The Rural Educator

Volume 44 | Number 2 Article 9

Spring 2023

In Their Own Words: Student Mental Health in Rural, Low Socioeconomic High Schools

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Research Article

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The purpose of this research paper was to highlight the factors students and school staff identify as contributors to mental health issues students attending rural, low socioeconomic high schools experience and the specific mental health issues they witness most. A collective case study was conducted in four rural high schools, two in Kansas and two in West Virginia. Field work at each school involved observations, document collection, and semi-structured focus group interviews with students and school staff. The factors identified as contributors to poor student mental health were pressure, technology, home life, bullying, and stigma. Anxiety, stress, depression, lack of health coping, and suicidal comments emerged as the specific mental health struggles students deal with the most. Recommendations for practice include practical ways to address the identified contributors of poor student mental health in rural schools and strategies to normalize mental health in the rural school environment.

The current reality of the mental health status of our children is far from ideal, as over sixteen percent of children in the United States aged 12-17 have been diagnosed with a mental health issue, including anxiety and depression (Zablotsky & Terlizza, 2019). Mental health issues in childhood can negatively impact healthy social, emotional, and cognitive growth and development and lead to a higher risk of mental disorders in adulthood; accompanied with more serious consequences, such as suicide, substance abuse, impaired physical health, and decreased productivity (Centers for Disease Control, 2013).

An individual's characteristics influence their mental health, but so can the environments they live in and the socioeconomic circumstances in which they find themselves (Kapungu et al., 2018). When comparing the mental health of children living in rural environments with those in urban, rural children are more likely to have mental health problems (Gale et al., 2019; Lenardson et al., 2010; Nichols et al., 2017). Rural children with mental health issues are more likely to come from families who live in poverty (Gale et al., 2019; Nichols et al., 2017).

There has been limited research conducted focused on the student perspective of their own mental health in the context of rural, low socioeconomic status (SES) schools. This study sought to explore and discover what the status of student mental health is in rural, low SES high schools, as explained by students themselves and the adults who work with them daily at the school.

Literature Review

The Rural Context

Rural schools are receiving more national attention, yet many rural schools "continue to face nothing less than an emergency in education and well-being of children" (Showalter et al., 2019, p. 1). Critical social issues facing rural schools today include students with adverse childhood experiences; poverty and food insecurity; drug and alcohol abuse; poor mental health; lack of access and availability of important services and supports for mental health and overall well-being; and student mobility (Beesley et al., 2010; Gale et al., 2019; Schafft, 2003; Showalter et al., 2019). Children living in rural counties are more likely to be physically, sexually, and emotionally abused than children living in urban and large metropolitan areas (Sedlak et al., 2010).

A major issue currently compounding the abuse experienced by children in rural areas is drug abuse and addiction. Although illegal drug use rates are similar between rural and urban areas, many rural communities are seeing an exponential growth in the use of prescription opioids, heroin, and

methamphetamines (meth). The drug overdose death rates in rural areas are now higher than in urban areas, spurred on by a 325 percent increase between 1999 and 2015 (Gale et al., 2019). Deaths from drug overdoses are increasing at higher rates in rural areas compared to all other locales (Mack et al., 2017). The drug epidemic has forced many grandparents to take on the role of parenting and left them with the daunting task of nurturing children who may have experienced any number of traumatic experiences (Smith & Palmieri, 2007).

Poverty rates in rural areas are higher than in non-rural locales and children who experience poverty are more likely to experience physical and mental health challenges and struggle developmentally and academically (Lenardson et al., 2010; Nichols et al., 2017; Showalter et al., 2019). Poor residents of rural communities have limited access to mental health services, are less likely to have health insurance, and because of the rural value of self-sufficiency, are less likely to seek assistance for mental health issues because of the stigma they feel in their small, close-knit community (Slama, 2004).

The Context of Poverty and Low SES Schools

Socioeconomic status (SES) has been found to be a "consistent and reliable predictor" (Office of Socioeconomic Status, 2010, para. 1) of multiple outcomes in the life of an individual, including physical and mental health. Research indicates that low SES experienced in childhood is related to poor cognitive and social emotional development (Elliot, 2016; Ready, 2010). Children in families of low SES are at a significantly higher risk to experience physical, sexual, and emotional abuse compared to children who are not from families of low SES (Sedlak et al., 2010). Research has indicated that childhood abuse is linked with depression and anxiety experienced in later adolescence and adulthood (Springer et al., 2003).

The rate of severe mental health issues is four times greater in poor communities compared to more affluent neighborhoods and the teachers and administrators in those poor community schools are usually tasked with the challenge of supporting student needs with less resources (Berliner, 2013). The faculty in schools that serve poor youth are often overwhelmed with problems linked to mental health, making it much more challenging to both teach and learn in such schools (Berliner, 2013).

Mental Health of Youth

The ideal characteristics of mental health in childhood can be summarized as healthy social and emotional development, positive and effective coping skills, and a strong connection with others in the home, school, and community (Centers for Disease Control and Prevention, 2013). A child's ability to develop socially, emotionally, and cognitively can be seriously impacted by mental health disorders (Ghandour et al., 2019). In their study of over 40,000 children aged 3-17 years, Ghandour et al. (2019) found depression and anxiety problems to be most prevalent in adolescents 12-17 years of age with anxiety issues most common among non-Hispanic White children and the prevalence of depression higher among children living in poor households.

An individual's genetic disposition can influence their overall mental health or psychological well-being, yet research indicates the social contexts in which a person lives, the environment in which they live, and the people they interact with can also have just as much influence (Kapungu et al., 2018). When conditions are favorable, youth acquire critical adaptive and developmental skills through interactions with family, friends, and in their community. In environments devoid of connection and support, yet full of stress and trauma, many young people develop poor coping skills leading to impaired mental health.

Many students living in rural locales and experiencing poverty have been exposed to adverse childhood experiences (ACEs). ACEs are potentially traumatic events that occur in childhood and could include: experiencing abuse or neglect; witnessing violence; substance abuse in the home; mental health problems in the home; toxic stress; and instability in the home due to parental separation (National Center for Injury Prevention and Control, 2019).

Theoretical Perspective/Conceptual Framework

Symbolic interactionism served as the theoretical perspective for the case study methodology of this study. Educational research informed by symbolic interactionism sets out to shift the focus away from the institution and to the individual student or teacher and their subjective viewpoints. Instead of being concerned with the objective structures of the educational system, symbolic interactionists within education are more concerned with understanding how those involved with and impacted by education make subjective meaning from their interactions with

each other and the system (Carter & Fuller, 2015). If I was to ultimately understand the constructed meanings of others, I had to use methods allowing me to put myself in their place (Crotty, 2015). This study provided students and school staff in rural, low SES high schools an opportunity to make subjective meaning of youth mental health contributors and issues within their own school. This symbolic interactionism perspective informed the conceptual framework used in this study by providing specific insights from the student and school staff perspective that support and strengthen the framework.

To provide a conceptual framework for the study, the Context for Understanding Rural Mental Health and Substance Abuse (Gale et al., 2019) was used. This framework is used in the rural health field to provide context for the difference of rural mental health compared to other locales. Certain components of the framework were used in this study to investigate if the mental health trends in rural communities are also present in rural schools and if these community trends are impacting the students attending rural schools. The specific components of the framework used in this study were: prevalence of rural mental health conditions, socioeconomic factors, rural subpopulations at high risk for mental health conditions, and mental health stigma.

Prevalence of Rural Mental Health Conditions

From 2013-2015, suicide rates were 55 percent higher in rural areas than in large urban areas. Higher rates of suicide in rural areas are attributed to limited access to mental health services, the stigma associated with poor mental health, high levels of substance abuse, greater availability of firearms, and a lack of timely health care (Gale et al., 2019). There are also differences within some rural communities in rates of depression and mental distress, including low-income children (Gale et al., 2019).

Socioeconomic Factors

Rural and urban mental health disparities are linked to the socioeconomic characteristics of rural and urban individuals and communities. There is a higher percentage of families in rural areas living in poverty, with greater unemployment and more residents who have public insurance or no insurance compared to urban areas. In the rural environment, individuals have to deal with a greater mental health stigma, greater isolation, and lower educational attainment (Gale et al., 2019).

Rural Subpopulations at High Risk for Mental Health Conditions

Children and young adults are a subpopulation within rural areas considered to be high risk for mental health concerns. Serious mental illness, adolescent depression, psychological distress, and suicide are higher in rural areas than in urban locales (Gale et al., 2019). When compared with urban youth, rural youth are more likely to participate in high-risk behaviors, such as alcohol and drug use, and driving under the influence (Gale et al., 2019).

Mental Health Stigma

Rural communities have an intense problem to overcome when it comes to mental health stigma. Many individuals in rural communities have been misled by the popular media and presented misinformation and unfair stereotypes about people who struggle with mental health issues, leaving those who struggle mentally with feelings of shame and lack of confidence and self-worth (Gale et al., 2019). This negative information creates unique problems in rural communities and serves as a major barrier to seeking mental health services for those who need it the most (Gale et al., 2019).

Methodology

The purpose of this study was to explore the status of the mental health of students attending rural, low SES high schools. The study sought to answer the following research questions:

1. What factors do students and school staff in rural, low SES high schools identify as contributors to mental health problems in youth?
2. What specific mental health issues are students in rural, low SES high schools struggling with the most?

These two research questions framed this study as a rural investigation and served as two critically important rural questions (Coladarci, 2007). Based on the supporting literature and framework of this study, the mental health of students in rural schools is unique when compared with other school environments.

A collective case study method was utilized to explore the issues of student mental health by closely examining four similar schools, or cases, so each could provide illumination to the issues (Creswell & Poth, 2018). Each school was the subject of its own fieldwork and covered as a single-case study “before

arriving at findings and conclusions across the individual case studies" (Yin, 2018, p. 54). This method was selected because, as Herriott and Firestone (1983) indicated, multisite qualitative case studies can strengthen generalizability while still preserving rich description. Therefore, this method is regarded as more robust compared to a single site case study.

Throughout the collective case study, methods were used to produce rigorous and trustworthy research through reflexivity and triangulation methods (Hays, 2004; Mitchell, 1977). Rigor was established throughout the case study through persistent engagement and observation, peer debriefing, member checking, and through providing rich, thick description of findings. Confirmability of the study was established through researcher reflexivity and triangulation of multiple data sources (Lincoln & Guba, 1985). Potential bias in this study was addressed in the statement of positionality and through researcher journaling and memo writing. Triangulation was established by comparing the multiple data sources: student focus group interviews, adults focus group interviews, student survey data, and school documents.

Statement of Positionality

In the process of conducting this research, I made sure to address my own positionality, since I grew up in a working-class home in a rural area of West Virginia. I also have personal experience working with rural students experiencing poverty and have witnessed the toll poor mental health can take on youth. Throughout my career in education, I witnessed many rural, poor students excel in school and in life after high school. Unfortunately, I also engaged with students, both rural and urban, poor and affluent, who had mental health struggles in their youth that led to more devastating outcomes as young adults, including substance abuse and suicide.

I personally have close family members who have struggled with depression and addiction. I made sure to constantly check my bias through reflection and journaling as I conducted research in schools. I did not seek out additional raters to check my work for bias, however, I did have frequent conversations with my committee chair and other rural educators about how I was processing and interpreting the information I was collecting at each school.

In this study, I believed my experience as an Agricultural Education teacher would provide a level of credibility when working with school staff and I felt if I targeted rural, low SES schools with Agricultural Education programs, it would improve my chances of accessing these schools for case study field work.

Case Selection

According to Merriam (2009), "The single most defining characteristic of case study research lies in delimiting the object of study, the case" (p. 40). This study was bounded by time and place (Creswell & Poth, 2018), as the study was delimited to four rural, low SES high schools, two in Kansas and two in West Virginia, during the spring semester of the 2020-21 school year. Each case in the study was carefully and purposively selected so that individual cases would predict similar results, a literal replication (Yin, 2018). The four cases in this study, even though located in two different states, were selected based on initial student mental health survey data and conversations with school administrators about their implemented practices to address student mental health. It was believed similar results would emerge from each school within the context of the bounded case study (Creswell & Poth, 2018; Yin, 2018).

Schools in the states Kansas and West Virginia were selected not only because of the researcher's personal connection to each, but also because the greater percentage of schools in each state are rural and each state has adopted initiatives to address student mental health. Kansas was the first state to adopt social-emotional learning standards. The West Virginia Legislature responded to the increase of student mental health issues with the passage of HB 206 in 2019, which provided funding for school districts to provide social and emotional support for students (West Virginia Department of Education, 2020b). According to the West Virginia Department of Education (WVDE), "In many West Virginia districts, school mental health professionals are overburdened by huge caseloads, where a majority of the children are low income and are high risk due to social and emotional issues related to the opioid epidemic" (WVDE, 2020b, p. 3).

In order to accomplish the purpose of this study, answer the research questions, select four similar cases, and create a bounded case study, it was imperative to initially identify schools in West Virginia and Kansas that met the following two criteria: a high percentage of students who qualify for free and reduced lunch and schools located in a school district classified as either rural or town using

the National Center for Education Statistics (NCES) urban-centric locale classification system (Provasnik et al., 2007). A third criteria was also used in selecting each school – the school had to offer a School-based Agricultural Education program. I believed this would increase the level of cooperation for the study and increase the chances of having a champion of the study located at the school because of the relationship and connection I have with the Agricultural Education profession. Ten schools in each state with the highest percentage of students eligible for free and reduced lunch and that met the additional two criteria were identified for the first stage of the study. Free and Reduced Lunch count data was located on the respective websites of the West Virginia Department of Education (WVDE, 2020) and Kansas State Department of Education (KSDE, 2020).

The initial phase of the case study involved having sophomores and juniors of each school complete the Center for Epidemiological Studies Depress (CES-D) survey (Locke & Putnam, n.d.). The results of the survey were used to assist in the selection of cases and in the triangulation of data collected during the case study. Fifty-three students from five schools in West Virginia, and 63 students from five in Kansas completed the initial survey. The four schools for the collective case study were then selected based on a combination of three major factors: the results of the quantitative survey, the level of survey participation, and phone conversations with school administrators and social-emotional support staff about their mental health initiatives.

Participant Selection

Great care was taken in the selection of the focus groups at each school. I worked with each school principal to purposively select students and adults who would honestly share their thoughts and feelings and be in the best position to answer the questions about student mental health during the focus group session. For members of focus groups to honestly share, they need to feel comfortable with each other (Rabiee, 2004). Krueger (1994) recommended organizing homogeneous groups for creating an environment where richer data will emerge from engaged focus group participants. Therefore, for this study, instead of grouping many different types of students into one larger focus group with 10-12 students, two smaller student groups of five to seven students were created at each school.

The first student group was comprised of students who had various levels of school involvement but had also benefitted from mental health services and supports at the school. The second student group consisted of students who had various levels of school involvement but had not relied on mental health services and supports at the school. It was my intent for each student focus group to consist of sophomores and juniors, however, the principal at some of the schools included some students from other grades. One adult focus group was organized at each school. I worked with the school principal to make sure the following adults were involved: school principal, school counselor, social-emotional support staff, teacher, and coach.

Profile of Participants

The student focus groups consisted of 24 females and 11 males. As far as grade level, there was one freshman, 13 sophomores, 18 juniors, and three seniors. The students were predominately White, but there were two Black students, one multi-racial student, and one Pacific Islander student. The students in each school were a diverse group who had needed and received social-emotional support at the school in the past and students who had not. I relied on the principal of each school to identify students for each focus group. Principals selected students for the "had received social-emotional support" group who consistently met with the school-based mental health therapist and/or was participating in more robust social-emotional learning groups due to behavioral issues at school. The students in each school represented a mix of school involvement level. Pseudonyms were used in place of real names to protect the identity of the students.

A total of 10 Kansas school staff and 11 West Virginia school staff participated in adult focus group interviews. The following school staff participated in the focus group interviews: all four principals at each school; four school counselors; two CTE teachers; two social workers, two sports coaches; one assistant principal; one English teacher; one Spanish teacher, one Choir and Music teacher; one career specialist, one mental health counselor, and one district student services coordinator. There were 13 female and eight male adults involved in the school staff focus group interviews. Years of experience in education among the group of school staff ranged from one to 33. Once again, I relied on the principal of each school to pull this staff focus group together for me. Each principal made sure the adults in the school or district most

involved with the social and emotional well-being of students was a part of the group. Pseudonyms were used in place of real names to protect the identity of the school staff.

COVID-19

This study was conducted during the COVID-19 Pandemic. Students in some of the schools in the study had spent several months away from the school learning on-line prior to the focus group interviews being conducted in the spring of 2021 at the school. Even though it was made clear to the participants this was a non-COVID-19 study, the subject of the pandemic did come up at various points during the focus group interviews. It is impossible to the know the extent of the impact the pandemic had on the responses of the students and adults, but great care was taken to clarify various statements and to separate out comments directly made or indirectly connected to the COVID-19 Pandemic. Student and adult participants made it clear that student mental health was a critical issue before COVID-19 and that that the pandemic only made it worse.

Data Collection

Interviews with students and school staff served as the most important means of securing rich and essential data within the case study (Hays, 2004; Yin, 2018). Informal, open-ended, semi structured interviews were used with both students and adults to build rapport, trust, and empathy between myself and the participants (Hays, 2004). Creswell and Poth's (2018) procedures for preparing and conducting interviews were followed in this study. I determined open-ended questions to be asked that would answer the two research questions of the study.
The following are examples of questions asked during focus group interviews:

- What are factors that contribute to poor mental health in youth?
- How would you describe the overall mental health of students at your school?
- How does your school address student mental health concerns and issues?

In collaboration with each school principal, I identified interview participants based on purposeful sampling procedures. Eight open-ended and semi-structured focus group interviews were conducted with a total of 35 students and four focus group interviews were conducted with a total of 21 adults. The interviews were audio recorded on an iPad, and iPhone for backup, in a quiet, distraction free room, with chairs set up in a semi-circle pattern facing me. I also wrote hand-written notes during the interviews.

In addition to the initial survey data, various documents and records were collected from the school and later reviewed, including student behavior referral records, social-emotional learning materials, community demographic data, and other pertinent documents.

Data Analysis

Each audio file was uploaded to a confidential and protected online transcription service, and each audio file was transcribed. Transcription files were saved on a password protected computer and in cloud-based storage of the transcription company. The audio files from each school were listened to the first time to gain familiarization with the data, to compare the generated transcripts with the audio files to correct any mistakes, and to assign pseudonyms to each participant to protect their identities. The transcripts for each school were read and reviewed a second time and open coding was conducted with notes and memos written about big ideas and researcher thoughts about reflections. Memos were used to synthesize the data into higher level meanings (Miles et al., 2014). The creation of memos and notes during data analysis provided an audit trail for the data analysis, which Creswell and Poth (2018) describe as a "validation strategy for documenting thinking processes that clarify understanding over time" (p. 188).

In preparation for the axial coding process, a file was created to serve as a code book, providing a means for locating information efficiently (Creswell & Poth, 2018). Student and adult transcript coding were kept in the same file but on different spreadsheets. As the transcripts were read and reviewed a third time, each research question was taken one at a time and axial coding was conducted. The audio files were also listened to again during the coding to listen for expression and emotion.

To begin the process of transitioning codes to themes and sub-themes, the code column in the spreadsheet was sorted and common codes across all four schools were organized together. This showed if codes were common across all four cases or not. There were very few themes that emerged that were not consistent across the four cases. For the unique themes that did emerge, I organized them within their own spreadsheet and made sure to share them with the school principal. I also made notes about potential

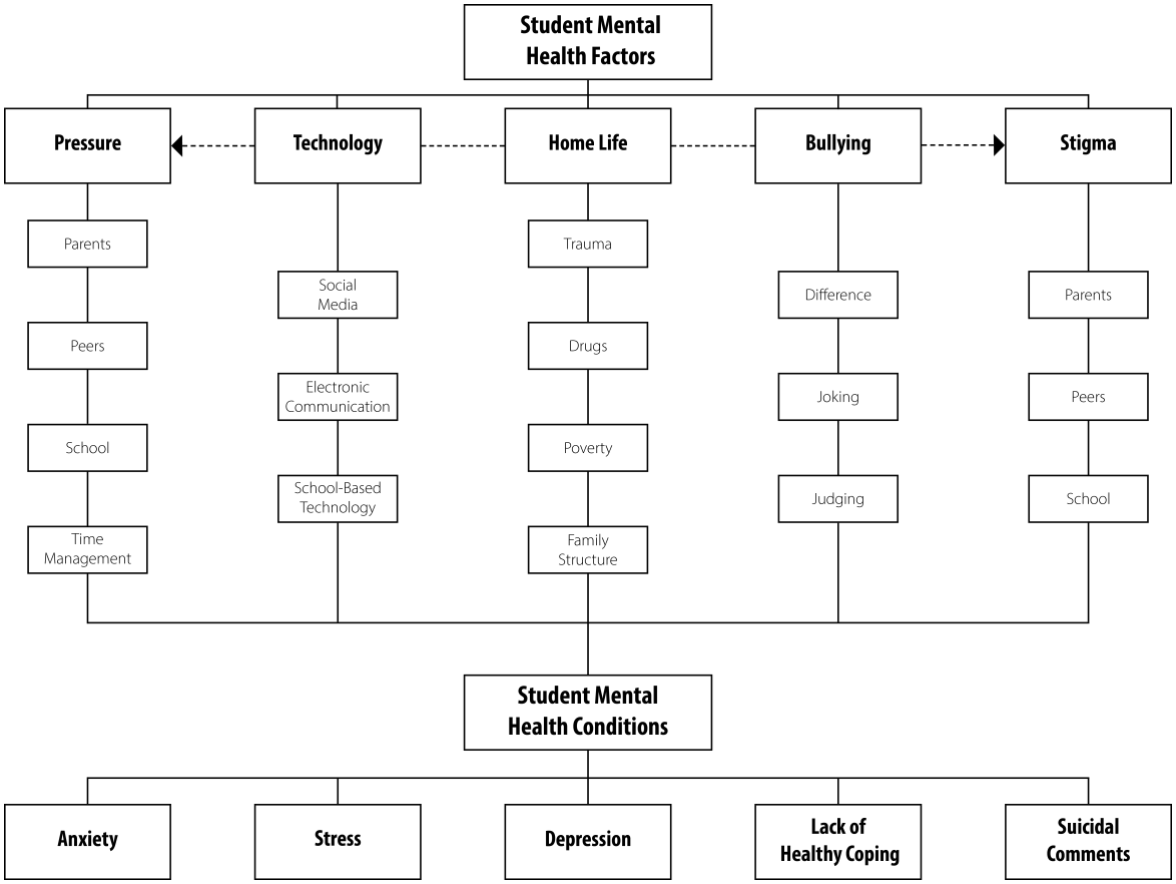

Figure 1 *Summary of Student Mental Health Themes and Subthemes*

future research based on some of these unique themes. The student and school staff coding were done separately and then compared and combined. Once the codes were determined to be consistent across the four schools and between students and school staff, transcripts were read a fourth time and the audio files were listened to again as codes were organized into major themes and sub-themes. The documents collected at each school were used to triangulate the emerging data for the research questions. I was the only person who listened to the audio recordings and read the transcripts. However, at each step of the coding and analysis process, the data was sent to my major professor for peer review providing credibility to the study (Lincoln & Guba, 1985).

Findings/Results

Figure 1 provides a summary of all the major themes and subthemes that emerged from the student and adult focus group interviews for both research questions.

Research Question One

The first research question sought to discover what factors students and school staff identify as contributors to mental health problems youth are experiencing. Upon analysis of all the student and adult focus group transcriptions, five main themes emerged concerning the factors contributing to poor mental health. Themes included: pressure, home life, technology, bullying, and stigma.

Pressure

Students overwhelmingly talked about how much pressure they have as a young person. Students admitted this pressure can be felt internally, but most of the students addressed the pressure they have from outside sources: parents, peers, school, and time management. Betty shared, “It is stressful trying to be

someone that everybody expects you to be – parents, students, media, everyone." One school principal shared he believes at least 80% of the students in his school are not coping well with this pressure. Mrs. Love explained why she believes students have pressure, "I think that the kids feel like they have to be successful, they do not want to fail."

Students shared they feel the pressure of meeting expectations parents have for their life, whether that is going to college, seeking a certain career, or simply, the friends they keep. Interestingly, only girls talked about the pressure from their parents to make good grades. Carl explained parental pressure the following way, "Like parents expecting more of their kids or putting pressure on their kids, and just wanting something for them the child doesn't want. That's really prevalent around here." Roger described this pressure the following way, "The external factors also, like work, parents breathing down your neck. Maybe you have to be like a second parent at your house. Like maybe you have to watch your younger siblings or something."

Students shared various ways they feel pressure from their peers. Students worried about fitting in and being accepted by others in a school environment. Amy described her inner struggle dealing with the pressure from peers the following way, "Trying to fit in with everyone else, to not get picked on, bullied. Sitting there thinking, Am I too big? Am I too thin? Are they going to stare at me differently if I wear this or that?" Carl spoke specifically about the peer pressure of acceptance boys experience by saying, "For the boys, the pressure is from the friend group. Like it is from the friends not from the parents. Like, maybe to drink or chew Skoal, do drugs. If you don't do that, you're not one of the boys."

The pressure students feel from their school centered around the concepts of class workload, expectations, and grades. Speaking about being overloaded with schoolwork, Jerry said, "There is a lot of school stress involving a lot of assignments and kids staying up late and stuff. It makes it difficult in school for them." Students shared they feel pressure from expectations adults place on them in school. Kasey shared, "The teachers expect the best of everyone. But there's not a lot of times that the teacher will sit down and be like, 'Hey, are you doing okay?'" The pressure to perform well on high-stakes exams and to earn good grades was felt by several students. Erika shared:

> AP Biology started with, okay, here's a big list on the side of the whiteboard you need to know. And it's like, if you don't know these by the end of the year you are not going to pass the test. And so, everything since day one has been stressed on passing this test. And I hate it!

Several students touched on the challenge they have of managing their time because of additional obligations they have after school. Bailey shared, "As soon as I leave school at the end of the day, I have like an hour and then I go to work, and I work like seven hours a day." Roger's experience illustrates how the pressure sub-themes of parents, school, and time management are interconnected:

> My dad is big on, once you turn 16, you have to have a job. Got to pay for this, got to pay for that. So, I have to have it, but I'm glad that I have it because I now have my own money. But it takes a lot out of me because I have homework during the week. And then I have to go to work on the weekends. If I don't get my homework done, I have to go to work and do homework. It's just a lot. I worked three days a week. And now I have to work two because of the homework.

Home Life

The impact of a student's home life on mental health was touched on by several students in all four schools. Unlike with the pressure theme, students were less open with providing detail when discussing this theme. However, this was the strongest theme that emerged from the adult transcripts, and they were more comfortable providing details. Michaela shared, "Most of us have good homes. But there's a lot of us that don't." The following four sub-themes under home life emerged from the coding of the student and adult interview transcripts: trauma, drugs, poverty, family structure. Mrs. Love summed up several of the sub-themes when she said:

> I think a lot of it has to do with the change in society itself. When I started, parents were not divorced. And now there's a lot of separation of the family, there's a lot of economical struggles. And there's more pressure for the kids to provide for homes. Things that I've never had to deal with, that they're dealing with.

Trauma can take on many forms. In most instances, students were unable to provide a description of the trauma occurring in homes. Chris said, "Sometimes it can be like the environment at your home. Like, you can be around bad things and see bad stuff. And it can really affect, you know, how you think and how you walk your lifestyle." When details of trauma did emerge, it consisted of abuse and loss. Bailey shared, "There's some parents that

are abusive and things like that. You never know what's going on behind closed doors."

Drug abuse and addiction is at an epidemic level in many rural areas across this country. Although home life was a theme that emerged from all four schools, only students in the two West Virginia schools spoke specifically about drug abuse. Bailey was direct, "Well, there's some parents that abuse alcohol and drugs." Shawna described the shifting of roles in the home due to drugs, "There are kids who have to like, help their parents take care of stuff. Like if their parents are on drugs or something. I feel like it happens a lot around here." Sadly, the drug epidemic has become part of the culture of some rural communities. About this phenomenon, Betty shared, "It is really overlooked, because here, it is normal… almost."

This study focused on low SES schools, so poverty was a reality for many of the students attending the four schools in this study. However, even though this sub-theme emerged in the coding, students said very little about it. Bailey said, "Some parents don't work. Some parents just struggle." When referring to sources of stress in the home, Shawna shared, "Like sickness in the family a lot, and money troubles."

Trauma, drugs, and poverty have caused the family structure of many homes to change drastically. The percentage of grandparents having to raise children has drastically risen with the increase of trauma and drug abuse in the home. Mark spoke of the repercussions of not having biological parents in the home, "Kids will pick up bad habits because they don't have that father figure or that mother figure, somebody to really teach them. Like kids, they don't want to listen to their maw maws and papaws."

Where students were not as quick to point to parents being a source of the problem, the adults were. Mrs. Nester bluntly said, "Parents don't parent." Mr. Stone shared, "We have a large number of kids here whose parents are addicted to drugs." Mrs. Lamb said:

> Well, in our area, we have more than half of our kids being raised by someone other than the parent. In some instances, those parents have overdosed, they're in jail. Usually, it has something to do with, you know, some kind of drug related thing because we have the opioid crisis. And I just don't think in a lot of instances, our grandparents are equipped to raise teenagers, especially with social media.

Mrs. Flinn shared a profound thought:

> A lot of our kids only see one way of life. So even when they try to do something better for themselves, they get told at home, 'Oh, you think you're better because you want to go to college? Oh, you think you're better because you want to make all these good grades and not help us out at home? That's not who we are.'

Technology

The theme of technology is an example of a theme experienced by most students in the 21st century and not just students attending rural, low SES high schools. Students and school staff identified social media, electronic communication, and school-based technology as the three sub themes of the technology theme.

Students connected social media back to the pressure theme and shared that they feel pressure to post items on social media platforms. Social media was also linked to a lack of self-confidence in students because they feel their life does not measure up to the exciting lives of others. Mary shared, "People see others in this positive way and don't realize that everyone has negatives in their life." Mrs. Lamb connected social media to the self-worth of students, "We have so many kids who get their sense of self-worth by what they see on social media."

The students differentiated between the outcomes of the interactions that take place on social media platforms and the basic consequences of communicating electronically compared to face-to-face. Mark spoke of the social repercussions of electronic communication, "I feel like on a computer and technology, it's a whole lot easier to say something on there than it would be like face to face, so everybody feels like they have an easier way out." Mrs. Miller's comments aligned with student thoughts on electronic communication, "When they do enter face to face situations or problems, they don't know how to resolve them, they have no problem-solving skills. It's so much easier to say something mean, or something harsh, that you wouldn't say to someone's face."

An interesting sub theme that emerged was how school-based technology adds to the problem instead of improving it. Every school in this study had one-to-one student technology and students shared that because most, if not all, schoolwork is now online, they are never able to get a break from technology use and it exacerbates their social awkwardness. Roger had some strong words concerning technology use, "You can't just go completely off the grid these

days. If we do, we're going to fail school. Everything's online at our school. If they have a problem with us being on our phones, why did they build everything around technology?"

Bullying

Students in all four schools alluded to the fact that bullying is experienced by some students and even identified the type of student in their school who gets bullied. Bullying was never mentioned as a factor contributing to poor mental health by any adult in any school when asked about the factors contributing to poor mental health in students. The following three bullying sub-themes emerged from the coding of transcripts from the student interviews: difference, joking, and judging.

Consistently, it was brought out that any student who is different typically gets bullied. This difference could be emotional, socioeconomical, or racial. Based on discussions with students and adults, it became clear that students who struggle with their mental health are subject to some discrimination and stigma from their peers. Mrs. Starcher shared, "Coming from a rural community, students are not always sympathetic or empathetic about mental health issues. It also appeared that any new student moving into a rural school is subject to some type of bullying. Arlee shared her experience of when she moved from a large urban school to a small rural school, "I was called down because I'm from the city. I was told I was like a dying puppy that just got kicked under a porch and died."

Students only identified two ways students get bullied: joking and judging. In these smaller, rural schools, there appears to still be a lot of joking and name calling. Students also mentioned this negative talk happens on social media platforms too. Bailey shared, "I've seen bullying happen on social media. Just people commenting bad things on other people's posts." Some students believed bullying came in the form of judging others. This judging wasn't always verbal, but many students still perceived it existed and that many students can be judgmental towards others. In speaking of her rural school, Jan said, "I feel like judging here is just so much easier." Many students expressed how students feel judged if they have mental health issues, which only adds to more stigma.

Stigma

One of the struggles both adults and youth face in rural communities and schools is overcoming the stigma associated with having mental health issues. The adults did not shy away from acknowledging that there is still a stigma to mental health that must be addressed. Mrs. Grant said the following about mental health concerns in her school, "I think like there's still a stigma behind it, they're not really opening themselves up to it being a real thing." Mrs. Love realized that many students hide their true feelings because of this stigma, "I think we have a lot of students that hide what they are truly feeling. I think some of it goes back to they don't feel like they're successful if they have those feelings. And so, they don't know how to deal with that." Mr. Bliss shared how his community is another source of the stigma around mental health, "And we're battling some community. You know, the rural versus urban. This rural, older community is one that's shrouded in pride, many do not feel we have a problem."

Three of the four subthemes for pressure; parents, peers, and school were also identified as sources of mental health stigma. The combination of pressure and stigma in the home and school creates an atmosphere where, if students are struggling internally, they feel they have no one to talk to about their problems because they are afraid others will think they are weak or that they will be judged. Jan shared a revealing story:

> My parents don't believe in it all. And like, one time when I had a really rough time, they were so rough on me about it. So, like, I can never talk to them. And it's hard to talk to my friends because I tell them my emotions a lot, and I feel like it's just a burden. So, I like to keep stuff to myself.

Samantha opened up about her own struggles dealing with this lack of understanding and stigma that exists among her peers:

> I think that they're always willing to bring it up as a joke. But I think seriously, like, I personally struggle with mental health. And so, if I, like, even here in this group, I don't know that I would be completely comfortable opening up and saying, I struggle with this or that, not because you're here, but because some of the students like, it's not against anybody here, it's almost like there's a distrust to be serious.

Students identified parents and peers as sources of stigma. The adults identified these two as well, but also revealed that it can also come from certain adults in the school. Mrs. Starcher shared the following about what happens with certain adults when students reveal they are struggling mentally, "I think some of our parents and probably some of our staff as well,

might consider the students soft. The student's emotions won't be validated. 'You're a kid, your emotions don't matter. It's not real.'" Mr. Bliss added, "Yeah, it's unfortunate that we do have staff like that."

Research Question Two

The second research question sought to discover what specific mental health issues students struggle with the most. The major mental health problems that emerged as themes included: anxiety, depression, stress, lack of healthy coping, and suicidal comments.

Anxiety

Arlee said, "There is a lot of anxiety. Like I said, I come from a big school, I'm used to seeing people with some anxiety, but I guess I've never seen this much of it." Mr. Hinkle said the following about his students, "Anxiety is a huge thing here." Some of the students connected the anxiety to a certain cause, such as home life and pressure. Erika spoke of the anxiety students experience this way, "It's usually from something with family." John said, "Around this age, a lot of students normally gain like depression and really anxious symptoms, stuff like that. Especially in high school, where the societal standard really matters, where you stand. And popularity too."

Depression

Several students discussed how they witness classmates struggle with depression. During focus group interviews, adults did not mention depression as a mental health issue in their respective schools. Shawna said, "It's anxiety here, and depression." Carrie provided a little more detail, "Some struggle with depression, body image issues and stuff like that." Amy had the most to say about depression, "And then that's another reason why our grades decline and stuff. Because whenever you're in a really depressive state, you don't want to do anything." A very interesting point was made by Shawna concerning the anxiety and depression that student athletes have:

> To be honest, anyone who's a student athlete has anxiety or depression. We love what we do, but it's like so stressful because you try to balance it with everything else you are doing. If you have a bad day at practice, you don't want to go home and do your homework.

Stress

Several students addressed the stress students have. Adults spoke more about anxiety and very little about student stress. Student comments about stress were directly connected to their schoolwork and grades. Carrie said:

Some students are overwhelmed with work, and it makes them feel stressed and like they can't do it. And then with the due dates they have, they feel like they have to rush to get it in. And then when they rush, they don't get a good grade. So, then they have to worry about the bad grade that they have in that class.

Mary agreed with Carrie and said, "When you're in school, you're constantly thinking about all your assignments. When you go home, you still have all these things you have to do for it. So, it's like you never catch a break from all the schoolwork." Amy spoke of what happens at school when a student is overwhelmed with stress,

> When you have that much stress, that's how kids lash out and stuff in our school. That's how you get fights. That's how you get aggravation. Your mental health just plummets because you have everyone trying to push stuff on you and you already have so much that you can barely handle yourself.

Mr. Hinkle shared an interesting adult perspective on student stress, "The big thing with our kids is, let's say academically, they get behind. And then instead of working to try to get stuff done, they don't want to think about it, because that causes them stress."

Lack of Healthy Coping

Unfortunately, when youth do not receive the help they need to process their anxiety, depression, and stress, unhealthy ways to cope with life and situations develop. Mr. Bliss shared, "And there's just this helplessness, this inability to make it past a roadblock. We call it learned helplessness. The inability to cope." Mrs. Flinn provided more specific thoughts on why she believes students struggle to cope:

> I think with their feelings, they're disconnected from the things they see online, because that's not real. They're disconnected from the things they see at home, because they don't want that to be real. They just bottle everything up until they can't deal with it.

Some students spoke specifically about certain behaviors students will adopt to cope with their

mental health struggles. Mark shared, “That is what a lot of kids run to now. I got a problem; I can go vape or something like to make me feel better.” Amy shared:

> You have a kid that is overly stressed, it's going to force them to want to do something bad to take away and calm them down. That's what people don't understand. Whenever you're pushed to the limit, you just want to do something at that point to make yourself feel free or to have that feeling of freedom and control over your life again.

Suicidal Comments

Only students in the two Kansas schools expressed concerns they have about how students joke about suicide or make comments on social media. During adult focus group interviews, there was no mention of student suicide, suicidal thoughts, or suicidal comments. Samantha shared, “It's not uncommon to hear a kid say, ‘I'm going to go kill myself,’ just because a teacher said something they didn't like. They're just joking, they think it's funny, not realizing that for many people, it's not at all.”

Kasey emotionally shared the following about hearing jokes about suicide in her school, “But like sometimes you don't know if that's a joke. Like you don't know if they're being for real or if it's really a joke, our suicide jokes here are bad!” Several students mentioned how they see comments about suicide on the social media pages of students. Carrie shared, “Like my sophomore class, I would say is not very good. I see what most of them post on social media. They post stuff like, they don't want to be here no more, like their life’s not doing good.”

Discussion and Implications

The findings from this research align with and add to the growing literature on student mental health. However, this study is unique as it examined student mental health in the context of rural, low SES high schools and provided students and school staff a platform to share their thoughts, feelings, and experiences with youth mental health. The findings of the research support and enhance the existing information contained in the components of the framework that informed this study. The comments made by students and school staff concerning student mental health in rural, low SES high schools provide support and additional information for the Context of Understanding Rural Mental Health and Substance Abuse (Gale et al., 2019).

Many of the same mental health and social conditions prevalent in rural communities are also prevalent in rural schools and it is obvious that what is happening in rural homes and communities is impacting student mental health. Home life emerged as a major theme when students were asked what are the major factors that contribute to poor student mental health. The four subthemes of trauma, drugs, poverty, and family structure that emerged from the theme of home life echo the conditions experienced by so many individuals living in rural communities and align with the portion of the framework that considers rural youth a subpopulation at high risk for mental health struggles.

Another major theme that emerged from the study was mental health stigma. This theme aligns with the framework as mental health stigma is complex in rural locales. Students and adults in each school described how many adults in the community, including parents and even some school staff, do not believe mental health is even a real concept and that youth who say they struggle mentally are just weak.

Major themes that emerged from this research, not addressed in the conceptual framework, were pressure, technology, and bullying. Further study is needed to determine if these themes are common in most schools regardless of the geographic location. Students attributed parents and the adults in their school for putting this pressure on them. This pressure was centered around class workload, expectations, and grades. Further study is also necessary to determine if rural parents and staff pressure students more than urban parents and staff to perform well in school to overcome the economic conditions of their community. The comments these students made about school pressure aligned with an international study conducted by the Organization of Economic Cooperation and Development (OECD) involving 72 countries and consisting of 540,000 students aged 15-16 years old, where 66% of students reported feeling stressed about poor grades, 59% reported worry about taking tests, 37% reported feeling very tense when studying, with girls consistently reporting greater anxiety with schoolwork than boys (OECD, 2017).

Recommendations for Practice

Being a student in a rural, low SES high school does not automatically mean one is impacted by the societal factors associated with poor rural and town locales, such as abuse, drug addicted parents, or single-parent households. In no way does this study

reveal or suggest that all students struggle with their mental health. There are many students attending rural, low SES high schools who possess and maintain relatively strong mental health, with solid coping skills. Not every student has a bad home life. Not every student gets bullied. It does appear, however, that almost every high school student feels some type of pressure. The pressure theme emerged as the most prominent theme.

The following are some school-based recommendations for practice in rural, low SES high schools, based on the findings of this research, for addressing and assisting with student **pressure**:

- Exhibit empathy to students who may need extra time on assignments because of mental health struggles.
- Provide time during the school day and after school for academic support, including time for credit recovery, tutoring, and making up schoolwork.

Student home life emerged as the second most prominent theme in both student and adults focus groups. Many students attending rural, low SES schools have traumatic home lives. The results of this study aligned with prior research indicating rural schools are serving more students who are adversely impacted by trauma, poverty, drug and alcohol abuse, mobility, grandparents raising grandchildren, and lack of access to important mental health services and support (Beesley et al., 2010; Gale et al., 2019; Schafft, 2003; Showalter et al., 2019; Smith & Palmieri, 2007). The following are some recommendations for schools and school staff for addressing and assisting with the factor of **home life**:

- Add a social resource staff member to the school to make stronger connections with families.
- Develop strategies to support grandparents raising children.
- Train all staff to be Trauma Informed.

Rural community research has revealed the complexity of mental health stigma, as people in rural communities have unfortunately believed misconceptions, stereotypes, and prejudices about mental health which has only worked to reinforce the feelings of shame and failure in the people who are experiencing mental health problems (Gale et al., 2019). The results of this study aligned with prior research concerning the stigma of mental health in rural areas. The following are some recommendations for schools and school staff for addressing assisting with the factor of mental health **stigma**:

- Work with mental health counselors, along with social workers, to normalize mental health in the school and community.
- Advertise school-based mental health services in the school and community.
- Provide targeted mental health professional development for school staff.

Recommendation for Future Research

As an exploratory study, this research uncovered numerous future research opportunities. The amount of and type of professional development teachers are receiving on student mental health and their attitudes toward it would be an interesting future study. Each of the mental health factors: pressure, home life, technology, bullying, and stigma could serve as topics for stand-alone research studies.

In one of the schools in this study, there was a lot of discussion from students about their dislike for having "Honors" courses. They shared that this has created almost an academic caste system in their school, where students are labeled by everyone, including teachers, as smart, average, or dumb. Investigating the impact of academic labels on student mental health would make for an interesting study.

At least one of the schools in this study had a high level of student mobility and it was revealed in this school that students who transfer into small, rural schools typically experience bullying and social isolation. A research study to explore the impact of social mobility on student mental health is recommended.

Limitations

This study was delimited to the focus group interview responses of students and adults and documents analyzed from two rural, low SES high schools in Kansas and two in West Virginia. I provided each school principal with my criteria for selecting each focus group, but ultimately, I relied on the principal to assemble the students and adults into each group. I made every effort to group students in a way they would all feel comfortable to share about such sensitive subject matter. However, it would have been more ideal if I was able to conduct one-on-one interviews.

References

Beesley, A., Moore, L., & Gopalani, S. (2010). *Student mobility in rural and nonrural districts in five Central Region states* (Issues & Answers Report, REL 2010–No. 089). U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory Central. https://files.eric.ed.gov/fulltext/ED510558.pdf

Berliner, D. C. (2013). Effects of inequality and poverty vs. teachers and schooling on America's youth. *Teachers College Record, 115*(12), 1-26. https://doi.org/10.1177/016146811311501203

Carter, M.J., & Fuller, C. (2015). Symbolic interactionism. *Sociopedia.isa*. https://doi.10.1177/205684601561

Centers for Disease Control and Prevention. (2013). *Mental health surveillance among children – United States, 2005-2011* (MMWR Supplement, Volume 62, No. 2). U.S. Department of Health and Human Services. https://www.cdc.gov /mmwr/pdf/other/su6202.pdf

Coladarci, T. (2007). Improving the yield of rural education research: An editor's swan song. *Journal of Research in Rural Education, 22*(3). https://jrre.psu.edu/sites/default/files/2019-08/22-3.pdf

Creswell, J.W., & Poth, C.N. (2018). *Qualitative inquiry research design.* Sage.

Crotty, M. (2015). *The foundations of social research: Meaning and perspective in the research process.* Sage.

Elliott, I. (2016). *Poverty and mental health: A review to inform the Joseph Rowntree foundation's anti-poverty strategy.* Mental Health Foundation. https://www.mentalhealth.org.uk/sites/default/files/2022-08/poverty-and-mental-health-report.pdf

Gale, J., Janis, J., Coburn, A., & Rochford, H. (2019). *Behavioral health in rural America: Challenges and opportunities.* Rural Policy Research Institute. https://rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities.pdf

Ghandour, R.M., Sherman, L.J., Vladutiu, C.J., Lynch S.E., Bitsko, R.H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in US children. *The Journal of Pediatrics, 206*, 256-267.e3 https://doi.org/10.1016/j.jpeds.2018.09.021

Hays, P. (2004). Case study research. In K. deMarrais, & S.D. Lapan (Eds.), *Foundations for research: Methods of inquiry in education and the social sciences* (1st ed., pp. 217-224). Lawrence Erlbaum Associates.

Herriott, R.E., & Firestone, W.A. (1983). Multisite qualitative policy research: Optimizing description and generalizability. *Educational Researcher, 12*(2), 14-19. https://doi.org/10.3102/0013189X012002014

Kansas Department of Education. (2020). *2018-2019 Students approved for free or reduced-price lunches* [Data set]. https://datacentral.ksde.org/GIS_reports.aspx

Kapungu, C., Juan, C., Jessee, C.L., & Edmeades, J.E. (2018). *Socio-ecological approach to understanding the gendered drivers of poor adolescent mental health in low-and-middle-income countries.* YouthPower Learning, Making Cents International. https://pdf.usaid.gov/pdf_docs/PA00TBTG.pdf

Krueger, R.A. (1994). *Focus groups: A practical guide for applied research* (2nd ed.). Sage.

Lenardson, J.D., Ziller, E.C., Lambert, D., Race, M., & Yousefian Hansen, A. (2010). *Mental health problems have considerable impact on rural children and their families* [Research and Policy Brief]. University of Southern Maine, Muskie School of Public Service, Maine Rural Health Research Center. https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1168&context=healthpolicy

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry.* Sage.

Locke, B. Z., & Putnam, P. (n.d.). *Center for Epidemiological Studies Depression Scale.* National Institute of Mental Health. https://lifespanrespite.wildapricot.org/Resources/Documents/Performance_Measurement_Tools/Center_Epidemiologic_Studies_Depression_Scale.pdf

Mack, K.A., Jones, C.M., & Ballesteros, M.F. (2017). *Illicit drug use, illicit drug use disorders, and drug overdose deaths in metropolitan and nonmetropolitan areas – United States.* (MMWR Surveillance Summaries, 66, No. SS-19). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. https://doi.org/10.15585/mmwr.ss6619a1

Merriam, S.B. (2009). *Qualitative research: A guide to design and implementation.* Jossey-Bass.

Miles, M.B., Huberman, A.M., & Saldana, J. (2014). *Qualitative data analysis: A sourcebook of new methods* (3rd ed.). Sage.

Mitchell, J.C. (1977). The logic and methods of sociological inquiry. In P. Worsley (Ed.), *Introducing sociology* (2nd ed., pp. 73-121). Penguin.

National Center for Injury Prevention and Control. (2019). *Preventing adverse childhood experiences: Leveraging the best available evidence.* Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

Nichols, L.N., Godorth, A.N., Sacra, M., & Ahlers, K. (2017) Collaboration to support rural student social-emotional needs. *The Rural Educator*, (38)1,38-48. https://doi.org/10.35608/ruraled.v38i1.234

Office on Socioeconomic Status. (2010). *Education and socioeconomic status* [Fact Sheet]. American Psychological Association. https://www.apa.org/pi/ses/resources/publications/factsheet-education.pdf

Organization of Economic Cooperation and Development. (2017). *PISA 2015 results (Volume III): Students' well-being.* Program for International Student Assessment. OECD Publishing. https://doi.org/10.1787/9789264273856-en

Provasnik, S., KewalRamani, A., Coleman, M.M., Gilbertson, L., Herring, W., & Xie, Q. (2007). *Status of education in rural America* (NCES 2007-040). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. https://files.eric.ed.gov/fulltext/ED497509.pdf

Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the Nutrition Society, 63*(4), 655-660. https://doi.org/10.1079/pns2004399

Ready, D.D. (2010). Socioeconomic disadvantage, school attendance, and early cognitive development: The differential effects of school exposure. *Sociology of Education, 83*(4), 271-286. https://doi.org/10.1177/0038040710383520

Schafft, K. (2003, April 14-15). *Low-income student transiency and its effects on schools and school districts in upstate New York* [Paper Presentation]. Rural Education Conference, New Orleans, LA, United States. https://files.eric.ed.gov/fulltext/ED479993.pdf

Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS–4): Report to Congress.* U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/sites/default/files/documents/opre/nis4_report_congress_full_pdf_jan2010.pdf

Showalter, D., Hartman, S., Johnson, J., & Klein, B. (2019). *Why rural matters 2018-19: The time is now*. Rural School and Community Trust. https://www.ruraledu.org/WhyRuralMatters.pdf

Slama, K. (2004). Rural culture is a diversity issue. *Minnesota Psychologist*. Minnesota Psychological Association. https://www.apa.org/practice/programs/rural/rural-culture.pdf

Smith, G.C., & Palmieri, P.A. (2007). Risk of psychological difficulties among children raised by custodial grandparents. *Psychiatric Online, 58*(10). 1303-1310. https://doi.org/10.1176/ps.2007.58.10.1303

Springer, K.W., Sheridan, J., Kuo, D., & Carnes, M. (2003). The long-term health outcomes of childhood abuse. *Journal of General Internal Medicine, 18*(10), 864-870. https://doi: 10.1046/j.1525-1497.2003.20918.x

West Virginia Department of Education. (2020). *2019-2020 Enrollment by socioeconomic status trend* [Data set]. https://zoomwv.k12.wv.us/Dashboard/dashboard/2056

West Virginia Department of Education. (2020b). *Social and emotional supports.* https://wvde.us/wp-content/uploads/2020/03/2020-WVDE-SC-Conf.-Social-and-Emotional-Support-Rep.pdf

Yin, R.K. (2018). *Case study research and applications: Design and methods* (6th Edition). Sage.

Zablotsky, B., & Terlizzi, E.P. (2019). *Mental health treatment among children aged 6-17 years: United States, 2019* (NCHS Data Brief 381). National Center for Health Statistics. https://www.cdc.gov/nchs/data/databriefs/db381-H.pdf

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Suggested Citation:

Hughes, J. E., Ulmer, J. D., Clark, J. S., Disberger, B., Hock, G., Ellis, J. (2023). In their own words: Student mental health in rural, low socioeconomic high schools. *The Rural Educator, 44*(2), 14-29.