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FACULTY AND STAFF PERCEPTIONS OF MENTAL HEALTH SERVICES IN THE ELEMENTARY SCHOOLS OF A RURAL DISTRICT

By
Vera C. Richardson

A Dissertation Submitted to the
Gardner-Webb University College of Education
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Education

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Approval Page

This dissertation was submitted by Vera C. Richardson under the direction of the persons listed below. It was submitted to the Gardner-Webb University College of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Gardner-Webb University.

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Abstract

FACULTY AND STAFF PERCEPTIONS OF MENTAL HEALTH SERVICES IN THE ELEMENTARY SCHOOLS OF A RURAL DISTRICT. Richardson, Vera C. Richardson, 2022: Dissertation, Gardner-Webb University.

This case study focused on the perceptions of faculty and staff of mental health services at the elementary level in a rural district. Mental health services provided in elementary school settings can ultimately change the outcome of individuals' lives. Many districts in North Carolina lack the funds to hire mental health counselors, and must rely on elementary school counselors to take the lead in providing students with the mental health care they need. This qualitative case study focused on the perceptions of faculty and staff and was the primary focus of this research. An analysis of feedback from three elementary school teachers, three elementary school counselors, three elementary mental health counselors, and three elementary principals was conducted. Through the interviews, mental health services in the elementary school was found to have an overall positive response from all participants. When dealing with mental health, many counselors have found that students who have experienced some form of childhood trauma struggle academically, socially, and emotionally. Without the proper mental health support, a child's life may be negatively impacted by drugs, alcohol, prostitution, homelessness, academic failure, family isolation, or even death. The goal of this case study was to increase awareness of mental health services available in the elementary school setting and to increase recognition of students who will benefit from accessing these services.

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Chapter 1: Introduction

"Just because no one else can heal or do your inner work for you doesn't mean you can, should, or need to do it alone." - Lisa Olivera.

As a young child growing up, I often would spend my summer days playing in the backyard of my grandparent's home. I recall one particular day while playing outside, my grandfather was in the field plowing the corn and my grandmother was doing laundry, when suddenly we heard a loud boom, and the sound seemed to stop time. My grandparents stopped what they were doing and immediately told me to stay outside. Not sure what was happening, I ran up to the back porch and looked into the side window. There he was, my mother's younger brother, lying on the floor beside the pistol he used to kill himself. My uncle, who was only 10 years older than me was lying on the floor with a gun lying by his side. My Uncle David was only 18 years old. As time passed, my mother would often say "if we knew the signs of mental illness, my baby brother would still be alive today." Just because you do not understand it, does not mean it is not true. As with my Uncle David, I see mental health issues daily as I walk the halls of the local high school. Students stand in the corner lacking the motivation to go anywhere or do anything with their lives.

Public school mental health services could make sure that kids' needs are met by giving them high-quality mental health care in remote places (Moon et al., 2017). Many students who live in rural areas are not offered the quality of care needed to fulfill their mental health needs; therefore, it is imperative that schools step in to assist parents.

Approximately 25% of children ages 5-18 face mental and behavioral issues that have not been properly treated, which has an impact on attendance, behavior, and learning (Swick & Powers, 2018). Students who display these tendencies frequently

suffer difficulties at home, which later manifest in their school environments. Students with strong mental health can deal with life's problems, make wise decisions, and develop positive connections. The outcome of a child's mental health depends greatly upon parent and teacher involvement, ensuring they become productive citizens within society.

More than 70% of young people involved in the juvenile justice system, both local and state, get treatment for mental health issues (National Alliance on Mental Illness, 2016). These kids frequently show signs before they enter the juvenile justice system; however, mental health care starts as soon as they are admitted to the juvenile justice system.

According to data released by the Centers for Disease Control and Prevention (CDC, n.d.), suicide was the 10th leading cause of death in the United States in 2017. Rural populations have a higher risk of suicide; therefore, there is a need for geographically and culturally appropriate suicide prevention and mental health treatment (Hedegaard, 2021). Although the occurrence of mental illness in rural areas is similar to that of city-based residents, the United States is faced with mental health treatment disparities (Hedegaard, 2021). Children living in rural areas are not provided the same services they need to sustain their academic and social relationships.

Rural residents face challenges accessing treatment systems because of location, decreased access to and consultation with the proper service providers, lower socioeconomic status, lower levels of education, and their hesitancy to seek help due to discrimination and stigma (Morales et al., 2020). Elementary school students are routinely screened for physical health issues (e.g., vision, hearing), yet emotional and mental health problems are usually detected after a student begins to exhibit symptoms of

a mental health disorder (Kilgus & Eklund, 2016).

Testing assists in identifying high-risk adolescents who require thorough monitoring, intervention, and advice on service requirements (e.g., focused help for newly emerging adjustment problems, intense support for long-term behavioral disorders). The most significant effects on a person's health and well-being may impact promotion, prevention, and early intervention initiatives (Cruz et al., 2021). Potentially serious health conditions can be minimized by prevention and early intervention. This is particularly true for children’s mental health (Cruz et al., 2021). Numerous variables affect mental health from infancy through early adulthood. After early adulthood, mental health can still be significantly treated but to a lesser degree (Cruz et al., 2021).

Due to the rise in behavioral issues within the classroom, mental health services are becoming a rising need. In the U.S., there is little access to mental health services in rural communities (Hedegaard, 2021). A shortage of psychiatrists affects approximately 65% of rural counties, and 60% of rural residents are said to lack access to mental health professionals. Students spend the vast majority of their day at school, so it is imperative that school districts begin looking at programs and practices that will increase student retention and decrease the rate of childhood suicide.

Mental health counselors are an important part of the school system, but due to the lack of funding, many of these positions remain open. Students not only struggle academically but socially, emotionally, and physically as well. Mental illness is treatable, with the right diagnosis and medication. With these tools, students can manage health issues, leading them toward a successful life in the present and future.

Although school officials want what is best for students, it is commonly known

that some students choose not to seek help but self-medicate with drugs and alcohol. After observing these trends in my own family, I became an advocate for mental health experts being an influential part of the educational system, just as vital as nurses, psychologists, and school counselors.

Increased availability of professional development opportunities for teachers and staff that focuses on the impact trauma has on a student's brain is instrumental in providing a framework for accessing appropriate mental health support for students. To establish open communication, teachers must build professional relationships with mental health care providers and an appropriate personal relationship based on trust with their students. Teachers who create a positive school environment often become parental figures to students who spend more time at school than they do at home. Instructors must understand not only the indicators of a distressed student but also how to get the mental health resources they need to address a child's social and emotional mental health difficulties.

Statement of the Problem

Access to mental health treatments for children and teenagers is delayed, which has been related to an increased risk of injury and non-attendance at scheduled visits (Semovski et al., 2021). Identifying mental health symptoms and beginning treatment as soon as possible is of utmost importance for children's overall health. Mental health illnesses are very frequent among adolescents and teenagers, with a 13.4% occurrence rate (Cruz et al., 2021). If left untreated, mental health issues will impact the child's overall quality of life.

Young people are more prone than older adults to develop mental health issues,

and lifelong mental health conditions frequently start before the age of 14. The negative impact of poor mental health expands into adulthood, impacting academics, increasing the risk of future mental health problems, decreasing personal life fulfillment, and causing a higher economic cost to society (Cruz et al., 2021).

In recent decades, evidence-based treatments for adolescents and children have created rapid growth in addressing and treating mental health disorders. Low rates of access to treatment have been shown in the United States, only 25% to 26% of children and adolescents with mental illnesses have access to specialist mental health services (Cruz et al., 2021). A number of factors have been identified as predictors of service use, including family and child characteristics, ethnicity, socioeconomic level, insurance status, living location (urban or rural), and the severity of a child's difficulties (Cruz et al., 2021).

Experiencing abuse or neglect as a child can significantly impact a student's quality of life. Regularly, mental health practitioners interact with pupils who have been through some type of childhood trauma. Many of these individuals are still carrying the hurt, shame, and embarrassment that has been inflicted upon them. Many victims refuse to seek mental health treatment causing an increase in adolescent high school dropout rates. Consequently, this leads to poor learning and social skills, and ultimately continued exposure to abusive relationships. Research has shown a vast majority of individuals who experience or witness some form of tragedy experience a lasting effect on their mental abilities (Kilgus & Eklund, 2016).

Victimization as a child can result in low self-esteem, which can lead to the use of alcohol and drugs to cope with stressful situations (Brady & Back, 2012). It is also likely

that victims of childhood abuse believe their experiences make them "different" from other kids, leading them to withdraw from more healthy social circles and join fringe groups where drugs and alcohol are more acceptable (Brady & Back, 2012). Adults who have been the victims of child maltreatment are more likely to develop alcohol and substance misuse disorders. Early intervention, prevention, training, and education for parents, according to researchers, are crucial in breaking the cycle of violence and substance misuse disorders (Brady & Back, 2012).

Mental illness is a huge, serious health threat with a large societal cost. Symptoms normally arise in the middle of a student's academic career. Although there are successful interventions for reducing or eliminating anxiety, they are rarely administered to children (Kern et al., 2017).

Purpose of the Study

The purpose of this qualitative study was to find out how teachers and staff at a rural public school felt about the quality and availability of mental health services for students. I conducted interviews with school counselors, mental health counselors, teachers, and administrators to get their overall thoughts and perspectives on the strategies utilized to improve mental health awareness in primary schools. After the information was gathered, I put together a list of suggestions and other possibilities to help elementary school administrators connect with troublesome children with a greater awareness of mental health solutions. Childhood trauma is an adverse experience causing fear for the child’s life and bodily integrity (Morin, 2020). Trauma comes in many forms and affects all social-economic sectors. Trauma can be the result of sexual abuse, alcoholism and drug use, neglect, and sometimes even death. Schulte-Körne (2016) estimated that 20%

of children and adolescents struggle with learning because of their mental health. Attention deficit disorders, cognitive differences, a lack of motivation, and bad moods all make it harder to do well in school. Prediction of school factors that may negatively influence a student's mental development and the identification of interventions that effectively counter these influences are often difficult to determine.

In the United States, poverty is a serious issue that is experienced by families throughout the country. According to research, 33% of poverty affects households with children under the age of 18 (Hodgkinson et al., 2017). Poverty and low-income families are more likely to have children and adults with long-term mental health issues and poor physical health. As a result of this worry, children and families from low-income homes are less likely to receive high-quality mental health care (Hodgkinson et al., 2017). Many individuals continue to have a lower quality of life by holding onto something that happened to them in their youth. Within many cultures, family members refuse to speak about anything traumatizing that goes on inside their homes. Education and communication are key to letting students know it is okay to speak about traumatic events that happened or are happening in their lives.

Approximately 25% of school-age children and adolescents are thought to experience mental and behavioral health issues (Schulte-Körne, 2016). The overwhelming majority of these kids do not receive enough treatment, which puts them at risk for negative school outcomes like absenteeism, behavioral issues, and academic difficulties. One common obstacle to therapy is the lack of access to proper and

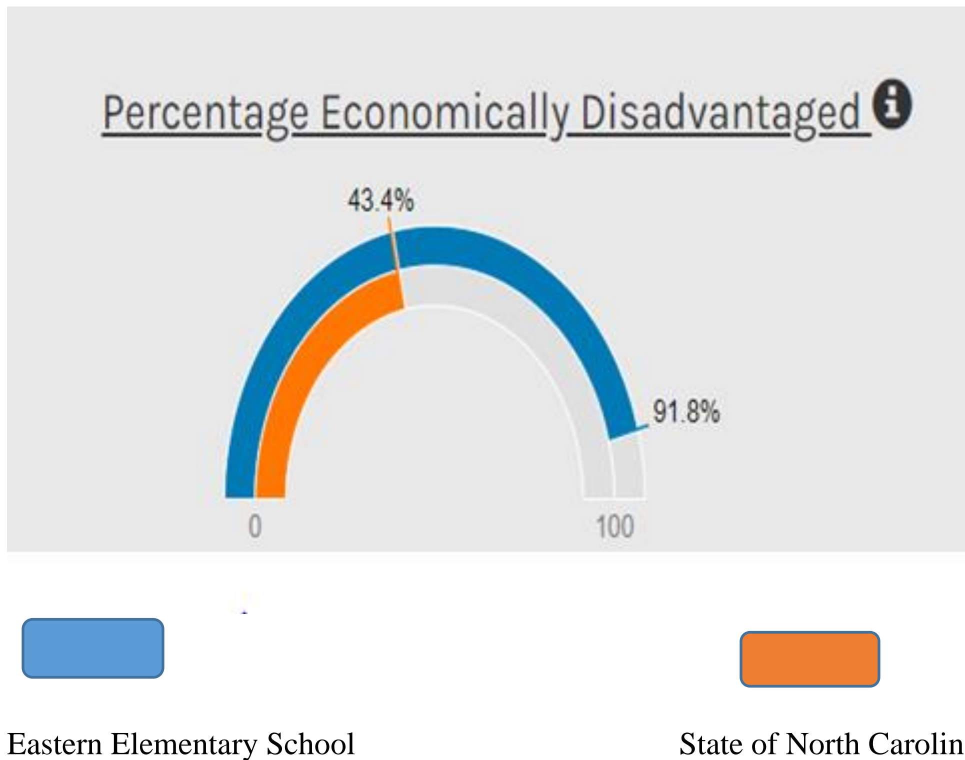
consistent care, including assessment and intervention. When students' mental health needs are discovered in the classroom, they are typically referred to the community for therapy. Despite its good intentions, this approach falls short when families face challenges like a language barrier or a lack of transportation.

Setting

In the central region of North Carolina's Mangrum County, a public school system serves as the setting for this study. The district's 4,050 pupils are taught in six elementary schools, two middle schools, one high school, one alternative school, and one early college. The ethnic composition of the student population is 60% White, 15% Hispanic, 18% Black, and approximately 7% other races. Further, 75% of all enrolled students are eligible for free/reduced lunch. It is important to note that this distribution does not match the county's overall demographics, which are approximately 58% minority and 42% White. Over time, more and more White kids have been leaving public schools and going to nearby charter and private schools; however, with the opening of a new high school, Mangrum Central High School, many parents have transferred their students back into the district. This study focuses on six elementary schools in a rural district with a total of 1,678 students. Based on the information provided, students at all six schools receive free or reduced lunch. In comparison to the state of North Carolina, Figure 1 displays the percentage of economically disadvantaged pupils who attend Eastern Elementary School.

Figure 1

Eastern Elementary School

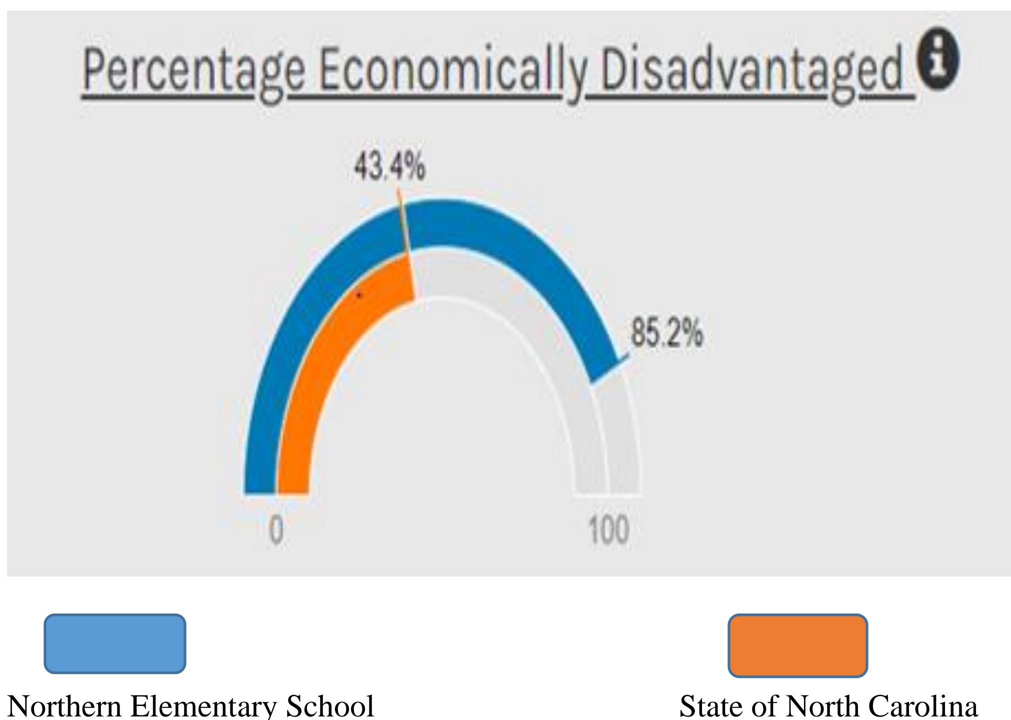


Eastern Elementary School State of North Carolina

As illustrated in Figure 1, 91.8% of students who attend Eastern Elementary are economically disadvantaged compared to the state of North Carolina, which is 43.4%. Figure 2 compares the percentage of economically disadvantaged children at Northern Elementary School to the state of North Carolina.

Figure 2

Northern Elementary School



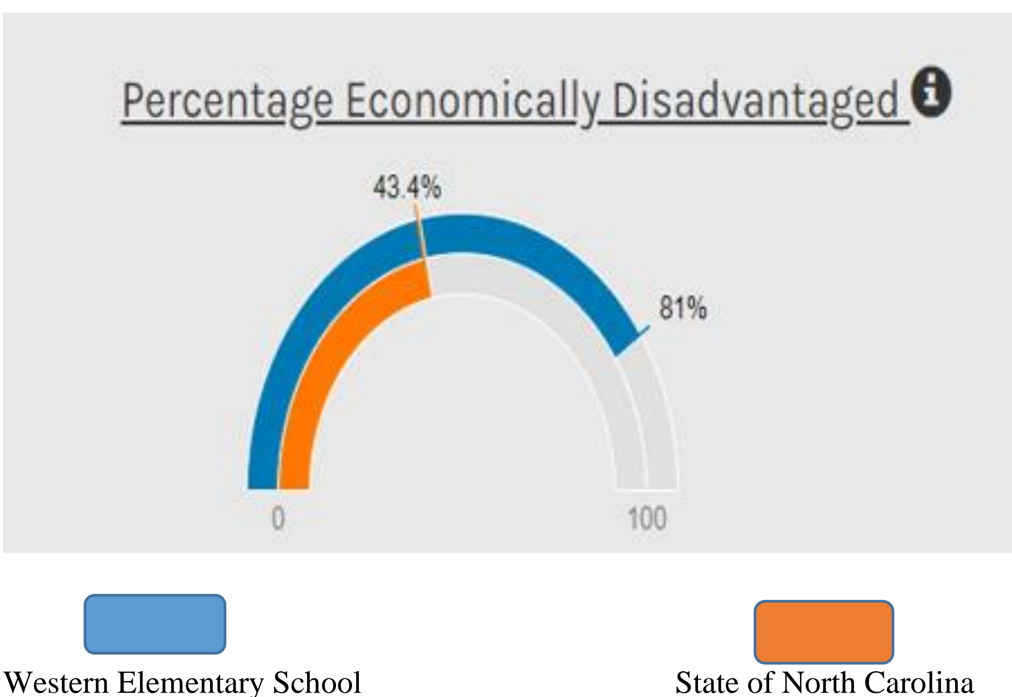
Northern Elementary School State of North Carolina

As illustrated in Figure 2, the number of economically disadvantaged students who attend Northern Elementary School is 85.2%, compared to the state of North Carolina, which is 43.4%.

Figure 3 compares the percentage of kids from low-income families who attend Western Elementary School to the state of North Carolina.

Figure 3

Western Elementary School



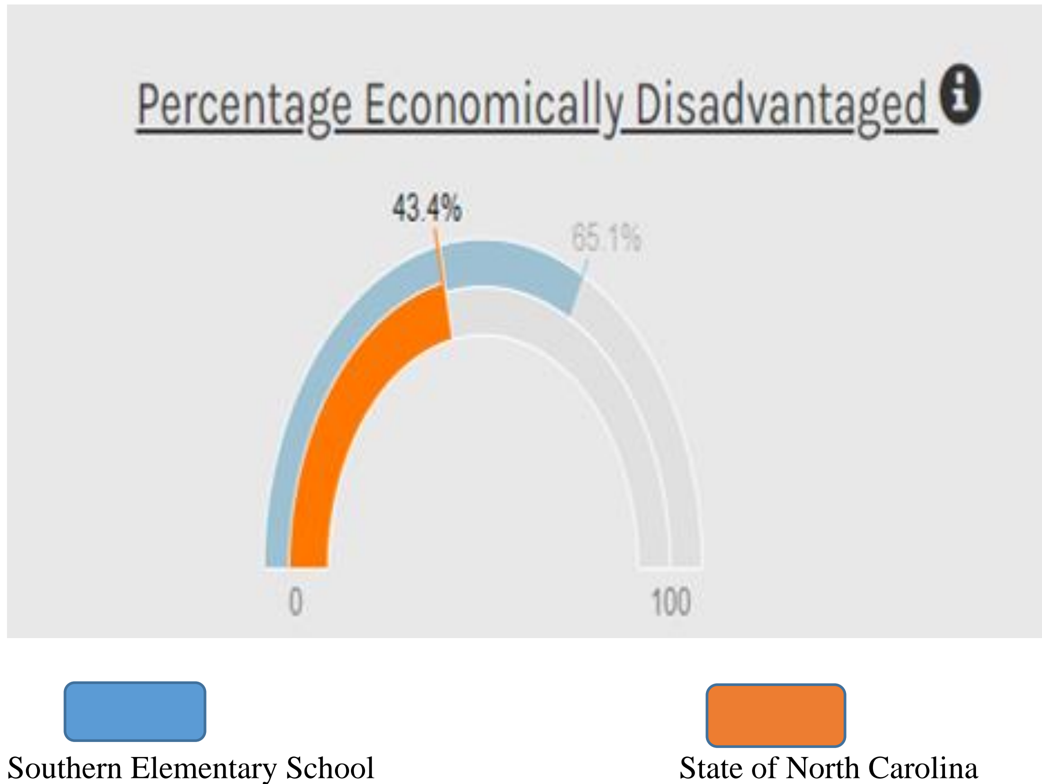
Western Elementary School State of North Carolina

Figure 3 provides the number of economically disadvantaged students compared to the state of North Carolina for students who attend Western Elementary School. The state percentage is 43.4%, while Western Elementary School's percentage is 81%.

Figure 4 compares the percentage of economically disadvantaged pupils at Southern Elementary School to the state of North Carolina.

Figure 4

Southern Elementary School

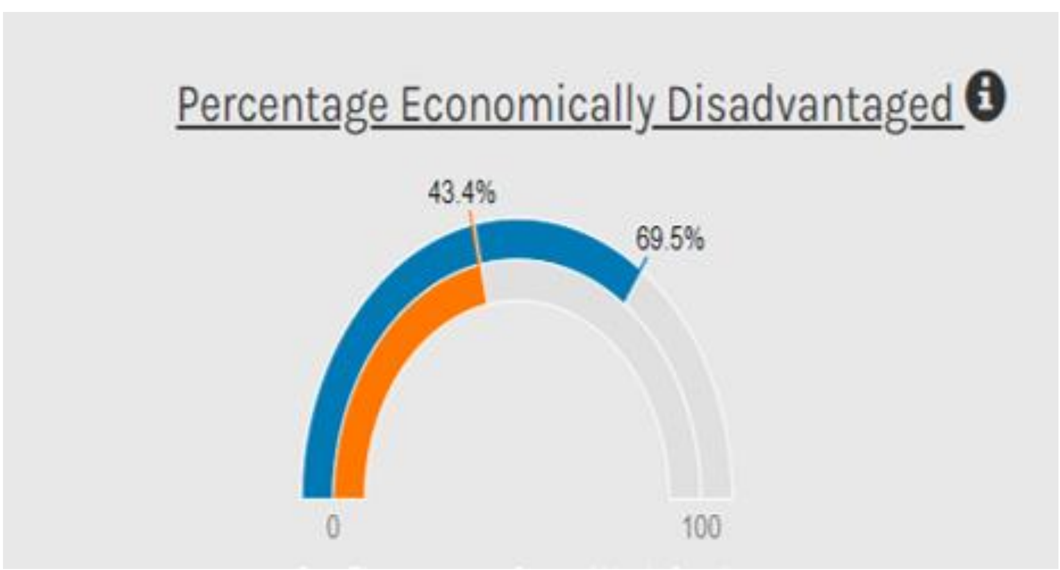


As illustrated in Figure 4, the state of North Carolina's percentage of economically disadvantaged students is 43.4%, while Southern Elementary School's is 65.1%.

Figure 5 compares Mitchell Elementary School to the state of North Carolina in terms of the percentage of economically disadvantaged kids.

Figure 5

Mitchell Elementary School



Mitchell Elementary School

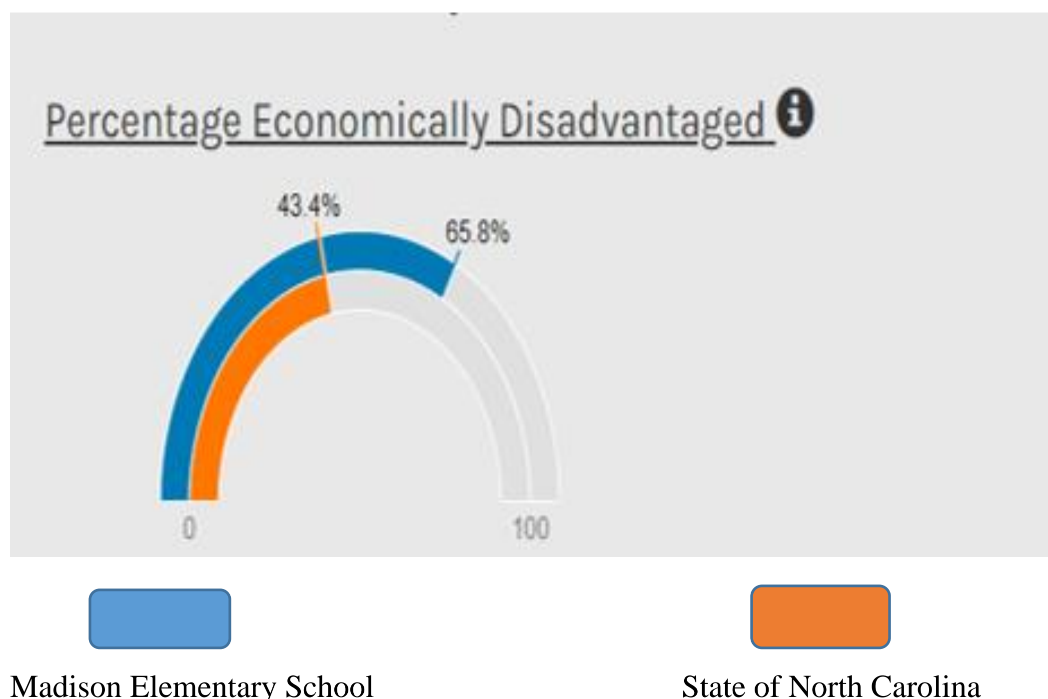
State of North Carolina

As illustrated in Figure 5, 69.5% of the students at Mitchell Elementary School are at an economic disadvantage, compared to the state of North Carolina, which is at 43.4%.

Figure 6 compares the percentage of economically disadvantaged children at Madison Elementary School to the state of North Carolina.

Figure 6

Madison Elementary School



Madison Elementary School State of North Carolina

Figure 6 shows the percentage of economically disadvantaged students who attend Madison Elementary School compared to the state of North Carolina. In Figure 6, 65.8% of students were economically disadvantaged compared to the state of North Carolina, which is 43.4%.

Faculty and Staff Perceptions of Mental Health Services

Mental health resources are made available to students within the school system in a variety of ways. At times, staff members are the first ones to observe a student in distress, and additional services are required. Once the concern is noted, the staff member usually refers the student to a social worker, counselor, or psychologist (Paulus et al., 2016). Due to stigma and a lack of availability, families who seek or are referred to mental health services do not access them. Although parents may recognize behaviors and other concerns, they may refuse to seek help due to not understanding the importance

of services offered or how to access the necessary services. Along with teaching, teachers are responsible for the social and emotional health of their students (American School Counselor Association, n.d.; National Association of School Psychologists, n.d.). According to the American School Counselor Association (n.d.), school counselors have an average student-to-school staff ratio of 1:491, whereas school psychologists have a ratio of 1:1,381 (National Association of School Psychologists, n.d.).

Research Questions

In this study, the following issues were researched and analyzed:

1. What are the elementary school faculty and staff perceptions of mental health services and exigencies within the school setting?
2. What type of professional development or support do elementary school administrators, teachers, and counselors believe is needed in the classroom as it relates to students and their mental health?
3. What are the dynamics of parents' and guardians' mental health contact for elementary students?

Definition of Terms

For this study, the following terms are used.

Childhood Trauma Stress

Refers to a series of violent or dangerous occurrences that exceed a child's or adolescent's capacity to cope (American Psychological Association, n.d.).

Elementary Teacher

A person who works in early childhood education and primarily teaches children in kindergarten through sixth grade (Humphrey & Wigelsworth, 2016).

Individual Education Plan (IEP)

Outlines the special education instructions, support, and services that a child will require to succeed in school (Humphrey & Wigelsworth, 2016).

Individuals with Disabilities Education Act (IDEA)

Ensures that children with disabilities receive a free, appropriate education that is adapted to their specific needs (Humphrey & Wigelsworth, 2016).

Mental Health

Changes in thinking, mood, and/or behavior that affect functioning are referred to as problems or difficulties (Humphrey & Wigelsworth, 20I6).

Mental Illness

A psychiatric disorder that produces major abnormalities in a person's thoughts or behavior and necessitates particular care or treatment (Humphrey & Wigelsworth, 2016).

Suicidal Thoughts

Defined as having thoughts, ideas, or ruminations about the possibility of ending one’s life (Humphrey & Wigelsworth, 2016).

Summary

Mental health services in elementary schools are critical. Children are faced with many obstacles over which they have no control. The knowledge that knowing someone has your best interests in mind is a key to success. Teachers, mental health counselors, and principals are under a lot of stress due to underfunding for programs that will help students not only thrive in the classroom but also in the community. Children, their families, and the schools that educate them in the United States have a huge need for mental health resources and programs (Swick & Powers, 2018). Teachers and staff are

aware of the serious and important issues that are integral to mental health care and know that additional training and professional opportunities are essential.

The qualitative study's first chapter outlined the research's problem statement, which concerns teacher and staff impressions of mental health services in an elementary school environment in a rural district. All the material supplied was answered by the study's purpose and research questions. Finally, the terms used in the study were defined. The current research on mental health in primary schools is presented in Chapter 2. Chapter 3 presents the approach to this investigation.

Chapter 2: Literature Review

This literature review groups the most recent research into five areas: (a) the history of mental health identification; (b) children and mental health issues; (c) children and the elementary school setting; (d) the role of the teacher in student mental health concerns; and (e) reasons why mental health in schools needs to be addressed (Individuals With Disabilities Education Act [IDEA], 1975). Understanding the current literature on this topic provides a better understanding of teacher and staff perceptions within the school setting regarding mental health services. This literature focuses primarily on services provided in elementary schools in rural areas. Finally, I discuss the theoretical framework for the study in this chapter.

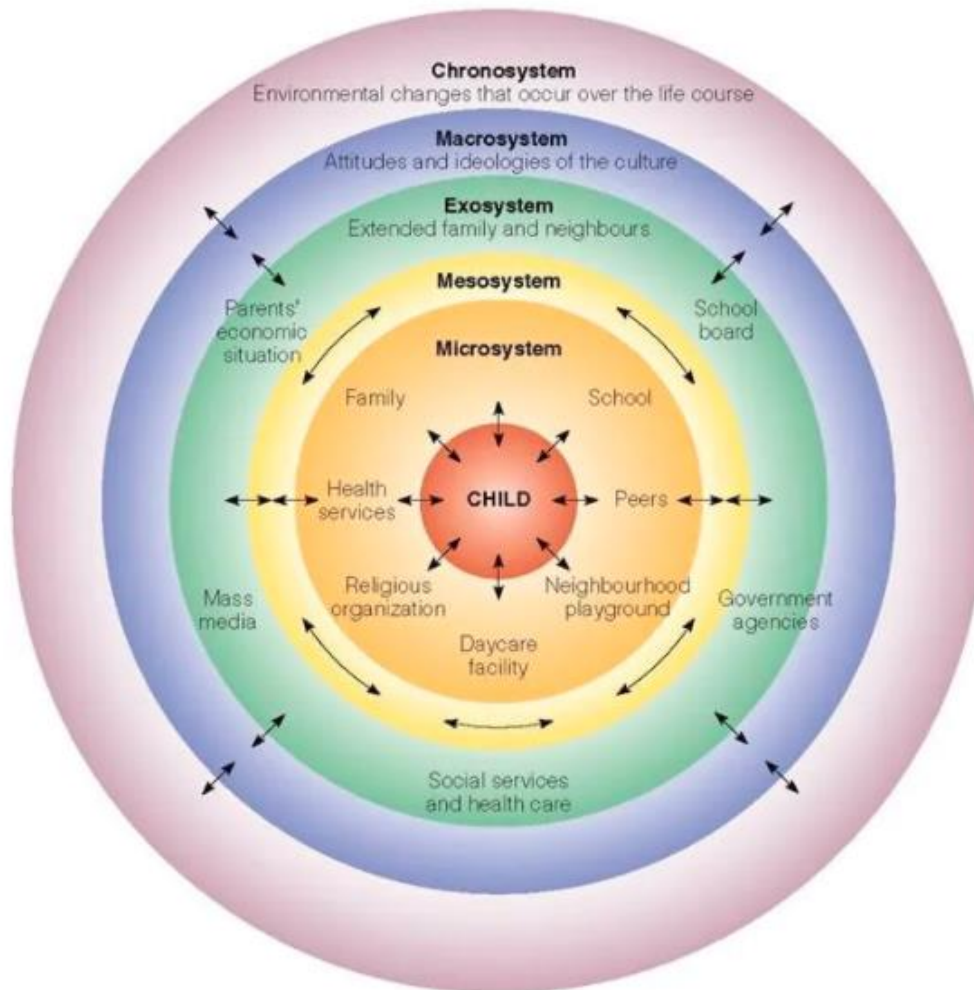
Theoretical Framework

The theoretical framework for this study is the Bronfenbrenner (1974) bioecological model. The bioecological model is how Bronfenbrenner renamed his concept after changing his opinion. The earlier views of infant development were disputed by an American psychologist by the name of Urie Bronfenbrenner. The study and practice paradigm for school-based mental health is called Bronfenbrenner's model. It looks at how a child grows and changes, especially in terms of mental health, based on their relationships with teachers, peers, the community, and society as a whole (Guy-Evans, 2020). Early studies were "unidirectional," according to Bronfenbrenner, focusing on the influence of A on B (for example, a stranger or a mother with a child), rather than the child's or any other third party's influence (Guy-Evans, 2020). Educating the general population to understand the complexity of human development is critical.
Bronfenbrenner stated that a child's world is made up of five interconnected systems

(Guy-Evans, 2020). Bronfenbrenner's theory of the five systems of interaction is depicted in Figure 7.

Figure 7

Bronfenbrenner Theory



In Figure 7, Bronfrebranner's theory describes the five ecosystems as they relate to a child's development.

The microsystem is the system that is closest to a person and has direct contact with them. Some examples include home, school, daycare, and work. Your microsystem's interactions are reciprocal, so how you treat its members will determine how they will

treat you in turn. The exchanges between the parent and the child in this system help to build a caring relationship, which helps to promote positive interactions. Positive interactions are developed when a child has a strong bond with their parents, but negativity is formed when the relationship is remote. A youngster being bullied, parents fighting or displaying aggression towards each other, and parents who are not supportive of the teacher are all negative characteristics of the microsystem. In a child's development, the microsystem is very crucial. Because the microsystem generally involves other family members, peers, or caretakers, this system has the potential to influence others' beliefs. This is the ecological system's most powerful level.

The several microsystems that make up a person's mesosystem interact and have an impact on one another rather than operating independently. The relationship that forms in the mesosystem is based on positive interactions between the microsystems. When children observe their parents and instructors behaving positively, they are more likely to be good students. When parents are visible in the classroom, children are more willing to work. When parents attend parent-teacher conferences, it shows the child that their parents are concerned about their education. Children are less likely to work as hard and are more likely to engage in negative activities to garner attention when their parents are absent from school and do not attend parent-teacher conferences. The child must see positive interactions with people who do not self-isolate. Children absorb both the positive and harmful aspects of their environment. Children are more likely to want to achieve better at home, school, and in the community, if they see positive characteristics modeled by their parents. Families are the foundation of all things. Apart from school, this is where children spend most of their time, thus how families interact and

communicate with one another is critical.

An exosystem is a system in which children are not active participants but influences them. Although the exosystem does not directly connect with the child, situations that affect the mesosystem might have a detrimental impact on the child in the household. As parents, the habits we bring into the home from the outside can have a beneficial or negative impact on our children. When parents are upset over not getting a promotion at work, it can negatively transfer to their children. The child does not affect the parent not getting the promotion, but because the child is present, the parent may unleash negative energy on the youngster. This can have a long-term impact on the development of the child. The presence of parents in the classroom, as previously indicated, has a favorable impact on a child's ability to learn. In certain cases, parents may desire to attend parent conferences, volunteer in the classroom, or even accompany their children on a field trip, but their work obligations prevent them from doing so. This is when the parent-child relationship is most crucial. When it comes to the exosystem, another key issue is when parents are away from home. When one parent has to leave the home due to work, the child begins to develop issues that are difficult for them to regulate, such as anxiousness. As the time for that parent to leave nears, the child begins to experience an emotion over which they have no control. Another element that could be detrimental to a child's growth is a hardship. The macrosystem is interested in how a child's socioeconomic class, how much money they have or do not have, and their ethnicity affect their development. The child's environment has an essential influence on the development of children in the macro system. Children are more likely to be influenced by the environment with which they are most familiar. When a child who is

born in a third-world country is compared to a child born in the United States, it is evident that the third-world child must make ends meet at any cost. This is also true for certain families in the United States, but because of the resources available to them, it is less probable they will go without a meal or clean clothes. Many Americans have been compelled to live outside of their means to keep up with the next family. As a result, many families split apart, leaving one parent as the sole provider for the household. Families in the Armed Forces are another example of being transferred from one location to another. The family, particularly the children, suffer because of this. It is difficult for youngsters to make friends and establish a sense of stability when they move from place to place. Children can be a part of a culture that allows them to become better scholars and be enthusiastic about learning when they have consistency. Without stability, children will roam trying to fit in, which can lead to difficult-to-resolve legal issues with the juvenile justice system or joining a gang merely to belong. The surroundings in which we live can either make us better people who live a respected and meaningful life, or they can make us part of a world where there is strife on all sides. The chronosystem also takes into account all environmental changes that affect a person's growth over the course of their life, such as significant life transitions and historical events. The chronosystem considers how events in a person's life are related to the timing of those events. When events happen, depending on where we are in development, the situation will look different. A 3-year-old will deal with the death of a parent differently compared to a teenager. The negative effect is still present. In today’s society, children are more adept at technology than someone 20 years ago, their learning styles are different, and even the way we do mathematics is different. The impact of a traumatic experience on a child's

development can be significant. When children are accustomed to having both parents around, and suddenly one of the parents is no longer in the home due to a divorce, children tend to exhibit behaviors that can affect their learning abilities. Although children are resilient, sometimes it is hard to recover from an event that has disrupted their daily schedule. Parents must be aware of the stress their children are experiencing. According to Bronfenbrenner (1974), a child's growth is influenced by a variety of factors in their life. Bronfenbrenner’s research looked at both larger-impacting elements as well as the environment (and ecology) of development in addition to individual development. Bronfenbrenner’s theory focused on how environment and biology influence a person's growth (Guy-Evans, 2020). The hypothesis places the child in the center, surrounded by the rings of their ecological systems. The theories of Bronfenbrenner are complementary to one another. To fully comprehend a child's mental state, one must first comprehend the adults who are accountable for the child's well-being. The impact of each of Bronfenbrenner's five systems on a child's development is determined by how they interact with one another (Guy-Evans, 2020). Since the publishing of Bronfenbrenner's thesis, the world has changed tremendously in terms of technological breakthroughs. A child's exosystem, on the other hand, might be enlarged to encompass modern-day interactions within the ecological system, such as social media, video games, and other contemporary interactions (Kelly & Coughlan, 2019).

As the years passed, Bronfenbrenner continued to revise his concept. In contrast to early researchers who paid little attention to how the environment affects child development, Bronfenbrenner (1974) believed that modern academics were focusing too much on the environment and not enough on the role of the individual in their own

development. The most recent version of Bronfenbrenner's theory is known as the process-person-context-time model. Bronfenbrenner demonstrated the importance of proximal processes in development in this section of his theory. There are four fundamental ideas in the process-person-context-time model that can interact with each other.

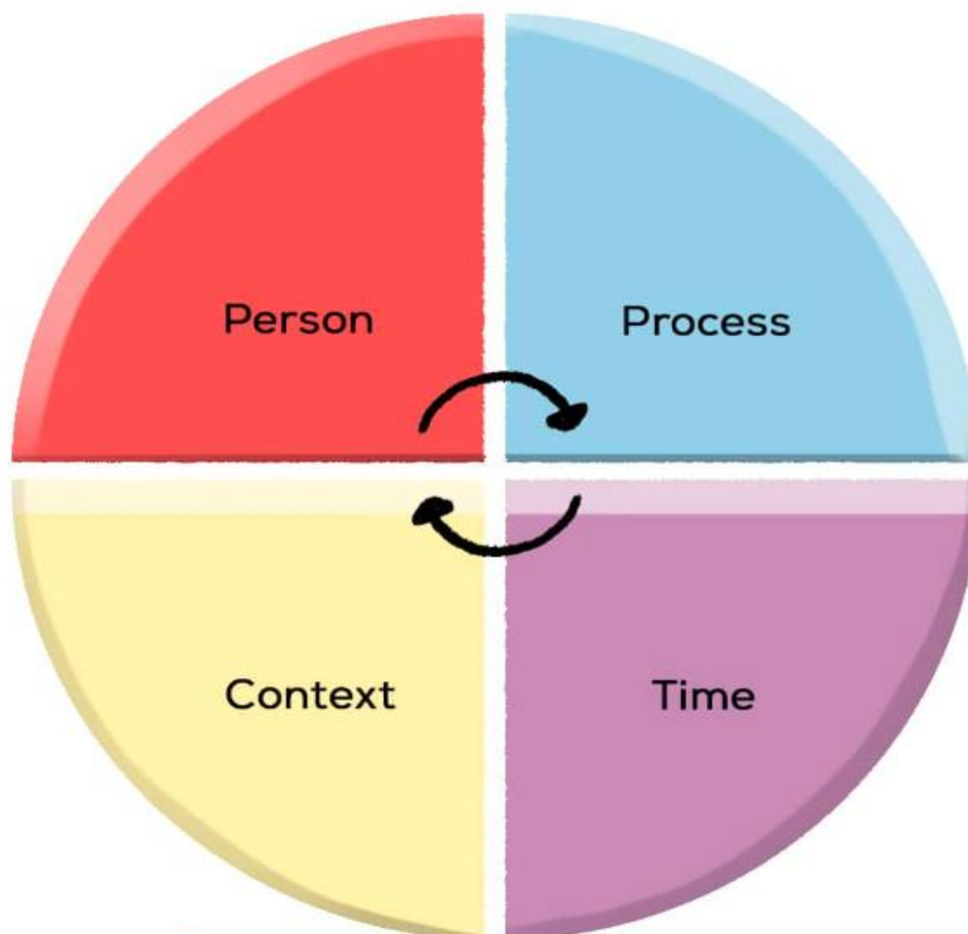
1. Process: According to Bronfenbrenner (1974), the primary forces behind development are proximal processes. Interactions between the developing person and the people, symbols, or things in their local surroundings are considered proximal processes. Parents playing with their children and children reading books to acquire and practice new abilities are two examples of proximal processes.
2. Person: This guiding concept highlights the active part the individual and their unique personality traits play in their growth. There are three categories of human traits: force, resource, and demand. Demand features, which include elements like the developing person's age, skin tone, and gender, operate as a direct stimulus to another person. Prior experiences, talents, IQ, and access to social and monetary assistance are among the most difficult-to-detect resource traits in a developing individual. The temperament, perseverance, and motivation of a maturing person are connected to their force qualities. Children with comparable resources may grow differently, which may be explained by variations in motivation.
3. Context: Microsystem, mesosystem, exosystem, and macrosystem—the first four of the bioecological model's five systems—serve as the backdrop for a

person's growth.

4. Time: Bronfenbrenner (1974) split time into three levels: micro, meso, and macro, just as there are many sorts of situations and human qualities. Micro-time is focused on what is occurring within a particular activity or proximal process, while macro-time (the chronosystem) "focuses on the shifting expectations and occurrences in the greater society, both within and beyond generations" (Guy-Evans, 2020, p. 5). Meso-time is concerned with how often certain things happen in the developing person's environment over the course of days and weeks (Guy-Evans, 2020). See Figure 8 for Bronfenbrenner's latest version of his theory (Gonzalez, 2016).

Figure 8

Bronfenbrenner Latest Version



The proximal processes approach is in line with Bronfenbrenner's theory that a young person's ecological systems, including peers, family, and school, all contribute to mental health development (Gonzalez, 2016). Proximal processes states that parts of mental health rehab are part of an "ecological framework of important interactions" (Guy-Evans, 2020, p. 5). Bronfenbrenner's idea is put to the test by Lippard et al. (2018). Lippard et al. used teacher reports and classroom observations to look at the teacher-child connection. Academic success and classroom conduct were shown to be closely related, which highlights the significance of this connection for children's development and

supports the ecological systems theory. As a student who is expected to do well in the class participates in a variety of positive and difficult activities and interacts with teachers and peers, their competence will develop. Engagement in pleasant activities and relationships with teachers and classmates, on the other hand, will lower the likelihood of school failure in a child who is struggling with the demands of school. These proximal processes protect the child from the negative impacts of those early challenges. A theory of human development may be necessary for research, but it may not apply to the practical work of early childhood educators with young children. Bronfenbrenner (1974) influenced the establishment of Head Start programs significantly. Bronfenbrenner's theory is depicted in Figure 7.

For Bronfenbrenner (1974), the "proximal processes of development" (p.13), or persistent and long-lasting forms of interaction in the local environment, came into focus. Bronfenbrenner turned his attention from environmental factors to human maturation and aging processes. A bioecological psychologically active person engages in more complicated reciprocal interactions that foster development with the people, objects, and symbols in their immediate environment. Bronfenbrenner also said that to understand how these proximal processes affect development, we need to pay attention to the person, the environment, and the outcome of development, since these processes change and have different effects on different people (Kelly & Coughlan, 2019). There have been tremendous technological developments around the world since this idea was initially put forth. One can still make the case that a child's exosystem can be expanded through the use of social media, video games, and other modern linkages to the natural world. This would suggest that ecological systems are still important and will continue to change over

time to accommodate more advanced technologies (Kelly & Coughlan, 2019).

History of Mental Health

The mental hygiene movement was started in 1908 by psychiatric service users and experts to enhance the conditions and standards of care provided to people with mental illnesses (Bertolote, 2008). Even though references to mental health as a state can be found in the English language from before the 18th century, technical references to mental health as a profession or field did not appear until 1946. The Mental Health Association was created in London that same year, while the World Health Organization (WHO) attended the International Health Conference in New York (Bertolote, 2008). The term "mental hygiene" was first used in English literature in 1843 in a piece titled "Mental Hygiene or an Examination of the Intellect and Passions Designed to Illustrate Their Influence on Health and Life Duration." Prior to that time, references to it existed (Sweetser, 1974).

The work of this committee began to be conducted internationally in 1919, leading to the establishment of national associations for mental hygiene in France (Pélicier, 1971), South Africa (Hurst & Lucas, 1975), Italy (Mora, 1975), and Hungary (Horánszky, 1975) in 1920, 1924, and 1975 respectively. These national organizations established the International Committee on Mental Hygiene, which the World Federation of Mental Health eventually replaced.

The WHO was established the same year as the inaugural International Congress on Mental Health, which was held in London. The following definitions of mental health and keeping yourself clean (WHO, 1951) were made at the second meeting of the WHO's Expert Committee on Mental Health:

"Mental hygiene" refers to all acts and ways of doing things that promote and preserve mental health (WHO, 1951). Mental health was defined as the ability to establish a satisfactory synthesis of one's own potentially competing natural desires, form and maintain harmonious relationships with others, and engage in positive social and environmental improvements (WHO, 1951).

Mental health, is described as "a condition of well-being in which an individual recognizes his or her abilities, can cope with the normal stresses of life, can work productively, and can contribute to his or her community" (WHO, 1951, p. 1). The CDC (n.d.) defined mental health in children as "major variations from children's typical behavior, learning, or emotion management, which can be stressful and make it difficult to get through the day" (p. 4). Since more than half of mental health problems begin in childhood and adolescence and because many of these problems persist into adulthood, these years are crucial for encouraging mental health care (Garcia-Carrion et al., 2019). This is concerning since, according to data from throughout the world, mental health issues are becoming more common in children and adolescents, with the percentage of those affected hovering around 20% (Garcia-Carrion et al., 2019).

The WHO defined mental health as "a state of well-being in which people are able to meet the demands of everyday life, develop their abilities, engage in constructive and productive employment, and support the growth of their community" (Garcia-Carrion et al., 2019, p.1). People often do not care about their mental health until they have a problem that could have been avoided with good mental health care (Jourdan et al., 2016).

In rural areas, there is a shortage of mental health professionals. A widely used

mental health therapy method called job shifting, also known as task sharing, may help to address unmet mental health requirements in remote and underdeveloped areas (Hoeft et al., 2019).

Many patients now deal with social marginalization and prejudice in addition to the often-deadly effects of their illness. Since the term "stigmatization" was formerly used to refer to slaves or criminals in ancient Greece, it has a negative connotation. Stigmatization of those who are mentally ill has a long history (Rössler, 2016). For centuries, people tormented by depression, autism, schizophrenia, and different intellectual ailments were treated as slaves or criminals: They have been jailed, beaten, or murdered. Mental illness then changed to be a punishment from God during the Middle Ages. Individuals were burned at the stake or incarcerated in penitentiaries and asylums, where they were constrained to their beds. The mentally sick were ultimately free of their confines all through the Enlightenment, and hospitals were established to help those afflicted with intellectual disease; however, throughout the Nazi regime in Germany, stigmatization and prejudice reached an ugly excessive point, with mentally sick human beings being murdered or sterilized (Rössler, 2016).

The stigma related to intellectual contamination is widespread. There are no countries, societies, or subcultures wherein people with intellectual ailments are valued similarly to people who are not. People choose to preserve a more potent social barrier with a person affected by schizophrenia than with a person affected by depression. For motives unknown, this social divide has widened within the 21st century (Rössler, 2016). One feasible rationalization is the procedure of deinstitutionalization, the heightened public focus of network psychiatry, and threat perceptions. When it involves unusual

stereotypes, 34% of the populace has a negative mindset toward drug addiction, two-thirds have a negative mindset towards alcohol addiction, and two-thirds have a negative mindset towards schizophrenia, while despair gets greater sympathy, probably because a greater number of human beings are acquainted with mental illness (Rössler, 2016). Children's mental health and mental diseases can be evaluated using a variety of methods. One of the surveys used by the CDC to determine whether there are any indications that children's mental health is excellent, as well as how many children have been diagnosed with mental diseases and whether they received treatment, is the National Survey of Children's Health. In this type of survey, parents are asked about their child's positive mental health indicators and any diagnoses the child has received from a medical expert.

Finally, research established the least spectacular, however probably the only channel for lowering stigma, is through “contact.” We recognize from academic applications that we reap the best advances when the mentally ill speak about their issues openly to students. Considering the wide variety of affected people in our society – approximately 50% of the population endure some form of mental incapacity in the course of their lifetime – it is probable that we meet a person with an intellectual disability every day and everyone is aware of a person who suffers or has suffered from such illnesses (Rössler, 2016).

Children and Mental Health

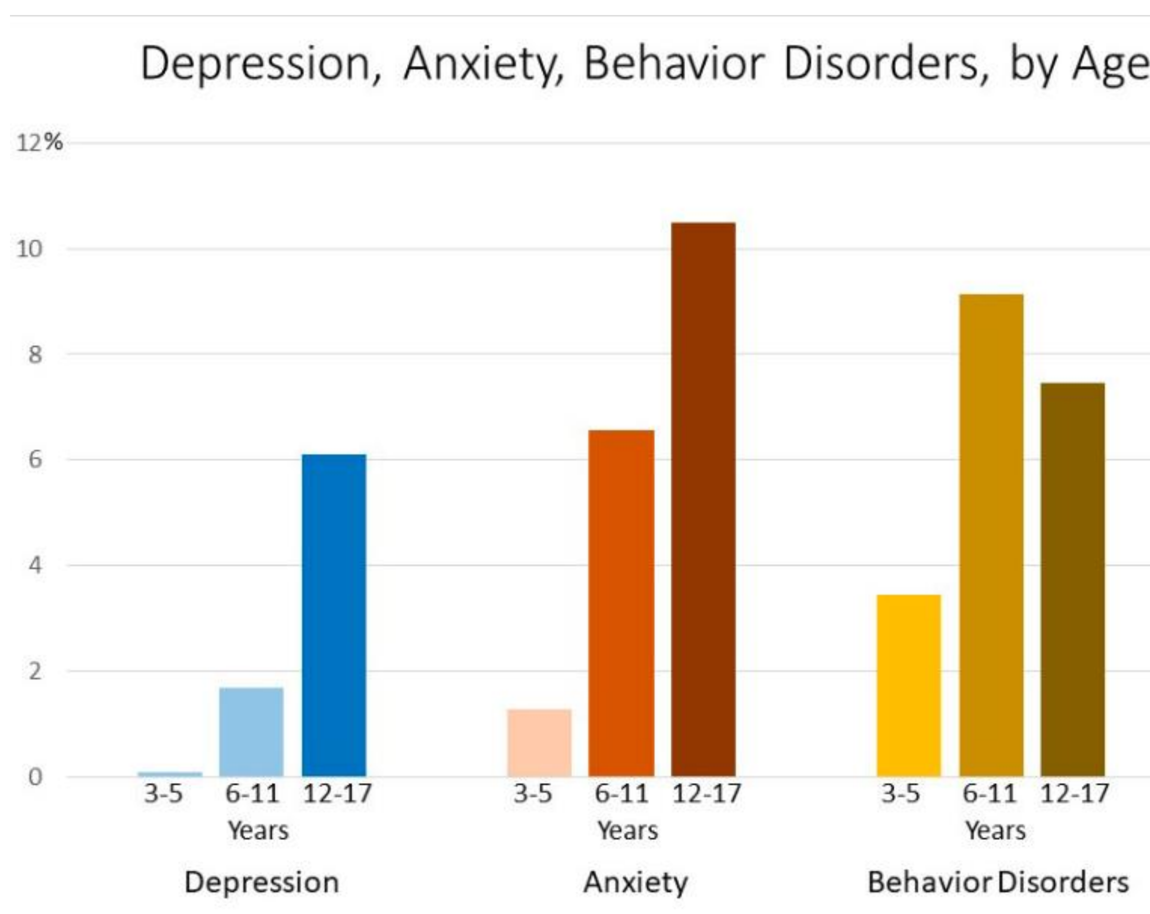
The poor mental health of children is a huge public health issue. The most common issues are indicators of sadness in teenagers, anxiety in kids of all ages, and attention-deficit/hyperactivity disorder (ADHD). To fully comprehend children's mental health, more data on good signs of mental health, such as emotional stability and

resiliency, are required (CDC, n.d.). Reaching developmental and emotional milestones, acquiring positive social skills, and learning how to handle difficulties are all aspects of a healthy mind in infancy. The environments in which kids live, learn, and play can cause stress and have a negative effect on their mental health. The CDC (n.d.) said that kids' mental health is better when they have supportive relationships and situations and when they do not have to deal with stress or bad things. Beesdo et al. (2009) said that childhood and adolescence are the most likely times to develop anxiety symptoms and syndromes. These can range from mild annoyances to severe anxiety disorders. Beesdo et al. said that one of the challenges of research is to figure out which characteristics are strong predictors of more malignant courses and which are more likely to be linked to benign patterns of course and outcome. Other challenges include figuring out the prevalence and patterns of incidence through a reliable and clinically valid assessment and describing the disorder's natural course over time. The fact that younger children may struggle to communicate their cognition, emotions, and avoidance, as well as the related suffering and deficits, to diagnosticians is another barrier to evaluating juvenile fears and anxieties. Beesdo et al. said that when a young person's anxiety is being evaluated to make a diagnosis, developmental differences like cognition, language ability, and emotional understanding must be carefully taken into account. At some point in their lives, one of every four Americans will have a mental health problem (National Academy of Science, Engineering, and Medicine, 2016). Children and adolescents, like adults, suffer from significant mental diseases. Their signs and actions, however, are different from those of adults. The limitations of mental health care for children and adolescents have received a lot of attention in the last 2 decades (MacDonald et al., 2018). Nearly one third of

children with anxiety also had depression (32.3%), and more than one third of children with anxiety also had behavioral problems (37.9%). Nearly one fifth (20.3%) of children with behavioral problems also experienced despair and anxiety (36.6%). Figure 9 shows the depression, anxiety, and behavioral disorder by age (CDC, n.d.).

Figure 9

Disorder by Age



Risk Factors

Developmental difficulties can begin at any time during the developmental stage and frequently persist for the rest of the person's life. Most developmental issues begin prior to birth. Most developmental diseases are known to have many different factors that cause them. Afterward, due to trauma, illness, or other circumstances, some factors that

can occur include genetics, parental health and behaviors (such as smoking and drinking while pregnant), birth complications, infections the mother may have while pregnant or infections the baby may have very early in life, and exposure to high levels of environmental toxins such as lead (CDC, n.d.).

For adolescents, one of the most important risk factors for suicidal thoughts is social isolation (Calati et al., 2019). The warning indicators are not always visible and can differ from one person to the next. Some people are open about their plans, while others hide their suicidal thoughts and feelings (Czyz et al., 2016). There are many different things that can cause suicidal thoughts. Feeling helpless in the face of what seems to be an overwhelming life situation frequently leads to suicidal thoughts (Calati et al., 2019). There may be a genetic component to suicide. People who kill themselves or who think or act suicidal are more likely to have a history of suicide in their family (Calati et al., 2019).

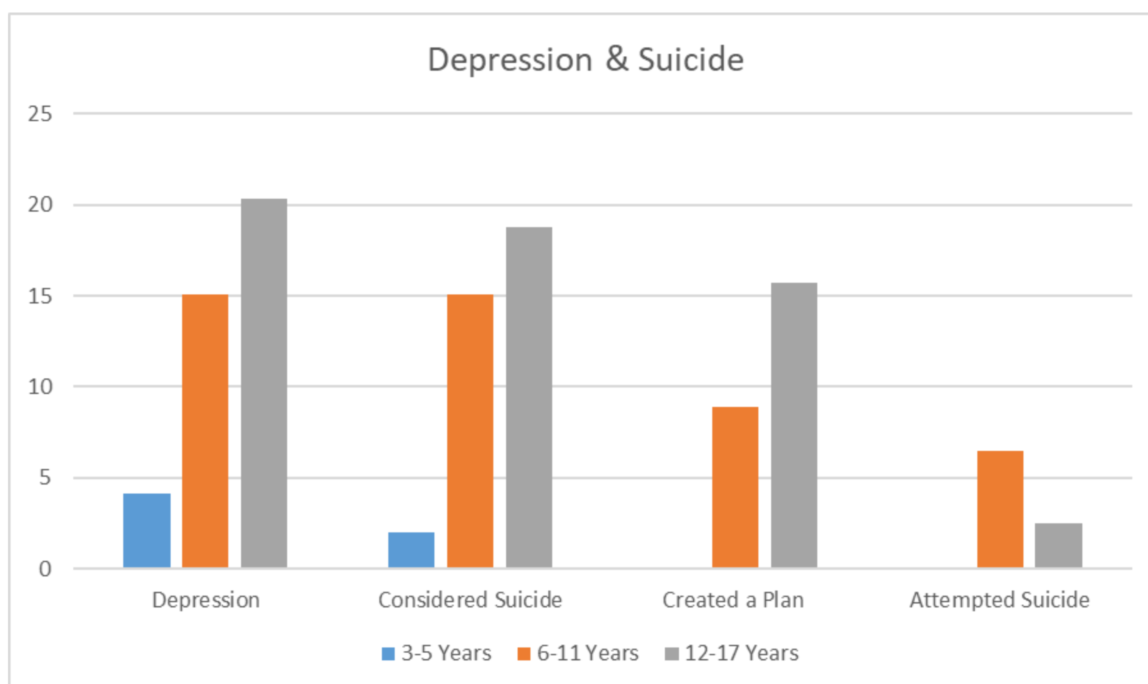
Suicide attempts peak during adolescence, and suicide mortality rises consistently with age throughout adolescence and is the third largest cause of death in young people ages 10 to 24 (WHO, 2002). Suicidal acts and behaviors are a major source of concern for doctors who work with children and adolescents who are suffering from mental illnesses. Despite its importance, research on child and adolescent suicidality has been impeded by a lack of clear definitions (Czyz et al, 2016).

Poverty is a key risk factor that affects children's development. Understanding the methods through which an impoverished environment puts children at risk for poor intellectual and emotional development is an academic topic. Social interest centers on using this information to change conditions so more children can grow in conditions of

lower environmental risk or conditions where protective factors are greater. A political interest identifies the factors in our society that prevent or permit beneficial changes in the life of children (Zuckerman et al., 2021). Emotionally disturbed children are more prone to struggle in school and are overrepresented. Children's mental problems are treatable and manageable. There are various treatment options based on the best and latest medical research. Teachers, coaches, therapists, and other family members involved in the child's care should work closely with the parents and doctors (CDC, n.d.). The success of children can be aided by parents, medical professionals, and educators making the most of all the tools at their disposal. Children with mental health problems can live happier lives if their problems are found early and they and their families get the help they need (CDC, n.d.). Figure 10 shows the number of students who have considered, created a plan, or attempted suicide.

Figure 10

Depression and Suicide



Negative experiences can increase a kid’s or teen's likelihood of developing long-term health issues, mental illness, and drug dependence as adults. These unfavorable childhood events are referred to as "adverse childhood experiences" (ACEs). ACEs are situations that have the potential to be traumatic that happen to children (ages birth to 17), including neglect, witnessing or experiencing violence, and having a family member attempt or die by suicide. Children may be impacted for years and have fewer opportunities in life. ACEs can be stopped, though, if we teach parents, communities, and lawmakers how to help kids grow up in a safe environment. There are risk factors, which are things that make it more likely that someone will have an ACE, and protective factors, which are things that protect people and make it less likely that they will have an ACE. Although they can all affect the risk of these incidents, ACEs are not necessarily caused primarily by characteristics in the individual, family, or community. There are many risks and protective factors that apply to all ACEs because they include a wide range of experiences, like abuse, neglect, and problems at home, as well as other traumatic events that can happen outside the home, like bullying, violence between teens who are dating, and seeing violence in the community. Though they may not be related to all ACEs, many common risks and protective factors are linked to numerous ACEs. This list is not meant to be comprehensive. It is important to remember that having some ACEs makes having others more likely. Even though there are some risk and protective factors at the individual and family levels, no child or adult is to blame for the ACEs they go through.

Factors of Risk: Risk Factors in the Individual and Family

- Low-income households

- Families with caregivers who are unfamiliar with the requirements or development of children
- Young people who begin dating or engage in a sexual engagement at a young age
- Families where the caretakers were mistreated or neglected as children
- Families with erratic punishment and/or inadequate parental monitoring and supervision
- Families with adults with low educational levels
- Families in which violence or aggression is tolerated or justified

Risk Factors in the Community

- Communities with high rates of crime and violence
- Communities with high poverty rates and few educational and economic prospects
- Communities with a high rate of unemployment
- Communities where drugs and alcohol are easily available
- Communities with insecure housing and residents who relocate regularly
- Communities where families are regularly food insecure
- Communities where there is a high level of social and environmental instability

Causes of Protection: Individual and Familial Safeguards

- Children are assumed to have a consistent home life where they are safe, taken care of, and supported in families that offer safe, stable, and loving interactions.

- Children who have positive peer networks and friendships
- Children who have loving people outside of their families who act as mentors or role models.
- Children who have supportive peer networks and friendships
- Families where the parents can meet the basic needs of their children, such as food, shelter, and medical care
- Families with healthy interactions with their neighbors and strong social networks
- Families with careers who are employed full-time

Factors That Safeguard the Community

- Communities where families can access financial and economic assistance
- Places where families can obtain mental health and medical services
- Places where there is a supply of secure housing
- Places where families can find a top-notch preschool
- Communities where people actively participate in their neighborhoods and feel linked to one another.
- Communities with strong collaborations between the public, private, and government sectors, as well as other sectors
- Communities with family-friendly policies and employment possibilities for adults

ACEs do not just come in one form and can happen for a variety of reasons. A number of factors, including personality traits and experiences, parents, the family environment, and the community at large, contribute to ACEs. It is critical to address

each of these issues in order to stop ACEs and safeguard kids from abuse, neglect, and violence.

Environmental Effects on Children

A person's living environment, as well as the community in which they live, can influence a child's mental health development. Even if they are brief occurrences, the social environment in which they take place may allow for long-term effects on a child's developmental stage (England & Cole, 2015). There are obvious risks for children, and they are more prone to developing mental health issues as they grow older, which can continue well into adulthood. Parents have the greatest impact on their children's development, and numerous studies have been conducted to help parents improve their parenting skills. Lack of parenting skills and other negative family dynamics are linked to behavioral issues (Kato et al., 2015). These factors are often present in the classroom. Among children ages 2 to 8 years, boys were more likely than girls to have a mental, behavioral, or developmental handicap. Children from lower-income families had a higher-than-average percentage (22%) of mental, behavioral, or developmental disabilities than children from higher-income families. Children's chances of getting help for anxiety, depression, or behavioral problems depended on how old they were and how poor they were (CDC, n.d.).

A child's mental health is impacted by stressors such as violence, lack of proper nutrition, and parental mental and substance abuse issues. Many students are identified with emotional problems and require mental health services while in school. Every year, millions of children under the age of 18 in the United States are diagnosed with mental health problems. The National Association of Mental Illness is a nonprofit organization

devoted to enhancing mental health. In relation to this, more children are experiencing mental health issues, indicating a larger demand for pediatric mental health care.

Children in the School Setting

Schools are being targeted more and more as places where mental health promotion is acceptable, and teachers are thought to be in a good position to spot problems with students' social and emotional well-being (Graham et al., 2011). Teachers need to be able to adapt to the needs and situations of their students, but neither their training before they start teaching nor their training while they are teaching prepare them well enough for these realities (Graham et al., 2011). School is more than just a place where students acquire academic skills; it also teaches them how to communicate effectively and responsibly with others. The school environment is designed to aid academic learning, but now school personnel also provide social and emotional support. In the interventions studied, teachers, families, and other students have an important role to play. School-based mental health programs must include thorough approaches that emphasize the value of peer support, partnership, and interaction space for children (Garcia-Carrion et al., 2019). Kids may quarrel, behave aggressively, or seem angry or stubborn in front of adults. A behavior disorder may be present when these unpleasant behaviors are severe, persistent over time, or atypical for the age of the child at the moment (CDC, n.d.). Disorders of disruptive conduct are commonly referred to as externalizing disorders since they include acting out and displaying inappropriate behavior toward others (CDC, n.d.). Externalizing disorder, defined by Samek and Hicks (2014) as a problematic conduct linked to poor impulse control, such as disobeying rules, violence, impulsivity, and inattention, is a hallmark of externalizing illnesses. Two

known disorders that are prevalent in the school are Oppositional Defiant Disorder and Conduct Disorder. Table 1 shows the differences in the disorders. Finally, schools need to support students' mental health development while growing up.

Table 1

Externalizing Disorders

Oppositional defiant disorder	Conduct disorder
Frequently becoming enraged or losing control	Breaking rules, such as running away, staying out at night, or skipping school
Frequently disagreeing with adults or disobeying their norms or requests	Aggressiveness that harms others
Frequently bitter or hateful	Unintentionally bullying, fighting, cruelly treating animals
Intentional annoyance of others or irritation of others	Lying, stealing
Frequently putting the blame for one's own errors or bad behaviors on others	Causing damage to another person's property

IDEA

Throughout its history, IDEA has expanded its scope of services to include all qualified age groups of people with disabilities and their families. The Education for All Handicapped Children Act was passed by Congress in 1975. Previously, services were not available for children under the age of 3. However, in 1986, the amendment was modified to include children who are born with disabilities. In a 1990 reauthorization, the name of this important congressional act was changed to IDEA. Not only did the law's name change from Education for All Handicapped Children Act to IDEA, but it also introduced new disability classifications such as traumatic brain injury and autism (U.S. Department of Education, 2022). "About 1 in 11 students receive special education

services under the Individuals with Disabilities Education Improvement Act" (Hurwitz et al., 2020, p. 546). Special education services were developed to aid children with behavioral and emotional issues in the classroom. Schools are responsible for identifying and accessing all qualified students to provide free, suitable, and public education in the most productive environment (Hurwitz et al., 2020). IDEA was also established to assist students with emotional and behavioral challenges in school to achieve academic and social success. The laws regarding IDEA can be unclear for teachers and families in need of special education services (O'Connor et al., 2016). Also, state and local school districts have a range of fulfillment requirements; therefore, the U.S. Department of Education is called upon to clarify the laws of IDEA (O'Connor et al., 2016).

Current IDEA Regulations

The opportunity to get a public education has not always been available to children with impairments. Many disadvantaged children were removed from their homes and neighborhoods and placed in special schools, such as deaf, blind, or mentally challenged schools (Wettach, 2007). Other children were informed that they could not attend class because they were either seen to be too different from the other students or simply too challenging to educate; however, a number of significant court decisions in the 1970s started to alter the situation (Wettach, 2007). According to these cases, children with disabilities and children without impairments have the same legal entitlement to a public education. These cases also provided parents with a means of taking on school districts if those institutions attempted to bar their handicapped children from attending public schools. IDEA was then passed by Congress in 1975. Children with disabilities are entitled to a free, appropriate public education under IDEA. They cannot, therefore, be

denied admission to a public school (Wettach, 2007). Prior to making a determination on eligibility, a student must be assessed. A school psychologist conducts an examination of the student and administers several tests in order to better understand the student's areas of learning strengths and weaknesses. Emotional and behavioral issues that could be impairing learning can also be tested for (Wettach, 2007).

Mentally ill children are more likely to repeat a grade, not attend school, or drop out. By modifying the school environment and implementing evidence-based school activities, the chance of acquiring apparent and imperceptible symptoms can be reduced (Schulte- Körne, 2016).

Children with emotional or behavioral disorders are increasingly recognized and receive more extensive services in the school context. Although prevention and early involvement play a vital role in a child's overall mental health, there is evidence the programs are just as effective in older-age children as well (Culler, 2015).

Individual Education Plans

The Individual Education Plan (IEP) was created for students with impairments attending elementary or secondary schools. The IEP is designed to ensure that kids who have been classified as having disabilities get exact instructions and services that cater to their needs. Through the IEP, teachers, parents, administrators, allied support staff, and students can work together to improve educational outcomes for kids with disabilities. The effectiveness of the IEP depends on the student, parents, teachers, and other administrators getting involved. For a student to receive services through an IEP, the student must be evaluated to ensure appropriate services are provided. Many students placed in the special education setting may be receiving incorrect services due to being

misdiagnosed. These students may have behavioral problems that are interfering with their academic process; therefore, parents must make sure the appropriate evaluation is administered. The IEP team for the kid must decide what services are necessary after the evaluation to guarantee that the child's education fulfills their needs (U.S. Department of Education, 2022). If the child is called a "child with a disability" under IDEA, they are eligible for special education and other services. To prepare an IEP for the student, the IEP team must meet within 30 calendar days of the child's determined eligibility. Once the child is determined to be eligible, the team must meet with the parents to review the IEP findings. Once the plan is written and signed by the parents and team members, the parents will receive a copy of the plan, and the child’s services will begin. Parents are entitled to obtain progress reports to ensure that their children's goals are being met. The IEP is evaluated once a year, or more frequently if the parents or school ask for it. Meetings must be open to parents and team members. Parents have the right to make recommendations to the team, as well as oppose any recommendations that are given by the team. Just as the parents are involved, the child is a major part of the IEP and should be invited to attend the meetings and have a voice in the services that are being provided.

Mental health counselors have been added to schools in recent years. The mental health counselor's main job is to look out for the child's mental and physical health. Mental health counselors are experienced in handling students who endured some form of trauma such as a death in the family or suicide attempts. Counselors can talk with students one-on-one if parental permission is given. This can be done on the phone or in person. Parents are invited to attend the seminars to contribute useful information. The student may be sent to an outside organization for further in-depth interventions,

depending on the nature of the occurrence.

Parents' and Children's Behaviors

Schools not only have the pressure of educating students and sustaining a safe and appropriate environment, but they are also responsible for the mental and social welfare of students (Culler, 2015). A teacher may dream of a classroom where all students are attentive, but this is not always the case. Many children come to school with social or emotional issues that they bring from home and their community. Parents may see a difference in their child's behavior and know something is wrong, but they may be hesitant to reach out for help. In some circumstances, parents do not have a clear understanding of mental health therapies or how to receive them. By providing these services in schools, parents will be able to obtain a better knowledge of what mental health care resources can do to help their children. Children's mental health is correlated with that of their parents. Children are exposed to many different elements that parents are not always aware of, and the child may not have a trusting relationship with the parents to feel comfortable talking and expressing their feelings. This is an opportunity for teachers, counselors, and mentors to help build the relationship between the parent and child. Living in the same house does not mean you fully know and understand each other. Finally, parents may be dealing with their own issues and, at times, do not have the tools to help their children. Parents are juggling work, family, and the everyday concerns that come with being a parent, and at times, the opportunity never arises to have that important conversation with their child. Although society has a significant impact on a child's life, the parent must guarantee that their child's basic requirements are addressed and be aware of their child's physical and mental functions. Being a parent is difficult,

and raising a child to become a productive citizen requires a village.

Effects of COVID-19 on Children With Disabilities

Students who attend public schools have faced many challenges over the last couple of years due to the spread of COVID-19, facing fear, grief, and the sudden unforeseen shutdown of schools. Students in remote and high-poverty school districts encountered significant hurdles early on, as well as ongoing challenges with virtual schooling. Throughout the state, because of the pandemic, student learning time fell below pre-pandemic levels. According to a poll conducted in May 2020, only 15% of elementary students had face-to-face interactions with teachers (Rickles, 2020). With the increased spread of COVID-19, school closures became a struggle for students who live in rural and poverty-stricken areas. The closures made it hard for students to access technology, have a suitable learning environment, and receive needed parental skills to support remote learning (Masonbrink & Hurley, 2020). Because the pandemic altered normal services that were critical to promoting these children's development, children with developmental impairments were especially at risk (Zhang et al., 2022). According to studies, at least one third of students with developmental difficulties had at least temporary partial service loss (Zhang et al., 2022). Children's conduct and emotional decline were linked to service disruption or transfer, as well as social isolation. These negative consequences might, however, have been masked by the child and family stress (Zhang et al., 2022).

Teachers and parents must be able to support their children with disabilities. It is estimated that 13% of students who attend public schools have some form of disability requiring an IEP (De Brey et al., 2019). Eighty percent of school-based services are

necessary for children with behavioral and mental health concerns (Masonbrink & Hurley, 2020). With the school closures, many students who need special services lost critical resources, including engagement with specialized teachers and a stable environment for learning. Finally, actions are required to address the effects of COVID-19, both physical and mental, among children who have the potential to develop health disparities (Masonbrink & Hurley, 2020).

Teacher's Role

The basic stages of supporting student development in several aspects of school readiness are the elementary grades. Academic, behavioral, and socioemotional abilities necessary for student achievement and well-being are quickly developing in young children (Brovokich & Dirsmith, 2021). When discussing new frontiers in school objectives and how they may be incorporated into students' lives in educational institutions, instructors have always been related to their primary function—teaching—in addition to the relationships that they can create with students. Additionally, teachers spend a lot of time with students in their classrooms, giving them the chance to see how kids develop on a daily basis (House of Commons, Education and Health Committees 2017). Teachers are extremely important in the lives of students. Teachers are makeshift parents while students are in school. Students cannot refer themselves for services as their parents can, but at times, parents are struggling as well. Like any first responder, teachers are often the first to identify a student in need of help, and teachers must receive valuable training that must be practical, simple, and interactive (Shelemy et al. 2019). The teacher and student relationship is vital; it can play a very important role when it comes to mental health. When teachers build a trusting relationship with their students, the gate to

communication is open. Researchers have been examining how this connection can impact students' lives in the present day, looking at how it might impact more than just their academic growth (Sabol & Pianta, 2012).

Teacher's Role in the Classroom

Teachers wear a variety of hats. Teaching is not only standing in the front of the classroom delivering instructions; teachers are responsible for ensuring all students are treated with respect and are able to learn in a free and positive classroom environment. Teachers are not only responsible for academics in the classroom; they must also ensure that the child's physical and mental health is addressed, and they are the first responders when a problem emerges. Further, they are responsible for ensuring the classroom operates smoothly and all students are safe. Teachers are advocates within the classroom, and they are the positive role models whom students admire.

At times, teachers must step out of their comfort zone to become disciplinarians. When this arises, they must ensure each child is treated fairly. Even during the disciplinary process, teachers must show concern. Teachers are responsible for referring students for appropriate services if behavioral or emotional issues occur. Many children have been undiagnosed, which has resulted in an increase in mental health cases in schools; therefore, instructors play a crucial role in recognizing and guiding students with mental health difficulties to the proper service provider (Mazzer & Rickwood, 2015).

Teachers and Parents Working Together

Parents realize teachers are an important part of their child's academic, social, and emotional well-being. Parents and teachers need to work as a team to ensure every part of their child's physical and mental well-being is taken into consideration. Although parents

may have concerns that there is a behavioral or physical issue with their child, teachers can assist parents in making the appropriate referral. The teacher's understanding and recommendation will be critical in ensuring that the child's problem is effectively addressed. Daily, teachers are faced with students dealing with behavioral and emotional issues but lack the professional training that is needed to detect a problem before it becomes an issue (Mazzer & Rickwood, 2015).

School Mental Health Professionals' and Teachers' Roles in Mental Health

Specialists in school mental health find it simpler to speak with kids directly because they are trained in evaluations, individual and group treatment, crisis and case management, and family outreach. It is simpler for professionals in school mental health to interact directly with students since they have expertise in assessments, individual and group therapy, crisis and case management, and family outreach (Roeser et al., 1996). School districts that provide on-site therapy for mental health benefit children, their families, mental health specialists, and the entire school community. Despite the fact that these experts are aware of it, neither teachers nor other facility staff who work with children in a school context are given this information. However, teachers directly and significantly influence how successfully kids acclimatize to school (Roeser et al., 1996). If mental health professionals provide training to teachers to assist them in working as successfully with students who have behavioral issues as they do with all other students, teachers may have a stronger impact on children's development (Roeser et al., 1996). Students have access to services during the school day to make sure their needs are met. Teachers and school mental health professionals must collaborate to offer the assistance necessary for kids' academic, emotional, and social success. Behavioral health services,

such as those to identify the problem, referrals, and therapy, are necessary for children with childhood mental disorders (CDC, n.d.). In today's society, parents are busy working trying to maintain a job or a household and ensuring their children's needs are met. Students' growth depends on being in a classroom that can satisfy their social, emotional, and academic requirements, especially those with multiple difficulties (Roeser et al., 1996); therefore, having these services available is a great benefit for the entire family.

Why Mental Health Services in Elementary

Since emotional well-being and academic achievement are intertwined, educators should work together to satisfy the needs of the children on whose lives they have an impact. The one area where every child attends and where some receive assistance is school. Additionally, one of the finest settings for offering children's mental health care and instruction is the academic setting. Approximately 25% of school-age children and adolescents have mental and behavioral health issues (Culler, 2015). Almost all these students are untreated, leaving them vulnerable and hurting their school attendance, behaviors, and overall academic success (Swick & Powell, 2018). Schools already provide a variety of options for addressing children's mental health concerns. Students with these requirements are frequently served on campus by specific staff members, generally a school social worker, counselor, or psychologist (Paulus et al., 2016). Children in our modern community are exposed to conditions that harm their emotional and social development. Furthermore, today's children are subjected to more harmful influences than previous generations (Swick & Powell, 2018). There are more disparities between the affluent and the poor. Children and their families face many situations that affect family and community interactions, such as access to social media outlets and

gaining exposure to world events such as physical, mental, and sexual abuse of children and adults, and even homicide (Swick & Powell, 2018). Students are faced with everyday doubt in their lives, causing feelings of uncertainty, nervousness, exclusion, disappointment, and anxiety; student enrollment, absence rates, cognitive function, and the capacity to focus on academic work and assignments are affected. Without proper mental health care, students are also more likely to have poorer math and reading scores, which will have a negative impact on their overall educational results, including their high school grade point averages, retention rates, and the chance of dropping out of high school (Swick & Powell, 2018). Children and their families deal with a wide variety of variables, all of which have the potential to impact both the kid and the family structure. Nowadays, children can watch TV or visit social media sites and learn about a child who was kidnapped, sexually assaulted, or died. Due to the uncertainty they face in their daily lives and the future, students may feel insecure, disenfranchised, disillusioned, and even terrified. Children may be unable or unwilling to express their questions as a result of the world's continual changes (Swick & Powell, 2018).

Need for Services

The needs of today's kids in terms of mental health are growing (Morin, 2020). There are not enough skilled professionals working in the field of mental health therapy to meet the needs of kids in communities all over the world. Mental illness, which is linked to poverty, war, and other humanitarian crises, is one of the most common causes of death in teens and young adults that can be prevented (Lake & Turner, 2017). More than 153 low- and middle-income nations are home to more than 85% of the world's population. Education, food insecurity, housing, social class, socioeconomic status, and

financial stress are all factors that are substantially connected with poverty and a higher frequency of mental illness (Lake & Turner, 2017). Mental disease can occasionally lead to suicide as well. Mental illness is the epidemic of the 21st century and the next big health problem that needs to be solved around the world. School plays a vital part in fostering solid childhood relationships as well as improving children's overall well-being and mental health. Certain factors show that performing below a successful academic level and increased high school dropout rates may be associated with disruptive behaviors and emotional issues (Morin, 2020). These issues are bought into the school from a child's home life. Parents have an enormous influence on a child's overall health; therefore, parents and the school system must be in agreement concerning the identification and treatment of mental health care for the child. In today's world, children are raising their younger siblings due to parents working long hours in order to maintain their households. Children are now being raised in a single-parent home or the grandparents have stepped in as the parents. More and more males are being imprisoned for committing crimes. These are the individuals who are dropping out of high school and not taking advantage of the opportunities that are awaiting them.

Benefits of Using School Environment

There are numerous advantages to providing mental health care to children in a school context. The majority of a student's time is spent at school, which provides a secure and conducive learning environment. Schools provide the opportunity for teachers and students to build caring and appropriate relationships. Teachers also have regular contact with parents/families to provide regular communication. Over the last several years, schools have started hiring mental health counselors, psychologists, and social

workers to provide students with one-on-one interactions with these professionals. Based on research, students feel comfortable seeking services when made readily available to them in the schools (National Alliance on Mental Illness, 2016). Until recently, within rural poverty-stricken areas, mental health services were only offered in the community, but now, mental health counselors are widely available in schools. We can start addressing access disparities and eradicating the stigma associated with having mental health difficulties by enabling mental health care providers to play a significant role in the educational system (National Association of School Psychologists, 2021).

Barriers to Children Getting Help

Poverty affects children and families in a variety of ways, making it difficult or impossible for them to get mental health treatments, adhere to therapy, and achieve positive treatment outcomes. Seventy-five percent of cases of mental health disorders begin before the age of 18, and 50% begin before the age of 14. Approximately 25% of young people experience psychological distress, with depression and anxiety being the most commonly recognized disorders. Suicide is the third most common cause of death for adolescents, and depression is one of the major illnesses and disabilities it causes (Aguirre Velasco et al., 2020). Families frequently have to travel large distances to obtain mental health care, particularly in rural areas (Rank & Hirschl, 2015). Living in a low-income or materially poor home has been linked to poor health and a greater risk of children having mental health problems that can last a lifetime. Although they have a high need for such services, children and families in poverty are least likely to have access to high-quality mental health care (Hodgkinson et al., 2017). Furthermore, lacking insurance or having insurance that "carves out" the kind of mental health treatments

provided by managed care plans may prevent children and families from accessing essential mental health care services (Falconnier & Elkin, 2008). Since the 1970s, there has been school-based mental health treatment, and it has been shown to be effective in treating adolescents who attend those schools (Rones & Hoagwood, 2000). These initiatives often take place in high schools. The goal of initiatives like the Vanderbilt School Counseling Program is to assist families and kids from socioeconomically disadvantaged households with their mental health issues. Even though there are many systemic, cultural, and personal barriers to getting mental health care, there are now some promising interventions and integrated behavioral health care models that can be used in primary care to support personal care plans and close the huge gap between mental health needs and access for children and families living in poverty (Hodgkinson et al., 2017).

Benefits of School-Based Mental Health

Through school-based mental health services, all kids should have access to safe, secure environments. Adolescents from ethnic minorities are less likely than White students to get school-based mental health services, despite the fact that these programs are now widely available and have helped young people (Wang et al., 2019). The majority of the day is spent at school, thus access to mental health treatments is simple. In order to create models for school-based programs that support children and teenagers while simultaneously leveraging community mental health resources, school-based mental health services are essential. Children ages 6 to 18 can form multi-diverse agency partnerships with mental health practitioners who realize and respect the separation between school and community development. The partnerships can manage comprehensive, individual-centered, family-focused, and culturally diverse mental health

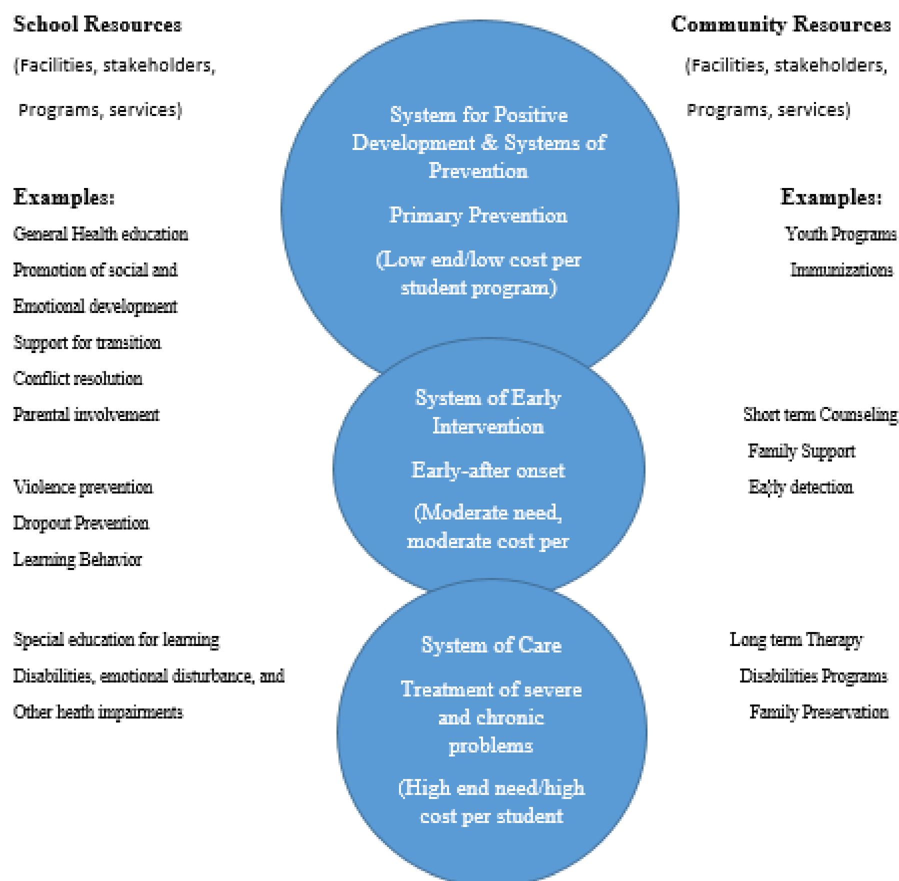
treatments for children (Doll et al., 2017). Mental illness is becoming more common among kids and teenagers. The school-based mental health services program aims to increase access to mental health care. The outcomes of these services seem to be positive, notwithstanding some contradictory results. The school-based mental health services implementation procedure is still mostly unknown (Richter et al., 2022). Education and health are intimately related; as education is crucial for social and emotional growth, it also has an impact on health. Additionally, because attendance at school is required, most children and young people spend a significant amount of time there, making schools an ideal setting to offer timely and convenient access to mental health services, such as early identification, prevention, and interventions to stop the progression of mental illness (Richter et al., 2022). While the aim, structure, provider, and strategy of school-based mental health services might vary greatly, they are all unified by the fact that schools work with health services to offer support for children who are at risk of or have already suffered from mental illness. Any "program, intervention, or approach employed in a school context that was expressly meant to affect students' emotional, behavioral, and/or social functioning" (Richter et al., 2022, p. 224) is referred to as a school-based mental health service.

Although there are mental health treatments available outside of the educational system, it is more acceptable for children to obtain assistance while they are enrolled in school. School-based mental health services are convenient for parents, due to not having to leave work to take children to another site for the same treatment they can receive in school. School-based mental health services appear to remove some of the recognized obstacles that impede children from accessing mental health care, such as lack of

insurance, a paucity of medical and psychological mental health specialists, stigma around mental illness, or a lack of transportation options (Richter et al., 2022). Without providing additional information about how school-based mental health services are being implemented, there is a possibility of making assumptions about the program's efficacy. For instance, the program’s lack of results could not be the result of the theory behind its failure, but rather of bad implementation. This justification has led to a need for greater clarification about school-based mental health services implementation (Richter et al., 2022). The functioning of the comprehensive educational environment is shown in Figure 11. Positive classroom environments enable teachers to provide a secure environment for all students.

Figure 11

Department of Human Services System for Positive Development and Prevention



The primary system for delivering mental health care to children is the school setting, which has the potential to be an optimal setting for those treatments (Department of Human Health and Services, 2015). Numerous initiatives might be adopted in the educational system to address both academic and mental health requirements. Social and emotional learning (SEL) is an empirically supported curriculum that is effective in the educational environment. SEL is a process that gives both kids and adults the knowledge and abilities they need to comprehend and effectively manage their emotions, set and

accomplish worthwhile goals, feel and demonstrate empathy for others, build and maintain healthy relationships, and form moral judgments.

An increasing number of students with learning difficulties are enrolling in higher education institutions, and they are looking for assistance from classmates, family, teachers, and staff to help them succeed. Learning to study, be self-reliant, and speak out for themselves, students with learning disabilities are navigating themselves through college and obtaining degrees. Readers gain understanding and knowledge by drawing on the wealth of resources and research from the literature review, which highlights crucial information about postsecondary students with impairments and/or learning challenges.

Summary

The literature review looked at how mental health has changed over time, how it has dealt with problems related to children's mental health, and how these problems have changed the way services are given to children now. The study examined how much teachers participated in identifying children's emotional and social needs and referring them for mental health treatment, as well as how little access teachers had to mental health experts (Sharpe et al., 2016). Finally, the research discussed in detail IDEA, how it relates to mental health services, and the theoretical framework of Bronfenbrenner (1974) that discusses the five systems of interaction. There are many factors to think about, such as how a student is recognized, whether physically, mentally, or cognitively, in the short or long term. It may be difficult to take into account all the factors that affect people with disabilities on a daily basis. Teachers still lack knowledge of readily available services for mental health, the ability to make appropriate referrals, and the capability to cope with emotional behavior in the classroom. For this reason alone, teachers will need continuous

training to gain an understanding of how to help students who are in distress. The literature review supports the need for continuous study on how schools are engaging in and implementing methods for helping students with mental health and behavioral needs.

Chapter 3: Methodology

Introduction

This chapter includes a qualitative research study of how teachers and staff at a rural elementary school felt about mental health services. Additional information on the study's goal and the background used to collect the data is supplied. This section also includes a full description of the participants as well as details on the data collection process. This study presents a qualitative design so the participants and I could talk more in-depth. In this chapter, the technique is explained in depth, including how the participants were chosen, which instruments were used, and how the data were gathered and evaluated. At the end of the chapter, there is a full summary of the material that has been documented.

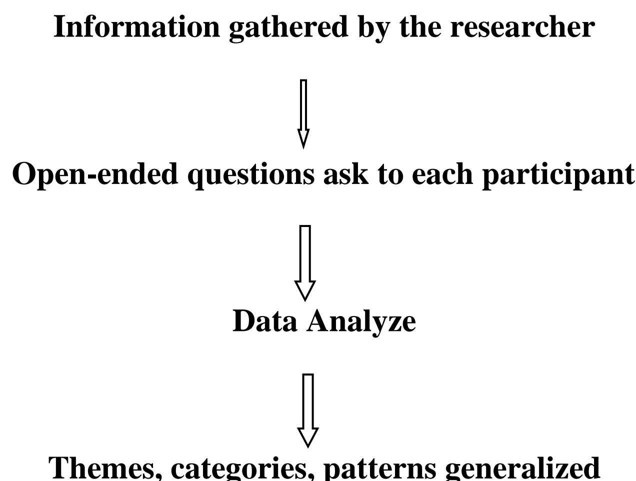
Research Design

By doing qualitative research, academics can better understand the complexity of human behavior and how people interact with society (Tambunsaribu, 2018). The use of words (qualitative) rather than numbers (quantitative) defines qualitative research, as does the use of close-ended or open-ended questions and responses (Creswell & Creswell, 2018). Quantitative research involves gathering and analyzing numerical data for statistical analysis, whereas qualitative research does not (Tambunsaribu, 2018). The study's design obtained the insight of three elementary school teachers, three mental health counselors, three elementary school counselors, and three elementary school principals within a rural school district. In this qualitative study, I gathered all willing participants' perceptions of mental health in an elementary school setting in a rural district. I conducted face-to-face interviews using validated interview questions and

analyzed the data collected. This qualitative case study research collected data from 12 participants who currently served as professional mental health providers, school counselors, and school administrators who have worked with students. The communication was through interviews using open-ended questions about professional experiences and surveys. This design was essential because it allowed me to have a face-to-face conversation with each participant and observe their body language and facial expressions to understand their actual state of mind better. This also provided participants the opportunity to ask me any questions they had about the study. Beginning with participant interviews, I collected data using the inductive methodology shown in Figure 12. To gather relevant data, I asked open-ended questions to each set of participants. I then developed the themes collected from participant replies after data analysis.

Figure 12

Inductive Approach



Research Questions

In this project, the following issues were researched and analyzed:

1. What are the elementary school faculty and staff perceptions of mental health services and exigencies within the school setting?
2. What type of professional development or support do elementary school administrators, teachers, and counselors believe is needed in the classroom as it relates to students and their mental health?
3. What are the dynamics of parents' and guardians' mental health contact for elementary students?

Participants

I participated in every step of this qualitative research, including face-to-face interviews and participant selection with the help of the superintendent. In the initial meeting with the superintendent, I discussed the scope of the study. At that point, I asked for permission to select 12 individuals from the six elementary schools to take part in this study. The superintendent assisted in selecting the schools as well as making recommendations on which staff members to use, in order to gain a better perspective on the questions being asked. To make sure the participants understood the study and agreed to participate, all the teachers read and signed consent forms. I questioned the instructors after they had read the permission form to see if they needed any extra information about the research or if they had any queries or wanted any parts of it clarified. The participants were informed that there would be no financial prizes.

Procedures

The instrument used was interview questions. The interview questions were validated by Natalie Yates, a doctoral student from Walden University in a previous study. Written permission was given by now Dr. Natalie Yates to utilize the interview

questions and any other form of information within her study (see Appendix A). The results of this study will be shared with Dr. Yates. The district superintendent approved contacting participants via email. IRB approval was obtained, and the initial contact began. Staff emails are public knowledge (see Appendix B). I sent emails to all elementary school principals, school counselors, mental health counselors, and teachers to determine who would be interested in participating in the study. Each participant signed a consent form stating their desire to participate. Participants received a copy of the informed consent outlining, in detail, the scope of the research. The participants were informed there would be no monetary offering. Each participant had the option to leave the study at any point during the process. After the consent form was signed and received, I followed up with a phone call to begin scheduling interviews. All interviews were conducted individually. The interviews took place at each participant's home-based school after school was dismissed. To guarantee uniformity, each participant was asked the same interview questions in the same order. Once the transcription was completed, all participants had the opportunity to review all information given and, if needed, were able to expand on the answers given. Participants were only allowed to see their information. The data were analyzed using the software program MAXQDA to assist in examining similarities and differences in the participants’ responses. The study developed a 6-part structure that concentrated on various characteristics of faculty and staff perceptions of mental health in an elementary school setting. Discussions at each participant's home base school were the initial step in the study process, which also involved gathering the required records and data to continue. Part 2 consisted of reaching out to each participant who agreed to participate in the study. Part 3, when I collected data by conducting

interviews, began once consent was obtained. Part 4 of the research included data analysis of the first interviews, which provided more information. The fifth and last component of the study included a final data analysis and discussion to assist with the development of the study design. Table 2 represents each of the five parts.

Table 2

Research Design

Parts	Descriptions
Part 1	Superintendent contact, IRB approval, faculty and staff contact information
Part 2	Participant contact, invitations, consent forms, and interview setup
Part 3	Gather data, faculty and staff interviews
Part 4	Data analysis, transcriptions, and themes
Part 5	Discussion, validation of findings

An accessible resource for the 5-step formulation of the study design is Table 2. It was created using a generalization from a case study and centered on gathering information through reliable documentation, sensible methods, and narrative data analysis.

Instrument

The instrument used was interview questions. The interview questions were validated by Natalie Yates, a doctoral student from Walden University in a previous study. Permission was given by now Dr. Natalie Yates to utilize the interview questions and any other form of information within her study. See Appendix A for interview questions. Once the participants were identified, an interview was arranged with each of the participants. The interview questions were asked in the same manner for all participants. Everyone who took part in the study had the option to leave at any moment. I discussed with the superintendent the nature of the research, explaining in detail the

purpose of the research and how this research will help the district in finding ways to utilize mental health services to better serve students. Once permission was granted by the superintendent, I sent emails with a flyer attached to all six elementary schools requesting they take part in the research. I used interviews during the procedure. The participants were given a consent form explaining the nature of the interview in-depth. I set up interviews individually to have a face-to-face conversation with each participant.

Data Analysis

The data analysis I used is qualitative case study methods. This method allowed me to conduct interviews with select individuals who were willing to participate in this study. This also helped me gain insight into faculty and staff perspectives on mental health requirements in the classroom. The interview protocol is matched with the research questions in Table 3, and the theoretical framework serves as a guiding tool. The interview procedure adhered to the recommendations made by Creswell and Creswell (2018) and contained a log for recording each individual interview as well as precise information about what needed to be gathered throughout the interview. During the interview, I took notes, and Zoom was also used to record the audio as an extra step. Each interview was transcribed when the data collection process was over. Through the transcription, topics for this research were identified. Table 3 illustrates the research, the interview questions, and theoretical framework that were pertinent to my research.

Table 3

Interview Protocol Aligned with Research Questions and the Theoretical Framework

Interview questions aligned with research questions	Research Question 1: What are the elementary school faculty and staff perceptions of mental health services and exigencies within the school setting?	Research Question 2: What type of professional development or support do elementary school administrators, teachers, and counselors believe is needed in the classroom as it relates to students and their mental health?	Research Question 3: What are the dynamics of parents' and guardians' mental health contact for elementary students?	Alignment of Theoretical Framework Urie Bronfenbrenner Mr. B's Theory
What behaviors do you see that make you think that a child needs professional help, meaning needs a referral for mental health services?	X			Microsystem Mesosystem
What is the school's role in attending to children's mental health?	X		X	Microsystem Mesosystem
Describe what your school does to help children with mental health problems in the classroom	X			Microsystem Mesosystem
How would you describe the quality of mental health services in your school?	X		X	Macrosystem Exosystem
Tell me about the people at your school that you can get advice or information from about children with mental health problems during the school year.		X	X	Chronosystem Mesosystem

(continued)

Interview questions aligned with research questions	Research Question 1: What are the elementary school faculty and staff perceptions of mental health services and exigencies within the school setting?	Research Question 2: What type of professional development or support do elementary school administrators, teachers, and counselors believe is needed in the classroom as it relates to students and their mental health?	Research Question 3: What are the dynamics of parents' and guardians' mental health contact for elementary students?	Alignment of Theoretical Framework Urie Bronfenbrenner Mr. B's Theory
Once a child has been identified as having a mental health problem, what assistance do you as a teacher need?		X		Mesosystem Microsystem Macrosystem
What is needed to help reduce or eliminate barriers to children getting mental health services?		X		Chronosystem Microsystem Exosystem
What can a teacher or school do about those barriers that you previously described?		X		Chronosystem Microsystem Exosystem
What would you like for administration (principal and vice principal) at your school to do to help with behavioral issues in the classroom?		X		Microsystem Mesosystem
Describe the classes that you had in college that discussed the mental health of children.		X		Chronosystem Microsystem
Explain the in-service training that you received that helped you handle mental illness in the classroom.		X		Chronosystem Microsystem Macrosystem

(continued)

Interview questions aligned with research questions	Research Question 1: What are the elementary school faculty and staff perceptions of mental health services and exigencies within the school setting?	Research Question 2: What type of professional development or support do elementary school administrators, teachers, and counselors believe is needed in the classroom as it relates to students and their mental health?	Research Question 3: What are the dynamics of parents' and guardians' mental health contact for elementary students?	Alignment of Theoretical Framework Urie Bronfenbrenner Mr. B's Theory
Please describe the behavioral management or level system that you use in your classroom.		X		Mesosystem Exosystem Macrosystem

Summary

In this case study, Chapter 3 explored the research design, methodology, participants, tools, and use, providing a detailed picture of the study. This chapter went over the research strategy, process, data collection, and analysis in great depth. The results of the interviews are presented in Chapter 4. The final analysis of the study with recommendations is discussed in Chapter 5.

Chapter 4: Results

Introduction

The goal of this study was to investigate how teachers and staff in an elementary school in a rural region felt about mental health services using a qualitative method. A case study methodology was used to examine the viewpoints of 11 elementary school counselors, administrators, and teachers in Mangrum County, North Carolina. In this chapter, the results of the case study are shown along with explanations of the setting, the quality of the evidence, the demographics, the methods used to collect the data, the ways the data were analyzed, the results, and any discrepancies in the data.

Setting

Information was collected from three administrators, three mental health counselors, three school counselors, and two teachers; one teacher declined the interview. All participants work in the Mangrum County School District. The teachers, administrators, and school counselors taught in the elementary school setting for at least 10 years or more. The mental health counselors worked in the elementary school setting for at least 3 years but had 10 or more years of dealing with mental health issues. Emails were sent to each participant, along with the consent form requesting them to participate in this study. All participants responded, with the exception of one teacher. The participants were made aware at the beginning of this study that no monetary gift would be provided.

Quality of Evidence

For this qualitative case study, demographic information from the participants was collected, and a structured interview protocol was implemented for the collection of

the data. MAXQDA software was utilized for the data analysis. With assistance, all interviews were transcribed.

This study's objective was to investigate perceptions rather than analyze the responses each participant gave. By avoiding commentary or asking follow-up questions based on the experience with the participants in the school, biases were not introduced into the data results. To guarantee proper recordkeeping, each participant got a transcription of their recorded interviews. To accurately represent what participants said, direct quotes from the interviews are included. None of the participants mentioned any interview inaccuracies.

Demographics

I conducted structured interviews with 11 elementary school faculty and staff members using a qualitative case study methodology. The years of teaching experience, grades taught, gender, and educational levels are all listed in Table 4.

Table 4

Demographics of Participants

Demographics	Number of participants
Years of experience	
3-7 Years	4
8-11 Years	1
12-15 Years	3
16-19 Years	2
Over 19 Years	1
Grades taught	
K-3	4
3-5	4
Gender	
Female	10
Male	1
Educational level	
Bachelor's degree	9
Master's degree	2
Doctoral degree	0

The duties of the teachers and staff include devising lesson plans, observing and grading teachers, overseeing the general operations of the schools they are assigned to, treating the emotional and physical well-being of pupils, and making referrals as necessary. In each of their various classrooms, the teachers are in charge of 25 to 30 students.

Data Collection

A purposeful simple random sampling to recruit participants was used. The recruitment and interviewing process occurred in three steps. First, permission was obtained from the superintendent of the district to email flyers to three elementary school principals within the district to select one teacher and one school counselor to participate

in the study. The principals were asked to participate as well. Permission from the superintendent was also obtained to ask the mental health counselors within the district to participate as well. All 12 participants agreed to participate.

One of the 12 volunteers who initially agreed to take part in the study later had to decline because of an urgent medical issue. At the start of the interview, I asked the people who were taking part to tell me who they were and I went over the details of the study's goal and how it would be done. Each participant was made aware that the information shared during the course of the study would be confidential and only used for this study.

Face-to-face interviews with each participant were scheduled and audio-taped using Zoom. The interviews happened over a period of 3 weeks, between February 4, 2022, and February 25, 2022. Before the interviews started, the participant was asked to sign the informed consent form. Each participant received a copy of the signed form. The 11 interviews, which lasted 30 to 45 minutes, took place at the schools to which each participant is assigned.

Before each interview, each participant was assigned an identification number to replace their names and protect their confidentiality. The interview process was guided by an interview protocol process (Appendix B).

Notes were taken throughout the audio-taped interviews. After the interviews were transcribed, the transcriptions were hand-delivered to each participant for response validation. All participants agreed with the transcribed information, and no revisions were required. All information was stored in a locked file cabinet to be maintained for 5 years.

Data Analysis

An in-depth examination of a specific subject, such as a person, organization, place, circumstance, event, business, or phenomenon, is known as a case study. In social, academic, therapeutic, and business research, case studies are frequently used (McCombes, 2022). This method assisted me in examining if a teacher's classroom experience affects how well they understand the needs of their pupils in terms of mental health.

Coding

Based on how faculty and staff perceived mental health services in a rural primary school, the questions were developed. Based on the case study, coding techniques were used to evaluate the transcripts of the interviews. Initial, focused, axial, and theoretical coding were the procedures used. The categories developed were based on the participants' responses to the questions asked. Initial coding is the first phase of coding; it examines words and lines of the interview questions being transcribed. It also pinpoints commonalities and differences in the transcribed information. The second phase of coding is focus coding, which involves recognizing codes that are most common and important to the study. Major data sets linked to the interview questions can also be found during this step. The categories that were created included the district's mental health training, school assistance, and the school's role in mental health. Ten subthemes resulted from this. For developed categories, see Table 5.

Table 5

Categories Developed

School role in mental health	School support	District training on mental health
What methods are used to assist students with mental health	Classroom support	Classes received toward mental health in college
Quality of services provided	Faculty support	Behavioral management system
Referral process	Administrations	Training needs
	Barriers to student learning	

Open-Ended Interview Question Results

Category 1: School Role in Mental Health

In order to promote general well-being, we place a high priority on three crucial and interconnected aspects of mental health in schools: social (how we interact with others), emotional (how we feel), and behavioral (how we act; Chafouleas, 2020). One hundred percent of participants felt that the way mental health services are delivered should be improved and that kids need access to mental health services in schools. All 11 participants in the interview agreed that schools did have a big impact on kids' mental health in the school environment.

All 11 of the participants noted that the schools should provide a safe and caring environment in order for children to feel safe and eager to learn. For instance, Participant 3 indicated that the entire school should be on the same page when it comes to children feeling safe in school. Participant 7 further included that having a good environment creates an atmosphere where children are eager to learn and do their best. No student

should ever be singled out in order to make them feel uncomfortable; teachers are to ensure that all students' needs are met.

Participant 3 stated,

> I feel confident that all students are treated fairly regardless of their mental health needs. Their education will not be interrupted, and they will receive the same form of education as students who are not suffering with any form of mental health needs.

Participant 9 stated,

> It all starts with how you greet the students; the importance of making them feel welcome when they walk into a classroom. It's as simple as saying hello. I think since COVID, the district is more aware of how important it is to focus on the well-being of all students, especially their mental health. As teachers, we see students struggling, and at times acting out in class, but instead of focusing on the behavior, we tend to dig a little deeper to focus on why the student is acting the way they are. We have to understand that school is a safe haven for some students, so therefore we have to offer as much stability as we possibly can. When students leave for the weekend, that stability that we have put in them throughout the week is not reinforced at home, so therefore, when they return on Mondays, we have to start the process all over. But what we will not do is give up on our students. Once they return on Mondays, we provide them the time for daily check-ins and any extra support that is required to get them through the day. Our main goal is to always treat each child with respect, and allow them a place to feel safe, and the desire to learn.

Subtheme: Strategies. All 11 participants acknowledged their schools had programs in place to support students who had been recognized as having mental health problems.

Participant 5 stated,

> We have three mental health counselors that we are able to call on at any time of the day or night. We also work closely with doctors and nurses with permission from the parents to discuss medications and treatments. There are times when we have to make referrals to facilities whether short or long term in order to get the student the care that is required. We also have the Pace Program, where students with behavioral issues that cannot stay in a regular classroom are placed. These particular students are placed in a setting of less than 10 students and are provided with one teacher and two assistants. Students that are placed in the Pace Programs have been diagnosed with mental health issues and are receiving services throughout the day. The staff not only deals with behaviors, they ensure students are receiving the appropriate education. All members of the Pace Team are trained to handle these students causing minimal to no harm.

See Appendix C for additional responses.

Subtheme: Quality of Mental Health Services. The effectiveness of the mental health services offered by the schools was subject to teacher evaluation. Nine of the 11 instructors felt that more work needed to be done, while just two thought the school's approach to helping students with mental health concerns did not need to alter (see Appendix D for additional responses).

Subtheme: Typical Behaviors and Reasons for Referrals. Children's behaviors

at school are different from what is displayed at home. Some behaviors seen by teachers may indicate a need for a mental health referral. The participants in this study discussed a variety of reasons for the referrals. Eleven of the participants said it was essential to send students for mental health services for a variety of student behaviors they were able to identify (see Appendix E for additional responses). These were some of the behaviors they noted:

- behavioral problems
- emotional problems
- self-harm
- difficulty in following directions
- difficulty in dealing with anger
- difficulty in socializing with others
- difficulty with transitions

Category 2: Supports at School

A student who has been diagnosed with mental health problems will require help. Not only do the students who are working with them require help, but the teachers also need support and direction on what to do in case specific scenarios arise in the classroom. Although we focus primarily on the students, we often forget about the staff who are working closely with the student. All 11 participants had someone in the school they could turn to for advice when it came to mental health.

Subtheme: Faculty Support. When it came to faculty support, all 11 participants identified someone within their school they could ask for advice. The participants identified the school nurse, school counselors, school mental health counselors, school

social workers, and exceptional children staff as colleagues they could ask for advice. Teachers in the classroom deal with many different types of attitudes and behaviors, and this is especially difficult when students are also diagnosed with mental health issues (see Appendix F for additional responses).

Subtheme: Classroom Support. Of all 11 participants, eight felt that more assistance is needed in the classroom when it comes to dealing with students with mental health issues, while three stated they could manage their classroom better by themselves. The eight participants stated that with additional help in the classroom, they would be able to help meet the needs of the students (see Appendix G for additional responses).

Subtheme: Administration. School administration is a huge part of the support system provided to students, teachers, and even parents. Within the school, it is imperative that all key stakeholders are on the same page when it comes to all students, especially students experiencing mental health issues. The participants in the study were asked to discuss the support levels provided by their administration when it came to students who may be having a mental health crisis within the school. All 11 participants stated they felt the administration is doing the best that it can do with what it has (see Appendix H for additional responses).

Subtheme: Barriers to Student Learning. All 11 participants felt there are many barriers that affect student learning, especially when a child is diagnosed with mental health illnesses. All the participants discussed the importance of grasping the situation before it becomes a bigger problem. One way to do that is by figuring out what barriers can be addressed by the teacher, parents, students, and administration (see Appendix I for additional responses).

Category 3: Training and Classes on Mental Health

You must have a bachelor's degree from an accredited college or university and finish an approved teacher preparation program in order to teach in North Carolina's primary schools. A minimum of 10 weeks of student teaching in an elementary school is required of all new teachers. A school system must employ potential educators (North Carolina Department of Public Instruction, 2022). Teachers are urged to enroll in programs to stay current on best practices for educating children, as well as continuing education courses to keep their credentials current and pick up methods for managing conduct in the classroom. Seven of the interviewees admitted they did not take any college courses on student mental health since it was not required for their program of study. In addition, it was stated that mental health training has just been offered within the last 3 years. Four of the participants stated they did receive mental health classes while in college and have received training on several occasions. All participants feel that mental health training is necessary (see Appendix J for additional responses).

Subtheme: Behavioral Management Systems. The goal of behavioral management is to help teachers get motivated to change students' actions. This could mean supporting students in altering their behavior in class, choosing better options, or quitting bad behaviors. This system allows teachers to provide students with rewards as well as consequences within the classroom (Sancassiani et al., 2015. Ten of the participants stated they use the Positive Behavioral Interventions and Support (PBIS) program reward system for students who are exhibiting good behaviors (see Appendix K for additional responses).

Subtheme: Number of Years in Mental Health. The participants had different

experience levels when it came to mental health. Many of the participants had years of classroom teaching and dealing with students who have demonstrated mental illness but no actual experience in mental health. Table 6 provides an overview of the participants' experiences, the number of years they have had in mental health training, and if additional training was needed.

Table 6

Case Study Participants

Participant	Number of years in mental health training	Training needed
1	3	Yes
2	4	Yes
3	2	Yes
4	6	Yes
5	20	Yes
6	16	Yes
7	16	Yes
8	8	Yes
9	12	Yes
10	15	Yes
11	12	Yes

As discussed in Table 6, Participants 5, 6, and 7 stated they could use additional training, because new teachers just starting out are not aware of how to deal with students who have been diagnosed or undiagnosed.

Discrepancies in Data

The data from the perspective of the participants indicated some of the questions asked were answered differently. Because the participants did not respond similarly to all the questions asked, there were some discrepancies in some of the data. There was no consensus among the participants' perspectives on administrative support, behavioral systems, and the quality of mental health services students receive in the school. For

example, when asked, “What would you like for the administration at your school to do when it comes to behavioral issues in the classrooms,” the participants’ responses were more on the positive spectrum. Eight of the participants stated the administration is supportive and was readily available when called upon. The administration, according to the other three, was occasionally inconsistent and frequently not visible enough.

Eight of the participants said they use PBIS, two said they use the system of care, and one said she utilized a combination of behavioral tactics since every kid is unique and what may work on one student may not work on another when it comes to behavioral management systems in the classroom. The behavioral management technique utilized in the classes is inconsistent even though all the participants are employed by the Mangrum County School System.

All participants stated their perspective schools did a wonderful job of providing students with mental health services, and all participants stated their schools could improve on the services offered. All participants stated the school district could do much better when it came to helping students who are struggling with mental health problems.

Summary

The research results regarding teachers' and staff members' impressions of mental health services in an elementary school setting in a rural area were presented in Chapter 4. In Chapter 4, participant demographics, data collection, and data analysis were demonstrated. This chapter also provided an analysis of the results by using the coding identification system. The chapter concluded with a discussion of the findings about the impact of schools on mental health, the caliber of services, the referral procedure, staff and school support, hurdles, and assistance for children with mental health issues in the

classroom. In Chapter 5, the research's limits, linkages between the data and Bronfenbrenner's (1974) model, and conclusions and interpretations of the study are summarized. Lastly, recommendations for future actions and the study conclusions are presented.

Chapter 5: Discussion

Introduction

This study's objective was to investigate how elementary school instructors and staff felt about mental health services in a rural district while using a qualitative technique. The participants in this study have been teachers, counselors, or administrators for at least 2 years. Three of the participants have had some higher level of training in the special education field, two of the participants have taught in the special education field, while six of the participants have had no experience in dealing with special education; however, all participants currently are either teaching or working in an elementary school that has students who are dealing with mental illness. In order to remain partial in this study, I placed my personal experiences dealing with mental health issues aside in order to gain a clear perception of the interviews and analysis.

Schools under the Title I program are situated in areas with high rates of both poverty and violence (McKinney, 2014). With the help of the community schools concept, public schools are being rethought in order to give low-income students in communities a high-quality education (McDaniels, 2018). The majority of experts concur that there is most certainly a bidirectional relationship between drug use and academic achievement, meaning academic performance both impacts and is impacted by substance use (Bugbee et al., 2019). However, little study has been done on how these teachers view the demands of the students' mental health. The purpose of this study was to gain insight from faculty and staff members into what is needed to help students who may have emotional and behavioral problems. Their responses to particular interview questions that were pertinent to my research topics were summarized during the interview

process. During the interview process, three major themes were discovered: school role in mental health, school support, and district training on mental health. From those three themes, 10 subthemes were discovered.

- What methods are used to assist students with mental health problems?
- Quality of mental health services
- The referral process
- Faculty support
- Barriers
- Classroom support
- Classes received in college pertaining to mental health
- Behavioral management system
- Training needs

I discovered that teachers' impressions of mental health services in elementary schools were consistently based on the replies from the 11 participants. I will give my interpretation of the research results, describe the study's limitations, make suggestions for more research, and go through the study's implications and conclusions in this chapter.

Interpretation of Findings

Research Questions

This study was based on three research questions:

1. What are the elementary school faculty and staff perceptions of mental health services and exigencies within the school setting?
2. What type of professional development or support do elementary school

administrators, teachers, and counselors believe is needed in the classroom as it relates to students and their mental health?

3. What are the dynamics of parents' and guardians' mental health contact for elementary students?

Research Question 1. The 11 participants were in agreement in response to the first research question, and ultimately my findings were conclusive. All participants agreed that mental health services need improvement. Although all participants work at different schools within the same district, all agreed services are handled differently. All participants agreed that it was crucial for children to have good mental health, but none of them was able to say with any certainty what they believed was necessary to support students in the classroom. During the interview process, I noticed four of the 11 participants concentrated on their own needs, but a majority of the participants thought about what the schools needed as a whole. One topic that each participant brought up was their need for information and training on the needs of students with mental illness. For instance, Participant 8 stated,

> I would like to have some professional development trainings on mental health. I have very little knowledge on what it looks like, and the general process of dealing with situations. I appreciate the trainings that we get from our guidance counselors at the beginning of the school year, but we need more. I would like to learn techniques that I can use in my classroom that will help de-escalate the problem before it gets out of hand. Just knowing I have that extra support if I needed it is enough.

See Appendix L for additional responses.

As stated in Chapter 2, childhood and adolescence were key periods for promoting mental health care since more than half of mental health problems develop during these years, and many of these issues remain into adulthood (Garcia-Carrion et al., 2019). This was a concern, as global data revealed a rise in the prevalence of mental health difficulties in childhood and adolescence, with the percentage of those affected approaching 20% (Garcia-Carrion et al., 2019). Because budget constraints have resulted in fewer teacher assistants in the classroom and higher student-to-teacher ratios, teachers are left in a position of where to turn for additional support in the classrooms (Garcia-Carrion et al., 2019).

While school counselors are pulled in many directions, school mental health counselors and nurses are not stationed at one school for a long period of time, and there is not enough support from the individuals who have the most experience dealing with mental health problems to offer teachers. It is essential for student growth to have a classroom that can satisfy their social, emotional, and academic requirements, especially if they have several issues (Valiente et al., 2020).

Research Question 2. Ten of the participants acknowledged the importance of understanding the needs of students with mental health problems; one had a different point of view. As stated in Chapter 2, teachers wear a variety of headwear. Teaching is not just standing in the front of the classroom delivering instruction; they are responsible for ensuring all students are treated with respect and are able to learn in a free and positive classroom environment. Teachers are not just responsible for kids' academics in the classroom; they must also ensure that the child's physical and mental health is taken care of. They are the first responders when a problem emerges. One thing that was

brought up was school funding.

Participant 2 also mentioned school funds. Although the school where they work is a Title 1 school, the Every Student Succeeds Act money received does not support students with mental health problems. The money is designed to boost student academic performance through higher test scores. The following components, according to the teachers, are what they believe are required in the educational system and the classroom to support mental health. See Appendix M for additional responses.

- additional funding
- assistance in the classrooms for students with mental health problems
- one-on-one support
- smaller class size
- more positive reinforcement
- better technology
- parent support

Research Question 3. For this specific study issue, the findings were inconclusive. The length of time a teacher has been teaching does not always indicate how well or poorly they can relate to students who are dealing with mental illness. All participants agreed that instructors should receive training in mental health and expressed excitement at the prospect of doing so. Participant 5 responded,

> It's important that teachers receive the necessary trainings when it comes to dealing with mental health. I know there are more students in the school district that are dealing with some form of mental illness but have not been diagnosed. I lived beside a young man all of my childhood never thought he would be

> diagnosed with a mental illness but after high school, he begin to exhibit behaviors that was not appropriate. He was finally diagnosed with bipolar disorder. I believe if the teachers would have known more, his problem could have been corrected earlier. It's extremely important for teachers to be aware and understand mental health, knowing what it looks like, and understand there are many. I feel teachers have a clear understanding of ADD or ADHD, but not depression, or bipolar.

Participant 5 provided a compelling argument for why teachers should undergo mental health training by drawing on her own experiences. She provided a compelling argument for the necessity of mental health services in the educational system and had insight into the issues with children's mental health.

Themes

The data analysis revealed three main themes and 10 subthemes, as I previously covered in Chapter 4. The three themes and 10 subthemes that came from the data were derived from the study questions. All participants work at different schools within the same district, and all participants handle mental health problems differently. All schools that participated in the study had some form of action plan that was made available for teachers and staff if needed. All participants were aware of where the plan was located. As stated in Chapter 2, students cannot refer themselves for services like their parents can, but at times, parents are struggling as well. Like any first responder, teachers are often the first to identify a student in need of help, and it is critical for teachers to receive valuable training that must be practical, simple, and interactive (Shelemy et al., 2019). Teachers and parents must be able to support their children with disabilities. It is

estimated that 13% of students who attend public schools have some form of disability that requires an IEP (De Brey et al., 2019). Children with mental health and behavioral issues depend on 80% of school-based services (Masonbrink & Hurley, 2020). Teachers should be aware of the mental health procedures in their perspective schools and how to get students access because they are considered first responders for all students.

The study's findings show the participants' general opinions on mental health services in the schools where they work need to be improved. Schools are under growing pressure to address children's mental health concerns (Adelman & Taylor, 2012). Seventy-five percent of kids with diagnosable mental health disorders in schools do not receive treatment or receive just insufficient care, according to statistics (Lean & Colucci, 2010), which makes it imperative that teachers are aware of what is being offered in the schools to assist students dealing with mental health issues. Teachers play a major part when it comes to helping kids with their mental health; therefore, it is important for elementary school teachers to be knowledgeable about the most prevalent mental health disorders that affect students. Figure 13 shows behaviors teachers believed merited a referral.

Figure 13

Behaviors That Merit a Referral

Behavioral Problems	Emotional Problems	Anger Management issues	Physical or sexually abused
Difficulty in following directions	Difficulty in socializing with others	Difficulty in transitions	Threaten to harm self or others

Recent studies in the areas of neuroscience, developmental and learning sciences, education, sociology, and many other disciplines have shown the need for a whole child approach to ensuring that kids learn well. By creating a welcoming environment at school that is based on strong connections, learning is fostered (Fleming et al., 2018). Students need a sense of safety and belonging in order to excel in school. Several elements that promote a sense of community and allow teachers to get to know their students well include

- smaller school and class sizes
- looping, where teachers stay with the same students for more than 1 year
- staff who practice cultural competence, invite students' experiences into the classroom, and communicate that all students are valued
- home visits and regular parent-teacher-student conferences to strengthen connections between school and home
- opportunities for staff collaboration and leadership that strengthen trust among educators

All 11 participants felt that their schools needed to improve the services that are provided to their students. While 10 of the participants felt that the mental health services were average at their perspective schools, one participant felt that their school was placing students in the Exceptional Children classrooms because of their issues, instead of trying to figure out the problems of why the student is acting out in class. Participant 4 felt that the quality of service provided at their schools needed some improvement, and Participant 7 felt the service was weak.

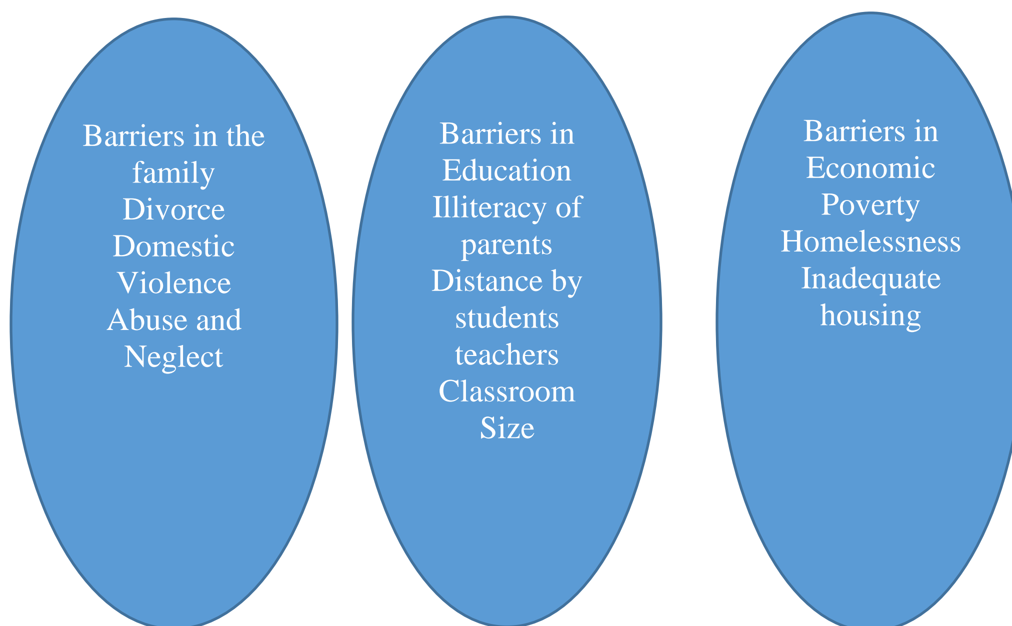
Many children who require mental health therapy do not receive it because of

obstacles including limited access to resources and the stigma associated with asking for help. Poverty affects children and families in a variety of ways, making it difficult or impossible for them to get mental health treatments, adhere to therapy, and achieve positive treatment outcomes. Families in rural areas, in particular, frequently have to travel significant distances to receive mental health care (Rank & Hirschl, 2015). School-based mental health care has been in existence since the 1970s, and it has proven to be helpful in treating adolescents who attend those schools (Rones & Hoagwood, 2000).

As mentioned in Chapter 2, there are a number of obstacles that frequently keep students from accessing mental health treatment. All 11 participants were able to discuss barriers that they felt prevented students from getting the services that are needed. One of the most discouraging barriers is the parents. According to the participants, education is the key to eradicating the stigma that parents face while seeking help for their children. Figure 14 contains a list of obstacles that may stand in the way of parents receiving the necessary mental health care (see Appendix N for additional responses).

Figure 14

Barriers That Prevent Children From Receiving Service



For children and adolescents to have more access to psychological care, school-based mental health programs have been promoted; however, issues have been brought up about the possible stigma connected with student selection and the visibility of service interaction at schools. According to research, one in five students will struggle with a serious mental health issue while attending school. Although the severity of these problems varies, over 70% of people who want therapy will not obtain adequate mental health treatments (Bruhn et al., 2014). All 11 participants were able to identify someone in their perspective schools they could turn to when it came to dealing with students with mental health issues. The district in which the participants currently work does not have a social worker; therefore, none of the 11 participants mentioned a social worker. The participants named the following individuals they could count on for support:

- school mental health counselor/trauma counselor
- school guidance counselor
- behavioral specialist
- administration
- school nurse

Theoretical Framework

The bioecological model of Bronfenbrenner (1974) served as the theoretical framework for this study in order to highlight the significance of how a child's connections with their peers, parents, community, and society have an impact on their development, particularly their mental health. The microsystem, mesosystem, exosystem, macrosystem, and chronosystem are the various parts of the model. All the parts must work together for children to get the mental health care they need.

The microsystem is the system that is closest to a person and has direct contact with them. Some examples included home, school, daycare, and work. The relationships in your microsystem are bidirectional, which means how you treat the people in your microsystem will decide how they treat you in return. The microsystem is very crucial. Because the microsystem generally involves other family members, peers, or caretakers, this system has the potential to influence others' beliefs. This is the ecological system's most powerful level. The relationships between the child's peers and family, as well as interactions between the child's family and teachers, make up the mesosystem, which connects the microsystems. An exosystem is a system in which children are not active participants but nonetheless has an effect on them. Although the exosystem does not directly connect with the child, situations that affect the mesosystem might have a

detrimental impact on the child in the household. Students face different challenges throughout their life, over which they have no control. When situations arise in the home such as parent separation, promotion in a job that takes the child to another city, or parents dealing with alcoholism or substance abuse, all of these factors can cause a shift in the child's development and behavior while at school. Participant 9 stated,

> In order to figure out the true reason a child is acting out, we need to stop making assumptions and understand why they are acting out. Relationships with parents are essential for this, as we sometimes want to blame everything on mental health when it has nothing to do with it. I think giving teachers the proper training is a good place to start. School counselors and mental health counselors are the only people in our district who undergo mental health training. I understand that they are there to help us, but as teachers, we also need to have access to some of the same resources in case a scenario develops and nobody is there to address it.

Higher academic success, on-task conduct, and fewer instances of problem behaviors have all been linked in studies (Shaunessy-Dedrick et al., 2015). Students may find it challenging to concentrate on their academics if their needs are not fulfilled, particularly if they are among the 20% of youngsters between the ages of 13 and 18 who live with a mental health problem (National Alliance on Mental Illness, 2016).

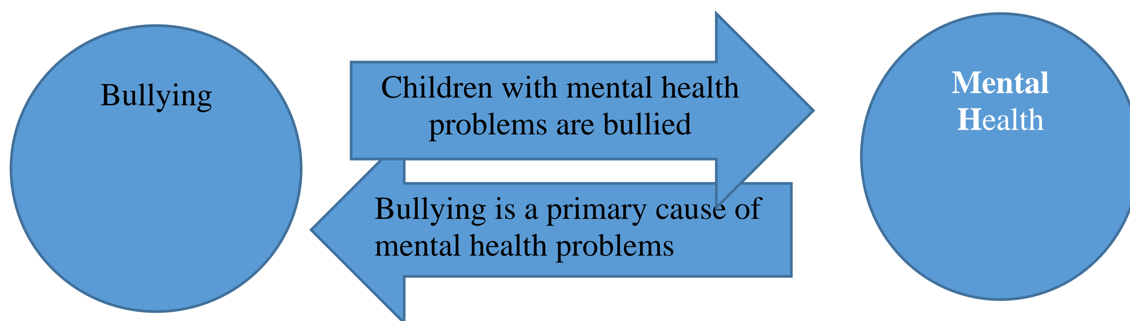
The macrosystem is interested in how a child's socioeconomic class, how much money they have or do not have, and their ethnicity affect their development. The child's environment has an essential influence on the development of children in the macrosystem. Children are more likely to be influenced by the environment they are most familiar with. Students are placed in different environments, the home and school.

Children who are challenged with mental health problems are subjected to being targeted by their peers by being bullied or pushed around (see Appendix O for additional responses).

Teachers have seen that peers approach students who struggle with mental health issues differently. Bullying has been shown to cause mental health problems and has negative effects that last until late adolescence (Källmén & Hallgren, 2021). See Figure 15. Some students experience bullying because of their mental health issues, while others suffer as a result of experiencing bullying (Källmén, & Hallgren, 2021). Bullying that affects kids with mental health issues can be lessened by implementing an SEL paradigm.

Figure 15

Relationship Between Bullying and Mental Health



A chronosystem considers how events in a person's life are related to the timing of those events. When events happen, depending on where we are in development, the situation will look different. A 3-year-old will deal with the death of a parent differently compared to a teenager. An example of this model is divorce. The age of the student when the parents divorce will determine the behavior of the student. No matter the age of the students, teachers must be aware of the behaviors they are seeing. Training teachers is crucial. Students can avoid a predicament and achieve success by recognizing the

warning signals and employing the right methods.

Limitations

The scope of this research was limited to 11 faculty and staff. Although the original study consisted of 12 individuals, one participant withdrew due to being affected by COVID-19. All participants were employed by the same school district but worked at different schools within the district. The limitations addressed in this study were small sample sizes due to utilizing elementary schools only and the accuracy of teachers' responses for fear of backlash from higher administration. In the study, a teacher's age was not taken into account. The specifics of each participant's demography or prior educational institutions were not taken into account.

Recommendations

The study's findings highlighted aspects of school mental health that instructors believe need work. Teachers also believe that receiving further training in mental health approaches and tactics is necessary. The study assisted in identifying obstacles that hindered students from receiving the mental health services they required. Although the study's sample size was small, I was still able to create a baseline for the findings in order to start discussions with school principals and superintendents about potential faculty and staff training in the future.

The suggestions for more research focused on expanding on this study's findings. Additional research should be conducted in middle and high school settings, according to the findings. For directing future studies, the results of the faculty and staff interviews were the most pertinent. Face-to-face interviews were used to perform the studies. In truth, the research should have focused on all the district's schools rather than just the six

primary schools that were the subject of this study in Mangrum County, North Carolina. Despite the research's focus on a rural county, all of North Carolina's counties should participate in the study. The survey revealed what teachers considered to be crucial facets of their work, such as familiarity with their schools' referral procedures, the capacity to identify signs of mental illness, and the capacity to manage behavioral issues in the classroom.

It is crucial to do more research on teachers' perceptions of the mental health services offered to kids at the school since this information may assist in establishing criteria for how the services should be delivered to the students. Researchers are provided with the instruments they need to study complex phenomena in their environments using the qualitative case study approach. When used effectively, the strategy may be a useful tool for developing theories, assessing programs, and creating treatments in health science research (Baxter & Jack, 2010). During this process, I was able to listen to each participant express their concerns and joy as we discussed ways to improve mental health services within their perspective schools.

Since emotional well-being and academic performance are intertwined, educators at all levels should work together to provide for the needs of the kids whose lives they affect. The only location where students attend and where some receive assistance is school. Additionally, the academic setting is among the greatest settings for offering children's mental health care in addition to schooling. Discussion of policies and processes that will aid in integrating mental health services in schools will be provided through this study. The school will gain from adding mental health services if it includes both students and instructors. The benefit of having mental health counselors on site is

that they may offer assistance to students without interfering with their education, acting as "a one-stop shop." The ability of schools to execute complete school mental health systems must be developed and strengthened. Services are coordinated by SMH Systems to support students' social and emotional growth, which can have a good and lasting effect on their academic performance, behavior, and wellness (Baxter & Jack, et.al). It is hoped that introducing this service in schools will reduce the barriers that were previously described in Chapter 4.

As stated in Chapter 2, teachers and parents must be able to support their children with disabilities. It is estimated that 13% of students who attend public schools have some form of disability that requires an IEP (De Brey et al., 2019). Eighty percent of school-based services are necessary for children with behavioral and mental health concerns (Masonbrink & Hurley, 2020). According to the report, instructors desire and need more training on mental health issues so they can better understand how to help troubled students. With the school closures, many students who needed special services lost critical resources, including engagement with specialized teachers and a stable environment for learning. Finally, actions are required to address the effects of COVID-19, both physical and mental, among children who have the potential to develop health disparities (Masonbrink & Hurley, 2020). Today's children's mental health needs are increasing (Morin, 2020). The existing pool of qualified individuals in the field of mental health treatment is insufficient to meet the needs of children in communities around the world. School plays a vital part in fostering solid childhood relationships as well as improving children's overall well-being and mental health. Based on this study, I recommend the following:

- smaller class sizes, especially since the increase in students who are exhibiting mental health problems
- more professional day trainings on mental health to provide teachers with the necessary trainings
- mental health counselors assigned to each school
- additional school guidance counselors and social workers
- providing teachers with more time to collaborate with peers
- implementation of behavioral management system

Although these recommendations may be costly for Mangrum County School District, the following recommendations may be more feasible:

- Looping (where teachers stay with the same students for more than 1 year)
- Mental Health Internship
- Opportunity for Telehealth Platforms (Zoom, Google Meets)
- General practices on Child Development and Positive Psychology

Conclusion

Children spend more time at school than anywhere else, except in their own homes. School is one of the best places for teachers and students to learn about mental health problems and mental diseases. The study's findings indicate that teachers believe there should be numerous changes made to the mental health services provided to students in schools. Schools typically place a strong emphasis on academics, despite the fact that mental health services are essential for learning as well as social and emotional development. Although teachers are vital in helping children with mental health issues be identified, there have not been many studies that look at the need for mental health in the

educational system from their perspective. One of the first steps in bringing change is to acknowledge that children need mental health care, and those services could help avert issues in adulthood (such as unemployment, drug misuse, and crime). Children today encounter circumstances that can negatively impact their social and emotional development. They also have to cope with issues older generations did not have to. Because of the growing disparities between the rich and the poor, students now attend school with more issues that affect the classroom management techniques employed by teachers (Sancassiani et al., 2015).

Teachers should speak up for themselves to obtain the necessary training and assistance to assist their students. A teacher's responsibility is to educate the whole child, which includes their mental health. Understanding mental health issues and learning how to intervene can help teachers manage disruptive behaviors while still providing students with effective instruction. For students who have previously proven difficult to instruct, teachers should receive all the training required to support their students' achievement because they are on the front lines with children every day. Advocating for students' success in the classroom is just as vital as ensuring their mental health needs are taken into consideration. The American mental health issue has reached a catastrophic stage. The epidemic has made already concerning patterns in children's and students' mental health requirements worse. To meet the needs of children and students' mental health and general well-being, there is a rare chance to conceptualize the function of schools and programs in fostering settings for kids, students, families, and educators. From the data in this study, a fundamental hypothesis was made, which can be used as a starting point for more research.

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Appendix A

Consent to Utilize Instrument

From: Natalie Yates
Sent: Thursday, October 7, 2021 10:33 PM
To: Vera Richardson
Subject: Re: Dissertation

My phone number is (xxx) xxx-xxx

Natalie Yates

on Oct 7, 2021, at 9:31 PM, wrote:

Hey, all I need is permission to use the information in your Dissertation. I will not use it directly but take some of the information to complete mines. Please add your contact information in case my chair or one of the IRB Committee needs to contact you.

Sent from my iPhone

On Oct 7, 2021, at 6:18 PM, Natalie Yates
Good evening! It was a pleasure speaking with you as well. What do you need from me so that you can use my instrument?
>>
>> Natalie Yates
>>
>>>> On Oct 7, 2021, at 10:54 AM, Vera Richardson <

Appendix B

Interview Protocol

(Teachers) Opening question: What behaviors do you see that make you think that a child needs professional help, meaning needs a referral for mental health services?

1. Tell me about the people at your school that you can get advice or information from about children with mental illness during the school year.
2. What is the school's role in attending to children's mental health?
3. Describe what your school does to help children with mental health problems in the classroom.
4. How would you describe the quality of mental health services in your school?
5. Once a child has been identified as having mental health problem, what assistance do you as a teacher need?
6. What is needed to help reduce or eliminate barriers to children getting mental health services?
7. What can a teacher or school do about those barriers that you previously described?
8. Please describe the behavioral management or level system that you use in your classroom.
9. What changes would you make in the classroom to benefit the learning of children with a mental illness?
10. What would you like for administration (principal and vice principal) at your school to do to help with behavioral issues in the classroom?
11. Describe the classes that you had in college that discussed mental health of children.
12. Explain the in-service training that you received that helped you handle mental illness in the classroom.

(Mental Health Counselors) Opening question: What behaviors do you see that make you think that a child needs professional help, meaning needs a referral for mental health services?

1. Tell me about the people at your school who can provide you with guidance or information during the school year about children with mental illnesses.
2. What role does the school have in children's mental health?
3. Describe how your school assists students with mental health issues.
4. How would you rate the mental health services provided at your school?
5. As a mental health counselor, once a student is diagnosed with mental health problems, what is your next step?
6. What is required to help reduce or eliminate barriers to children receiving mental health treatment?
7. As a mental health counselor, what can you do to address the hurdles you mentioned earlier?
8. Describe the behavior management or leveling strategy you employ in your school.
9. What modifications would you implement to help students with mental illness learn more effectively?
10. What do you want your school's administration (principal and vice principal) to do to help you with behavioral issues?
11. Describe any college classes you took that focused on children's mental health.
12. Describe the in-service training you received to assist you with dealing with mental illness.

(School Counselors) Opening question: What behaviors do you see that make you think that a child needs professional help, meaning needs a referral for mental health services?

1. Tell me about the people at your school who can provide you with guidance or information during the school year about children with mental illnesses.
2. What role does the school have in children's mental health?
3. Describe how your school assists students with mental health issues.
4. How would you rate the mental health services provided at your school?
5. As a school counselor, once a student is diagnosed with mental health problems, what is your next step?
6. What is required to help reduce or eliminate barriers to children receiving mental health treatment?
7. As a school counselor, what can you do to address the hurdles you mentioned earlier?
8. Describe the behavior management or leveling strategy you employ in your school.
9. What modifications would you implement to help students with mental illness learn more effectively?
10. What do you want your school's administration (principal and vice principal) to do to help you with behavioral issues?
11. Describe any college classes you took that focused on children's mental health.
12. Describe the in-service training you received to assist you with dealing with mental illness.

(Administrators) Opening question: What behaviors do you see that make you think that a child needs professional help, meaning needs a referral for mental health services?

1. Tell me about the people at your school who can provide you with guidance or information during the school year about children with mental illnesses.
2. What role does the school have in children's mental health?
3. Describe how your school assists students with mental health issues.
4. How would you rate the mental health services provided at your school?
5. As an administrator, once a student is diagnosed with mental health problems, what is your next step?
6. What is required to help reduce or eliminate barriers to children receiving mental health treatment?
7. As an administrator, what can you do to address the hurdles you mentioned earlier?
8. Describe the behavior management or leveling strategy you employ in your school.
9. What modifications would you implement to help students with mental illness learn more effectively?
10. As an administrator, how do you help you with behavioral issues in the school?
11. Describe any college classes you took that focused on children's mental health.
12. Describe the in-service training you received to assist you with dealing with mental illness.

Appendix C

Participant Responses to School Role in Mental Health

Participant 2 stated,

> My school administrator is new to the school, they have been her for 3 months, but what I have seen is not impressive to me. A lot of the times, they are in their office, not sure what they are doing, but we never see them in the hallway, and barely in the classrooms, maybe this will change once they become familiar with the school and the staff. The last administrator was not any better, there was no consistency in the way behaviors was handled. Another thing I see is the students who are struggling or may have behavioral problems we seem to be on them every direction they turn, making sure they remain on the right path. We tend to want to give them positive rewards for just walking up the hall in the correct manner, while the students who are doing what they are supposed to be doing are being left out, this is what I mean by consistent. I am a firm believer, if we continue to reward negative behavior, children that want to do well but receive no reward will begin acting out in order to get noticed. I am not saying don't reward students who are making stride, but we also need to reward the student who are doing well on a day-to-day basis, this is what I mean by being consistent. The school has such as short time to deal with issues during the school day, so we basically put a Band-Aid on the issues and provide them with techniques just to allow the student to get through the day.

Appendix D

Participant Responses to Quality of Mental Health

Participant 4 stated,

> I would love to say the quality of mental health services is great, but I feel additional support is required. I feel our school counselors are not being utilized to their potential because they have to wear a lot of hats, whether it's in the classroom for interventions or doing other duties that may not fall under their umbrella, all of the extras, takes away from what they should be doing and that is ensuring that the overall mental health of our students are taken care of.

Participant 7 stated,

> I would call it weak. I mean, I really don't feel there is a whole lot of services being provided. I think the district is trying to change the perceptions of how school counselors as well as our mental health counselors are utilized, but I feel the change is slow. Children are having melt downs in the classroom and because of overcrowded, it's hard for a teacher to stop what she/he is doing to focus a lot of their attention on that student. We have mental health counselors, but they are not housed at one particular school, so by the time they arrive, the situation is under control. There are children that needs support, but not enough counselors to provide the support and because if the area that we live in, the resources is slim to none.

Appendix E

Participant Responses to Typical Behaviors

Participant 5 stated,

> Children who are experiencing behaviors that may cause harm to themselves or someone else will be referred out immediately for services. This type of behavior is one that the district does not take likely. Within our district, we have 2 mental health counselor, and 1 trauma counselor that is available at all times. Although these individuals are not station at one particular school, they are usually 5 to 7 minutes away. As a teacher, I have noticed that student bring a lot of home problems to school, this is where we notice the difficulty in socializing with their peers, or even exhibiting problems coping with simply transitioning from one class to the next.

Participant 8 stated,

> I would say behavioral and emotional problems, these types of behavior can show up in many forms, when you see behaviors that do not fit the personality of a student, and you quickly realize that something is going on with the student that needs to be addressed. Student's social and emotional behaviors are key factors in ensuring their education is not interrupted.

Participant 1 stated,

> Since we have the 3 mental health counselors within the district, making a referral is much easier, all we have to do is send an email to one of them, and they are available within minutes. I have referred several students for different reasons, one particular incident the student came into my classroom and stated she was going to kill herself, I immediately called administration, and at the same time emailing the mental health counselor, once we felt the student was safe, we

contacted her parents to inform them of what was said, as we investigated the situation a little further, we found out that the student and her boyfriend had broken up the night before, and that was her way of crying out for help. Luckily, we were able to get her the help that she needed.

Appendix F

Participant Responses to Faculty Support

Participant 11 stated,

> Our district is blessed to have 3 mental health counselors that are available at any time during the day. We have a guidance counselors and school nurses that are available, and always ready to assist when called upon. My school principal is another source, I try not to bother her as much due to the load she is already carrying.

Participant 6 stated,

> The individuals I can go to for advice is the instructional facilitator, the behavioral specialists, and the three mental health counselors that district has recently hired. At times, I seek out teachers that may have firsthand knowledge of any issues that the student may have, because a lot of times, the counselor may not be aware of any issues unless it is bought to their attention.

Participant 10 stated, "The individuals that I turn to for support is my school counselor and the nurse."

Appendix G

Participant Responses to Classroom Support

Participants 3 and 2 stated that they could handle their classroom better without any assistance.

Participant 8 stated,

> Smaller classroom and an assistant would assist with meeting the needs of the student in my class without anyone being left out, the assistant would allow me the ability to focus on the student who may need the one-on-one interaction.

Participant 5 stated,

> I usually don't have any behaviors in my classroom due to using other alternatives measures. Once I feel students are getting to a point where a behavior may arise, I usually take them on a walk around campus to stretch their legs and enjoy the outside weather is weather permits. Once we develop an understanding, generally the student is well behaved.

Participant 3 stated,

> Additional help in the classroom would be good. It is very hard to meet the needs of students when you have 30 or more students in a classroom. Having an extra person in the room would give you more availability and provide the extra support to student who may need it.

Appendix H

Participant Responses to Administration

Participant 9 stated,

> I feel like they are doing the best that they can, I mean honestly with the students being out of school for so long due to Covid, they were being babysat by electronics, it's like they have forgot everything they have learned. I feel like we are all doing the best that we can. The one thing that I feel would be beneficial would be smaller class sizes, and more teachers.

Participant 7 stated,

> I would like kids to have consequences for their behaviors. I understand that administration want to keep write up at a minimal, but at times students have to have consequences for their behaviors. I do understand administration don't want to look bad by suspending students, but I think in the long run if you tackle the issue at the beginning, it will help down the road. Overall, I feel administration hands are tied, and they are doing the best they can do with what they have.

Participant 3 stated,

> For the most part they do it. When I first started, there was a lot of classroom issues going on, and administration wanted to see if it was a classroom management issue, or if the students needed the extra support for mental health issues, once administration figured out it was a little of both, service and training was put in place to help not only the student, but the teachers. Some of these issues have ceased, but we still have stragglers.

Participant 1 stated,

> Oh I think they have did a lot from what I see. I think sometimes people feel like there is immediate interventions to mental health, but that is not the case. I feel

that administration make themselves available and visible throughout the school. Administration has a hard job, not only do they have to support students and teachers, it goes further, they have to support the parents and the community, because without the last 2 stakeholders, the school would definitely fail.

Appendix I

Participant Responses to Barriers to Learning

Participant 7 stated,

> I think the biggest thing is educating our parents. We still have the stigma of mental health as being bad. You would be surprised at what comes out of parents' mouths when it comes to mental health services, things like I don't want my child to see a mental health counselor because I don't want other children picking at them, or the most famous one, I don't think my child has an issue that requires a mental health person. Even those that are educated, feel believe there is a stigma, so helping them understand how important it is to teach our students, especially in the elementary level to communicate those emotions, feelings, fears, and doubts to eventually open up and build a relationship that will carry them throughout their adult life.

Participant 9 stated,

> I believe a lot of times our barriers are just mentioning the term mental health, and the parent's right then and there wants nothing to do with it. Unfortunately, we have parents to refuse the services even though they know their child has an issue, but because of pride, the child is the one that suffers. Although we sit down with parents and explained the services that are being offered and the way the process works. I believe because we live in a smaller town, and everyone knows everyone we find it hard to provide the appropriate services that is needed for our children.

Participant 4 stated,

> Some of the barriers that I see is parental involvement. When parents are involved in their child educational process, children usually do well in their subjects.

> Although there is still stigma in the world when it comes to mental health, we have to get beyond the stigma and educate our parents on the importance of mental health services and how it helps our children.

Participant 8 stated,

> So I am going to say, I think a lot of times one of the biggest thing is to change the mindset of parents/caretakers. Parents are still in denial of their child having any issues, even though there is a problem. At times, finding resources that can help with the issue is a problem. Parents may want the help but cannot afford the service that is needed, that’s why it’s very important for the schools to be involved, especially for children in the elementary school settings.

Appendix J

Participant Responses to Training

Participant 10 stated,

> We are required to have 60 credit hours of mental health, all of those apply to children dealing with mental health issues. Some of the courses actually consisted of counseling such as human growth and development. We had to work in clinics where we counsel children that are dealing with some form of mental health issues. None of the classes that I took had little to nothing to do with theories, although I was in college a long time ago, and I know things has changed.

Participant 1 stated,

> My masters is in social work with a minor in health. Some of the classes that I was required to take was mental health and family therapy, and psychology. We talked in depth about family and children who are dealing with mental health issues, as well as diagnostic statistical manual which deals primarily with diagnosis, this went from children to geriatrics. I later went back to get my social work certificate and in that I had to take a class on exceptional children. With all of the classes I was required to take has helped me in the job that I am currently in. I often look back at some to the material just to stay abreast on the evolving changes of mental health.

Participant 6 stated,

> The only training that I received while in college was Trauma Focus CBT. The reason I did not have to opportunity to take any more classes dealing with mental health is because I changed my major and decided at the last minute to take a different route. Now that I think back on my training/classes, I wish I would have never changed my major.

Participant 8 stated, “During my college stay or before, I did not receive any classes that was geared toward mental health.”

Appendix K

Participant Responses to Behavioral Management System

Participant 9 stated,

> We use the PBIS model, you know to reward positive behaviors. I have watched several teachers use it as a guide. I say it's a very good intervention process for student with behaviors. The model breaks it down in order for teachers to understand the full extinct of the program, it also provides support for teachers who are struggling. The model also breaks it down as level one. Level two, and level three behaviors. When students are making good choices, they are able to earn points and at the end to the week, they are able to cash in those points for prizes, the student points will determine what they can and cannot by at the store.

Participant 2 stated,

> We use the model of care system of support which is a system that provides local citizens who are in need with mental health and drug use treatment services. System of Care is an initiative to cooperate for healing and better health and well-being while easing pain and extending compassion in order to meet adolescents, families, and young adults exactly where they are and assist in identifying answers to difficulties (Gilman, 2021). I do my own screenings because I have been trained outside of the school system. Along with my colleagues, we have actually worked for mental health, so we understand the levels and determined if outpatient, residential or volunteer community crisis is needed. Whatever the student needs, we try to provide them with the best possible treatment.

Participant 10 stated,

> I use the Response to Intervention (RTI) strategy, which uses a multi-tiered approach to support students who need early intervention for their learning and

behavioral needs (uldforparents.com). This system tracks the behavior of students by tiers. We use interventions that goes on throughout the year, it can range from stickers charts to smiley faces on the board. The model has 4 tiers that are targeted at the whole child instead of just focusing on the behaviors.

Appendix L

Participant Responses to Research Question 1

Participant 2 stated,

> Safety is our number one priority for all students, as well as staff. Even if a student has issues, they should still receive the same education as a student who is not acting out in class, we must understand there is a reason for the outburst, and it is up to us to try to help figure it out.

Appendix M

Participant Responses to Research Question 2

Participant 7 stated,

> Before we can do anything that pertains to education, we must first have a handle on the mental health issues that are being shown in the classrooms. I feel the school should have a plan in place to assist teachers with dealing with the issues that are being seen in the classrooms. There are other options that could assist student if they qualify such as an Individual Education Plan (IEP) which is a plan intended to guarantee children who have been identified as having a disability receive precise instructions and services that are tailored to their requirements.

Participant 4 stated,

> We are aware of the shortage of classroom support, therefore we must take some of the responsibility in our own hands. We need to investigate other alternatives. We have valuable resources available to us on a daily basis, even though they are not in the schools every day, they are available when we need them, I am talking about school counselors, mental health counselors, nurses etc., these individuals are well abreast on what is needed. We have to start taking the first step instead of relying on others.

It was noted that Participant 4 was the only one that felt that the information should begin with the teachers. Although they work with kids who have emotional and behavioral issues, teachers are not given any training in problem detection or early intervention (Moazami-Goodarzi et al., 2021). The only educator who said that educators needed to take responsibility for the level of mental health education they had was Participant 4.

Appendix N

Participant Responses to Themes

Participant 3 stated,

> We have a special program in our school called the pace program. This program is designed to assist students who have behavioral problems and cannot function well in a regular classroom. Although the pace program is designed for behavioral students, we do at times use some of the strategies that are taught in the classroom when we have to deal with a student who is having a crisis. At any time there is a situation that I cannot handle, we have mental health counselors as well as a trauma counselor that is available. All teachers and assistants in the pace program are aware of the crisis plan when it comes to serving children with mental health problems.

Participant 4 stated,

> I would love to say the quality of mental health services is great, but I feel additional support is required. I feel our school counselors are not being utilized to their potential because they have to wear a lot of hats, whether it's in the classroom for interventions or doing other duties that may not fall under their umbrella, all of the extras, takes away from what they should be doing and that is ensuring that the overall mental health of our students are taken care of. School counselor's duty is to counsel students on issues and to give them coping skills to assist them in the classrooms or transiting from one part of the school to the next. Teachers felt that some students needed individual support to help them with behavioral problems in the classroom or with anger, depression, anxiety, or trauma that they may have experienced. Students are also referred to receive help with social and emotional problems, allowing students to focus more when in a

> group setting. Teachers are student lifeline, when it comes down to dealing with family and home lifestyles. Teachers are able to refer students who may be experiencing homelessness, and substance abuse, regardless of the problems, teachers are aware of who and where to turn to for support.

Participant 5 stated,

> Parents are our worst enemy. All of the services that students get are directed by their parents. Everybody's hands are tied when parents fail to see the necessity. One of my students is failing and may even be autistic, but their parents don't think there's an issue. When parents can't see or don't want to see, it's challenging for instructors to help their pupils as much as possible. Even while we make an effort to teach our parents about the need to ensure children's social and mental health is healthy, failing to do so may compromise their ability to learn.

Appendix O

Participant Responses to Theoretical Framework

Participant 1 stated,

> Students who have been identified as having mental health issues at our school are put in an inclusion classroom where they get one-on-one support. The students spend at least one class hour each day in this classroom, which is used for curriculum and teaching. All of the pupils are at the same academic level. In this session, students receive the assistance they need to finish tasks that they would not have had the opportunity to complete in other classes. This time also gives them the chance to get the extra help they need to understand a subject they might be finding difficult.

Participant 2 stated,

> It's critical to treat parents with respect. Parents serve as the link between the students and the school since there would be no school if it weren't for the children. When anything is not right, the schools offer a second pair of eyes that can help the parents. Children are more protected and in a more stable learning environment when they are in school. In order for children to learn and feel better about themselves, it is crucial for instructors to provide an environment where they feel comfortable. Positive relationships with the parent's foster trust, and when trust is present, the parents feel comfortable talking about potential problems at home. When the subject of mental health comes up, parents will be more receptive to the discussion rather than sweeping it under the rug, thanks to the trust we've built with them and with the students. Collaboration between parents and teachers is critical for the students' benefit.

Participant 4 stated,

The communication between the parents and the school is a must. At times, teachers spend more time with students than their parents. Teachers are able to observe student while interacting with their peers, they notice when a child is standoffish and refuse to interact appropriately, they may see a student acting out for no reason at all, all of these signs may be an indicator that something is going on with the student. Making sure the communication remains open and freely when it comes to parents, teachers and the students. A trusting relationship is critical for everyone.