledging every statement, or horizon, related to the topic and question with equal value (Moustakas, 1994). Next, meaning or meaning units were derived and listed from horizontalized statements to uncover common categories known as “themes” through clustering (Moustakas, 1994). Once repetitive or overlapping statements were removed, the determined themes and meanings guided the development of the textural descriptions of the experience (Moustakas, 1994). Textural descriptions were developed through imaginative variation and aim to address what participants experience (Moustakas, 1994). This process eventually revealed a description of the structure, highlighting how participants experienced the phenomena (Moustakas, 1994). Bringing both descriptions together, the meaning and essence of the shared experience emerged (Creswell, 1998; Moustakas, 1994). Identifying textural descriptions led to the development of structural descriptions (Moustakas, 1994). The merging of textural and structural descriptions created opportunities for the meaning and essence of the phenomenon to be built (Moustakas, 1994). Through the use of the comments feature in Microsoft Word, various trends emerged. This method was used for horizontalization. This enabled me to search for themes in educators’ experiences working with students struggling in the area of mental health and training, or lack thereof, experiences not only within the same schools but throughout the entire district. As themes emerged, I used a chart to separate themes and subthemes (Appendix P). Once categorized, I recorded significant statements supporting each major theme and subtheme within the research in a more detailed chart developed in Microsoft Word (Appendix Q). Lastly, I kept reflective notes (Appendix P) on the actions and observations made while

analyzing interviews to create an audit trail in an attempt to be transparent through the process. Completing the analysis of individual interviews provided an opportunity for me to identify trends and gaps of understanding to be addressed during focus group conversations among a larger group.

Focus Groups Data Collection Approach

The third method for data collection was focus groups. There were two focus groups to accommodate different schedules, participant flexibility, as well as optimal opportunities for high participation in discussion (Gill et al., 2008). Each focus group consisted of five participants who responded to a total of 11 questions for discussion. Due to COVID-19 restrictions, the focus groups gained better participation by being conducted virtually. Each focus group was recorded through Google Meet for transcription purposes and as a secondary measure, an audio recording was collected using Audacity. According to Creswell and Poth (2018), virtual focus groups are common methods for qualitative research. The purpose of focus groups is to generate information on collective views and the meaning tied to those views (Gill et al., 2008). Additionally, they are beneficial for providing a deeper understanding of participants' experiences and beliefs (Gill et al., 2008). Often quoted by sociologist David Morgan, "Focus groups are useful when it comes to investigating *what* participants think, but they excel at uncovering *why* participants think as they do" (Barbour, 2005, p. 5). Discussions that took place within the focus group were guided, monitored, and recorded by the researcher. Participants of the focus groups served to discuss Sub Question 2, "How do general education teachers' experiences with students with mental health needs inform preservice and in-service teacher training?"

While focus groups and interviews share similar features, focus groups are often less structured than individual interviews, yet discussion is still guided, monitored, and recorded by a researcher (Gill et al., 2008). Two suggested general principles to keep in mind when forming questions for focus groups were beginning with general while moving to more specific questions and keeping questions relative to the importance of issues in the research agenda (Gill et al., 2008). While less than a dozen predetermined questions should be prepared for the focus group, the researcher should be prepared to probe and expand on the discussion as the dialog progresses (Gill et al., 2008). It is important to take factors such as age, sex, and years of experience into consideration when forming focus groups to ensure the group mixes well and provides the most fruitful conversation surrounding the topic (Barbour, 2005; Gill et al., 2008). The mix, or how the group interacts with one another, impacted the data (Gill et al., 2008). The ideal size for a focus group is six to eight participants but focus groups could function successfully anywhere from three to 14 participants (Gill et al., 2008). While larger focus groups risk insufficient opportunities for participants to speak, increased chaos, and frustrating management conditions, smaller focus groups have the potential for limited discussion based on participants' comfortability and willingness to speak openly (Gill et al., 2008).

Focus Group Questions

1. What training experience(s), if any, did you have during pre-service to prepare you for teaching students struggling with mental health needs? SQ2
2. What in-service experience(s), if any, have you had during in-service to prepare you for teaching students struggling with their mental health? SQ2
3. What is an educator's role in helping students improve and maintain positive mental health? SQ1 & SQ2

4. Describe how, if at all, you are working to improve the mental health of students currently in your classroom. CRQ & SQ1 & SQ2
5. What format of training(s) do you feel would be most effective in using for preparing educators to work with students struggling with mental health (i.e., presentation, observation, hands-on, etc.)? SQ2
6. How could your district, school, or community support teachers to improve and maintain positive mental health for their students? SQ1 & SQ2
7. How could your district, school, or community support teachers to improve and maintain positive mental health for your colleagues? SQ1 & SQ2
8. How could your district, school, or community support teachers to improve and maintain positive mental health for yourself? SQ1 & SQ2
9. In what ways, if at all, have working with students who struggle with mental health been challenging? CRQ
10. In what ways, if at all, have working with students who struggle with mental health been rewarding? CRQ
11. How has working with students who struggle with their mental health impacted your job satisfaction and the decision to remain or leave the profession? CRQ & SQ1 & SQ2

Questions one and two focused on the pre-service and in-service aspects of mental health training for educators. One study concluded that 78% of teachers reported a lack of adequate training to be a major obstruction in supporting students' mental health needs (Reinke et al., 2011). Despite being provided little to no preparation in this area, teachers serve an important role in identifying, supporting, and referring students with mental health needs to school-based mental health providers (Greif Green et al., 2020). Question three provided an opportunity for

participants to explain the role of educators in helping students maintain positive mental health. While educators cannot, and should not be asked to, replace the role of a mental health care professional, early detection of problematic symptoms relating to mental health can be life-altering for students. Since many mental health disorders begin during childhood, early identification, and intervention can improve youth outcomes (Kessler et al., 2005; Merikangas et al., 2010).

Question four highlighted strategies if any, that teachers were currently using to improve students' mental health needs. Educators were being faced with new challenges in engaging with students during a time of increased online learning. While this question targeted teachers' ability to strategize within a classroom setting, teachers are now being faced with the challenge of adapting these strategies to meet the needs of students through virtual learning. It is believed that students in grades 9-12 make up about 80% of virtual course enrollments (Tysinger et al., 2020). Unanticipated by those working in education, the global pandemic of COVID-19 created a nationwide increase in virtual education for students and educators. Previous research indicated that virtual education environments may be attractive to some at-risk student populations including those with academic, behavioral, and/or mental health concerns (Archambault et al., 2010). Classroom strategies that teachers possessed before COVID-19 may still be impactful, but a surge in virtual education for students of all ages required educators to re-evaluate strategies for reaching students virtually. There is little research on how to support students' mental health through virtual education (Archambault et al., 2010). However, it is understood that the unique absence of physical interaction creates several challenges for teachers and students.

The geographic distance between students and teachers can intensify complexities for interventions (Archambault et al., 2010). Efficient access to resources may complicate and cause

a delay in response to interventions related to suspected child abuse, suspected child neglect, suicidal ideation, homicidal ideation, and widening achievement gaps for students (Archambault et al., 2010). The physical barrier of a screen inhibits teachers' ability to assess the emotional well-being of students suffering from the aftermath of unforeseen tragedies such as death, natural disasters, terrorist attacks, etc. (Davis & Rose, 2007). Acutely aware of these challenges, it is even more imperative that educators are prepared to confidently detect and respond to potential mental health concerns in times of crisis (Archambault et al., 2010). Classroom strategies must be carefully evaluated in the era of virtual learning as learners are under increased emotional stress, experiencing fear from disruption of their daily routine, and educators are unfamiliar and unprepared for the immediate adoption of a new method of content delivery and learning environment (Archambault et al., 2010). Research consistently demonstrated that a lack of preparedness increases the likelihood of adverse consequences for students (Aspiranti et al., 2011; Cornell & Sheras, 1998; Forthun & McCombie, 2011; Low, 2010; Morrison et al., 2006).

Question five referred to the format of training that educators would prefer relating to mental health and education. The behaviorism theory has proven successful in the realm of educational training as it offers benefits to support instruction and learning (Kaplan, 2018). One of the most famous theorists of behaviorism, B.F. Skinner, specified a type of conditioning as operant rather than the previously established respondent conditioning from Pavlov's studies (Field, 2007). While conditioning is an important element in training, it must not be overshadowed by the balance of discovery (Winch, 1998). Training and education are not mutually exclusive but are distinct in a unique set of ways. While education aims to prepare an individual for life in the long term, training is more commonly associated with the short-term attainment of abilities, attitudes, and dispositions (Winch, 1998). For this reason, it is important

to understand that mental health training for educators must be updated regularly as the abilities, attitudes, and dispositions of trainees are consistently evolving. This sort of training can be conducted through operant conditioning. Operant conditioning suggests the use of programmed instruction which provides immediate reinforcement to material learned through teaching (Field, 2007). When conducting training for educators, the foundational elements of methods used to address mental health concerns, especially within students, would likely stem from the framework of operant conditioning. In other words, educators may be given a variety of symptoms or events to look for in students, their colleagues, or themselves and then be provided with a series of systematic steps to take to address each scenario.

Questions six through eight focused on ways that student, colleague, and personal mental health can be approved and maintained for teachers through district, school, or community support(s). Teachers must first understand self-care and its benefits relating to mental health for themselves before promoting or teaching self-care to students and colleagues. This topic was especially important for the study as educators can positively impact the mental health of those around them by modeling self-care for themselves (Tantillo Philibert et al., 2019). Self-care is defined as, “The daily process of being aware of and attending to one’s basic physiological and emotional needs including the shaping of one’s daily routine, relationships, and environment as needed to promote self-care” (Tantillo Philibert et al., 2019, p. 51). Outcomes associated with self-care include increased physical health, emotional well-being, and mental health (Tantillo Philibert et al., 2019). Associated with self-care, mindful self-care specifically focuses on the awareness of the mind (Tantillo Philibert et al., 2019). Consistent and focused practice of mindful self-care can protect one from the onset of mental health symptoms, and job and school burnout, and improve work and school productivity (Tantillo Philibert et al., 2019). Caring for

students is a natural part of the job for many educators. However, caring may come with consequences, such as secondary trauma (Bride, 2007; Figley, 1995). Acknowledged in the 1990s, secondary trauma is a repercussion of learning about a traumatic event and the threat associated with helping or wanting to help, the traumatized individual (Tehrani, 2007). Examples of scenarios that may induce secondary trauma in educators include learning about the death of a student's caregiver, familial abuse, or food insecurity (Miller & Flint-Stipp, 2019).

Focusing on putting supports in place through the school and the surrounding community can positively impact students' mental health throughout their educational experience. While some schools may have some of these supports in place, it is possible that teachers may be unaware of all opportunities available or that these resources may not be easily accessible. This was an especially important question for the study because teachers must be equipped with the appropriate information to, not only recognize declining mental health symptoms but also help students and their families become connected with resources that can help them with ongoing professional services. School-community partnerships were defined as, "The connections between schools and community individuals, organizations, and businesses that are forged to promote students' social, emotional, physical, and intellectual development" (Sanders, 2001, p. 20). Common activities associated with community partnerships included mentoring and tutoring, contextual learning and job shadowing, academic enrichment, as well as the provision of services, equipment, and supplies to students and schools (Sanders, 2001). Research suggested that partnerships and activities such as these can lead to positive outcomes for student learning, strengthening schools, and supporting struggling neighborhoods (Sanders, 2001; Valli et al., 2018). Joyce L. Epstein's theory of overlapping spheres of influence suggests that students can be influenced by three spheres: family, school, and community (Myende, 2019).

Good school-community programs look different, as individual schools tailor their programs to the needs of students, but some criteria should be present to ensure a strong ongoing program for every school. This criterion is recognition of the overlapping of spheres of influence on student development, attention to numerous types of involvement that encourage a variety of opportunities for schools, families, and communities to work together, and an Action Team for Partnerships (ATP) to coordinate each school's work and progress (Epstein, 2011). Questions nine, ten, and eleven focused on the challenges, rewards, and overall job satisfaction rates of teachers working with students who struggle with mental health. Literature defined job satisfaction as, "a pleasurable condition of a positive emotional state resulting from the appraisal of one's job or job experiences. Job satisfaction is the result of a personal assessment of work and work experiences" (Veldman et al., 2013, p.56). The appropriate balance of rewarding and challenging experiences within the profession of teaching may enhance one's job satisfaction.

Focus Group Data Analysis Plan

Lastly, two focus groups were developed and conducted to discuss opportunities for ways to improve self-efficacy for teachers in the area of working with students struggling with mental health. Conducting focus groups last provided an opportunity for me to ask follow-up questions or seek clarity on areas of concern mentioned in individual interviews in a group setting if needed. Focus group sessions were recorded and transcribed and mimicked the process used for analyzing individual interviews. Transcripts were analyzed in Microsoft Word using the comments feature for coding (Appendix O). Similar to the interview analysis process, significant statements from the focus group transcripts were identified and determined to be repetitive or nonrepetitive to determine meaning units of experience (Moustakas, 1994). Horizontalizing was completed by reviewing the transcripts of focus groups to gather key concepts, ideas, and

statements (Creswell & Poth, 2018). The sentences and paragraphs of the transcripts were specifically examined to illuminate repetitive or important phrases or words using the comments feature in Microsoft Word. Once significant statements or words were identified, they were added and categorized in the chart created for themes and subthemes from the interviews for similarities, differences, and relatability (Appendix P). Additionally, transcripts were reviewed for overlapping ideas among participants while identifying statements that can be compared to one another to generate nonrepetitive statements. Data analysis from the focus group transcripts continued until the perspectives of the phenomenon reached saturation.

Data Synthesis

When multiple methods of data collection were present, triangulation was completed to gain a more comprehensive understanding of the phenomena (Carter et al., 2014; Patton, 1999). To enrich the study, I triangulated the data from the interviews, and focus groups and compared data gathered from the survey/questionnaire to strengthen the credibility of the study by using a variety of data from different periods. Data were examined to determine prominent phrases or words used to generate sub-themes or ideas across the entirety of the study. Likert scale responses from the questionnaire, as well as phrases and statements from interviews and focus groups, were compared to one another to determine their agreeance or disagreement with another. Comparison of the data continued until all transcending ideas and commonalities, or differences have been realized and saturation occurs. Once the textural-structural descriptions were developed individually from each data collection method, horizontalizing of all three areas occurred to develop a synthetic understanding of the data holistically. The same process that took place within each separate data collection analysis took place on a larger scale to create a coherent singular body of evidence that identifies themes and answers to research questions.

Before synthesizing the data from the various data collection methods, imaginative variation needed to occur. Imaginative variation provided an opportunity for the researcher to understand multiple realities of truth and better recognize the various possibilities that emerged are closely related to the essences and meanings of an experience (Moustakas, 1994). Next, these invariant meanings were clustered into themes (Moustakas, 1994). The invariant meaning units and themes were synthesized to create a description of the textures of the experience (Moustakas, 1994). Lastly, a textural-structural description of the meanings and essences of the discussion was constructed (Moustakas, 1994). Throughout, I kept notes (Appendix R) on the actions and observations made while analyzing focus groups to create an audit trail in an attempt to be transparent through the process.

Trustworthiness

In qualitative research, credibility, dependability, transferability, and confirmability must be established for trustworthiness to be achieved (Sinkovics et al., 2008). Validity can be difficult to accomplish within qualitative studies because no single instrument is used to measure the entire study (Slevin & Sines, 2000). Concerns about credibility and truth emerge because in qualitative studies validity is recognized as “the extent to which findings present reality” (Slevin & Sines, 2000, p. 80). Through the use of qualitative data analysis programs, such as Google Sheets and Excel, analysis timeframes can be shortened, more thorough and rigorous coding and interpretation can be accomplished, and researchers will be provided with opportunities for enhanced data management (Jones, 2007). Trustworthiness meant that the research conducted was not compromised by the researchers’ integrity or by other outside sources associated with the study. Smooth, and confidential, transitions occurred through the processing of received survey/questionnaire responses. The transcriptionist who transcribed the interview and focus

group conversations provided a confidentiality statement ensuring the privacy of participants in the study (Appendix L). Direct quotes from primary sources or similar research were used in the research, to strengthen the information presented in the study. I demonstrated trustworthiness by being committed to the participants in scheduling reliable interview opportunities, analysis of data, communication of progress, and providing opportunities for member checking among participants throughout the study.

Credibility

Both, credibility, and internal validity are aligned (Guba & Lincoln, 1989). Credibility is achieved when the constructed realities of participants and the realities represented by the researcher are connected (Sinkovics et al., 2008). One way for checking credibility during the interview process is for the interviewer to be listening for ‘red flag’ statements such as words insinuating absolutes (never, always, etc.) (Slevin & Sines, 2000). The credibility of this study was determined by the richness of information gathered and my analytical ability. I bracketed out my experiences by answering interview questions before conducting interviews and journaling to reduce biased thinking from personal experiences (Appendix E and R). Reflective notes were listed in the appendices (Appendix P) to demonstrate my analytic ability and to create an audit trail, which can be used to assess the credibility of the study. After examining the experiences of teachers from three elementary schools in the Johnsonville School District, there was a rich collection of data to observe and analyze. Through triangulation, and the varying data sources, the study gained more internal validity as I worked to align the findings within the data. Overall, the research was more supported as a result of the more precise calculations of computer-generated technology when analyzing the data. Additionally, I remained committed to staying on topic during the interviews that are conducted so that the study stays focused to increase

credibility. Interviews concluded with member checking once transcriptions were returned, providing participants an opportunity to review their transcripts for accuracy, as well as for me to member check my findings are representative of the participants' lived experience before finalizing. Member checking increased credibility as I ensure my representation of findings is an accurate description of participants' lived experiences.

Transferability

The findings from this study could be relevant to other related contexts. For example, if the state of teachers' lived experiences working with students struggling with mental health needs improvement in the educational system, other professional organizations would consider the importance of better understanding the impacts of mental health, also. I provided adequate detail of the setting, participants, data collection methods, and participants' experiences for the reader to determine if the findings apply to his or her setting. Once I sought maximum variation in my sample in terms of age, grade level, sex, authenticity, etc., I increased the transferability of the finding by minimizing the limitations inherent in a homogenous sample. While any organization could benefit from mental health training, it can be viewed as especially transferrable to organizations that regularly work with children. Organizations like childcare facilities, churches, social services, the military, etc. could greatly benefit from the findings in this study and how mental health training may have positive impacts on a work environment and employee satisfaction rates.

Dependability

Sinkovics et al. (2008) describe dependability as "...a criterion which is considered equivalent to reliability and similarity concerned with the stability of the results over time" (p. 699). Before conducting the study, I experienced prolonged engagement in the educational

community through building relationships and rapport with participants, which could increase the authenticity of the data. Living close in proximity to the study site enabled survey/questionnaires, interviews, and focus groups to be most convenient regarding time zones when scheduling designated meetings. Despite taking place virtually, the prior established relationships helped the data collection and analysis process go smoothly. Consistency was maintained in interviews and focus groups, as questions were pre-determined for each individual. Lastly, I provided a detailed researcher log of all events and actions completed, as well as provided tables evidencing my analysis of raw data and reduction into significant statements and themes.

Confirmability

Sinkovics et al. (2008) defined confirmability as well, “Confirmability is what objectivity is to quantitative research” (Sinkovics et al., 2008, p. 699). The detailed researcher log of all events and actions completed, as well as provided tables evidencing my analysis of raw data and reduction into significant statements and themes, provided unbiased reports of participants’ experiences and data. Data were triangulated through three methods of collection using survey/questionnaire, interviews, and focus groups. Additionally, participants were allowed to review their interview transcripts, as well as transcripts for focus groups. Acknowledging my role as the researcher by bracketing my own experiences provided reflexivity for the study as my personal bias was further eliminated from the participants’ reported experiences.

Ethical Considerations

Ethics, derived from Greek origin, refers to a person’s character or disposition, whereas a similar term, *morality*, derived from Latin origin, addresses custom, manners, or character (Kimmel, 2009). There are several ethical considerations to take into account before, during, and

after a study is conducted (Kimmel, 2009). Before the study, I had the forethought to conduct the research and recruited and selected participants through the process of reviewing their submitted survey/questionnaires to determine their eligibility (Kimmel, 2009). During the study, I ensured participants' rights to informed consent, privacy, and confidentiality are protected, along with protection against deception. Protective measures such as a detailed record log of events taking place throughout the study recorded and transcribed interviews and providing opportunities for participants to review transcriptions before publication was completed throughout the study. After completion of the research, I provided opportunities for participants to review interview and focus group transcripts to ensure that the study's results are accurately presented among each participant and that authorship credit is justified (Kimmel, 2009). Lastly, I provided copies of materials used throughout the study to ensure the potential for study replication (Kimmel, 2009). Additional ethical considerations for this study included reserving a space for interviews to occur privately, free from the criticisms of others. I remained trustworthy by keeping participants' identities, and the school district, confidential during and after the study. To honor participants' privacy, pseudonyms were used throughout the research. Electronic files were stored on a password-protected flash drive, which contained electronic copies of survey/questionnaires, audio recordings of interviews, transcriptions, Excel and Google sheets used to analyze data, participant information charts, etc. Additionally, the computer where the files were saved has a password only known to me. The location of the school district employing participants. also, had a pseudonym to protect the confidentiality of the district and the training opportunities, or lack thereof, that they offered their teachers in the area of mental health.

Summary

A phenomenological is most appropriate for this study because it addressed an issue in a real-world context through the study of human experience. Ten Eastern Virginia teachers from three elementary schools, in the Johnsonville School district, were selected as participants for this study. The participants were required to complete a questionnaire/survey, interview, and participate in a focus group to report their lived experiences working with students struggling in the area of mental health. Data were organized and coded to determine themes, which provided an opportunity to uncover a textural-structural description of the meaning. Numerous measures were taken to ensure the study remained trustworthy and transferable for other researchers who may want to replicate the study. Findings have implications for the development, or refinement, of training opportunities for pre-service and in-service teachers.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this study was to describe the lived experiences of elementary general education teachers with students manifesting mental health concerns in the classroom. Through data collected from a survey/questionnaire, interviews, and focus groups, participants shared their experiences working with students struggling in the area of mental health. Purposive and snowball sampling allowed participants to connect over shared experiences, as they all worked in the same district. Participants expressed the challenges of being a 21st-century educator, noting that the resources they need are not always provided. They especially reported lacking the resource of time. Participants shared predictors and factors of poor mental health in students based on their experiences and extensively discussed the importance of building strong relationships with students early on in the school year to establish trust. Relationships proved to be beneficial for not only teachers and students but also for teachers and colleagues, teachers, and parents, among students and students, as well as intrapersonal for educators. Participants' stories confirmed that the best way to learn how to navigate the ever-changing circumstances of helping to support students with mental health deficits was to experience it for themselves.

Participants

There were 10 participants purposefully selected for this study (see Table 1 in Chapter Three). The study's participants were women who were licensed general education teachers currently employed in public elementary schools in PK-5th settings. Half of the participants' highest level of academic achievement was a master's degree. The second half of the participants earned a bachelor's degree as the highest level of academic achievement. The range of teaching experience among participants was between one and a half years to 30 years. The current

assigned grade levels of teachers included representation from kindergarten, first, fourth, and fifth grade. However, all grade levels from pre-kindergarten through fifth grade were represented considering previous teaching assignments among participants. Ethnicities represented within this study include eight white participants, one African American participant, and one Asian-American participant.

Brielle

Brielle is a white female general education teacher and a mother of two young children. She's been teaching for seven and a half years in a public-school setting. Although she holds no endorsements in addition to her teaching license, her highest level of education is a master's degree. She's taught, both, fourth and fifth grade throughout the duration of her career. However, she is currently a fifth-grade Math and Science teacher. Growing up with a hearing impairment, she remembers two teachers who had a profound impact on her educational experience because they never gave up on her. Brielle stated in her interview, "I knew that I wanted to go into teaching, just to give back to what they had given to me." She has extensive experience working in a collaborative setting to meet the needs of students with identified disabilities, as well as students who are gifted in the area of intelligence. When presented with opportunities, Brielle serves as a mentor for new teachers in her school. Brielle scored in the below overall average range of the TSES assessment.

Lennon

Lennon is a white female general education teacher who comes from a long line of teachers within her family. Despite taking time off to raise her, now grown, three children after beginning her career, she totals 25 years of teaching experience. Lennon stated in her interview, "I have enjoyed teaching as a way of raising my own family, which has always been a top

priority.” Her highest level of education is a master’s degree. Although she previously taught Kindergarten, she currently serves as a first-grade teacher. Lennon has extensive experience collaborating with special education teachers and working alongside students with identified disabilities. She has served in various leadership roles throughout her career to support her colleagues such as grade-level chair and a technology trainer. Additionally, she has hosted numerous student teachers and has held the honor of “Teacher of the Year” within her career. Lennon scored in the below overall average range of the TSES assessment.

June

June is a white female general education teacher and mother of two grown children. Though she first aspired to pursue a career in nursing, her love for children motivated her to seek opportunities within the education system. June reflected on what makes working with children as an educator so special, as stated in her interview, “It is not so much the act of teaching them, but it is the act of being around them and watching them grow and mentoring them.” Her highest level of academic achievement is a bachelor’s degree. June currently serves as a fifth-grade Math and Science teacher. With eight years of teaching experience, she totals 17 years of experience working within an educational setting. She has not taught other grades outside of fifth but did begin her career working as an assistant in special education in a Jr. High school. She has supported some students with behavioral challenges and has extensive experience working alongside students with identified disabilities. June scored in the below overall average range of the TSES assessment.

Luna

Luna is a white female general education teacher and mother of one young child. She attributes her desire to work in education to the relationships she established with her teachers

during her primary school years. Luna reflected on how her teachers impacted her life, as stated in her interview, “When I was a child, including my mom having cancer, and other various lifestyle changes, they really supported me as a person, not just academically, so they were pouring into me and nurturing my person while also helping me to thrive academically.” She remains motivated in the profession by her desire to nurture students emotionally and academically. Luna has been teaching for one and a half years but has previous experience working in a private preschool setting. Her highest level of education is a master’s degree. She currently serves as a fourth-grade Language Arts teacher. Luna scored in the above-overall average range of the TSES assessment.

Emilia

Emilia is an Asian-American female general education teacher and mother. As a self-proclaimed “Army Brat”, she traveled often moving every two to three years. She has previously taught preschool, first, second, and fifth grade. Currently, Emilia is serving as a fifth-grade teacher, totaling seven years of teaching experience. She has experience working alongside students with identified disabilities. Emilia’s highest level of academic achievement is a master’s degree. Emilia was inspired to become an educator by observing her own child’s teachers, as stated in her interview, “Working with passionate teachers- that was what inspired me. Seeing what they could do with him and what they did for him and how they loved him.” Emilia scored in the above-overall average range of the TSES assessment.

Annalise

Annalise is a white female general education teacher and mother of four children. With 17 years of teaching experience, she has only ever taught fifth grade. However, she has experience working in a middle school setting when the fifth and sixth-grade levels were once

hosted in one building. Currently, she serves as a fifth-grade Math and Science teacher in an elementary school setting. She has extensive experience working collaboratively with special education teachers to support students identified with disabilities. Annalise's highest level of academic achievement is a bachelor's degree. She has served in various roles supporting her colleagues such as grade level chair and as a technology trainer. Additionally, she has served as a mentor for new teachers and has been recognized as "Teacher of the Year" within her career. Annalise deeply values building relationships with her students at the start of the school year and encourages educators to try new things. Annalise understands the importance of being a lifelong learner, stating in her interview, "There is always something new to learn, and always something you can give." Annalise scored in the above overall-average range of the TSES assessment.

Brianna

Brianna is a white female general education teacher who is married, with no children. She has three years of teaching experience and currently teaches first grade. However, Brianna has previously taught kindergarten and third grade. Her highest level of academic achievement is a bachelor's degree. Although careers in education are prevalent throughout her family tree, she acknowledges the influence of former teachers who, she says, changed her life. Brianna specifically remembers how her former teachers made her feel, as stated in her interview, "And it's just a really rewarding job to look back and remember conversations I had with my second-grade teacher. It is crazy to me how the mind works, that I remember that and how those people made me feel." She remains motivated to stay in the profession because of the long-term positive impact she knows teachers can have on students. Above choosing teaching as a profession, she describes it as her "calling." Brianna scored in the below overall average range of the TSES assessment.

Clara

Clara, a white female general education teacher, explains that her mother often joked that teaching was in her blood from the day she was born. She is a mother of two children. With 18 years of experience, she has worked in various grade levels. Clara currently teaches kindergarten and has 16 years of experience within the grade level. However, she spent two years teaching first grade. A specific passion for teaching kindergarten and a love for children have kept her committed to the profession. Despite teaching being a tiresome job, Clara thinks that many other educators remain in the profession for the sake of the children as well, as stated in her interview, “And I mean, that is why most teachers are in the profession. It is about the kids. It is not about anything else, because honestly, a lot of the other stuff that comes with teaching is it is tiring, and it wears on you.” Her highest level of academic achievement is a bachelor’s degree. She has extensive experience working alongside students who have been identified with disabilities. Challenges unique to her personal life have given Clara insight and a keen perspective throughout her career while working with students struggling with mental health. Clara scored in the below overall average range of the TSES assessment.

Serenity

Serenity is a white female general education teacher and mother of two grown children. Her highest level of academic achievement is a bachelor’s degree. She currently teaches fourth-grade Language Arts but also has experience teaching in fifth grade. With 15 years of teaching experience, Serenity spent six years serving as a special education teacher before moving into the role of a general educator. Her time working closely with special education students to support their needs and goals gives her a deeper understanding of how mental health impacts student learning. She has extensive experience in differentiating instruction, adapting curriculum, and

building relationships with students to develop trust and success in her classroom. Serenity describes teaching as more than just a job, as stated in her interview, “I feel like I have a gift that I can reach kids and it was kind of my calling if you will. The paychecks come in different forms.” Serenity scored in the above-overall average range of the TSES assessment.

Kenzie

Kenzie is an African American female general education teacher and mother of grown children. Her highest level of academic achievement is a master’s degree. She has 30 years of teaching experience in multiple school districts. She currently teaches fifth-grade Language Arts and History but has previous experience teaching at the third and fourth-grade levels as well. She has previously been named “Teacher of the Year” not only within her school but across the entire school division as well. Kenzie has extensive experience working with special education students and educators in a collaborative setting. She supports her colleagues and school serving in roles such as grade-level chair and Equity and Diversity committee lead. Kenzie also serves as a division Equity and Diversity ambassador for her school. Additionally, Kenzie has served as a host for student teachers. Enthralled by data, Kenzie loves to track her students’ progress, as stated in her interview, “Those struggling students that I do get at the beginning of the year, I see the growth at the end. And that is impactful for me as an educator.” Kenzie scored in the above-overall average range of the TSES assessment.

Results

Analysis of data generated some themes that developed over the process of coding and triangulating participant survey/questionnaires, interviews, and focus groups. Themes included the challenges and success of educators who have the shared lived experience of working with students with mental health deficits. Upon identifying themes, some subthemes emerged within

each larger theme to be discussed in Chapter Four. The themes and subthemes represented the voices of participants and shared their needs and desires for the future (see Table 3). The educators who participated in this study were all general education teachers ranging in years of experience from one and a half years to 30 years of teaching experience.

Table 3

Themes and Subthemes Derived from Data

Theme	Subthemes
Challenges of Job Success	Wearing Multiple Hats Lack of Resources/Supports Available Resources/Supports Insufficient Time
Predictors/Indicators of Poor Mental Health	Family Dynamics Negative Impacts of social media Emotional Expression Physical Expression COVID-19
Building Relationships	Relationship with Students Relationship with Colleagues Relationship with Self Relationship with Parent Student Relationships
Experience is the Best Teacher	Teacher Inadequacy & Self-Efficacy It Starts at the Top Pre-service Training Experiences In-service Training Experiences Requested Future Training

Challenges of Job Success

As explained by participants, being an educator today is more challenging than ever before. Per the survey, every participant reported having taught at least one child with a documented (or was later to be documented) mental health-related issue (i.e., depression, anxiety, PTSD, ADD, ADHD, eating disorder, oppositional defiant disorder, or bipolar

disorder). During the interview process, participants were specifically asked to identify the biggest challenge of being a teacher in the 21st century. Through analyzing the data, a variety of subthemes emerged to provide an overarching view of how educators were finding it difficult to achieve success in their chosen careers. Specifically, educators were struggling to keep up with the additional responsibilities they have been assigned outside of the sole job they were hired to do, *teaching required academic curriculum*. Frustrations were becoming increasingly more evident as educators recalled patterns of being required to perform additional new tasks, without the removal of any prior responsibilities assigned. Many educators referenced the ever-growing list of demanding tasks put “on their plates” and the overwhelming responsibility to “wear multiple hats” as an educator. While educators were offered limited helpful support and resources to combat some of the stressors that come with the job, there was a lack of abundant resources and support to overcome many of the unique circumstances educators encounter today. Perhaps surpassing the aforementioned subthemes in the level of significance, educators continually expressed that there is insufficient time to complete the tasks associated with their jobs and also struggle to efficiently utilize the resources available to help them and their students be successful.

Wearing Multiple Hats

The consensus among all participants was that they regularly complete tasks that were in addition to those listed in the job description upon which they were hired to fill. Thus, many of them used the phrase “wearing multiple hats” to communicate the various additional roles they are asked to play as educators. Other common figurative language used by many participants to describe their overwhelming workload referred to how much was put on their “plates.” Addressing the challenges of being a 21st-century educator regarding the mounting workload,

Clara explained, “One of the biggest challenges is the lack of help for everything else that our job requires. So, everything is put on our plates, but I feel like lately, especially in the 21st century, nothing is taken off our plates.” June also shared similar sentiments in regard to the many roles teachers are asked to fulfill today, “I say academics is a tiny piece of what I do. I parent, mentor, and babysit sometimes. It is all of that together.” Some educators felt their job required additional responsibilities apart from others. Luna explained,

Teachers are not just seen as people who enrich children academically, but they are also seen as sort of glorified babysitters. And they are made to wear a lot more hats than they need to. Teachers are parents, they are counselors, they are someone who provides food, they are not just the teacher whom the child goes to school to learn from, but they are wearing so many different hats that we are ill-prepared for, and were not, most of the time qualified to do, much less compensated for.

Many other participants brought concerns forward about the lack of compensation for the extra work teaching demands. Lennon shared her perception of challenges associated with being a 21st-century educator, “Low pay, lack of discipline within the school settings, and just an enormous amount of extra work that does not necessarily directly tie into teaching on a day-to-day basis.” Without pay increases applied, an influx in job responsibilities to teacher salaries has created environments that are unsustainable for teachers in the present day, as well as long-term. Luna confirmed, “It is not a reasonable living to be a teacher in today's economy.”

The decline in students’ mental health created a push for teachers to prioritize social and emotional learning opportunities within the classroom to ensure that students are becoming emotionally intelligent. Lennon specifically noted the decline of students’ mental health within the last few years, “In the last five years, for example, the mental health of students has

deteriorated so much.” One of the more common mental health-related diagnoses educators are encountering among their students is anxiety. Serenity explained, “The behaviors, the trauma, and the things that are coming to us now are not things that were there five or 10 years ago, not to the degree. Anxiety has become very common.” Educators, like Luna, have embraced the role of educating students socially and emotionally, “My job as your teacher is not just to make you smarter academically, but to make you smarter emotionally.” Other educators have indicated the challenges associated with the expectation of teaching, both, academic and social and emotional content. Kenzie explained, “I would say the greatest challenges for teachers in the 21st century in a COVID-19 world would definitely be prioritizing social-emotional things. I would also say meeting learning outcomes.” An additional difficulty mentioned by Kenzie is differentiating her instruction to meet the needs of students struggling with mental health, noting that it is imperative to be mindful of their triggers. Juggling the foundational responsibilities of teaching academic standards along with the emotionally driven demands of education made it difficult for many teachers to manage. Serenity confirmed, “There are a lot of roles that are put on educators today. Not only are we teachers, but we fill in the gap in some situations being a mom, being a guidance counselor, being a social organizer, I mean, the list is long.”

Lack of Resources/Supports

As educators felt increasingly pressured to do more in their roles, there seemed to be a lack of resources and support available for them to utilize when needed. While there were resources available, many of them were time-sensitive and do not fit the immediate needs of unique scenarios that many educators and struggling students encounter. All participants mentioned the school guidance counselors as resources and support, but many of them noted

how difficult it was to gain their immediate support. Emilia shared her scenario describing how often immediate needs are not able to be addressed by school counselors,

The counselors are really great, but they are busy. It is so hard, because I might reach out at nine in the morning because I recognize immediately off the bus something is going on. And like we discussed earlier; we just don't have that private time. It is really hard for a student to open up. It makes me sad that a student has to sit for so long feeling that way. I feel bad, anxious, and stressed out. Sometimes the counselors cannot come down until one or two o'clock.

Unfortunately, like teachers, many individuals serving in administrative or supportive roles within schools were also overwhelmed with numerous responsibilities. Teachers have experienced significant delays in being able to get requested help for students for, sometimes, months on end. Luna's described her experience attempting to find help for a student, "It took me reaching out and asking for the help and then sometimes waiting until April or May to get it." While guidance counselors were tremendous resources to help children learn a variety of skills to work through difficult situations, teachers found it difficult to rely on them to meet the immediate growing needs of many students. June highlighted the importance of intervening early for struggling students, "In elementary school, if we do not put something in place to help these kids learn to cope, learn to communicate, learn to talk out their feelings, then those mental health issues, they are gonna grow."

Participants also acknowledged the resources they have in one another as colleagues but felt that they were unable to utilize one another to the fullest extent due to the lack of opportunities to meet with one another within the workday. Serenity explained, "We never have that time that we can go into- I cannot go into a colleague's room just at any given moment and

say, hey, I am struggling here, what can- what do you have for me?” Luna expressed the challenges and frustrations related to a lack of support or resources for teachers, “I was somehow expected to support them emotionally, behaviorally, as well as see them achieve in the classroom academically and see them meet standards, and I could not do all three of them at once.”

Other participants expressed concern about the lack of resources available for teachers’ mental health. June expressed the need for trusted, confidential, nonbiased, mental health support for herself and colleagues, “That is something the school should offer as well. We need mental health awareness, and we need... training, but we need a safe place to fall to and to express it without it being judged or leading to something else.” Offering an abundance of mental health support for teachers is important, but often teachers grow frustrated when reminded to practice self-care because the continual increase of responsibilities within their job makes it nearly impossible to put their own needs first. Luna explained her inability to care for herself due to the demands of her job, “We were told to take care of ourselves, to create time for you to make sure that your mental health is good, but then the expectations that are on us, as adults, as teachers, and all of the different hats that we wear as teachers that felt like no, you cannot do that.”

Available Resources/Supports

While participants felt there was a lack of resources and support in place to service their emergent needs, many participants did mention a few of the most utilized available resources that their district does provide. Every participant mentioned the guidance counselor as a resource for helping students who struggle with mental health. Table 4 represents the most predominant resources or supports mentioned by participants.

Table 4*Available Resources and Supports Utilized by Participants*

	Guidance Counselors	Admin.	Lead SPED Teacher	Behavior Specialist	School Psychologist	Collaborative Teacher/Colleagues
Annalise	X			X		
Brianna	X	X				X
Brielle	X	X	X			
Clara	X		X		X	
Emilia	X			X	X	
June	X	X	X			
Kenzie	X	X		X		
Lennon	X	X		X		
Luna	X	X			X	X
Serenity	X					X

A few other resources or supports mentioned by participants were Positive Behavior Interventions and Supports (PBIS), Central Office, Social Services, the community, and one school's Calm Down Room. All of the aforementioned resources and supports were mentioned by only one to two participants. Educators relied heavily on guidance counselors for supporting students who were struggling with mental health. While these supports look abundant, Lennon explained, "The supports that we have in place are more to help us manage the behaviors that are exhibited by a child that has a mental illness." Lennon's perspective supported the reasoning why administrators are the second most utilized resource for educators who are attempting to support students with deficits in the area of mental health, as administrators were often called upon to address extreme behavior disturbances throughout the day. It is important to note that the division shared *one* behavioral specialist across multiple schools, which may explain why participants relied on their building administrators as a resource or support more heavily than the behavior specialist. Despite all participants having relied most heavily on guidance counselors

for support, Emilia recalled recently expressed frustrations from guidance counselors, “We just met a few days ago with the counselors, and they were saying, we want to be in the classroom more, we want to do lessons in the classroom more, and we are not therapists.” June specifically expressed frustration surrounding the inaccessibility of many of the resources the district provides, “I have a chain of command I have to follow. Our supports look good on paper, but could I really tap into them and really use them without fear of retaliation? Or is it coming back to me in some way? I do not think so.” Although the resources and supports were listed as available, it is important to address the quality and levels of accessibility of them for educators.

Insufficient Time

All participants agreed that insufficient time is a massive challenge for a 21st-century educator. The demands of the regular school day schedule proved to be difficult to meet and often allowed little to no time for collaboration among colleagues. Though guidance counselors were proven to be a helpful resource and support for teachers and their students, Luna explained, “Counselors across the board, are so locked up with behaviors of students, that they also do not have the time that they desperately need to also invest in these kids to work collaboratively with teachers.” Emilia described similar challenges to finding time to connect with her teaching partner throughout the day, “The only time that I get to talk to my partner is at eight o'clock at night.” Without ample opportunities throughout the day to meet with colleagues who teach in the same hallway, it was not surprising that meetings with individuals who work outside of an educator’s scope of daily interaction would be difficult to schedule as June confirmed, “Just something simple would do so much for us. Give me time to meet with my crew. Give me time to meet with my curriculum coach.”

At least five out of 10 participants shared that they gave up their lunch or recess time on a multi-weekly basis to work or meet with students. Emilia described a time she gave up her lunch period daily to support a student's mental health needs, "We ended up working together, she ended up having to have lunch with me in the classroom." In addition to lunch and recess time often being occupied for teachers, many days of the week teachers are required to attend several meetings during their designated planning block. Lennon described an experience working with a student who struggled with mental health deficits when she was required to attend 26 meetings for the student within one academic school year. Participants made it clear that although there is not sufficient time within the school day to work, they exceed far beyond their contract hours to complete the work associated with their job. Serenity went home every evening after work to complete what feels like a second shift, "Every night, I call it round two. And it is so frustrating because I cannot get any of that done during the course of a school day." Brielle also worked outside contractual hours to satisfy her job requirements, "I would say there is not enough time. I think we work way over our contract hours. It is just hard to get everything done."

In addition to finding available time, it was also difficult for teachers to prioritize the overwhelming number of tasks required for completion. Cara made a practical suggestion for division leaders, "It is almost like they need to make a must-do list, here are your must-dos. And the rest of it is can do if you want to, but these are your must-dos." Although teaching is a unique profession in the allocation of vacation time, Lennon noted how teacher's vacation time is not respected in the way larger companies tend to view employee vacation time,

You would not find that in your large companies, they would never think that, oh, well, we know this worker does work long hours for our company. But oh, by the way, over

the weekend, we still need you to complete these trainings on your own time, or over your summer vacation when you are on vacation, you really need to complete this unit of training, because you after all, are on vacation. So, you should have time to do it. So, they do it.

The lack of time throughout the day was not only difficult for teachers but also for students.

Participants explained that there is no transition time built into the daily schedule, causing most students to feel rushed and potentially frazzled trying to shift from one activity to the next. June explained that there is no transition time allotted for switching classrooms mid-day when students see their second-team teacher. Without transition time scheduled for students to change classes, instructional time was impacted for the second group of students the team teacher instructs. Additionally, participants felt it important to address time on the scale of the entire school year when it comes to helping students receive the support they need. Brielle expressed frustration over the time it takes to compile data from a student to show supports are necessary, “It is only about taking data and kind of trying to get the student help. And by the time you are ready for that, it is time for them to move on to the next grade level. So, you know, the turnover time is definitely different.” As students moved to the next grade level, participants stated they would love the opportunity and designated time to sit down with, both, future and former teachers of their students to prepare their colleagues and themselves for the rising group and their broad range of needs to avoid losing time before supports are put into place.

Predictors/Indicators of Poor Mental Health

Through experience, participants offered their understanding of predictors and indicators of poor mental health in students. Family dynamics played a large role in a student’s ability to feel supported and loved. As educators navigated to keep up with ever-changing family

dynamics, it was important to understand how they impacted student success and overall mental health. Additionally, social media negatively influenced some students leading to problems for teachers to address in the classroom after students were exposed to inappropriate content. Often, students struggling with mental health expressed themselves in highly emotional situations that sometimes lead to physical displays of aggression. As teachers worked to support the needs and continued safety of all students, they were considering the negative impacts of COVID-19 as they were instructing a group of students who missed a vast amount of in-person instructional opportunities due to mandated virtual learning.

Family Dynamics

Throughout interviews and focus groups, participants spoke of a wide range of family dynamics among their students. Many of the dynamics mentioned were brought up as contributing factors for why a student referenced may have been struggling. Brianna expanded on the realization that family dynamics are no longer safe to assume to be traditional, “When I was growing up, you were all kind of raised similarly, even if it was not the exact same. But now it is like such a wide range that as a teacher that can be hard to navigate.” Brianna specifically cited two separate students who were impacted negatively by dynamics within their families. One student was struggling with a custody battle and another student was battling the impacts of neglect, as he was left in the car for hours unattended while his mother went to work. Some participants noted that many parents are simply doing the best they can, working hard- and ultimately less involved due to their commitment to providing for their families. Luna had a unique and compassionate perspective on parents who, initially, educators may label as uninvolved,

The students who needed the most help had parents who at first glance feel uninvolved, or like they do not care, but they are masking and coping with a lot of traumas. They might be a single parent, and they work two jobs, or they may be impoverished, and they are at their wit's end, they do not know what to do.

Dynamics within families deeply impacted students and their support systems. A few examples of factors that impacted family dynamics mentioned by participants included loss of income, homelessness, terminal illness, death, incarceration, divorce, emotional and physical abuse, gender confusion, double-income households, transfers of guardianship, etc.

Serenity explained how the correlation between her student's experience with emotional and verbal abuse led to the development of anxiety for her student. Within varying family dynamics, a variety of parenting styles were found. One participant specifically emphasized how different parenting styles create difficult scenarios for teachers to navigate when their expectations for students varied from the expectations of parents for the student. Clara explained, "All kids need boundaries, all kids need people who believe in them. And sometimes believing and loving children means that you have to be the one that holds them accountable if they do something wrong." Despite the best of intentions, many guardians struggle to provide necessities for their families and the children ultimately suffer. June believed the destruction of the family unit has a lot to do with why many children are seemingly left to fend for themselves in many cases, "I think the breakdown of the family unit, mom and dad are divorced, mom and dad are in prison, grandparents are raising them, aunt and uncles are raising- some of these kids are raising themselves." When guardians were not fulfilling their roles to the fullest potential for children, often educators stepped up to meet the needs of students where they could

Negative Impacts of Social Media

Educators noted the negative influence of social media among their students as being a challenge and contributor to poor mental health. June described social media as a distraction for students, “There are so many distractions to education now. Social media is hard. Even at this age, it is hard. These kids see things they do not need to see. They are involved in things they do not need to be involved in. And they bring it all to the classroom.” Educators explained that the most troublesome part of social media for students is the exposure to content that is often not age appropriate. Emilia agreed, “Through social media, they are exposed to things that are maybe not so appropriate.” Social media exposure played a role in Emilia’s experience working with students struggling with mental health when she helped uncover that a 5th-grade student in her class had an eating disorder. Emilia explained that the images of physically attractive individuals seen on TikTok ultimately caused her student to stop eating to achieve desired similar results.

Emotional Expression

Most participants provided examples of how students’ expressive emotions aligned with their concerns about poor mental health. A few participants identified sadness in students as a potential factor or contributing emotion in the identification of poor mental health. Clara described the importance of Kindergarteners feeling confident and how a lack thereof would generate continual sadness among students. Additionally, June described students who are unable to recover from hurts and disappointments throughout the day as an indicator of poor mental health. June mainly attributed the lack of exposure and instruction of coping skills and social relationships as a predictor of poor mental health in students.

Participants additionally expressed the importance of keeping their emotional expressions under control when handling high-stress situations involving students with poor mental health. Specifically, participants highlighted the importance of remaining calm during their interactions

with students who have poor mental health. Annalise explained, “They think a teacher is gonna yell at them” and she further describes her success in de-escalating highly emotional students by, “Talking to them calmly, like going and getting on their level.” Serenity also acknowledged yelling, explaining that it counteracts a calm environment for students, “I try to be that safe place in my classroom, my demeanor is calm. I do not yell ever. Nobody should ever yell.”

Interacting with students calmly and refusing to escalate the situation with yelling helped Clara keep students from entering a highly emotional state, “If you stay calm, they stay calm, teaching them that they cannot get that out of you.” Kenzie also noted, “You cannot get in this power struggle” when engaging with students who are highly emotional. Often, remaining calm is easier said than done. This was especially true for educators who are tasked with the responsibility of ensuring other students’ safety in addition to the student who may be threatening harm to the environment or other students. Brianna understood the level of self-discipline educators need to remain calm while other students may be in danger, “You are trying to be calm, but it is really hard to be calm when you are impacting people’s safety around you.” Brianna reiterated that staying calm is not only good practice for high-stress situations but that maintaining a calm presence throughout the entirety of a day, “Being calm helps you all day long. You cannot overreact because then the whole class is going to fall apart.”

Several participants expressed feelings of pure exhaustion induced by the overwhelming demands of teaching. Emilia confirmed, “We are just mentally so exhausted.” Annalise recalled feeling encouraged, and also encouraging her colleagues, through the weight of emotional exhaustion, “I just sent a colleague a 20-minute video on emotional exhaustion because it just popped up in my feed. And I needed to hear that sermon on emotional exhaustion.” Serenity and Clara mentioned that since they seem to connect well with students struggling with mental

health, they have noticed that they are often assigned students annually who need extra support in this area. Essentially, great educators were habitually given some of the most difficult students because of their unique ability to connect with and support them. Clara reflected on a time in her career when she made a positive difference for a student with mental health deficits, “After that year, any child that had any type of behavior issue ended up in my room.” Serenity also confirmed this to be the case for herself,

I tend to get most of the students who have been identified as someone who has a mental health issue, they tend to come through my classroom just because they are going to get the love that, you know, at the end of the day, they feel loved, and they will be safe in this room.

Physical Expression

Aside from the emotional displays of expression, educators were also tasked with navigating when expressions of emotion turned physical. The physical aspect of students expressing their emotions becomes complex, as it generally escalated to situations that called for quick thinking and action among educators. All participants in this study were part of at least one incident when a student struggling with mental health acted out physically. Physical displays of emotions among students with poor mental health may jeopardize the safety of educators and other students within the classroom. Lennon had extensive experience in working with students who have threatened the safety of those in her classroom,

You are fearful for not only yourself but for the other students that you have to protect and have a safe environment. There is this feeling of fight or flight or whatever you want to call it, where every part of your being is just so nervous.

Serenity recalled a few scenarios when students physically displayed their feelings in what she refers to as an emotional outburst, “I have had students throw desks, I have had students throw pencils, and paper, and scream uncontrollably in the classroom. I have had several students through the years who have masturbated in class.” A few participants shared scenarios when school property such as laptops, math stations, doors, desks, and chairs was thrown or damaged by students who chose to express their emotions physically. On some occasions, participants shared stories of when they had to evacuate students from the classroom to a safer location when a student with poor mental health became a threat to the environment. Brielle described her memory of a class evacuation as “high stress” and Lennon recalled, “In one of those times when those behaviors were here, in 15 days, we evacuated the classroom 13 times.” Lennon realized that many of her young students did not seem alarmed or emotionally distraught over the evacuation. She ultimately came to the revelation that many of her students thought of class evacuations as normal, rather than rare, since they had previously been in class with the struggling student in kindergarten.

It was important to mention that one participant shared an example of a non-violent physical expression of emotion from a student with poor mental health. Emilia reflected on a time when her former student lost feeling and movement in her legs when she was overcome with fear and anxiety before going onto the school bus. Although this student did not pose a physical safety threat to herself or those around her, she became seemingly paralyzed with panic. Emilia recalled how the involvement and circling of other educators who quickly gathered to help seemed to escalate the emotional response from the student. Emilia was able to think quickly and convince the student to walk back into the classroom by telling the student she had

something to show her. Emilia's ability to remain calm and continuous efforts to keep talking to the student amid the student's panic dissolved the situation promptly.

In some cases, students may impose physical harm upon themselves rather than endangering other students. Annalise mentioned a former student who displayed self-harm during recess, "He put the chains around his neck from the swings, and just tried to just swing like that. And the kids saw that, and they were so sad and disturbed." Three participants recalled working with former students who were "runners" who not only ran out of the classroom but also out of the building, on numerous occasions. Annalise remembered the police having to be called once for a student who was unable to be obtained by teachers after running out of the school building.

Participants produced a vivid description of what symptoms they recognized in students that could be associated with poor mental health. Among those descriptions, sleeping in class was a symptom that teachers frequently observed. One of Luna's students had a challenging home life, leading to difficulties sleeping at home, "I have students coming in who have parents that fight all night, so they do not sleep, so they have to sleep at school." Serenity allowed students who needed rest to take time for it in her classroom to ensure their basic needs are met, "He needs to take a rest. I said we are going leave him there. It is what he needs right now." This scenario provided an opportunity for Serenity to address the topics of equity and equality with other students when they questioned why she allowed the student to sleep during instructional time.

Another physical symptom of poor mental health mentioned by a few participants was crying. While this is likely more frequently displayed in lower elementary grades, both a 4th-grade and a Kindergarten teacher revealed that they have students who cry all the time. Luna and

Clara both felt strongly that crying to this extent could indicate a child's inability to be emotionally regulated and should not be ignored or brushed off as normal behavior. Other participant-listed symptoms of poor mental health included low self-esteem, lack of eye contact, shyness, minimal conversation skills, sickness, lethargy, tired, withdrawn or isolated, anxiety, lonely, anger, decreased appetite, weight gain, weight loss, emotional swings, plucking hair or eyelashes, biting or chewing, students talking to themselves, growling, spitting, extreme desire to be the center of attention, frequent trips to the clinic, and lack of stamina.

COVID-19

When schools moved to online learning at the start of the COVID-19 pandemic, many students suffered. Participants were adamant that COVID-19 was playing a large role in the learning gaps they were consistently seeing widening with each new group of students they were assigned. Serenity confirmed, "Kids are coming to us lower and lower each year academically. And I know that COVID-19 has played a huge role in that." Clara felt that COVID-19 impacted the younger students tremendously. Emilia, an upper-elementary teacher, described the challenge of post-pandemic instruction, "Just trying to catch up, and help students want to be where they are supposed to be. I think that is a challenge." Serenity noted that COVID-19 not only impacted students academically but also their families. She described parents who lost their jobs during the pandemic and no longer have the means to provide for their families. Brianna had also noticed how politics have been highlighted since the outbreak of COVID-19. She described how the political differences between families of students reflect in their interactions with one another throughout the classroom.

Building Relationships

Building relationships emerged as a salient theme among the data from the study. Many participants were passionate about building relationships with their students but also showed a broad scope of ability to be relational in other areas. First, educators prioritized building positive relationships with students. Secondly, educators noted the importance of building strong relationships with their colleagues. Additionally, educators reflected on the struggle to maintain positive intrapersonal relationships and care for their needs. Next, educators expressed the need for established relationships with student parents. Lastly, educators noted the positive and negative impacts of students forming relationships with one another.

Relationship with Students

Many participants reaped rich rewards after they connected with their students on a one-on-one basis. However, time was limited throughout the school day, and one-on-one time with students was very difficult to plan without educators giving up a break factored into their instructional day, usually designated for getting work done. Annalise was so serious about developing positive relationships with her students that she believed her success surrounding everything else in the academic year depended on it, “If you cannot have a relationship with them, you cannot do anything with them, honestly; building a strong relationship with your students is so vital to your whole year.” Luna concurred and suggested that positive relationships are necessary before learning can occur, “If you do not have a good relationship with those kids first, they are not going to learn anything from you.” Most participants began this process of building positive relationships as soon as possible once the school year started, and they seemingly maintained the strong connections they built early on by continuously checking in on students throughout the school year. Brielle described the ways she made time to check in with a struggling student,

I feel like I really got on another level with her by inviting her to lunch with me, you know, Lunch Bunch in the classroom, just having that like book club, or you know, that meet up at lunchtime. Or if she wanted to kind of walk the track with me at recess, you know, just constantly checking in on her.

Six out of 10 participants in the study also mentioned conducting a Morning Meeting that allowed them to check in with their students regularly. Some participants served as support for students who were not in their assigned classes. Through the PBIS model, educators served as check-in hosts and quickly met with struggling students in the morning to help set the tone of their day and then again in the afternoon before heading home to report back on how their day went.

A common word used among participants when discussing the importance of building strong relationships with students was the word “trust.” Annalise reiterated the importance of gaining students’ trust, “If they trust you, they will do whatever they can, to please you.” As teachers got to know individual students, they often tried to create situations that were appealing for the student to interact with them. Emilia attempted to create an inviting environment for a student who she realized was shy, “She was very quiet. So, it was very important that I would make it easy for her to approach me.” June suggested that through honesty, relationships can be established in trust, “I think it is very important for us to be honest with our kids.” Kenzie provided a more detailed narrative of how she established relationships with students that are based on trust, “I would ask, what would help them and then from there, I normally I would just listen, be a soundboard and just listen, and without making judgments, because sometimes as educators, sometimes we tend to make judgments and we should not.” Establishing strong relationships early with students provided ample time for trust to be developed. Luna emphasized

the importance of relationships by explaining, “When I was able to relate to him and tell him like ‘I see you, I hear you, I feel you.’ He totally opened up.”

Relationship with Colleagues

Among the important relationships educators fostered with students, they found great support from other teachers and colleagues. All participants in this study agreed that support from colleagues was invaluable for educators. First, the teacher-colleague relationship was valuable for observations and peer modeling. These two practices can be extremely effective for newer teachers seeking to gain clarity while developing a new skill. Annalise knew the gift that her colleagues were to her school, “I think that modeling is so important. And I think there are a lot of brilliant minds in our buildings.” Brianna suggested that having a veteran teacher come to observe students struggling with mental health in her classroom may help her come up with new strategies and ideas to help the student that she had not yet thought of herself. There is much to be learned from one another in the field of education, as Serenity suggested,

The greatest PD [professional development] I have ever found is my people, my teachers, and bouncing ideas off of each other and working through some different thought processes of having tried this or as far as trust levels are concerned. That is who I trust, they are tried and true. They are the ones going through it daily.

One relationship that stood out among participants was their relationship with collaborative special education teachers. Brielle had the advantage of teaching with a collaborative special education teacher and explained the benefit of being able to share ideas and revisit her students’ previous teachers to gain insight into their strengths and weaknesses. Brianna admittedly said that hearing stories of other teachers’ struggles can be comforting to know that she is not the “only one” struggling. Luna shared that relying on her teammates last

year was the only thing that got her through the difficult school year. Clara likened her colleagues and students to more than work-related but described them as family, “I think that the friendships and the family that you make with the teachers and the students, I think it really helps you through tough times.”

Relationship with Self

It was evident through interviews and focus groups that teachers found it challenging to practice self-care, despite encouragement from administrators and other division leaders to take care of themselves. Luna found their encouragement frustrating, as it was unrealistic, in her opinion, “Stop telling me to put myself first when my job does not call for me to ever put myself first. So, it is either put me first or do a bad job.” June shared similar sentiments, “Please do not tell me to take care of myself when I barely have time to use the restroom.” Multiple participants boldly stated they struggle to feel prepared to tackle the day often. Two participants specifically referenced difficulty finding peace. Brielle stated, “I am constantly looking for like, inner peace.” Luna shared similar feelings, “I am not physically, mentally, or emotionally well enough to do my job most times.” June was one participant who shared unique coping strategies that she uses to wind down during a stressful situation. She explained that she has shut the classroom door before to have a decent cry or get into her car at lunch and drive around for a bit to cool down, exercise at the gym, or play a quick mindless game on her phone.

Serenity felt particularly upset with herself, “I walk away feeling like a complete failure. And at the end of the day, it is sometimes very hard for me to remember that I am just a teacher.” Some participants reported having a difficult time “turning it off” upon arriving home from work. As educators were striving to meet the needs of students struggling with their mental health inside the classroom, many teachers were battling heavy emotions and burdens that often

come with helping others in distress. Educators must be given strategies and coping mechanisms to ensure the preservation of their mental health to ensure that they remain healthy enough to care for others.

Relationship with Parent

While some participants spoke highly of their relationships with the parents of their students, others expressed frustration with the lack of parental involvement or support today in education. June felt as though many parents have lost the mentality that their children are their priority. She explained, “This is a societal issue, that has bled into the classroom, to the point where we are parenting more than we are teaching.” Annalise was disheartened by the number of children who ask for help from their parents but are unable to receive the help they need.

Annalise stated, “I see that way more than I used to is kids begging for the help and they cannot get it because either the parents do not want it or, you know, they just they are scared to ask their parents for it.” Clara recalled feeling frustrated with a student’s mother as she described that she often did not get the truth from the student’s mother.

The lack of parental support was frustrating for Clara, and many other educators, because Clara believed that parents and educators should work in teams, together, to meet the needs of students. Emilia had similar frustrations with parents who do not join her immediately on her quest to support her students, “When the parents are not wanting you to do anything, yet you recognize it, I think you are stuck because you want to help.” June felt strongly that parents are not “buying in” to their child’s education either willingly or due to lack of availability in their work schedule. However, Luna recalled a moment when her struggling student made a pivotal turn for the better once the student’s father finally agreed to work together as a team.

Student Relationships

One interesting correlation made during the interviews and focus groups about building relationships in the study was examining relationships built among students. Some participants noted that the peer relationships between students through the use of a buddy system or mentorship assignment had been very beneficial for many students, as they seek to feel purposed or needed. Annalise shared about a project her upper elementary class did with a younger elementary class. She stated, “I think they all went home happy knowing that they made a difference in somebody younger than them.” Lennon, a lower-elementary school teacher, confirmed her thoughts on this scenario as well, “I think it can be a positive thing for students to have that interaction between the upper grades and the lower grades.”

However, participants did express their concerns for students who are interacting regularly with a student with mental health deficits. Annalise expressed that educators have done a great job training students to be inclusive and accepting of those who have various needs, but she pointed out how students observing the behaviors demonstrated regularly by students with mental health deficits can be harmful. One participant explained, “I think, honestly, them seeing those cases affects them in a way that is harmful to them.” Lennon and Brianna also had similar concerns as Brianna stated, “The others are very aware of what is going on.” Kenzie discussed the significance of negatively impacting someone else’s learning with her students, “For you to impact the learning of others, that is one thing that I am huge on, and my students know- that it is one thing to impact your learning, but it is a whole different ballgame when you are impacting the learning of others.” Additionally, Kenzie expressed the importance of communicating to students that every day they get a fresh start, no matter what happened the day before regarding their behaviors. Lennon explained her concern for students who are put into dangerous situations due to behaviors demonstrated by someone with mental health deficits and how she has not only

been fearful for other students' safety at times but worried for her safety as well. Lennon concluded by suggesting, "Mental illness in the classroom has a profound effect on the teacher. It would be interesting to know what effect it has on the students who are witnessing that day after day."

Experience is the Best Teacher

The educators who participated in this study ranged in years of experience from one and a half years to 30 years of teaching. The stories shared of experiences working with students who have mental health deficits are rich and plentiful, as a result of a varied sample of participants. However, the interesting finding was that most veteran teachers did not have more, or dramatically different, stories from those of their colleagues who were newer teachers. This led me to understand that it is not necessarily the number of years in teaching that determined the depth of stories shared, but rather, the unique experiences had within however many years of education each teacher had already served. In other words, educators who have been teaching for one and a half years are seeing similar troubling mental health scenarios and sharing diverse classroom experiences, just like the educator who has taught for 30 years. In this case, the length of time one had served as an educator did not seem to make one more or less knowledgeable in this area. Additionally, the knowledge gained from educators in supporting students who struggle with mental health is significantly developed through the number of unique experiences encountered with individual students, rather than the number of years someone has taught.

Teacher Inadequacy and Self-Efficacy

I created six questions specifically targeting participants' self-efficacy levels in supporting students with mental health deficits in their classrooms. On a Likert scale of Nothing (1), 2, Very Little (3), 4, Some Influence (5), 6, Quite a Bit (7), 8, A Great Deal (9),

participants were asked to answer a variety of questions related to their experiences working with students who had mental health deficits. When asked how well educators could *instruct* students struggling with mental health concerns, there was an equal response on the Likert scale ranging across three of the following ratings on the scale: four, some influence(5), and six. A total of 60% of participants reported across this range (20% represented in each category) indicating a majority response in the middle range of the scale with 40% of participants falling on either side of “Some Influence(5).” When asked to what extent is teaching students struggling with mental health challenging, participants’ responses were spread across the scale. However, 30% of participants answered, “Quite a Bit(7).”

Participants were specifically asked to rate to what extent their pre-service and in-service training impacted their preparedness to teach students with mental health deficits. Ratings along the scale for pre-service responses were broad, but 30% of participants felt that their pre-service experiences had “Some Influence(5)” on their preparedness. Contrarily, 60% of participants, were evenly split in their responses between “Very Little(3)” and “Some Influence(5)” when rating how their in-service time prepared them to support the mental health needs of students. 40% of participants believed that they had “Some Influence(5)” on how well they could support the mental health needs of their students. However, 40% of participants believed they had “Quite a Bit(7)” of influence over the positive impact they could have on a student’s mental health within the classroom.

The final portion of the survey/questionnaire that participants completed was the Teacher Sense of Efficacy Scale (TSES), providing information on levels of self-efficacy in the areas of engagement, instruction, and classroom management. Ironically, the overall scores of self-

efficacies for participants who filled out the TSES was an even split of five teachers ranking below average in self-efficacy and five teachers ranking above average (see Table 5).

Table 5

Participant TSES Assessment Results

Pseudonym	Engagement	Instruction	Classroom Management	Overall
Annalise	7.9	8.5	8.5	above
Serenity	7.1	7.5	7.9	above
Brianna	6.9	7	6.6	below
Brielle	6.3	6.4	6.4	below
Kenzie	7.8	8.3	8.5	above
Lennon	6.5	8.1	5.9	below
Clara	7	6.3	7.5	below
June	4.9	4.9	4.9	below
Luna	7.8	8	8.4	above
Emilia	8	7.1	6.8	above

Another portion of the survey included specific questions related to understanding perceived self-efficacy in working with students who have mental health deficits. Using the researcher-generated questions to depict self-efficacy specifically in the area of working with students struggling with mental health, eight participants scored in the medium range and two participants scored in the high range. All participants felt as though they could use more training working with students who struggle with mental health, specifically. Lennon worried that she was being asked to support students in an area where she felt inadequate, “I am not sure that in some extremes we are truly trained and equipped well enough to meet the needs of somebody who has a severe mental health issue. I often wonder if I am truly equipped to deal with that adequately.”

Participants, like Brielle, often felt frustrated without concrete ways to guarantee that students can be reached, “I think overall, it comes down to not really knowing how to tackle it.

You try one thing and that is not it, then you try another thing, and that is not it.” Kenzie shared the same frustrations, “What worked for one does not clearly work for the other.” Emilia felt more confident in certain areas of working with students with mental health deficits but less confident in others, “I feel like I am good at recognizing something is off, but now I feel like I am not good at helping with the coping piece.”

Understanding how the mental health of educators ultimately impacted their ability to work with students demonstrating signs of poor mental health was important to consider. Luna had great insight on this topic,

The flip side of mental health, not only with students, but with adults too, and that is hard when you are an adult struggling with your own mental health, to positively impact and put another student, or 42, and their mental health also in front of you, because it is kind of like the blind leading the blind. I don't know how to make you feel better, because I am struggling too.

Luna also pointed out that students experience and cope with the same traumas differently. This created a natural caution in perceived self-efficacy levels because all students and people were so unique. Luna explained, “Experiencing the same trauma, but they were reacting and growing in different ways, scaffolding different coping mechanisms that present differently, it makes them act completely opposite sometimes.” Knowing how to navigate and provide for each student’s needs accurately is an overwhelming task for teachers. Serenity spoke on how difficult it is to identify a child’s triggers, “You do not always know what the trigger’s going to be. You cannot plan for it.” She explained that children who are triggered can escalate quickly, and rapidly, and situations can quickly become emergencies inside the classroom.

It Starts at the Top

Some participants felt well-supported by their administration. Other participants expressed frustrations with “higher-ups” outside of their school building who negatively influenced their ability to utilize the supports they need or who did not make great use of their time with educators. Lennon explained her recent frustration over a training session where the presenter was unprepared, “We have had people that have come this year, who have come to train us, and go, oh, I am not able to hook up to your projector.” When more time was in such high demand for educators, it was frustrating to feel that their time was not being valued by those in leadership positions. Annalise struggled, feeling as though her professional input is not significant to those in higher leadership, “The people that are making the schedules and decisions are not even allowing us to give our opinion.” A few participants understood that their building administrators were under similar pressures and worry that it is unrealistic for them to deal with too many responsibilities within the day. Luna suggested,

I think that having one administrator solely to deal with behaviors would really relieve a lot of the pressures that our administrators feel because I feel like our administrators themselves are not supported. It is a top-down issue where it is a lot of people who are higher up who sit in offices, and they will tell you how to do it, but they are not going to physically show up.

Some participants did not feel as though they could openly share or have their concerns validated because those in higher leadership positions are worried about these problems existing within the district. Annalise explained, “We have hidden cases of things that we could be taking care of, but it is a number that they are worried about.” Participants referenced the “chain of command” they have to go through to utilize supports like Social Services. As Luna said, “Counseling services come into the school and are available as well to children outside of the school, but I do not have

direct links to them. There is a chain of people I would have to talk to before I got to them.” June expressed her frustration that administrative leaders are putting the image of the division above the needs of students, “You are not helping my babies when they really need it because you do not want to look bad on a state or federal piece of paper.” Teachers desired to feel confident when attempting to help students who have mental health deficits and they needed strong support from their leaders to be successful in this area.

Pre-Service Training Experiences

In an early segment of the survey/questionnaire, participants were asked to rate the presence of training they had received to support the mental health needs of their students from zero (not at all) to five (extensive training) throughout pre-service. 40% of participants rated the presence of training they had received during *pre-service* as a two. During interviews and focus groups, six out of 10 participants recalled no pre-service training experiences during the academic preparatory years before they became an educator. Four out of 10 participants recalled light coursework in the area of child psychology or generalized disabilities, but the term *mental health* was not often used in their coursework. Brianna recalled that one of her former professors had an extensive background in psychology, naturally enriching a course she was required to take in Human Growth and Development. She wished more pre-service coursework required classes in the area of psychology, as she recalled one required helpful class during her pre-service education. Kenzie had a similar pre-service training experience, recalling coursework in the area of psychology that lightly touched on a few topics related to mental health, but was not a course designated to mental health alone. Other participants did not remember taking a single class on mental health or anything of that nature. Of course, as society has evolved, different language has been used throughout the decades to describe various areas of mental health.

One participant recalled hearing professors speak on topics like depression or ADHD, but the term “mental health” was uncommon. Luna, a recent college graduate, felt passionate about colleges integrating specialized coursework to help future teachers better understand the impacts of trauma because she was never required to take a course like that. She hopes for a course to be created that would address Trauma-Informed Teaching. While most participants were optimistic about the idea of adding a course or two related to mental health and education, Lennon brought up a great point, “When I think of people in the medical profession dealing with mental health, they do not have one course or two courses to prepare them it takes years of preparation.” Lennon did not feel confident that one or two courses taken to cover the broad topic of mental health will be enough to prepare educators for what they are being asked to confront in the classroom today supporting students with mental health deficits.

In-Service Training Experiences

In an early segment of the survey/questionnaire, participants were asked to rate the presence of training they had received to support the mental health needs of their students from zero (not at all) to five (extensive training) throughout previous job assignments and their current job assignments. For both designated times of *previous job assignments* and *current job assignments*, 20% of participants were representative in each category on the linear scale for *zero, two, three, and four*. While it seems that pre-service training opportunities were not widely present for participants, opportunities for training during previous job assignments or current job assignments (after hire) seemed to vary among participants from the non-existent to middle range of the linear scale. All participants felt as though they had learned the most about working with students struggling with mental health as a result of their personal experiences. Annalise shared, “I think they have all been unique in their own ways and have

taught me a whole lot about how to handle each situation.” Brianna also mentioned, “I have learned either in my own room or someone else's room in action, not a classroom. You have no idea what you are doing until it is you and these kids, and you figure it out along the way.” Both Kenzie and Brianna recalled prior experiences with students or adults exhibiting behaviors that they initially misinterpreted as rude or overbearing. They explained with time, and the development of a genuine relationship, they began to realize their perceptions were incorrect. Student behaviors relating to mental health were initially perceived as negative. It was important for teachers to take time and remain unbiased when working with all students to ensure they remain open to learning more about why certain behaviors exist. June and Annalise both greatly benefited from a voluntary mental health training opportunity offered through the Department of Social Services. Annalise said she still uses the notes from that training today when she is struggling to meet the needs of students with mental health deficits.

Concerning the training the district previously offered, June explained, “The county provides some training, very limited training that we are required to do. I always seek out the ones that are optional.” Luna recalled the power of her personal experiences in the field and how they have “stuck” with her versus anything she heard about before working as an educator, “I remember sitting in those classes, and it did not mean as much to me and would not have stuck enough for me to remember it until I was in the trenches.” Luna reflected on a situation with a student that she referred to as “ground zero.” She learned so much from one situation that was so tough, that she feels confident now if it were to ever be that difficult with another student, she has extensive experience to attempt to make a positive difference, “If it ever was this bad again, here is how I know I would build them up, and here is how I knew I would reach out to the

correct resources.” Serenity, too, confirmed that experience is truly the best teacher, “Tried and true. It is what I have learned through these kids over the years.”

Requested Future Training

Participants were asked to suggest ideas for desired future training opportunities. Understanding the value of experiences working with students who struggle with mental health, Brianna suggested that educators may benefit from a simulation of some sort. A simulation could allow educators to observe more qualified individuals in the area of mental health de-escalate or avoid range cycles in students who quickly become triggered. Brianna reflected on previous professional development training opportunities, “Time and time again, we sit in those meetings when we are trained on what not to do, and de-escalation. But you are not seeing that with a kid.” Luna, too, saw the value of offering training that provides visual examples of how to handle students who are emotionally or physically dysregulated, “Perhaps a simulation that does not feel like you are reading a case study and you have to say, what would you do?” Participants who suggested a simulation for future training opportunities also noted that the training should be required, not optional. Brianna felt that more opportunities for mental health training should be offered to educators, but expressed the importance of everyone’s mandated participation, “I think those in-person simulations, any type of training that we could get, and not let it be optional. Let it be required. Everyone does this.”

Research Question Responses

This section offers concise answers to research questions to prime the discussion that will follow in Chapter Five. This study was guided by two sub-questions and one central question. Four major themes emerged from the research, which all strongly related to the research questions. These themes included, Challenges of Job Success, Predictors/Indicators of Poor

Mental Health, Building Relationships, and Experience is the Best Teacher. Nineteen sub-themes emerged from the overarching themes, which were also closely aligned with the aforementioned research questions used to guide the research. A strong correlation between the themes, sub-themes, and research questions within the study was a strength of the research.

Central Question

The central question guiding the research and sub-questions was, “What are classroom teachers’ lived experiences addressing the mental health needs of students in their classrooms?” This question related to every theme in the study including those already mentioned, as well as Building Relationships and Predictors/Indicators of Poor Mental Health. Luna referenced how family dynamics could be a predictor of poor mental health, “The students who needed the most help had parents who at first glance feel uninvolved, or like they do not care, but they are masking and coping with a lot of traumas themselves.” Every educator who participated in the study spoke to at least one positive relationship they’d established with a student that struggled in the area of mental health. Luna also recalled the importance of establishing strong relationships, “Building relationships with kids and helping to model positive coping strategies, or to help them find positive coping strategies or ways to calm down when they need it, are really crucial.” Experience in the classroom gave educators the ability to recognize some predictors and indicators of poor mental health early on, which enhanced the importance of establishing positive relationships with those students, especially. Educators within this study illuminated a variety of positive and challenging experiences working with students who had mental health deficits to inform the central question and allowed for more detailed sub-themes to emerge and be examined. Emilia summarized that although teaching is difficult, it is all about creating positive experiences for students, “Even though we vent, we think about them all day

and we try to figure out even when we get home how are we going to start the day tomorrow to make it a good day for our kiddos.” The participants from this study prioritized the well-being and safety of their students.

Sub-Question One

The first sub-question guiding this study was, “What experiences shape classroom teachers’ perceived self-efficacy toward meeting the mental health needs of students in their classroom?” The theme that emerged as Experience is the Best Teacher answered this question. Annalise did not remember taking classes on mental health during her pre-service time. However, Brielle recalled learning lessons related to mental health through her unique experiences in the classroom, “Year after year, I am able to connect some of the lessons that I have learned the previous year to the next year. I really do not have any experiences other than just what I have been through.” Additionally, Emilia described that mental health training has been through her own experiences. The survey participants filled out addressing their self-efficacy in the areas of student engagement, instructional strategies, and classroom management using the TSES, as well as the researcher-created questions specifically seeking to understand self-efficacy in the area of working with students who have mental health deficits, specifically addressed this part of the research indicating low self-efficacy and general inadequacy among half of the participants in these areas. However, Kenzie did note during her interview “The longer you teach, you are going to come in contact with a lot more things” suggesting that self-efficacy could be improved over time and varied experiences. Through interviews and focus groups, more descriptive information was provided to explain how administrative figures sometimes hinder educators’ abilities to feel confident in meeting the mental health needs of their students. Additionally, the theme “Building Relationships” supported the experiences of

teachers' perceived self-efficacy as well. Educators who were able to establish strong, positive relationships with students, colleagues, and parents expressed more confidence in their abilities to reach struggling students. Luna described, "If you do not have a good relationship with those kids first, they are not going to learn anything from you."

Sub-Question Two

The second sub-question, "How do classroom teachers' experiences with students with mental health needs inform preservice and in-service teacher training?" was addressed in all data collection methods including surveys, interviews, and focus groups. Mandatory pre-service and in-service training opportunities for teachers to support students with mental health deficits were scarce, and educators desired better "hands-on" and visual opportunities for training in the future to support the growing mental health needs of students. Brianna recalled how specific types of required training could benefit educators, "I want more required PD, like learning or in-person training with people in our buildings- just more professional development and real-life experiences, and instances of knowing you are not alone. This does happen to everyone." A few participants voiced their desire to see more of a focus on required coursework in pre-service to prepare future teachers for the mental health crisis educators have experienced recently inside the workplace. This question related closely to the theme "Challenges of Job Success" as educators described their pre-service and in-service experiences in hopes to inform future training opportunities. Educators specifically noted the insufficient time, lack of available resources and support, and the growing list of demands within their job titles to be the most challenging aspects of their careers. Both Brianna and Luna described feeling like they did not have enough support. Serenity more specifically explained some of the challenges she faced, "Lack of time, lack of pay, lack of community understanding for what teachers go through, and we have more demands

put on our plate. It is a very different world than what it was even five years ago.”

Participants hoped to see changes in these areas moving forward to better support students in the future.

Summary

Being an educator is generally a difficult job. However, educators being asked to support students struggling with mental health deficits in general education classrooms, without adequate training, has proven to be exhausting. The multiple roles educators play for students were vast and led to stress and burnout among educators. Educators were continually struggling to keep up with the changing dynamics of families, the negative influences of social media, the physical and emotional expressions of students, and the negative impacts on educational success present as a result of virtual learning and COVID-19. However, educators continued to show up and pour their energy into building relationships with students, colleagues, and parents, all while attempting to nurture their intrapersonal relationships. Participants confirmed that the mere number of years of experience is less valuable to self-efficacy levels when working with students who have mental health deficits than the unique experiences themselves that took place within the span of an educator’s career.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to describe the lived experiences of elementary general education teachers working with students who have mental health deficits. Ten participants were purposefully selected to recall their experiences within the study. Based on perspectives shared by participants, this chapter includes the interpretation of the findings relevant to educators' experiences working with students struggling with mental health. Theoretical, empirical, and practical implications, as well as delimitations and limitations of the study, will be examined here. Additionally, recommendations for potential future research are discussed in this chapter.

Discussion

Discussions surrounding mental health are becoming more prevalent in research communities. However, the current study examining the experiences of elementary general education teachers working with students struggling with mental health is unique among the masses. Interpretations and implications from the findings for both policy and practice are discussed below.

Interpretation of Findings

Four themes emerged from the research including (a) Challenges of Job Successes, (b) Predictors/Indicators of Poor Mental Health, (c) Building Relationships, and (d) Experience is the Best Teacher. Among the themes, there were 19 sub-themes. All major themes had five sub-themes, except Challenges of Job Successes, which had four sub-themes. The following themes and sub-themes may inform future training opportunities for educators and administrators. Individuals working in educational policy may deem these findings significant and could pursue

change that may impact teacher prep programs at the university and college level to equip future teachers for the challenges of supporting students with mental health deficits in the classroom.

Summary of Thematic Findings

The following thematic findings were present in the research: (a) Challenges of Job Successes, (b) Predictors/Indicators of Poor Mental Health, (c) Building Relationships, and (d) Experience is the Best Teacher. The sub-themes presented for Challenges of Job Successes included wearing multiple hats, lack of resources/supports, available resources/supports, and insufficient time. The sub-themes presented for Predictors/Indicators of Poor Mental Health included Family Dynamics, Negative Impacts of social media, Emotional Expression, Physical Expression, and COVID-19. The sub-themes presented for Building Relationships included Relationships with Students, Relationships with Colleagues, Relationships with Self, Relationships with Parents, and Student Relationships. The sub-themes presented for Experience is the Best Teacher included Teacher Inadequacy & Self-Efficacy, It Starts at the Top, Pre-service Training Experiences, In-service Training Experiences, and Requested Future Training. The aforementioned significant implications, as well as the summary, of the themes and their subthemes, are described in detail below.

Challenges of Job Success. Every participant taught at least one child with a documented (or was later to be documented) mental health-related issue (i.e., depression, anxiety, PTSD, ADD, ADHD, eating disorder, oppositional defiant disorder, or bipolar disorder), so every participant richly enhanced discussion on this topic. Educators found that their job descriptions were increasing in responsibility but decreasing in the time allotted to complete responsibilities. A lack of resources and support created a variety of problems for educators in addressing the mental health needs of their students. Additionally, the limited

resources and supports that they did report to be helpful were often unavailable in the immediate moment of need to assist struggling students.

Based on participant responses, it seems as though educators' basic needs are not being met in the classroom, which is problematic considering one of the major theories driving this study, Maslow's (1943) hierarchy of needs. Maslow's (1943) hierarchy of needs included needs for safety, psychological, and self-fulfillment within in pyramid, theorizing that academic performance cannot be reached until these needs are met. As multiple participants reported feeling unsafe and anxious in their classrooms due to their interactions working with students displaying mental health deficits, Maslow's (1943) hierarchy of needs challenged the concept that teachers would have been able to perform their professional responsibilities when their basic needs are lacking in their work environment. As educators work tirelessly to ensure the needs of their students reflected in Maslow's (1943) hierarchy of needs are met to prime students for learning, educational leaders must ensure that Maslow's (1943) hierarchy of needs is being prioritized for educators for optimal instructional performance.

Predictors/Indicators of Poor Mental Health. Educators also reported there to be indicators of students they had worked with leading them to believe there were mental health deficits present. First, family dynamics seemed to play a large role in mental health among students. Some students were living with guardians who were not biological parents, experiencing parental separation, were victims of abuse or abandonment within the home, living with additional people inside the home besides biological family members, struggling to cope with a terminally ill parent, etc. Additionally, participants shared several physical and emotional outbursts demonstrated by students with mental health deficits. The descriptions of

more violent or destructive outbursts among students with mental health deficits confirm the literature discussed previously, “Many behaviors of trauma victims are not socially accepted, especially when they include destruction, yet they are often the victim’s only coping mechanism (Bloom, 1999). All of these factors, and more, played a role in the perceived mental health of students among their teachers. Additionally, many educators had concerns related to the negative impacts of social media on elementary-aged students. The exposure of inappropriate content on social media informed students’ mental health statuses, as issues such as gender identity, anxiety, body image, eating disorders, etc. seeped into classroom discussions.

Students who were struggling with mental health tended to express their needs through both physical and emotional outbursts, aligning closely with the fundamentals of trauma theory (Caruth, 1995). Individuals who have experienced trauma may demonstrate different responses in mind and body depending on the specified trauma and their social background (Bloom, 1999; Yule, 2001). Educators struggled to navigate meeting the mental health needs of students amid these outbursts, while also attempting to keep other students engaged and safe within the learning environment. On many occasions, the physical and emotional outbursts of students with mental health deficits disrupted the learning and safety of their teachers and peers learning alongside them in the classroom. On some occasions, classroom evacuations were conducted to maintain the safety of those impacted by the outbursts. Lastly, educators believed COVID-19 played a massive role in the mental health of their students as parents lost sources of income, children lacked opportunities for social engagement, and students were forced to adapt to new challenges associated with virtual learning. For many students, virtual learning widened the achievement gap that was already present before the national shutdown of in-person learning in public schools.

Building Relationships. Educators who reported higher levels of self-efficacy in meeting the mental health needs of students felt strongly that building relationships were critical to the process. Annalise shared that she believed her trusting relationship with a student during a physical eruption kept her out of harm's way. Her theory is also confirmed in the aforementioned research, "If their coping mechanisms are to be taken, they must be replaced with something better- beginning with healthy human relationships" (Bloom, 1999). Annalise's theory additionally reiterated Maslow's (1943) hierarchy of needs theory indicating that individuals' psychological needs for belongingness and love, including intimate relationships and friendship, are critical to the process of priming students for their highest potential for academic success. Many participants described the importance of beginning to connect emotionally with students in the first weeks of school to set them up for success as the year progressed. Educators notated the importance of building relationships with not only students, but with parents, and colleagues, helping facilitate positive relationships between students and peers, and investing in an intrapersonal relationship as well. Additionally, one opportunity for a volunteer course offered through the social services department or volunteer schoolbook studies on mental health also proved to be beneficial in providing higher levels of self-efficacy for teachers, but not enough mandatory opportunities for training were provided for teachers within the district.

Experience is the Best Teacher. Educators gleaned mostly from their own experiences working with students with mental health deficits. This was true for all participants in the Johnsonville school district. Little to no pre-service training opportunities were provided in the area of mental health which proved to be beneficial for teachers before beginning their careers. In-service training opportunities were limited, and often not mandatory. Participants concluded that their own experiences informed their knowledge of supporting students struggling with

mental health needs, educators felt strongly that experiential training opportunities, such as live simulations or demonstrations of de-escalating students actively in a rage cycle, would best benefit educators' levels of self-efficacy when addressing the mental health needs of students. However, the methods modeled during simulations would be interpreted through the scope of understanding that not every tactic or strategy modeled will work for every child every time- as each child's needs are different with every unique incident that occurs. This concept does deviate from the research referenced in Chapter Three when discussing the construction of focus group question number five and the theory that operant conditioning may have been the best-suited format for educational training effectiveness. Operant conditioning would not be an appropriate format for mental health training for educators, as it removes the individuality and sensitivity of diverse needs among students in high-stress situations. Additionally, through the exploration of trauma theory (Caruth, 1995) it is understood that each individual responds differently to traumatic experiences, the way one thinks, learns, remembers, views themselves and others, and their worldview were all altered in conclusion to experiencing trauma (Bloom, 1999; Everett & Gallop, 2000; Yule, 2001). Self-efficacy levels are related closely to Maslow's (1943) hierarchy of needs under his description of self-actualization as linked to achieving one's full potential. Just as we understand the association with higher levels of self-efficacy and higher levels of confidence in students to achieve success, the same revelation could be considered true for educators (Balch et al., 2021). Lastly, educators expressed a desired need for support and modeling from administrative staff members holding positions of leadership. While many educators praised their school administrative teams for their attempts to support the mental health needs of teachers and students, they worried that unrealistic expectations trickled down

from those holding positions in the highest levels of educational leadership, including state and national positions, creating high-stress situations for those serving under them.

Implications for Policy and Practice

The data provided an array of opportunities for implications to be made in policy and practice. Policy greatly impacts the curriculum design of teacher prep programs. As a result, policy should be consistently reviewed and amended as needed. Changes in policy that reflect informing and preparing future educators to support students with mental health deficits inside the classroom at the college or university level may increase levels of self-efficacy for educators working with struggling students. In practice, teachers, administrators, and colleges/universities can benefit from a better understanding of the impacts of poor mental health, and their knowledge can serve as a strong support for students with mental health deficits in the classroom.

Implications for Policy

Policymakers have a unique responsibility to implement helpful policies, while also holding educational leaders accountable for reporting. Participants reported feeling unprepared and ill-equipped to manage the mental health issues of their students inside the classroom. Additionally, findings from this study suggest there is a level of distrust among teachers that the appropriate help will be provided when support is requested. Limitations on tracking disciplinary action within public education need to be lifted so that school leaders do not feel pressured to report conditions in their schools to be healthier than they truly are. Without the confidence to be transparent, school leaders and staff will continue to encounter dead ends when it comes to supporting the mental health needs of students. Teachers had the desire to see less emphasis placed on academic performance, and more emphasis placed on character development and

emotional well-being in the classroom. While teachers were continuously asked to do more for students' social and emotional needs, there has to be appropriate time provided for them to establish connections and relationships with students to prioritize social and emotional learning without fear of being punished for decreased academic performance. Unfortunately, SEL has become highly politicized, as sensitive topics such as critical race theory, gender identity, and LGBTQ+ rights may be referenced within the scope of SEL. This creates difficulty for educators in states led by conservative governors to teach skills and promote conversations using SEL. Beneficial skills for students that can be taught and modeled by educators to promote SEL include self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Balch et al., 2021). Helping students reach their full academic potential has always been the expectation for teachers. However, the appropriate additional time and available resources have not been allotted to accomplish the growing demand for teachers to help students develop social and emotional intelligence at this time. Educators were continually being asked to perform a variety of difficult tasks at a level of excellence without adequate time, resources, and financial compensation to do so. Additionally, policymakers must define the parameters around expectations for teachers to support students with mental health challenges. Compared to the educational time commitment of courses required to become a doctor in the mental health field, a few extra training sessions for teachers in the area of mental health will not adequately set teachers up for success.

Each state's Department of Education needs to add more training requirements into the regulations governing the state-approved educator preparation programs. Currently, there is a list of regulations for teacher preparation programs in Virginia for elementary education Prek-6, most recently reauthorized in 2020. The regulations are organized and separated into two

overarching categories, Methods and Knowledge & Skills. Within both categories are some sub-categories further elaborating on skills and competencies that educational institutions must ensure teaching candidates have mastered before completion of their educator preparation programs (EPPs). As of now, there are no required skills or competencies relating to social or emotional instructional practices or demonstration of mastery of knowledge in the area of mental health. Within the Methods category, one subpoint does refer to the brain, “b. Understanding of current research on the brain, its role in learning, and implications for instruction” (Virginia Legislative Information System, 2018). However, there is no current state regulation for institutions to educate and prepare teacher candidates on the topic of mental health and its impact on the academic, social, and emotional needs of students. Without policy changes within the Department of Education at the state level, institutions will likely not be motivated to make changes to their curriculum for teacher candidates. Thus, generating continuous mass groups of talented and passionate, yet ill-equipped, educators to identify, support, and meet the needs of students with mental health deficits. If teachers will continue to be expected to identify and support the mental health needs of students, then a substantial amount of mandatory education courses associated with mental health must be integrated into the state and federal requirements for educators to be better prepared in the field.

Lastly, it is important for ongoing training in the licensure renewal process for each state to be reflecting the evident need for mental health support for educators and their students. Through the licensure renewal process, training in the area of mental health should be provided to ensure teachers stay up to date on characteristics and supports for students with mental health deficits, as well as information to support the mental health needs of educators themselves.

Implications for Practice

There are several implications for practice related to a variety of people groups supported by this research. Teachers, administrators, and universities can collaborate to foster positive change by providing mental health support for students. Implications for teachers, administrators, and universities are outlined below.

Implications for Teachers. Today, educators are facing many challenges such as a lack of resources and support, multiple job responsibilities, and insufficient time to accomplish all that their position demands. While teachers work tirelessly to first meet the most basic needs of their students to ensure they can meet their academic needs second, *their* voices and most basic needs are being neglected. Maslow's (1943) hierarchy of needs is most often referenced from a teacher-student perspective, but the data presented in this study creates a new concern for caring for educators in the way that they are expected to care for their students. Daily, educators are exposed to physical danger as they are responding to physical and emotional expressions of students with mental health concerns who are unsafe for themselves and other students. While educators are consistently worried for the safety of all students, who are working to ensure the safety of educators? Many educators have lost their sense of safety and security in their classrooms, yet they are expected to perform professionally despite the direct contradiction to the theory this study was rooted in, Maslow's (1943) hierarchy of needs. Poor mental health among teachers could lead to lower-quality teacher-student relationships, poor classroom management, and an inability to develop supportive relationships with students (Kidger et al., 2016). Educators must set healthy work-life boundaries and be given strategies and coping mechanisms to ensure the preservation of their mental health to ensure that they remain healthy enough to care for others. Boundaries such as maintaining regular work hours, taking periodic breaks throughout

the day, and maintaining a manageable workload can help educators promote balance (DuBois & Mistretta, 2020).

As experience is the best teacher, it would be beneficial for educators to form Professional Learning Communities (PLCs) to support one another in supporting students with mental health deficits. During PLC meetings, educators would have opportunities to regularly share their experiences, and expertise, and work collaboratively to improve teaching skills and create or discuss helpful resources used to help struggling students. This would also be a productive space to discuss desired mental health training opportunities, as well as brainstorm ways to support the peers of students with mental health deficits who are regularly experiencing high-stress situations in the classroom. Additionally, regularly planned PLCs would be a great way for educators to have time designated to meet with one another and for there to be opportunities for vertical teaming so that teachers of students from previous years can share effective strategies with upcoming teachers for working with specific students in future years. PLCs can provide unique opportunities for educators to seek emotional support, practice activities for mindfulness or self-care, and foster positive professional relationships that could help improve the overall school climate. Research confirms that PLCs can help combat isolation among participants, as well as help educators inquire into their practice and obtain new knowledge through conversation (Cochran-Smith & Lytle, 1999; Hadar & Brody, 2016; Little, 2003). PLCs would also serve as an opportunity for leaders at the highest level within the district to attend and directly hear the needs, concerns, and lived experiences of educators.

Lastly, a lack of male educators serving at the elementary school level could suggest many circumstances to be true. Low pay, increases in student misbehavior, multi-job responsibilities, and increased levels of stress may all be reasons attributing to the low

representation of male educators in elementary schools. Student behavior serves a critical role in teachers' work conditions (Hwang & Fitzpatrick, 2021; Johnson & Birkeland, 2003; Loeb et al., 2005), as students' misbehavior increases stress and lowers teachers' job satisfaction rates (Abel & Sewell, 1999; Bottiani et al., 2019; Hwang & Fitzpatrick, 2021). It is possible that males have determined the low job satisfaction rates in education to be a deciding factor for beginning or maintaining a sustainable career in the field. Student behavior lowers self-efficacy levels in educators because disruptive behaviors interfere with teacher effectiveness (Hughes, 2012; Hwang & Fitzpatrick, 2021). It is more likely that teachers will spend more time disciplining students rather than teaching content when they are assigned students with behavioral problems (Boyd, 2012; Hwang & Fitzpatrick, 2021). Perhaps male educators prefer to spend less time disciplining students and generally place less value on their professional identities and more value on fulfilling their professional roles. Educators who have been assigned behaviorally challenging students may perceive themselves as being ineffective as a result of lower self-efficacy, providing motivation to ultimately leave the profession (Hwang & Fitzpatrick, 2021).

Implications for Administrators. While some participants spoke highly of the efforts of their administrators to support teachers and struggling students, more support is needed from higher leadership to provide teachers with ample time in their day to complete the tasks that continue to be piled on. One major area in need of change is allowing for appropriate transition times throughout the day for students to switch classes and move throughout the building to their scheduled activities. Second, educators are desperately in need of their planning time throughout the day to be protected and respected. With this time of the day often filled with meetings they are required to attend, there is little to no time left within the day for colleagues to talk, meet, plan, or consult one another for support. Additionally, teachers are spending time outside of their

contract hours working to meet the growing demands of their positions. If administrators can work to protect the time teachers have within the school day to get work done, educators would greatly benefit. Participants of the current study acknowledged the likely stress that many administrators must be operating under from those who are in leadership above them.

Administrators must be transparent and vocal with their leaders about setting healthy work boundaries for themselves, and their teachers, to avoid burnout and overwhelm. Administrators must serve as the voice for their staff and make changes to meet their needs to facilitate a healthy school climate. Educators will struggle to develop coping mechanisms when faced with traumatic stressors without colleagues and administrative support (Billingsley, 2004; Stamm, 2002). Lastly, administrators must hear the desire of teachers to receive more training in the area of mental health and their interest in a more hands-on approach to learning. Education leaders must become creative when it comes to modeling positive behavior management strategies, safety measures, and de-escalation skills through role-playing in potential simulations. Active training models are necessary, as trainees do most of the work and acquire knowledge and skill rather than solely hearing this information discussed (Silberman et al., 2015).

Implications for Universities. Universities play a large role in preparing prospective teachers to work in the field of education. Coursework tied to the fundamentals of trauma theory (Caruth, 1995), Maslow's (1943) hierarchy of needs, and early childhood development, paired with hours spent in the classroom through practicum placements, should reflect the reality of what education represents for teachers today. Participants who had been teaching ranging from 30 years to one and a half years had little to say about preservice opportunities preparing them for the responsibilities they are facing in the classroom to support students struggling with mental health. Universities must take a close look at their required list of courses and curricula to

ensure students are well-informed and prepared with experiences supporting students struggling with mental health. The current study suggests that the knowledge teachers have gained to help support students with mental health deficits has come from their unique experiences in the classroom working with those students directly. Teacher candidates must be provided with multiple opportunities to observe and support students with mental health deficits during practicum placements and their student teaching semesters. Without personalized experiences and observations of professionals modeling de-escalation, classroom safety, and building positive relationships, educators will enter their classrooms unprepared to support this growing group of students.

Theoretical and Empirical Implications

The purpose of this section is to address the theoretical and empirical implications of the study. Some implications were present relating to the two theories associated with this study, Maslow's (1943) hierarchy of needs and trauma theory (Caruth, 1995). Additionally, various practical implications were present as well. Limitations and delimitations for the study, as well as suggestions for future research, are addressed in this section as well. The findings from this study had implications to inform training opportunities for teacher preparation programs in-service opportunities among division leaders, as well as policy leaders at the state and national levels.

Empirical

The central research question, "What are classroom teachers' lived experiences addressing the mental health needs of students in their classrooms?" addresses the reality of the responsibility that educators are facing today to support the social and emotional health of their students, in addition to the academic growth they are accountable to show as well. The roles of educators are widely interpreted and need clarification to delineate expectations for current and

future teachers. The challenge of “wearing multiple hats” (serving in a variety of roles) that many participants described throughout the interviews and focus groups reflect a poor understanding of two terms outlined in the literature. An educator’s *professional role* is “a personal interpretation of a position based on expectations from the environment and on a systematically organized and transferable knowledge base” (Lunenberg et al., 2014, p. 17) while one’s *professional identity* is described as “relatively stable views, reflection patterns on professional behavior, and the accompanying self-image” (Lunenberg et al., 2014, p. 17) One’s professional identity relies heavily on personal perception, evolving through social and cultural experiences (Davey, 2013). In other words, professional identity primarily is related to personal views and self-images, while the concept of a professional role generally focuses on position and expectations from the environment (Lunenberg et al., 2014). An unconscious merging of these two terms created chaos, stress, and confusion for participants as professional roles can be mainstreamed, while professional identities are unique to every educator. Varied professional identities among educators can foster unequal working conditions, leading to potential burnout and resentment. While some educators naturally adopt the responsibilities of social and emotional learning, other educators may refrain from putting in effort in this area- as it is not required to fulfill their outlined professional role. Without deeper understanding and training for how to manage professional roles alongside professional identities, educators will continue to suffer the overwhelm that is associated with balancing a variety of roles in their job assignments.

It is believed that, as the main source of mental health services for children, up to 80% of psychosocial services are provided through schools (Atkins et al., 2015). This is cause for concern as the participants in the current study reported little to no pre-service or in-service opportunities for training in mental health-related areas. Participants continually reported feeling

ill-equipped to support the mental health needs of their students despite their desire to be helpful. This is consistent with prior research indicating although many teachers admittedly care about their student's mental health, many feel ill-equipped to have discussions or provide resources surrounding the topic (Frauenholtz et al., 2017). Participants reported heavily relying on school guidance counselors, a behavior specialist, the school psychologist, and school administrators to support the mental health needs of students, often creating delayed responses to highly stressful situations for students with mental health deficits. Being ill-prepared to handle students' mental health concerns is difficult for educators because they have limited knowledge of successful classroom interventions and are unfamiliar with warning signs and risk factors for developing mental health issues (Ekornes, 2017).

For educators, several challenges are associated with supporting the mental health needs of students such as multiple job responsibilities, lack of available/supportive resources, and insufficient time. Erasmus (2019) suggested that staff are trained to listen and given spaces and time to engage in conversations with students about mental health, However, the time to share in conversations surrounding mental health is not built into teachers' schedules, forcing many educators to make time during their daily scheduled breaks including recess, a planning period, or lunch. This is especially worrisome since one of the primary themes in the current study addressed the importance of building strong relationships with students. Participants found that often, academics had to be compromised or altered to meet the social and emotional needs of students to establish and maintain positive relationships throughout the school year. Teachers may be encouraged to form deeper relationships with students, to be more playful, to teach a language that allows students to accurately express emotions, and implement activities that promote calmness inside the classroom (Cranham, 2019). Participants also noted the value of

establishing a strong relationship with students' parents or guardians. Concerning education, variations of parental expectations, involvement, and support are understood to impact students' educational aspirations, academic performance, and academic adjustment (Brooks, 2015; Nichols et al., 2010; Pallock & Lamborn, 2006; Taylor et al., 1995).

Sub-Question One from the study, "What experiences shape classroom teachers' perceived self-efficacy toward meeting the mental health needs of students in their classroom?" was developed to understand how experience can inform self-efficacy among teachers working with students struggling with mental health. When asked how *well* they could instruct students with mental health deficits, participants seemed to have average levels of self-efficacy for instruction regarding students with mental health deficits. This is evident as 60% of participants selected scores in the ranges of 4, some influence(5), and 6. With 20% represented evenly in each of those middle ranges, it would be fair to imply that the majority of participants fall into the average range for self-efficacy levels related to instruction when having worked with students who had mental health deficits. Only 30% of participants reported teaching students with mental health needs to be challenging at the level of "Quite a Bit(7)" level, while other answers were broadly spread along the scale. Levels of preparedness to support students with mental health deficits based on pre-service experiences varied from "Nothing(1)" to "Some Influence(5)" to create a broad range of responses, with the highest population of participants choosing "Some Influence(5)" at only 30%. It is important to take into consideration the varied pre-service experiences participants would have had before beginning their in-service time. A variety of teacher preparation programs- including those outside of Virginia, including varied population groups encountered during field experience hours before licensure, could contribute to more diversified answers along this scale.

In-service experiences impacting preparedness displayed more alignment, with 60% of participants evenly split between ratings of “Very Little(3)” and “Some Influence(5)”. The majority of participants likely fall within this category since it would be more likely for their in-service experiences to be more aligned due to working within the same school district. Thus, many mental health training opportunities would likely be offered to employees across the district. 40% of participants felt they only had “Some Influence(5)” on how well they could *support* the mental health needs of their students, while 30% of participants reported “Quite a Bit(7)” of influence. Likewise, when participants were asked to what extent they believe they could *positively impact* students’ mental health within the classroom, 70% of participants selected choices between the ranges of “Quite a Bit(7)” to “A Great Deal(9)”. Comparatively speaking, it seems higher levels of self-efficacy are associated with participants’ beliefs to *positively impact* students with mental health deficits, yet lower levels of self-efficacy are associated with their perceived abilities to *support their needs*. It is likely that the terminology of “positive impact” provided broader implications for educators to interpret their scope of influence, while the term *support* narrowed their scope, seeming to imply a more specific skill set that some participants did not feel confident they possessed.

Combined average scores assessing teachers’ sense of self-efficacy in the areas of engagement, instruction, and classroom management on the TSES revealed that half of the participants scored above average and half scored below average. When participants completed the researcher-generated questions specific to levels of self-efficacy in the area of addressing the mental health needs of students, 20% of participants scored in the high-range leaving 80% to score in the mild range. While these initial scores suggest that self-efficacy levels among most participants may be in the moderate to low range, participants expressed less confidence verbally

through interviews and focus groups in their ability to support the mental health needs of students. These findings confirm prior research indicating teachers experience low self-efficacy when it comes to supporting students in their classrooms who are experiencing mental health concerns (Sulkowski & Lazarus, 2017).

Participants were less confident in how to support the needs of students with mental health deficits but felt that their experiences in the classroom working with these students did increase their ability to identify factors contributing to poor mental health. One participant described how a student habitually showed up academically unprepared for success when he was not bringing his Chromebook to school. Communication over this concern led to the realization that the student was homeless, living out of a car at a local campground. The participant recalled the child showing up angry at school every day. It is generally difficult for homeless students to meet standards of academic readiness (Tobin, 2016). Homeless individuals and families in rural areas are more likely to be sleeping in cars or camping in difficult places to locate (National Coalition for the Homeless, 2007b). Homeless children suffer from mental health issues at greater lengths than the general population (Tobin, 2016). It is projected that students living in poverty do not have the first two levels of Maslow's (1943) hierarchy of needs fully, or partially met (Balch et al., 2021).

More than ever, today children today are living in increasingly diversified family contexts (Brown, 2006; Okoree et al., 2020; Sun & Li, 2011). Now many women are capable of supporting themselves and their children apart from a husband and never before in history have unmarried and divorced individuals had the same legal, economic, and political options as married couples (Coontz, 2007). Coontz explained, "Once the state stopped insisting that everyone needed a government-sanctioned marriage license to enjoy the privileges and duties of

parenthood or other long-term commitments, other forms of intimate relationships and child-rearing arrangements came out from underground” (p. 15). Aside from children residing in homes with a married father and mother, every participant had taught at least one student being raised in an alternative setting. This can make communication efforts challenging for educators in a variety of ways, but especially to establish multiple strong relationships with (in some cases) multiple sets of guardians per student.

Theoretical

Sub-Question Two read “How do classroom teachers’ experiences with students with mental health needs inform pre-service and in-service teacher training?” This question was designed to examine the unique relationship between teachers’ experiences and what can be learned from them to influence potential training opportunities. Pre-service and in-service training on trauma were generally not provided to participants and as a result, participants believed the best way to become more confident in supporting the mental health needs of students is through their unique experiences inside the classroom. The years of experience in education or the highest level of degree achieved notated in the survey/questionnaire for each participant had very little to do with participants’ perceived self-efficacy levels. This is especially interesting because participants expressed during interviews that the bulk of what they have learned about how to best support students with mental health deficits came from their individual experiences in the classroom, rather than from any pre-service or in-service training. The literature confirms participants’ reports reiterating that educators often explore their practice to improve and better understand their work (Hadar & Brody, 2016). Hence, educators serve as the catalysts for much of the research in and about teacher education being done today (Hadar & Brody, 2016). The realization that “experience is the best teacher” had participants eager to see

more hands-on training opportunities, including observations of professionals in the field of mental health de-escalating student behavior. However, participants expressed the importance of training being mandatory for staff rather than voluntary, as the implications from active training could overall improve all teachers' self-efficacy levels and decrease frustration levels among colleagues. This recommendation is important because teachers' positive perceptions of self-efficacy have been linked to whether or not they remain in the field of education (DuBois & Mistretta, 2020). Efficacious people are hypothesized to work harder and persist longer amid difficult situations in contrast to those who doubt their competencies (Schunk, 1991).

The current study extends and sheds new light on theories informing the topic such as Maslow's (1943) hierarchy of needs and trauma theory (Caruth, 1995). Analyzing the experiences of teachers working with students struggling with mental health may illuminate the need to understand the social, emotional, and academic needs of those students. A better understanding of the mental health needs of students directly correlates to Maslow's (1943) hierarchy of needs, as his tiered approach suggested necessary areas of needs to be met before learning occurs, such as physiological, safety, love, esteem, and self-actualization. Additionally, understanding educators' personal experiences working with students struggling with mental health could also provide broader insight into potential opportunities to better meet professionals' needs through training and effective motivational strategies to help them be most successful (Ştefan et al., 2020). Secondly, as the study is also guided by trauma theory (Caruth, 1995), it was understood that trauma can cause cognitive chaos and a present division of consciousness (Baleav, 2008). Therefore, trends of how trauma impacts students' mental health may emerge from the shared experiences of educators within this study.

Reports from one participant confirmed the impacts of feeling unsafe in the classroom with physical symptoms caused by anxiety and fear. A smartwatch indicated that her heart rate reached an unhealthy level and she experienced difficulty using the restroom throughout the day at school due to the feelings associated with anxiety and fear triggered by behaviors exhibited by a student with mental health deficits within her classroom. If teachers fail to address high-stress levels it may lead to prolonged mental problems, reduced performance at work, absence due to sickness, and health-related retirements in teachers (Kidger et al., 2016). Educators will be unable to meet the basic needs of their students if their basic needs for safety and security are consistently overlooked. Just as children cannot be expected to succeed academically until the lower levels of Maslow's (1943) hierarchy of needs are met, educators cannot be expected to perform professionally unless their most basic needs have been met as well. Ensuring the safety and security of educators must be a top priority among building administrators since teachers are increasingly at risk for common mental health disorders (Kidger et al., 2016). This is especially relevant as a recent report of an elementary school student's violence towards his teacher made national headlines. On January 6th, 2023 in Newport News, Virginia, a six-year-old student intentionally shot his teacher, Abigail Zwerner, inside the classroom. NBC News reported that the teacher sent a text displaying her frustration for the lack of help or support from the administration regarding the student, who she knew was armed (Ortiz & Planas, 2023). Four teachers, including Zwerner, attempted to alert and receive assistance from administrators for problematic behavior and reports of the student having a weapon on the day of the incident, but no administrative action was taken (Ortiz & Planas, 2023). Ortiz and Planas with NBC quoted, "She [Zwerner] was frustrated because she was trying to get help with this child, for this child, and then when she needed help, no one was coming" (Ortiz & Planas, 2023).

At least two participants expressed concerns for the classmates of students with mental health concerns and the impacts that consistent physical and emotional outbursts may have on their mental health throughout the school year. It is important to view Maslow's (1943) hierarchy of needs as not solely dependent on the teacher-to-student relationship but to also be open to evaluating how the actions of peers with mental health deficits can impact other students' need to feel safe and loved within the classroom. The impacts that students with mental health concerns may have on their peers may not always be witnessed by an adult. For example, one participant recalled a student attempting to hang himself using the chains from the swings on the playground during recess in front of a crowd of students, creating emotional distress for many of the other children. Additionally, threatening language used by students with mental health deficits such as threats to kill or harm peers or their family members can usher in feelings of fear and anxiety for others students. While educators may not see these kinds of interactions firsthand, they can certainly impact peers' readiness to learn if they are in a constant state of worry or anxiety over the next emotional or physical outburst from their classmate with mental health concerns. An individual who is unable to control his or her emotions is considered dysregulated (Balch et al., 2021). When dealing with one or more dysregulated students at a time, especially when in front of a large group where other students may be impacted, it is easy for educators to lose their emotional regulation (Balch et al., 2021). Approximately, half of teachers report feeling high-stress levels daily (Balch et al., 2021). If educators are at risk for developing emotional dysregulation when working with students who have mental health deficits, there is cause for concern for the other students witnessing emotional dysregulation by their peers *and* teachers in the learning environment. Both positive and negative childhood experiences impact brain development and contribute to one's emotional regulation, interpretation of others' behaviors,

and reactions to their environment (Balch et al., 2021; Jenson, 2005). Thus, the risk of consistent exposure to dysregulated behaviors by students with mental health deficits and their teachers should be considered when examining the long-term well-being of the other students.

One of the challenging aspects of navigating support for students with mental health concerns was reported by participants to be the trial-and-error phase of determining the needs of each student. In other words, what works for one student does not always work for another. As supported by trauma theory (Caruth, 1995), trauma can impact individuals in different ways according to their social groups paired with the individual's distinctive mind and body reaction to the experienced trauma (Bloom, 1999; Yule, 2001). Trauma theory (Caruth, 1995) suggests that one's identity can be changed, split, or destroyed as a result of trauma (Baleav, 2008). However, as one participant emphasized, it is important to understand that mental health deficits do not solely stem from trauma, and can be present within individuals due to biological predisposition or chemical imbalances within the brain.

Limitations and Delimitations

The study was delimited to employed general elementary education teachers. Elementary school teachers were the chosen focus to specifically examine educators' experiences with elementary-aged children. Participants were delimited to being currently employed to ensure that the experiences, support, and training received were as relevant to present-day conditions as possible. Current special education teachers were not eligible for the study due to the likelihood that their pre-service coursework included areas of study more closely aligned to mental health disorders than that of a general education teacher. The study only included participants who are over the age of 22 years old. The age minimum was required to ensure ample opportunities for pre-service in a college or university setting were provided. There was no age maximum, as

many teachers work until the time of retirement which varies for individuals. An additional delimitation of the study included at least one full academic year of teaching experience. This delimitation was created to ensure that participants had a full year to receive in-training opportunities, develop relationships with students and families, and explore available resources available to support students with mental health deficits. Another delimitation included the requirement of participants to have worked with at least one student classified, or later classified, as having a mental health disorder. Without experience working with a student in this area, participants would be unable to provide responses that supported research questions. The study was delimited to a transcendental phenomenological research design because it was the best fit for examining the lived experiences of teachers supporting students with mental health deficits.

The aforementioned delimitations resulted in some limitations within the study. First, no male educators volunteered to participate in the study, creating a perspective solely generated by females regarding the topic. While the absence of male participation was not a delimitation, the absence of a male perspective in the data is important to note. The lack of male representation in this study reflects the underrepresentation of males working in elementary education (Hwang & Fitzpatrick, 2021; McGrath & Van Bergen, 2017). In 2017, 10% of elementary school teachers were male (U.S. Department of Education, 2017). Additionally, the study was conducted with teachers all working in the same public school district, which creates limitations for the experiences of educators working in private school settings to be presented. Another limitation of the study included the absence of insight from secondary educators. The interviews and focus groups were conducted over video chat, creating challenges for logging into scheduled meetings on-time and without technical difficulties. Additionally, there were a few moments of poor internet connection during meetings, which resulted in a few words or phrases being lost in

translation during transcription. At times, the participant was unable to regain quality audio or internet connection quickly enough before the conversation had moved in a different direction. Further limitations were presented within the sample including that 70% of participants were upper-elementary (4th and 5th grade) teachers. The participants in lower elementary (Kindergarten and 1st grade) accounted for the remaining 30%, but there was no current representation of middle-elementary teachers in the areas of second and third grade considered. Lastly, while there was differentiation among participants about race and ethnicity, a limitation of this study includes that the participants were predominately one race. 80% of the participants for this study were white, 10% were African American, and the final 10% were Asian-American. This largely reflects the lack of diversity in the community surrounding the school district and limits the data from including richer experiences representative of various people groups.

Recommendations for Future Research

While this study provided a wealth of information on the experiences of elementary school general education teachers' experiences working with students who have mental health deficits, there are many additional avenues available to research surrounding this topic. First, the same study could be conducted at the secondary education level to compare the experiences among elementary and secondary educators. Studies done at the secondary education level would likely be more complex since older students may have diagnoses and potentially be medicated more prevalently than elementary-aged students. This speculation would largely impact the experiences of secondary educators versus elementary educators. If the study is replicated or extended, it would be wise to have male educators included in the sample. Secondly, this study could be conducted in a more generalized location, across states or even internationally, to

examine the experiences of educators supporting students struggling with mental health in states beyond Virginia and around the world.

Another area of potential future research is to examine the perceived roles of teachers. The role of an educator will be defined differently depending on who is being asked to describe it (Hadar & Brody, 2016). This study supports the growing demands of teachers to provide support for their students they do not feel aligns with their original job descriptions. It would be interesting to explore what roles parents or guardians, administrators, policymakers, and students perceive to belong to teachers compared to the job description upon which they were hired from. Another group of staff within the education system to examine are elementary school guidance counselors. The emphasis that all participants placed on receiving support from school guidance counselors presents an opportunity to examine their experiences managing the mental health needs of students in K-5 settings. Areas of specific examination for elementary guidance counselors could include job satisfaction rate, perceived self-efficacy, retention, and burnout.

Another group of individuals referenced, but not studied, within this research are students who do not present mental health deficits learning closely alongside those who do. Participants noted the emotional stress and feelings of burnout that occur through their experiences of supporting students with mental health needs, but a study examining the impacts and emotional stressors of classmates witnessing the behaviors of health deficits in students regularly would be informative. This study could be conducted through students, and other staff in the classroom, wearing smartwatches to determine health factors, such as elevated heart rates, when students are exposed to unsafe conditions in the classroom or witness emotionally damaging behaviors displayed by students exhibiting mental health deficits. Additionally, interviews and focus groups could be conducted to hear directly from students how learning alongside students with

mental health concerns impacts their educational experiences. A study such as this could be conducted at the elementary and secondary levels. Lastly, this study could be replicated to focus on specific ethnicity or people groups. For example, the study could be replicated on a military base to examine the experiences of teachers working with children whose parents are employed through the military. This would be an interesting topic of study considering the social and emotional strains that many military families experience when fearing for their loved one's safety.

Conclusion

This transcendental phenomenology was designed to understand the lived experiences of elementary general education teachers supporting students with mental health deficits. Data were collected through a questionnaire, survey, interviews, and focus groups and triangulated to develop themes and subthemes through the analysis process. Educators are overwhelmed with the tasks they were asked to perform in addition to teaching academic content and do not have time in the day to complete all the tasks that are required today. Overall, they feel ill-prepared to support the mental health needs of their students and request additional support and resources, including mandatory interactive training opportunities. The development of positive relationships and identifying predictors of poor mental health in students early can help with managing the social and emotional needs of students with mental health concerns. While minimal training has been formally offered, educators learned the most about how best to support students with mental health deficits, gaining confidence, after experiencing unique situations in their classrooms. The findings from this study have implications for teachers, administrators, policymakers, and universities. Ample experiences at the university level, as well as ongoing in-service professional development, must be provided for teacher candidates to work with students

identified as having mental health deficits to be prepared for their careers and teachers must adopt strong boundaries to protect their own social and emotional health before they can be expected to support the needs of others.

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APPENDICES**Appendix A.****IRB Approval Notice**

8/1/22, 9:32 PM

Mail - Johnson, Jordan Cole - Outlook

[External] IRB-FY21-22-1210 - Initial: Initial - Exempt do-

Mon 8/1/2022 9:56 AM

To: Johnson, Jordan Cole [REDACTED] Spaulding, Lucinda S (School of Education)

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

August 1, 2022

Jordan Johnson

Lucinda Spaulding

Re: IRB Exemption - IRB-FY21-22-1210 THE EXPERIENCES OF GENERAL
EDUCATORS WORKING WITH
STUDENTS STRUGGLING WITH MENTAL HEALTH: A
PHENOMENOLOGICAL STUDY

Dear Jordan Johnson, Lucinda Spaulding,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP)

and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the

Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any

https://outlook.office.com/mail/deeplink?Print 1/2 8/1/22, 9:32 PM Mail - Johnson, Jordan Cole - Outlook

modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

*Administrative Chair of
Institutional Research* **Ethics
Office**

Appendix B.**Permission to Use TSES Instrument**

Anita Woolfolk Hoy, Ph.D.

Professor

Psychological Studies in Education

Dear

You have my permission to use the *Teachers' Sense of Efficacy Scale* in your research. A copy of the scoring instructions can be found at:

<http://u.osu.edu/hoy.17/research/instruments/>

Best wishes in your work,

A handwritten signature in cursive script that reads 'Anita Woolfolk Hoy'.

Anita Woolfolk Hoy, Ph.D.
Professor Emeritus
College of Education

29 West Woodruff Avenue

www.coe.ohio-state.edu/ahoy

Columbus, Ohio 43210-1177

Phone

FAX

Appendix C.

Participant Recruitment Letter

Dear Recipient:

As a graduate student in the School of Education at Liberty University, I am conducting research to better understand the experiences of general education teachers working with students struggling with their mental health. The purpose of my research is to uncover the lived experiences of general educators addressing mental health needs for students within the classroom while also examining their perceived sense of self-efficacy to potentially inform future pre-service or in-service training opportunities, and I am writing to invite eligible participants to join my study.

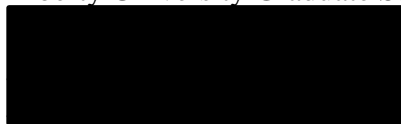
Participants must be 22 years of age or older, have completed **at least** one full year of teaching, have worked with **at least** one student who has had, or later developed, **at least** one mental health concern to include the following: 1) depression; 2) anxiety problems; 3) behavioral or conduct problems, such as ODD or conduct disorder; 4) autism, Asperger's disorder, pervasive developmental disorder, or other ASDs; 5) developmental delay; 6) Tourette syndrome or 7) ADD/ADHD and must be currently serving as a **general education** teacher assigned in grades Kindergarten through Fifth. Participants, if willing, will be asked to participate in a survey/questionnaire through Google Forms, complete an audio- and video-recorded individual interview with the researcher, and participate in an audio- and video-recorded focus group with other teachers. Transcript review will be offered to participants who would like to review their responses prior to publication of the study. It should take approximately 2.5 hours to complete the procedures listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please copy and paste this link to complete the survey:
<https://forms.gle/gXuXRNzafmjA7VC6>

A consent document is provided as the first page of the survey. The consent document contains additional information about my research. Please sign the consent document by typing your name and the date and it will be returned to me electronically in Google Forms. After you have completed the survey, I will contact you to schedule an interview and focus group.

Sincerely,

Jordan C. Johnson, M.Ed.
Liberty University Graduate Student



Appendix D.

Consent Form

Title of the Project: The Experiences of General Educators Working with Students Struggling with Mental Health: A Phenomenological Study

Principal Investigator: Jordan C. Johnson, M.Ed., Doctoral Student, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be 22-60 years of age, have completed at least one full school year of teaching, and be a general education teacher that teaches kindergarden-5th grade. Participants must also have worked with at least one student who has had, or later developed, at least one mental health concern to include to following: 1) depression; 2) anxiety problems; 3) behavioral or conduct problems, such as ODD or conduct disorder; 4) autism, Asperger's disorder, pervasive developmental disorder, or other ASDs; 5) developmental delay; 6) Tourette syndrome or 7) ADD/ADHD. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to understand the lived experiences and perceived self-efficacy of general education teachers working with students struggling with mental health within the classroom. The study is being conducted to gain information that may influence future professional development opportunities for educators with regards to mental health training.

What will happen if you take part in this study?

If you agree to be in this study, I would ask you to do the following things:

1. Complete the Google Form survey/questionnaire. The survey/questionnaire will gather and organize information on participants' demographics and participants' experiences working with students struggling with mental health & prior training opportunities. Lastly, participants will complete the Teacher Sense of Efficacy Scale (TSES) as the final part of the survey/questionnaire. The estimated time for the survey/questionnaire is approximately 20 minutes.
2. Complete a one-on-one interview with the researcher answering questions about experiences working with students struggling with mental health in the classroom and other experience-related questions related to the topic. The interview will be audio- and video-recorded and transcribed after the interview completion. The estimated time for this interview is approximately one hour. Participants will have the opportunity to review their interview transcripts to ensure accuracy.
3. Participate in a focus group once the individual interview process has been completed. Questions asked during the focus group serve to create conversation surrounding how

teachers' experiences with students suffering from mental health issues can inform future pre-service and in-service teacher training opportunities. Three groups, one per elementary school, will be available for teachers to choose from in order to provide options for optimal scheduling purposes. The focus group will be audio- and video-recorded to be transcribed after completion. The estimated time for focus groups is approximately one hour.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include the potential to influence future training opportunities for educators to successfully work with students struggling with mental health. Additionally, participants can expect to enhance professional relationships with colleagues across the district creating opportunities for supports in the future.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

However, for mandatory reporters, while participating in this study, you may become privy to information that triggers the mandatory reporting requirements for child abuse, child neglect, or intent to harm self or others.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

1. Participant responses will be kept confidential through the use of pseudonyms. Interviews and focus groups will be conducted in a location where others will not easily overhear the conversation.
2. Data will be stored on a password-locked computer and flash drive. Data and may be used in future presentations. After three years, all electronic records will be deleted.
3. Interviews and focus groups will be recorded and transcribed. Recordings will be stored on a password locked computer and flash drive for three years and then erased. Only the researcher and transcriptionist will have access to these recordings.
4. Confidentiality cannot be guaranteed in focus group settings due to other participants' engagement. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Jordan Johnson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at (804) 836-8771 and jcswineford20@gmail.com. You may also contact the researcher's faculty sponsor, Lucinda Spaulding, at lsspaulding@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record and video-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Appendix E.

Bracketed Individual Interview Questions

1. Please introduce yourself to me as if we just met one another.

I'm Jordan Johnson, a Ph.D. candidate and former teacher of 6 years. I taught 5th grade for 4 years and first grade for 2.
2. Please share what motivated you to become a teacher, and why have you remained in the profession.

I was motivated to become a teacher since I was a young girl. I used to play school with my younger sister and had a really positive school experience myself through the years. I am no longer in the profession because I am pursuing higher education and staying home with my son. However, I did experience extreme burnout after working through the COVID-19 pandemic. Prior to COVID-19, I experienced burnout through multiple experiences I had with difficult students with little to no training on how to manage their difficult behaviors.
3. What are the greatest challenges for teachers in the 21st century? CRQ

Wearing multiple “hats” or titles in addition to teacher
 Appropriate technology and pen & paper balance
 Classroom management
 Lack of physical, educational, and emotional resources for educators to access
4. Describe your understanding of symptoms associated with poor mental health. SQ1 & SQ2

Poor attention span, emotional outbursts, violent outbursts, impulsivity, sadness, isolation, negative self-talk, and frequent inability to regulate emotions independently

5. How have you experienced teaching and mental health being associated? CRQ
My own mental health began to suffer when I started working with students who struggled with their personal mental health. It was not only exhausting to try to understand their needs but meeting their needs (along with a slew of other students) seemed impossible. I have found that teachers are now expected to help students regulate their emotions without much guidance on how to do so, while also continuing to be held to a high standard of performance regarding student academic achievement.
6. How has an understanding of mental health, or lack thereof, impacted your experience working with students in your classroom? SQ1
A lack of understanding of mental health caused me to dread coming to work every day. It ultimately impacted my mood and desire to be present in the classroom and I found myself counting down the hours until the end of the day. I often felt drained, overwhelmed, on edge, and anxious during the school day. When I began to better understand how mental health can impact student behavior, I started to have more compassion for students who suffer, and it allowed me to form deeper relationships with students that I would normally be more guarded around.
7. What is your most memorable positive experience working with a student struggling with mental health? CRQ
At one point in the school year, my most difficult student (who greatly struggled in the area of mental health), made a short list of 3 people he trusted. All three of the listed individuals were people within our school. I made the list. I remember feeling so accomplished and thankful that I had the understanding and opportunity to work with this

student- which is a total 180 from how I felt about the student within the first few weeks of school.

8. What is your most challenging experience working with a student struggling with mental health? CRQ

One day the same student held a chair over his head and told me he was going to throw it at me. I was seated in a chair as well, and I was terrified that he was actually going to throw it at me. I was so shaken up by the event that I had an emotional breakdown with my administration team and thought very seriously about resigning during the second week of school. Fearing for my safety in my own first grade classroom felt so terrible.

9. Are there any instances that immediately come to mind when discussing the topic of mental health in the classroom? CRQ

I quickly learned that I was unable to control students when they had emotional outbursts. Whether they shut down or acted out, I had to allow the student time to process his/her emotions. I remember as specific day where a student stood on top of my counter during a lesson, begging for attention from me and his classmates to affirm his disruption. Additionally, students who run out of the classroom during instruction happened frequently. Teaching 18 other students, it was not possible for me to chase after this student and leave the others unattended in the classroom. So, I'd just call the front office to let them know that a student ran out of my room, and I'd continue on with the lesson I was teaching. Lastly, had it not been for a colleague taking me and the troubled student under her wing and offering an opportunity for our staff to participate in a book study she led, I don't know if I would have made it through the school year. I leaned heavily on her

encouragement and support when I was at the end of my rope, and I learned so much from her.

10. What experiences during pre-service training did you have to prepare you to work with students struggling with mental health? SQ1 & SQ2

I don't remember any training or required courses in pre-service preparing me to work with students struggling with mental health issues.

11. What experiences during in-service training have you had to prepare yourself to work with students struggling with mental health? SQ1 & SQ2

Help for Billy Book club and a short staff development session on trauma's impact on the brain during a faculty meeting once. I also had to complete a Virginia neglect and child abuse module course for licensure renewal, but that is all I can recall.

12. What unique classroom experiences have you had to prepare you to work with students struggling with mental health? CRQ

I've had the opportunity to work in collaborative settings with special education teachers who had more knowledge on areas of mental health who helped support students in my classroom. Additionally, I have had opportunities to work with behavioral intervention program coordinators within the school such as Elk Hill, who check in with students and attempt to keep them accountable- along with their guardians. I have experienced violent outbursts from students where others and myself were in danger, as well as students who refuse to speak and hide under their desk to avoid doing work. The range of expression between students and mental health concerns is diverse and creates a difficult dynamic for teachers to juggle on a daily basis-especially if there is more than one student with

severe mental health needs in the classroom at the same time and the teacher doesn't have another adult in the room to help manage the chaos.

13. Describe a time that you responded to a mental health need for a student in your classrooms? CRQ

I had a student refuse to come inside from recess, and I had to call an administrator to come coax him back into the building. Additionally, I experienced screaming, throwing, kicking, unexpected exiting of the classroom by students, and being completely ignored while speaking to a child. I often had to call administration for back up, but sometimes, if I allowed the student to work through their own emotions despite the disruption it was to others in the room, I was able to circle back to them and negotiate or reason with them to get back on track.

14. What emotions did you experience, if any, related to working with students struggling in the area of mental health? CRQ

Anger, frustration, fear, anxiety, exhaustion, fatigue, guilt, helplessness, but also times of happiness, pride, and confidence.

15. What resources are available to you, if any, to support working with students struggling with mental health? SQ1 & SQ2

The guidance counselor, a check-in/check-out system (mentorship), lunch buddy (community partnership), and administration.

16. Describe how, if at all, you relied on those available resources to help teach students struggling with mental health. SQ2

I mainly relied on those supports for disciplinary action or emotional support for the student.

17. Describe what supports have been helpful to you during your time working with students who struggle with mental health. SQ1 & SQ2

My colleagues have been so helpful to encourage with kind words or to offer helpful resources that they've used themselves. Simply sharing our experiences over lunch conversations reminded me that I wasn't alone in feeling so overwhelmed and helpless when dealing with some of these extreme situations. Additionally, a supportive administrative team made a world of difference for me in times when I was unable to handle threatening or highly distracting/disrespectful behaviors of students.

18. What resources did you wish you had but were not provided? SQ2

I wish I had a better understanding of how trauma can impact a child's development, especially relating to the brain. I lacked empathy and compassion for students who struggle with mental health until I understood this on a deeper level. I also wish that teachers had the ability to speak with counselors to help them navigate their own mental health concerns that may stem from experiences happening at work.

19. Explain how working with students who are struggling with their mental health has impacted you as an educator. SQ2

I don't see "bad" kids anymore. I tend to view difficult students through a new lens and ask different questions about how and why their behavior is the way it is. I have new compassion for children who have mental health needs after understanding more about how their brain may have been negatively impacted by trauma, leading to undesired behavior. Unfortunately, a variety of negative experiences within a few years of teaching did wear me down. Burnout was a major concern for me as I struggled to meet the ever-expanding needs of students while the academic demands of education continued to

deepen. It often felt impossible to carry all of the responsibilities I felt rested on my shoulders daily. It was draining to work so hard, attend meetings assigning us more work, and still feel so under accomplished at the end of the day. The work never felt done.

20. What else would you like to share related to your experiences working with students struggling with mental health in the classroom?

I am grateful for those who stepped in to support me during my difficult seasons of education working with students who had mental health needs. I realize that many educators may not have the supports I did. While the mental health of our students will always be important, we must never lose sight of the significance of educators' mental health as well. Teachers who don't have a comprehensive understanding of mental health will always struggle to help students struggling in this area as well. Teachers need to be equipped to help students in this area, while also being frequently reminded to care for their own needs throughout the journey to avoid burnout and fatigue.

Appendix F.

Mental Health Participant Survey

Survey Section 1 of 3

Directions: This survey has been created to gather information about participants such as sex, ethnicity, years of teaching experience, endorsement areas, grade levels taught/currently teaching, and self-efficacy levels concerning working with students struggling in the area of mental health.

Email *

Valid email

Survey Section 2 of 3

Participant Background Information

1. Please state your full name

Short answer text

2. What is your sex?

Male

Female

Prefer not to say

Other...

3. What is your ethnicity?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other...

4. What are your current years of teaching experience?

Short answer text

5. What is your highest academic qualification?

- Bachelor's Degree
- Master's Degree
- Doctorate
- Educational Specialist (EdS)

6. Please list any areas of endorsement that you currently hold

Short answer text

7. What grade level do you currently teach?

- Kindergarten
- First
- Second
- Third
- Fourth
- Fifth

8. Please select all of the elementary school grade levels/positions that you have previously taught, if different from your current assignment.

- Preschool
- Kindergarten
- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Special Education Teacher
- Other...

9. Which Elementary School do you currently work for?

1. Johnsonville 1

2. Johnsonville 2

3. Johnsonville 3

10. **During pre-service training (e.g., in undergraduate or initiate licensure graduate program) I received training in mental health related to assisting students to the following degree:**

	0	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extensive Training

11. **During a previous teaching assignment, I received training in mental health related to assisting students to the following degree:**

	0	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extensive Training

12. **During my current teaching assignment, I received training in mental health related to assisting students to the following degree:**

	0	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extensive Training

13. **I have taught, at least, one child with a documented (or was later to be documented) mental health related issue (i.e., depression, anxiety, PTSD, ADD, ADHD, eating disorder, oppositional defiant disorder, or bipolar disorder). If not included above in parenthesis, please specify the specific student diagnosis in designated area for "other" listed below.**

Yes

No

Other: _____

14. How well can you instruct students struggling with mental health concerns?

	Nothing (1)	2	Very Little (3)	4	Some Influence (5)	6	Quite a Bit (7)	8	A Great Deal (9)
Scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. To what extent is teaching students struggling with mental health challenging?

	Nothing (1)	2	Very Little (3)	4	Some Influence (5)	6	Quite a Bit (7)	8	A Great Deal (9)
Scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. To what extent have mental health training opportunities during pre-service impacted your preparedness to teach students who struggle with mental health?

	Nothing (1)	2	Very Little (3)	4	Some Influence (5)	6	Quite a Bit (7)	8	A Great Deal (9)
Scale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. To what extent have mental health training opportunities in-service impacted your preparedness to teach students who struggle with mental health?

Appendix G.

Survey Part 3- Teachers' Sense of Efficacy Scale (TSES)

Teachers' Sense of Efficacy Scale¹ (long form)

Teacher Beliefs	How much can you do?									
Directions: This questionnaire is designed to help us gain a better understanding of the kinds of things that create difficulties for teachers in their school activities. Please indicate your opinion about each of the statements below. Your answers are confidential.	Nothing	Very Little			Some Influence		Quite A Bit		A Great Deal	
1. How much can you do to get through to the most difficult students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
2. How much can you do to help your students think critically?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
3. How much can you do to control disruptive behavior in the classroom?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
4. How much can you do to motivate students who show low interest in schoolwork?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
5. To what extent can you make your expectations clear about student behavior?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
6. How much can you do to get students to believe they can do well in schoolwork?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
7. How well can you respond to difficult questions from your students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
8. How well can you establish routines to keep activities running smoothly?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
9. How much can you do to help your students value learning?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
10. How much can you gauge student comprehension of what you have taught?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
11. To what extent can you craft good questions for your students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
12. How much can you do to foster student creativity?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
13. How much can you do to get children to follow classroom rules?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
14. How much can you do to improve the understanding of a student who is failing?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
15. How much can you do to calm a student who is disruptive or noisy?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
16. How well can you establish a classroom management system with each group of students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
17. How much can you do to adjust your lessons to the proper level for individual students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
18. How much can you use a variety of assessment strategies?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	

19. How well can you keep a few problem students from ruining an entire lesson?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
20. To what extent can you provide an alternative explanation or example when students are confused?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
21. How well can you respond to defiant students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
22. How much can you assist families in helping their children do well in school?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
23. How well can you implement alternative strategies in your classroom?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
24. How well can you provide appropriate challenges for very capable students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Directions for Scoring the Teachers' Sense of Efficacy Scale¹

Developers: Megan Tschannen-Moran, College of William, and Mary

Anita Woolfolk Hoy, the Ohio State University.

Construct Validity

For information, the construct validity of the Teachers' Sense of Teacher efficacy Scale, see:

Tschannen-Moran, M., & Woolfolk Hoy, A. (2001). Teacher efficacy: Capturing and elusive construct. *Teaching and Teacher Education*, 17, 783-805.

Factor Analysis

It is important to conduct a factor analysis to determine how your participants respond to the questions. We have consistently found three moderately correlated factors: *Efficacy in Student Engagement*, *Efficacy in Instructional Practices*, and *Efficacy in Classroom Management*, but at times the make up of the scales varies slightly. With preservice teachers we recommend that the full 24-item scale (or 12-item short form) be used, because the factor structure often is less distinct for these respondents.

Subscale Scores

To determine the *Efficacy in Student Engagement*, *Efficacy in Instructional Practices*, and *Efficacy in Classroom Management* subscale scores, we compute unweighted means of the items that load on each factor. Generally, these groupings are:

<u>Long Form</u>	
<i>Efficacy in Student Engagement:</i>	Items 1, 2, 4, 6, 9, 12, 14, 22
<i>Efficacy in Student Engagement:</i>	Items 7, 10, 11, 17, 18, 20, 23, 24
<i>Efficacy in Classroom Management:</i>	Items 3, 5, 8, 13, 15, 16, 19, 21
<u>Short Form</u>	
<i>Efficacy in Student Engagement:</i>	Items 2, 3, 4, 11
<i>Efficacy in Instructional Strategies:</i>	Items 5, 9, 10, 12
<i>Efficacy in Classroom Management:</i>	Items 1, 6, 7, 8

Reliabilities

In Tschannen-Moran, M., & Woolfolk Hoy, A. (2001). Teacher efficacy: Capturing and elusive construct. *Teaching and Teacher Education*, 17, 783-805, the following were found:

	Long Form			Short Form		
	Mean	SD	alpha	Mean	SD	alpha
OSTES	7.1	.94	.94	7.1	.98	.90
<i>Engagement</i>	7.3	1.1	.87	7.2	1.2	.81
<i>Instruction</i>	7.3	1.1	.91	7.3	1.2	.86
<i>Management</i>	6.7	1.1	.90	6.7	1.2	.86

¹ Because this instrument was developed at the Ohio State University, it is sometimes referred to as the *Ohio State Teacher Efficacy Scale*. We prefer the name, *Teachers' Sense of Efficacy Scale*.

Appendix H.

TSES Participant Response Organizational Document

Question Number	Efficacy in Student Engagement	Question Number	Efficacy in Instructional Strategies	Question Number	Efficacy in Classroom Management
#1	3	#7	7	#3	5
#2	8	#10	9	#5	9
#4	6	#11	9	#8	9
#6	7	#17	7	#13	3
#9	5	#18	9	#15	5
#12	9	#20	9	#16	8
#14	7	#23	7	#19	5
#22	7	#24	8	#21	3
Average Score:	6.5	Average Score:	8.125	Average Score:	5.875
<hr/>					
Lennon	Long Form				
		Mean			
		<hr/>			
	OSTES	7.1			
	below Engagement	7.3			
	above Instruction	7.3			
	below Management	6.7			

Appendix I.

TSES Averages Organization Document

Pseudonym	Engagement	Instruction	Classroom Management	Overall Label
Annalise	7.9	8.5	8.5	above
Serenity	7.1	7.5	7.9	above
Brianna	6.9	7	6.6	below
Brielle	6.3	6.4	6.4	below
Kenzie	7.8	8.3	8.5	above
Lennon	6.5	8.1	5.9	below
Clara	7	6.3	7.5	below
June	4.9	4.9	4.9	below
Luna	7.8	8	8.4	above
Emilia	8	7.1	6.8	above

Appendix J.

Researcher Created Survey Question Organizational Document

Participant	Q One	Q Two	Q Three	Q Four	Q Five	Q Six	Total Sum		Participant	Years of Experience	Most years to Least
Annalise****	7	7	3	9	7	9	42	Highest Score Possible: 54			
Serenity*****	6	8	3	3	5	7	32	Lowest Score Possible: 6			
Brianna	6	7	5	6	7	6	37	Middle Score: 30			
Brielle	3	7	2	3	5	5	25	Low range	6-22 (range of 16)		
Kenzie*	8	5	5	5	7	7	37	Medium range	23 - 38 (range of 15)		
Lennon**	5	8	1	3	5	7	29	High range	39 - 54 (range of 15)		
Clara***	9	5	4	5	8	8	39				
June	4	9	4	5	5	5	32	Low: N/A			
Luna	4	6	5	7	6	9	37	Medium: Serenity, Brianna, Brielle, Kenzie, Lennon, June, Luna, Emilia			
Emilia	5	4	1	1	6	7	24	High: Annalise & Clara			
Average:	5.7	6.6	3.3	4.7	6.1	7	33.4				
* = most to least years of experience (top 5)											
Q1: How well can you instruct students struggling with mental health concerns?											
Q2: To what extent is teaching students struggling with mental health challenging?											
Q3: To what extent have mental health training opportunities during pre-service impacted your preparedness to teach students who struggle with mental health?											
Q4: To what extent have mental health training opportunities in-service impacted your preparedness to teach students who struggle with mental health?											
Q5: How well can you support the mental health needs of your students?											
Q6: To what extent do you believe you could positively impact students' mental health within the classroom?											

Appendix K.
Interview Questions

Individual Interview Questions

1. Please introduce yourself to me as if we just met one another.
2. Please share what motivated you to become a teacher, and why have you remained in the profession.
3. What are the greatest challenges for teachers in the 21st century? (Central RQ)
4. Describe your understanding of symptoms associated with poor mental health. (Sub RQ 1 & 2)
5. How have you experienced teaching and mental health being associated? (Central RQ)
6. How has an understanding of mental health, or lack thereof, impacted your experience working with students in your classroom? (Sub RQ 1)
7. What is your most memorable positive experience working with a student struggling with mental health? (Central RQ)
8. What is your most challenging experience working with a student struggling with mental health? (Central RQ)
9. Are there any instances that immediately come to mind when discussing the topic of mental health in the classrooms? (Central RQ)
10. What experiences during pre-service training did you have to prepare yourself to work with students struggling with mental health? (Sub RQ 1 & 2)
11. What experiences during in-service training have you had to prepare you to work with students struggling with mental health? (Sub RQ 1 & 2)

12. What unique classroom experiences have you had to prepare you to work with students struggling with mental health? (Central RQ)
13. Describe a time that you responded to a mental health need for a student in your classroom? (Central RQ)
14. What emotions did you experience, if any, related to working with students struggling in the area of mental health? (Central RQ)
15. What resources are available to you, if any, to support working with students struggling with mental health? (Sub RQ 1 & 2)
16. Describe how, if at all, you relied on those available resources to help teach students struggling with mental health. (Sub RQ 2)
17. Describe what supports have been helpful to you during your time working with students who struggle with mental health. (Sub RQ 1 & 2)
18. What resources did you wish you had but were not provided? (Sub RQ 2)
19. Explain how working with students who are struggling with their mental health has impacted you as an educator? (Sub RQ 2)
20. What else would you like to share related to your experiences working with students struggling with mental health in the classroom?

Appendix L.

Transcriptionist's Confidentiality Agreement

Confidentiality Agreement

This Confidentiality Agreement states the entire agreement between the researcher and research assistant concerning the disclosure of personally identifiable, confidential, or proprietary information concerning the research study by Jordan Johnson (hereafter referred to as "Confidential Information").


It is understood and agreed to that the information set forth below and otherwise provided directly or indirectly by the research participants to the research assistant may contain Confidential Information. As a condition to receiving the Confidential Information, I, the research assistant, who may witness, hear, receive, and/or obtain the Confidential Information, hereby understand, and agree to the following:

- I. Not disclose the Confidential Information provided by research participants to any third party or use for any purpose other than what has been approved by the University's Institutional Review Board (IRB).
- II. Follow the IRB approved process of Transcription
- III. Abide by this Confidentiality Agreement that is enforced to protect the confidentiality of research participants. If this agreement is breached, I, the research assistant, and the researcher, will be subject to applicable and appropriate legal and/or academic sanctions.

WHEREFORE, I acknowledge that I have read and understand this Agreement and accept the duties and obligations set forth herein.

Transcriber:

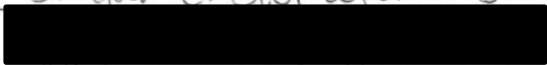
Name (Print): Dr. Danisha Keating

Signature: 

Date: 8/23/22

Researcher:

Name: Jordan C. Swineford-Johnson

Signature: 

Date: 8/23/22

Appendix M.

Coded Interview

Speaker 2 10:15

Um, I think, I think the most positive was the student who, you know, we had such a hard time with, that I've spoken about, you know, I think after seeing, you know, after that had happened, the parents, so very low income family, Mom and Dad were very, you know, we got him to help through the IEP program, and by the end of the year, we felt like he was in a really good spot. And, you know, that made me feel really good that he was getting the help he needed, we had set him up with summer counseling at the Social Services in REDACTED (location), and, you know, I really thought, you know, this, this kid's going to, you know, be okay. It wasn't until the next year, we went to orientation at the middle school, that I saw him, and he looked, I mean, absolutely amazing, and looked like a totally different kid. You know, still taking precautions, like he had to wear a clear backpack to school because of, you know, threats and that kind of thing, they were scared he would make, but I even talked to some students that were in class with him, kind of keeping, you know, keeping an eye on him while I was, you know, still at the elementary school, and they said he was just, you know, a different kid. I mean, because they remember, there was a time on the playground where you, he put the chains around his neck from the swings, and just tried to just swing like that. And the kids saw that, and they were so sad and disturbed by that, because they were like, you know, he says things all the time, and he doesn't have friends and we all like him and, you know, he just doesn't know it. So, I think that kids rallied around him and that was so refreshing to see too. So, I think out of all the kids that I've seen, you know, with mental health, you know, crises, you know, he was probably the one that, you know, really came out of it strong and is still doing good. I think he's going into high school this year. And, you know, still doing the things and...

Speaker 1 12:34

Yeah, that's great. That's a good story.

Speaker 2 12:36

Yeah.

Speaker 1 12:37

The outcome... Okay, question number eight, what is your most challenging experience working with the students struggling with mental health?

Speaker 2 12:44

Um, so probably the most challenging was I had a student who was diagnosed with autism, but also had mental health things going on too. And that particular year, I had, I taught my oldest son in the same classroom as this child and it was, you know, I'm all about relationships and all about, like, making sure that, you know, all my students have a strong relationship with me, whether they, they like me or not, we at least have some type of relationship, a trusting one. And this student ended up feeling like he needed to protect me all the time. So, I almost feel like it was his autism slash, you know, whatever he was going through mental health wise. And he would like go after anybody that came to see me, especially my child, personal child. You know, it was very, I've never seen anything like that. Like it was very hard to teach, you know, other students when I couldn't even go up to a student without him reacting in a physical, harmful way. I think, you know, he had a lot of - sorry - I think he had a lot of support, but I don't think he had... I don't know, it just like, nobody could do anything for him except remove him from the classroom, which was hard for him, but it was, you could see the mental health part of it was coming out more and more as he got older. I think towards the end, I think he made it to halfway through sixth

Jordan Johnson
low income family=factor of potential mental health struggle

Reply

Jordan Johnson
early intervention allowed student to "get where he needed to be"

Reply

Jordan Johnson
counseling services through nearby county= child doing amazing the next year

Reply

Jordan Johnson
child displaying self-harm behaviors on the playground

Reply

Jordan Johnson
other students witnessing disturbing behaviors by struggling student and feel uncomfortable

Reply

Jordan Johnson
emphasis on building TRUSTING relationships- even if students don't like her

Reply

Jordan Johnson
student became hyper-possessive over teacher

Reply

Appendix N.

Focus Group Questions

1. What training experience(s), if any, did you have during pre-service to prepare you for teaching students struggling with mental health needs? SQ2
2. What in-service experience(s), if any, have you had during in-service to prepare you for teaching students struggling with their mental health? SQ2
3. What is an educator's role in helping students improve and maintain positive mental health? SQ1 & SQ2
4. Describe how, if at all, you are working to improve the mental health of students currently in your classroom. CRQ & SQ1 & SQ2
5. What format of training(s) do you feel would be most effective in using for preparing educators to work with students struggling with mental health (i.e., presentation, observation, hands-on, etc.)? SQ2
6. How could your district, school, or community support teachers to improve and maintain positive mental health for their students? SQ1 & SQ2
7. How could your district, school, or community support teachers to improve and maintain positive mental health for your colleagues? SQ1 & SQ2
8. How could your district, school, or community support teachers' to improve and maintain positive mental health for yourself? SQ1 & SQ2
9. In what ways, if at all, have working with students who struggle with mental health been challenging? CRQ
10. In what ways, if at all, have working with students who struggle with mental health been rewarding? CRQ

11. How has working with students who struggle with their mental health impacted your job satisfaction and decision to remain or leave the profession? CRQ & SQ1 & SQ2

Appendix O. Coded Focus Group

I'm never worried about SOLS ever. I know exactly what my SPED kids can and can't do. You know, [REDACTED] and I have little ones, [REDACTED] knows that. Like it, they are not going to perform this year the way we have had it in the past. And even though they're like, you know, you're gonna have to get there. At some point, somebody's gonna have to understand they're not. And it's okay, that they're not going to get there. Like, we're going to try our best. But if they don't get there, then tell your teachers. It's okay. And then on the other part of that, when they do the work, they need to tell their teachers, thank you for doing well. Like, we appreciate it instead of just saying, Yeah, they did great. Like, not that I need it. I don't need somebody to tell me that like, I am proud of myself-

J 1:02:38

That's not true. Yes, you do. [There's not a person alive that doesn't need to be told you are doing a fantastic job. You are worthy and you matter]

Luna 1:02:48

Because that rigidity-

Speaker 1 1:02:51

Yeah.

Luna 1:02:52

I think I thought I've thought this for a while. But I think that having one administrator's solely to deal with behaviors would really relieve a lot of the pressures that our administrators feel because I feel like our administrators themselves are not supported. It's a top-down issue where it's a lot of people that who are higher up who sit in offices, and they will tell you how to do it, but they're not going to like physically show up. But I feel like if we had someone who was designated to work with behaviors, someone who's designated to work with teacher support, versus everybody's gone to work with a different crucial issue, which is really stressful, because then when I need something that might not even be behavior related, related to myself and my classroom, I can't find that support. And by tomorrow, I've forgotten it and something else has come up that I just like, it doesn't matter anymore.

Speaker 1 1:03:39

Right.

Speaker 1:03:40

L, do you have any f- Oh, sorry, J. Go ahead.

J 1:03:43

So, I, you know, since you're, you're doing this for your dissertation, I think it is very important for colleges, professional development teams, whatever it is to realize our jobs are not career sustainable.



Jordan Johnson
It starts at the top
Reply



Jordan Johnson
Support/lack thereof
Reply



Jordan Johnson
Starts at the top
Reply



Jordan Johnson
burnout
Reply

Appendix P.

Themes and Subthemes Chart

Themes and Subthemes Derived from Data

Theme	Subthemes
Challenges of Job Success	<ul style="list-style-type: none"> Wearing Multiple Hats Lack of Resources/Supports Available Resources/Supports Insufficient Time
Predictors/Indicators of Poor Mental Health	<ul style="list-style-type: none"> Family Dynamics Negative Impacts of social media Emotional Expression Physical Expression COVID-19
Building Relationships	<ul style="list-style-type: none"> Relationship with Students Relationship with Colleagues Relationship with Self Relationship with Parent Student Relationships
Experience is the Best Teacher	<ul style="list-style-type: none"> Teacher Inadequacy & Self-Efficacy It Starts at the Top Pre-service Training Experiences In-service Training Experiences Requested Future Training

Appendix Q.
Data Analysis Chart

Theme	Categories/Subthemes	Codes	Quotes/Significant Statements (Source in parentheses)
Building Relationships	Teacher-student	One-on-One	But I think the hardest part is like, even though we want to do these things in the classroom, like we don't like sometimes the environment is not one that is, is set up where a student is able to open up. (E, FG2, pg. 2)
			So, you know that trust being built, and you know that frequent check in with all the kids I think is really important and building that relationship. Building a relationship is my big thing, if you can't have a relationship with them, you can't do anything with them, honestly. (A, FG3, p. 2)
			And if you don't have a good relationship with those kids first, they're not going to learn anything from you (Luna, FG3, p. 2)
			building a strong relationship with your students is so vital to your whole year (A, I, p.3)
			And I feel like I really got on another level with her by inviting her to lunch with me, you know, Lunch Bunch in the classroom, just having that like book club, or you know, that meetup at lunchtime. Or if she wanted to kind of walk the track with me at recess, you know, just constantly checking in on her.

Appendix R.

Researcher's Reflective Notes Excerpt

September/October- Transcriptions Returned & Coding

The transcripts for the interviews have all been returned. I am using the comment feature in Microsoft Word to make notes on the side for significant words & statements. I have already begun to see some themes emerge like “Experience is the Best Teacher” and “Forming Relationships.” My Chair sent a Data Analysis Spreadsheet that she created for a course she was teaching and it has helped me organize and align my Themes, significant words/statements, and quotes as things come together. It has been SO helpful.

October 20th – Interviews Complete, Focus Group Planning

With interviews complete, I am ready to begin arranging focus groups. I sent out three dates for sign-ups and everyone responded in a timely manner. Only one participant signed up for a date that I had listed, but she mentioned she was flexible if I needed her to be. She was easily able to move into a different group, and only two focus groups need to be set up. All interviews were coded prior to focus groups beginning so that the interview process had the opportunity to inform focus group discussion. I realized through that process that I essentially planned to ask the same question twice. I removed the redundant question from my focus group set of questions to alleviate any repetition.

October 25th- Focus Groups Begin

The first focus group took place on October 25th at 4:30 pm. The second focus group took place on November 2nd at 8:00 pm. Some participants did not have personal G-mail accounts, so I created study-based email accounts for participants to log into so that they could join our Google Meet. 5 Participants participated in each group, providing great opportunities for conversations among participants. For the second focus group, one participant was late entering the virtual meeting because she forgot about the meeting. She was able to sign in and join the group after a few questions had been discussed. She was in attendance for the majority of the group's discussions.

November 2nd- All Data has been Collected

Focus groups are complete and all data is officially in! Once the transcripts are returned to me, I will review them for significant statements and begin coding in Microsoft Word.

Nov. 18th- Focus Group Transcripts Returned

I am completing the same process with these transcripts that I did for interview transcripts. I'm using Microsoft's comment feature to code and add to the data analysis my Chair sent me. Things are starting to really come together.