ABSTRACT

Mental Health Initiatives in Texas Schools: A Collective Case Study
Exploring Educators' Experiences in a North Texas School District

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On May 18, 2018, ten individuals died in a mass shooting at Santa Fe High School in Santa Fe, Texas as a result Texas lawmakers began writing state legislation to address Texas students' mental health needs. In June 2019, Texas Governor Greg Abbott signed the state mental health initiatives, Senate Bill 11 and House Bill 18, into effect mandating that Texas school districts implement new curriculum, policies, and procedures focusing on students' mental health. As the new laws took effect, teachers became the frontline of defense for addressing students' mental health needs. With the implementation of the new mental health initiatives and little guidance from state lawmakers, schools incorporated a mental health curriculum to address students' mental health. Educators began teaching students about mental health in addition to academic content, such as reading, writing, and mathematics.

This collective case study utilized the School Mental Health Theoretical Framework to explore and describe the experiences, feelings, and perceptions of four middle school teachers regarding Senate Bill 11 and House Bill 18 and the

implementation of a mental health curriculum in their school. The school mental health theoretical framework provided a guide to schools or districts implementing school mental health programs. The framework addresses both students' and teachers' needs. This study considered the three framework domains: promoting social-emotional learning, promoting resilience, and preventing behavioral or emotional problems (Cavioni et al., 2020). Four middle school teachers from a north Texas school district participated in the study. Data collection occurred using questionnaires, semi-structured interviews, and curriculum documents. Using comparative cross-case analysis, the study uncovered common themes among the participants' perceptions and experiences. Study findings revealed that although each educator described their individual, unique experiences, four common themes emerged across cases. The four themes included: (a) a need to address teacher mental health, (b) a need for more specialized mental health training for educators, (c) a need for more mental health resources for students, and (d) a need to build strong teacher-student relationships. The information obtained assists schools in implementing policies and procedures concerning state mental health initiatives.

Keywords: Mental Health in Schools, Students' Mental Health Needs, Teachers' Mental Health, Mental Health Initiatives, School Mental Health Theoretical Framework

Mental Health Initiatives in Texas Schools: A Collective Case Study
Exploring Educators' Experiences in a North Texas School District

by

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LIST OF ABBREVIATIONS

CASEL: Collaborative for Academic, Social, and Emotional Learning

HB: House Bill

ILA: Integrated Language Arts

LSSP: Licensed Specialist in School Psychology

NASP: National Association of School Psychologists

PAR: Personal Assessment and Reflection

SEL: Social Emotional Learning

SB: Senate Bill

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DEDICATION

To my husband, Tom
Without his constant love, support, and cheering this journey would not have been
possible.

To my mother, Irene
All her sacrifices helped get me to this point.

To my children, Nina and JT
They are my "why" and my heart.

CHAPTER ONE

Introduction to the Problem of Practice

Introduction

On May 18, 2018, a young man opened fire and killed nine students and one teacher at Santa Fe High School in Santa Fe, Texas, a small community south of Houston, Texas. In the days following the shooting, Governor Abbott appealed to lawmakers to "take action to step up and make sure this tragedy is never repeated ever again" (Hanna et al., 2018, p. 12). Shortly after, Texas lawmakers began working on legislation to address the mental health of public-school students. Governor Abbott signed new mental health initiatives into effect to address Texas students' mental health (Senate Bill 11, 2019; House Bill 18, 2019). With the implementation of the new laws, Texas school districts must provide mental health training for educators and implement a new mental health curriculum for students. Another requirement is for districts to create campus threat assessment teams to recognize potential mental health disorders and the threatening nature of students so that the team can prevent a school crisis. Texas teachers now play a crucial role in addressing students' mental health following the new laws.

With mental health initiatives, educators became the first line of prevention against school violence. The expectation is for educators to recognize mental health disorders among their students and then refer them for help. As schools and districts implemented policies and procedures in response to the 2019 mental health initiatives, educators required more mental health training and guidance on a mental health curriculum. This collective case study explored and described four educators'

experiences, perceptions, and feelings about the state mental health initiatives, teaching a mental health curriculum, and any changes that have occurred on their campus in response to Senate Bill 11 and House Bill 18.

Statement of the Problem

Following the introduction of Senate Bill 11 and House Bill 18, referred to as mental health initiatives for the remainder of the study, in June 2019, educators must incorporate mental health curriculum into the classroom and identify possible mental health issues among students. Texas lawmakers provided limited guidance or instruction to districts and schools about the curriculum. Each district or school can choose its own curriculum to teach. At the start of the 2019–2020 school year, school districts had to train and educate all staff, including substitutes, on signs of mental health disorders, implement a new mental health curriculum for students, establish campus threat assessment teams, and train educators on recognizing mental health disorders or problems among students. House Bill 18 addresses school employees' mental health training requirements, mental health curriculum requirements for students, and mental health first aid program training for educators. Senate Bill 11 mandates that schools establish threat assessment teams responsible for identifying potentially dangerous students to intervene before the student becomes violent. School districts implemented various changes with little guidance from state lawmakers. Some of these changes, such as professional development for teachers or a new mental health curriculum, required additional funding. School administrators and staff faced these changes with no additional state funding or assistance with a new curriculum.

According to state initiatives, educators must promote strategies for maintaining positive student-to-student relations and conflict resolution among students. Forced to be the first line of prevention, schools must recognize and address students' mental health needs. According to the Children's Mental Health Report distributed by the Child Mind Institute (2016), in 2016, there were approximately 55 million children enrolled in school, with 17.1 million struggling with a mental health disorder or learning disorder. Most mental health disorders manifest during adolescence and affect learning and the school experience. With most of a child's time spent in school, it is vital to provide school-based mental health services of some type.

Currently, districts offer school-based mental health services, such as school counselors, school psychologists, or social workers, to meet students' mental health needs. However, research shows an extreme shortage of school-based mental health providers (Barbre, 2019). The state mental health initiatives force teachers to be the first line of prevention with mental health among students. Teachers become the front lines of mental healthcare in schools without receiving a plan or adequate training. Teachers may not feel fully prepared to teach a mental health curriculum to students or recognize mental health disorders. With the implementation of mental health initiatives, state lawmakers expect teachers to become the first line of recognition for mental health disorders among students with minimal training on mental health illnesses. School counselors and school psychologists receive years of training and continued professional development on mental health while teachers do not. With the rapid implementation of mental health initiatives, it is vital to explore educators' perceptions, experiences, and

feelings about the mandated changes to help with future professional development or policy changes.

Purpose of the Study

With the implementation of the mental health laws, this collective case study sought to understand and describe educators' experiences following the implementation of a new mental health curriculum on their campus. I described the educators' experiences using rich, thick descriptions. Through this study, teachers illustrated their experiences and perceptions following the implementation of Texas's mental health initiatives. Throughout the study, the knowledge gained sheds light on the educators' experiences on their campus.

The study's central question is: How do educators describe their experiences with implementing a mental health curriculum to address the state mental health initiatives? Along with gathering data to answer the central question, the information answers two sub-questions. First, what are teacher perceptions about the effectiveness of the mental health initiatives? Second, how do teachers describe their own mental health experiences as they address students' mental health needs?

Theoretical Framework

The study drew from the School Mental Health Theoretical Framework introduced by Cavioni et al. (2020). Cavioni et al. (2020) proposed that school mental health programs should encompass "the promotion of protective factors in mental health, specifically, social and emotional learning (SEL) and resilience" and "the prevention of social, emotional, and behavioural problems" (Cavioni et al., 2020, p. 68). This framework provides a comprehensive guide to incorporate school-based mental health

programs and curriculum. The framework posits the importance of effectively promoting mental health in schools by also addressing educators' mental health needs. To effectively promote mental health in schools, the districts should consider both students' and teachers' needs within a whole school program (Cavioni et al., 2020; Green et al., 2005; Kidger et al., 2009; O'Reilly et al., 2018). Utilizing an a priori theoretical framework, I gathered the educators' stories in a north Texas school district to understand their experiences regarding teaching a mental health curriculum, recognizing mental health disorders, and addressing students' mental health needs as mandated by the state mental health initiatives. I explored and analyzed four educators' personal experiences as the educators addressed students' mental health needs. The school mental health theoretical framework suggests that of equal importance to focusing on students' mental health is "sustaining the well-being of teachers" (Cavioni et al., 2020, p. 67). Using the school mental health framework as a theoretical framework, I also explored the perceptions and feelings of competency among educators in teaching mental health and recognizing signs of mental health disorders among students.

Cavioni et al. (2020) used existing research to develop a comprehensive theoretical framework that considers all aspects of students' and teachers' mental health in schools when implementing a mental health program. The framework addresses social-emotional learning and resilience in addition to social, emotional, behavioral problems among students. An additional aspect of the framework focuses on teachers' mental well-being as they implement mental health interventions. Harding et al. (2019) report that "better teacher wellbeing is associated with better student wellbeing and with lower

student psychological difficulties" (p. 184). Figure 1.1 displays the school mental health

theoretical framework (Cavioni et al., 2020).
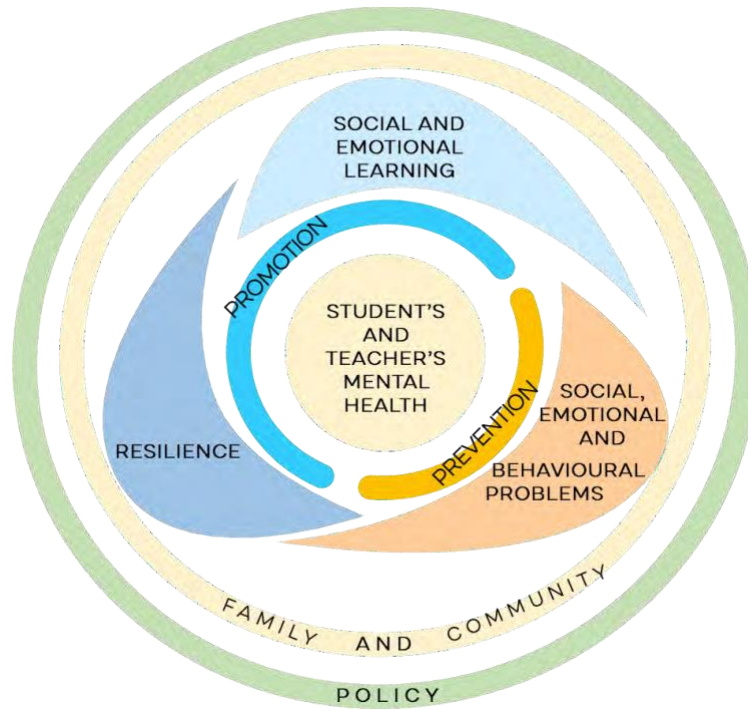
Figure 1.1. School mental health theoretical framework. Adapted from "Mental Health
Promotion in Schools: A Comprehensive Theoretical Framework," by Cavioni et al.,
2020, *International Journal of Emotional Education, 12*, p. 68. Reprinted with
permission.

       The school mental health theoretical framework consists of three major domains:

the promotion of social-emotional learning, promoting resilience, and the prevention of

social, emotional, and behavioral problems. The three domains should be addressed

within both the family and community settings. As districts implement changes due to the

Texas mental health initiatives, schools focus on implementing a social-emotional

learning curriculum. The framework addresses how social-emotional learning fosters

resilience and helps in the prevention of emotional and behavioral problems. This study

asked the participants to reflect on their own mental health experiences and

understanding of social-emotional competencies. Utilizing the CASEL Personal Assessment and Reflection questionnaire, participants assessed their own SEL competencies.

This collective case study focused on the experiences of four middle school teachers in a north Texas school district. Middle school educators described their experiences regarding district changes on their campus to address mental health initiatives. Rich, thick descriptions told the educators' experiences, feelings, and perceptions. Participants consisted of four middle school teachers from a north Texas school district. Data collection involved questionnaires, semi-structured interviews, and primary documents. Collected data were stored on an encrypted, external hard drive and viewed only by me, the primary researcher. I distributed questionnaires to the participants via email. This gave participants the ability to take time to answer questions thoughtfully and on their own time (Creswell & Poth, 2018). Throughout the data collection, I de-identified participants' identities and any other identifying information. To protect the identity of the participants, I assigned aliases. Only I viewed the online questionnaires. Although participants were offered in-person or video conferencing interviews, all interviews were completed via Zoom due to the district's COVID-19 social distancing protocol. I recorded the interviews and transcribed them using the Zoom transcription software. To analyze the data obtained from questionnaires and interviews, a computer program assisted in organizing the data. I saved all information on a secure computer and password-protected external hard drive that only I had access to use. Using multiple sources of data from interviews, online questionnaires, and documents, aids in the

triangulation of data. Creswell and Poth (2018) advise researchers to "use an audit trail as a validation strategy" to ensure validity and reliability and to clarify understandings of the data (p. 188). Another way to ensure validity and reliability is to be transparent about any biases I may have by describing my own experiences, as found in Chapter Three.

Data analysis occurred simultaneously with data collection. According to Creswell and Poth (2018), there are three stages of data analysis: "organizing data, reducing data into themes (i.e., coding), and representing data using figures, tables, or discussion" (p. 183). As the text obtained from participants was analyzed, I studied the data for emerging themes among the text during the initial coding phase. During the data coding phase, I organized emerging themes and then interpreted the themes. Any significant statements made by participants were compiled into lists. Then eventually, I grouped the statements into broader themes.

Definition of Key Terms

Bullying: Unwanted, aggressive, repeated behavior that involves a power imbalance; may include physical bullying, verbal bullying, relational bullying, and cyberbullying (Gladden et al., 2014).

Mental Health: The way an individual can cope with normal stresses of life, can study or work productively, and contributes to his or her community (*Mental Health First Aid*, 2016).

Mental Health Illness (or problems): The Mayo Clinic (2019) defines mental health problems as "disorders that affect your mood, thinking, and behavior" (para. 1). Mental health disorders common among children include anxiety, depression,

attention deficit hyperactivity disorder (ADHD), and behavior disorders (*Mental*

Health First Aid, 2016).

School Mental Health Theoretical Framework: A theoretical framework used when

developing a school-based mental health promotion and prevention program (Cavioni

et al., 2020).

School-based Mental Health Services: Services that schools provide to students to

address mental health needs may include school counselors, school psychologists,

licensed specialists in school psychology, or social workers (Cummings et al., 2013).

Social-emotional learning: A phrase used to describe skills individuals use to regulate

emotions, communicate appropriately with others, and understand how to build

relationships (CASEL, 2013; Payton et al., 2008).

Conclusion

With the implementation of state mental health initiatives in Texas schools,

educators must teach a mental health curriculum as well as be the first line of prevention

of a school crisis by recognizing mental health disorders among their students. The

Federal Commission on School Safety panel stated that

> there is an urgent need to reduce the risk for youth mental, emotional, and
> behavioral difficulties through the implementation of efficacious and effective
> prevention interventions, as well as identify youth at risk for mental illness in
> schools and connect them with needed treatment and services. (2018, p. 18)

The recommendations made by the Federal Commission on School Safety panel began a

much-needed discussion about the mental health of today's youth among school districts

nationwide. The discussion began among Texas state lawmakers immediately following

the school shooting in Santa Fe High School. As schools and districts focus on cultivating

students' higher-level critical thinking skills, focus on students' mental health and

emotional well-being is also essential. With this focus and the expectation for educators

to teach and recognize the signs of mental health disorders, a study such as this can

capture and retell the affected educators' experiences. Chapter Two explores mental

health in schools, mainly how disorders manifest, and the impact of mental health

disorders.

CHAPTER TWO

Literature Review

Introduction

Chapter One described the background and purpose of the study. To gain a better understanding of how teachers are affected by the Texas mental health initiatives, this case study explored four educators' experiences regarding the implementation of new policies and procedures within one middle school. I utilized current literature to provide the background information in Chapter Two that led to this study. The following literature review argues the importance of understanding mental health as educators attempt to address students' needs. The ensuing argument unfolds in two steps. First, this literature review surveys the scholarship on mental health in schools to demonstrate the need to address students' mental health. The literature review emphasizes what mental health looks like in the academic setting, bullying and school violence as contributing factors to mental health issues, mental health services in schools, educators' role in addressing mental health, and social-emotional learning. Last, this literature review discusses the Texas mental health initiatives and the requirement for Texas schools to implement steps to address mental health.

Mental Health in Schools

Society is failing today's youth. While districts and schools focus on the basics of reading, writing, and arithmetic, the community often ignores today's youth's mental health. The mental health of students should be a significant public health concern. An

article distributed by the National Association of School Psychologists (NASP) shortly

after the Parkland High School shooting discussed today's youth's mental health. The

article stated (2018):

> our nation must engage in a serious discussion about how we can improve our efforts to provide for the mental health needs of our children and youth; not just to prevent horrific acts of violence, but to support their well-being, academic achievement, and success in life. (p. 2)

Schools must be proactive rather than reactive regarding school violence and mental

health. According to O'Reilly et al. (2018), "schools are positioned at the forefront of

promoting positive mental health" and by doing so can "tackle the growing prevalence of

mental disorders" (p. 648). Mental health within the educational system is how an

individual copes with normal stresses of life, works productively, and contributes to his

or her community and school (Cummings et al., 2013; Paolini, 2015; and Sanchez et al.,

2018). Mental health is a "continuum ranging from good mental health to having a

mental health illness" (*Mental Health First Aid*, 2016, p. 4). If an individual has poor

coping skills or cannot tolerate everyday life stresses, a mental health disorder may be

present.

Studies indicate that mental health affects countless children, more children than

the general public realizes. The Children's Mental Health Report completed by the Child

Mind Institute (2016) states that "of the 74.5 million children in the United States, an

estimated 17.1 million have or have had a psychiatric disorder" (p. 1). This number does

not consider the millions of students who may have an undiagnosed mental health

disorder or the students who may require additional assistance in coping skills or conflict

resolution skills. According to the Centers for Disease Control and Prevention website

(2019), a mental health disorder is "serious changes in the way children typically learn,

behave, or handle their emotions, causing distress and problems getting through the day"
(para. 1). Figure 2.1 illustrates the most common mental health disorders among children
in 2019 according to the Centers for Disease Control.
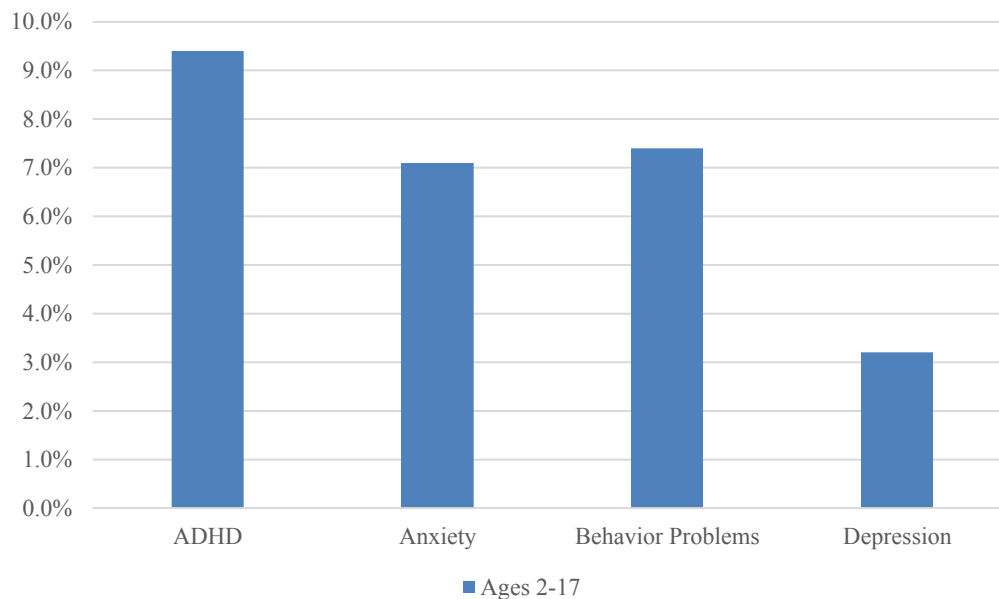
Figure 2.1. Most common mental health disorders among children. Adapted from *The Centers for Disease Control and Prevention* website, Retrieved from https://www.cdc.gov/childrensmentalhealth/data.html.

Educators categorize students experiencing mood dysregulation or demonstrating behavior problems as having a mental health issue (Marsh, 2016). Within the educational setting, when a child exhibits consistent behavior problems in the classroom, the teachers consider a special education referral or school counselor referral to address a suspected mental health disorder. According to the United States Department of Education website, in 2017, there were 975,204 students in special education; 57,947 of those students were eligible for special education services as a student with an emotional disturbance. As the possible frontline of prevention, educators must understand that not all mental health

issues manifest as acting out behaviors. Students may not exhibit externalizing behaviors that are disruptive to the academic environment. Mental health issues can manifest internally as well and still impact academic life and life outside of school.

Mental Health in the Academic Setting

Numerous things within the educational environment and outside the environment affect a student's mental health. Culture or family life can also influence mental health and the perceptions of mental health illness. Students with a mental health illness experience a decline in GPA and academic achievement; this decline becomes more significant in children with two or more mental health disorders (McLeod et al., 2012). Students with mental health issues will perform below their peers in school and obtain lower education levels. According to McLeod et al. (2012), students with depression, anxiety, or attention problems score lower on standardized achievement tests. Besides impacting academics, mental health issues also contribute to social consequences such as social rejection or withdrawal from peer interactions.

As mental health becomes more of a public concern, the expectation is for teachers to understand more about the topic. Students with a mental health disorder will often display either externalizing behaviors or internalizing behaviors. Due to a lack of training, educators are often less likely to identify internalizing behaviors in a student with a mental disorder (Marsh, 2016). Students exhibiting externalizing behaviors are more likely identified with a mental disorder due to major incidents of inappropriate, problematic behaviors. The expectation for educators is to have more of an active role in prevention; therefore, educators need to understand the difference between internalizing behaviors versus externalizing behaviors among students with a mental health disorder.

Behaviors that manifest from a mental health disorder fall into one of two categories: externalizing behaviors or internalizing behaviors. Externalizing behaviors are disruptive and "involve acting out or showing unwanted behavior towards others" (CDC, 2019, para. 1). Oppositional Defiant Disorder, Conduct Disorder, Attention-Deficit Hyperactivity Disorder, and Disruptive Mood Disorder are examples of mental health disorders with externalizing behaviors. Easily recognizable within a classroom environment, externalizing behaviors disrupt the student's learning and those around him or her. Internalizing behaviors include feelings of worry, sadness, hopelessness, fear, or depression (CDC, 2018). Common mental health disorders with internalizing behaviors include anxiety and depression. Moon et al. (2017) suggest that

> children who present repetitive externalizing behaviors due to an underlying mental health issue might be subjected to unnecessary and ineffective disciplinary actions, thereby negatively impacting their academic success by funneling them out of the traditional classroom setting. Likewise, students with internalizing behaviors might be academically underachieving or may develop more serious problems such as self-injurious behaviors or suicidal ideation. (p. 389)

Students who exhibit internalizing behaviors fall under the radar and are easily overlooked in a classroom environment; therefore, referring these students for mental health services may take longer. Teachers are more likely to refer students exhibiting externalizing behaviors to the school counselor or school psychologists for intervention.

Schools often reward students who demonstrate prosocial, acceptable behaviors and punish those students whose behavior is disruptive, regardless of their abilities (McLeod et al., 2012). This punishment will eventually lead to lower performance on tests and assignments. There needs to be more discussion among stakeholders, such as district administrators, parents, educators, and students, about students' mental health needs instead of overlooking them.

Bullying and School Violence

Children face numerous stressors daily that affect mental health. To improve efforts to address students' mental health, it is crucial to understand a few of the stressors that children may encounter in school. There are countless stressors that children encounter regularly. This section discusses school violence, which includes school shootings and bullying.

School violence is a disruptive and damaging stressor that students face in present society. School violence can include school shootings, bullying, cyberbullying, and fighting. According to Perkins and Graham-Bermann (2012), "violence exposed children have an increased risk of developing school-related problems, including mental health problems" (p. 89). Students exposed daily to some type of school violence will begin to struggle socially or emotionally. Eventually, a mental health disorder will manifest, causing poor academic performance and impaired social development (Moon et al., 2017). This section will briefly describe some of the major stressors that children face, which impact mental health.

Bullying, including cyberbullying. Bullying and cyberbullying are types of school violence that students encounter daily. Bullying is unwanted, aggressive, repeated behavior that involves a power imbalance (National Center for Education Statistics, 2015; Waasdorp & Bradshaw, 2015; Hinduja & Patchin, 2010). Approximately 21% of adolescents ages 12–18 experienced bullying; this percentage equates to one in five students being bullied. Bullying affects learning and mental health for both the victim and the perpetrator. Research indicates that both the victim and the "perpetrators of cyberbullying were more likely to think about suicide, as well as attempt suicide when

compared to their peers who were not involved with cyberbullying" (Hinduja & Patchin, 2010, p. 216). Oliveira et al. (2018) suggest that "160,000 children miss school every day in the US due to fear of being bullied" (p. 59). Victims of bullying experience negative physical and mental health issues, along with academic issues in school. Bullying affects not only the victim and perpetrator but also the mental health of bystanders or witnesses. Children who witness bullying can begin to show signs of depression or anxiety and miss more school for fear of becoming a victim themselves (Casebeer, 2012; Hinduja & Patchin, 2010; Olveira et al., 2018).

Common types of bullying include verbal, relational, physical, and cyberbullying. The cyber-world offers anonymity. This anonymity and the increased use of technology among adolescents enable individuals to post anonymously and not face their victims. Unlike traditional bullying, cyberbullying occurs at any time of day and anywhere an individual has internet access or mobile access. As defined by the US Department of Education, cyberbullying is an example of relational bullying that uses electronic media to harm another individual (Gladden et al., 2014). Technology use has increased over the years, particularly among adolescents. An increase in electronic media use among adolescents and a decrease in online supervision contribute to the increase of cyberbullying (Waasdorp & Bradshaw, 2015). Casebeer (2012) suggests, "bullying is associated with long-term, negative effects" that will impact social development, physical well-being, and mental health (p. 165). To combat bullying and its effects on students' mental health, educators and parents need to work collaboratively to reinforce prosocial behaviors.

School shootings. Over the past decade, there have been 180 school shootings that have claimed 356 victims. Figure 2.2 (adapted from the CNN website) illustrates the increase in school shootings between 2009 and 2018.

■ Elementary School ■ Middle School ■ High School

Year			
2018	3	5	21
2017	7	4	16
2016	2	3	26
2015	4	2	10
2014	2	1	15
2013	1	3	7
2012	3	0	4
2011	3	3	6
2010	4	1	3
2009	1	2	10
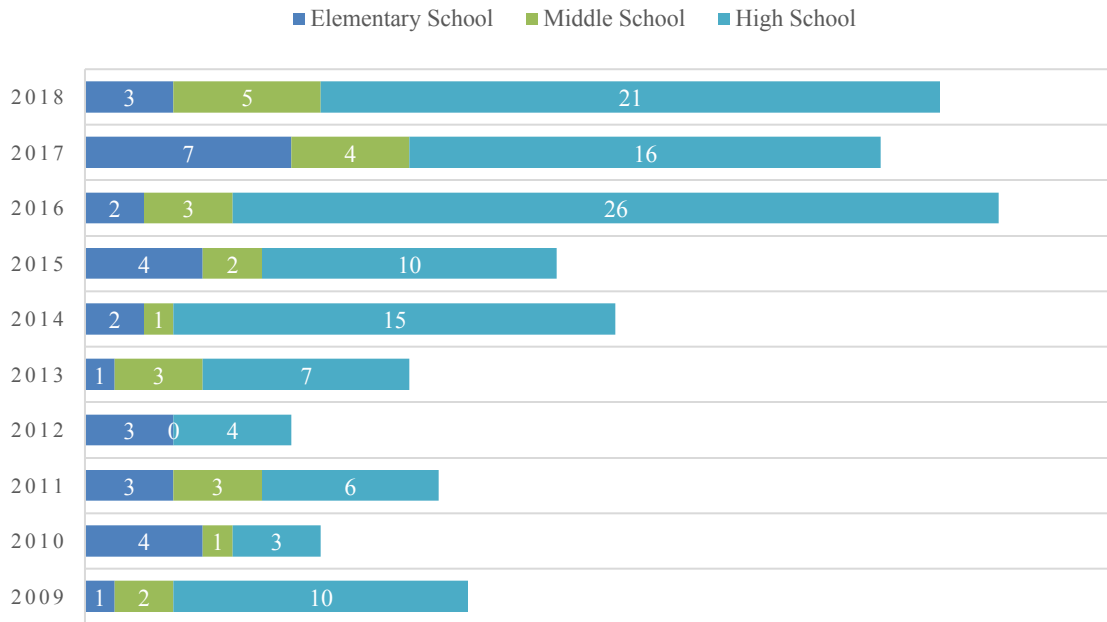
Figure 2.2. Increase of school shootings between 2009 and 2018. Adapted from 10 years. 180 school shootings. 356 victims. In *CNN*, 2019, Retrieved from https://www.cnn.com/interactive/2019/07/us/ten-years-of-school-shootings-trnd/#storystart. Copyright 2019 Christina Walker.

Little is known about why school shootings have increased over the years. According to Paolini (2015), "school shootings increased from 23 to 179 between the 1980s and 1990s and also increased from 179 to 245 between the 1990s and 2013" (p. 4). A survey completed by the American Psychological Association (2018) indicates that individuals between ages 15–21 reported poor mental health due to higher stress levels when at school. The APA survey reported that "72% of students ages 15–21 report school shootings as a significant source of stress" (*Stress in America* survey, 2018, p. 2). With

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the increase in school shootings, students no longer feel safe and secure at school. This loss of sense and security affects academic achievement, as previously discussed.

Following the Marjory Stoneman Douglas High School shooting in Parkland, Florida, on February 14, 2018, the United States government established the Federal Commission on School Safety. The Commission's primary task was to recommend initiatives and tasks to schools to help prevent future school tragedies. According to the Final Report of the Federal Commission on School Safety (2018), the Commission provided recommendations to schools in the following categories regarding school violence: prevention, protection, response, and recovery. Within the prevention category, the Commission suggests that districts focus on character education, create a positive school climate, address cyberbullying, increase the focus on mental health, and review school discipline procedures. Students today demonstrate poor coping skills and poor conflict resolution skills, which may cause them to lash out.

Nearly one-half of school shooting perpetrators identified as having a mental health disorder and received treatment (Moon et al., 2017). School shooting perpetrators are often students who performed well academically but also engaged in concerning behaviors, indicated a need for help, or reached out to family or friends about feelings of loneliness or anger (Paolini, 2015). Paolini (2015) reported that males perpetrated 99% of school shootings, with only one-third of the shooters having ever received a mental health evaluation. However, 87% of the attackers indicated that they were victims of severe bullying that resulted in experiencing symptoms of extreme depression or desperation (Paolini, 2015). Studies indicate that bullying is often related to school violence, poor student mental health, and poor school performance (Casebeer, 2012; Paolini, 2015).

Mental Health Services in Schools

An important component to consider when implementing mental health efforts is the teacher as an agent of change collaborating with school-based mental health service providers. Unfortunately, with mental health overlooked, school-based mental health service providers (i.e., school counselors, school psychologists, and school social workers) are overworked or not utilized appropriately. School-based mental health providers include school counselors, school psychologists, and school social workers. School-based mental health service providers assist children in handling their emotions and behaviors throughout the school day. In many schools, teachers view the school counselor or school psychologist as the primary person responsible for addressing students' mental health needs (Reinke et al., 2011).

School districts provide mental health providers, such as school counselors and school psychologists, but often the students far outnumber the provider. This disproportionality does not allow time for the service provider to focus on students' mental health appropriately. With a lack of resources and personnel, students do not receive comprehensive mental health services at school (Cummings et al., 2013). School-based mental health providers not only offer preventative services but are also the first line of defense by offering intervention strategies to children. Unfortunately, often there is a shortage of school-based mental health professionals resulting in many intervention measures not occurring. In a study completed by Sanchez et al. (2018), the findings indicated that mental health professionals provided services only 2% of the time, which is concerning because school counselors' and school psychologists' prominent role should be to support the mental health of students. According to Sanchez et al. (2018), mental

health prevention should fall on the school staff and parents collaboratively to reach all children, not just a small portion.

Although many districts have school-based mental health service providers, such as school counselors and school psychologists, not every student has access. According to the American School Counselor Association, National Association of School Psychologists, and National Association of Social Workers, the recommended students to provider ratios are as followed: school counselor 250:1, school psychologist or licensed specialist in school psychology (LSSP) 500-700:1, and school social worker 400:1. In Texas, during the 2017–2018 school year, the student to LSSP ratio ranged from 1:1,497 to 1:16,751, well over the recommended ratios (Barbre, 2019). For the 5,399,682 students educated within Texas schools, there were only 12,536 school counselors, 1,934 LSSPs, and 750 social workers (Barbre, 2019). These numbers suggest that there is a shortage of mental health providers within school districts. The Texas mental health initiatives compensate for the lack of school mental health services (House Bill 18, 2019; Senate Bill 11, 2019). Both bills place mental health services in the hands of the campus administrators and teachers.

Educators and Mental Health

As individuals who interact daily with students, teachers, and support staff are underutilized as resources for mental health education (Moon et al., 2017; Reinke et al., 2011). Teachers unknowingly observe the symptoms of a mental health disorder in students daily; these observations eventually lead to a referral for assistance from a mental health provider. As the primary person implementing interventions in the classroom, teachers must have their buy-in. Reinke et al. (2011) suggest that "effective

school-based mental health services will result from the marriage of systems reform efforts, capacity building, and the delivery of evidence-based intervention strategies" (p. 2). An important component to consider when implementing mental health efforts is the teacher as an agent of change. Some services and professional development programs enable the school counselor to train the teachers in basic mental health first aid and interventions (Lindo et al., 2014). With these professional development programs, one counselor can indirectly provide mental health services to hundreds of students. A mental health service provider can teach educators how to communicate effectively with students with mental health issues, address problem behaviors in the classroom, and recognize mental health issues and students' needs (Lindo et al., 2014).

Far too often, educators rely on school-based mental health service providers to address students' mental health needs. Studies indicate that teachers view the primary role of school psychologists to address mental health issues often by teaching social-emotional lessons, whereas the teachers are primarily responsible for implementing classroom behavioral interventions (Lindo et al., 2014; Moon et al., 2017; Reinke et al., 2011). Educators report a lack of experience with mental health issues and prevention and a lack of training supporting students' mental health needs. Research indicates teachers can better recognize a mental health issue when behaviors disrupt the learning environment (Loades & Mastroyannopoulou, 2010). Although teachers interact with their students daily and can recognize whether a student presents with a mental health problem, they desire more training on students' mental health (Loades & Mastroyannopoulou, 2010).

Ideally, teachers work in conjunction with mental health staff to implement mental health interventions in the classroom. The collaboration between mental health staff and teachers shifts from the traditional way that mental health practices are employed in schools (Atkins et al., 2010). Atkins et al. (2010) suggest that "embedding mental health staff within natural settings such as classrooms can improve consultation efforts through the relationships that are formed and improve the implementation of the programs" as well as build capacity among educators (p. 42). Building capacity among school staff includes providing educators with the necessary knowledge and tools to teach a mental health curriculum and recognize mental health problems among their students. Teachers perceive having limited knowledge about mental health that makes it uncomfortable to teach a mental health curriculum or recognize a mental health disorder (Atkins et al., 2010; Moon et al., 2017). In a study completed by Moon et al. (2017), teachers indicated that specific training types required to effectively help students include interventions for behavior management, social skills, coping skills, and understanding trauma (2017). Educators expressed a desire for classroom management training, particularly in managing problematic behaviors such as externalizing behaviors. Classroom management should include an emphasis on behavioral interventions to promote positive mental health and improve student achievement. Educators also indicated a need for training focused on recognizing and understanding mental health issues. In previous studies, educators felt that mental health training is inadequate and expressed interest in gaining more knowledge to appropriately address student mental health needs (Atkins et al., 2010; Lindo et al., 2014; Moon et al., 2017; Reinke et al., 2011).

In addition to adequate professional development, teachers' own mental health needs should be addressed when requiring educators to support students' mental health needs. Teachers have numerous demands placed on them daily. With more demands comes more stress. Mérida-López et al. (2017) suggest that as teachers' stress increases, job satisfaction and performance decrease, ultimately decreasing mental health. Studies argue that teachers who have positive mental well-being are better equipped to "cope with confrontative situations in a more constructive way" in comparison to their colleagues with mental health issues (Poulou, 2017, p. 73). When districts and schools address the educators' mental health needs, the school climate becomes a positive environment for teachers and students. Teachers foster more positive teacher-student relationships (Cavioni et al., 2020; Cefai et al., 2018; Mérida-López et al., 2017; Poulou, 2017). As schools seek to address mental health issues, educators should consider whole-school approaches such as social-emotional learning curriculums. Whole-school programs focus on both students and staff. Bradley et al. (2018) found that "a whole-school well-being intervention would be any approach to human flourishing that is designed to train and impact every stakeholder within a school's ecosystem" (p. 246). Whole-school mental health interventions foster safer, more positive learning environments.

Social-Emotional Learning

As there is more focus on children's mental health, schools need to educate youth on mental health and provide evidence-based interventions. The Federal Commission on School Safety (2018) stated that "improving access to school-based mental health and counseling for young people is an important aspect of prevention" (p. 13). Districts

should emphasize providing social-emotional curriculums and the promotion of mental health interventions. While schools positively impact some students' lives, schools can also be a significant stress source for students, impacting their academic success (O'Reilly et al., 2018). Schools must integrate mental health education, prevention, and first aid within the current curriculum (Atkins et al., 2010).

Common curriculums implemented by schools include social-emotional learning curriculums. Social-emotional learning, or SEL, describes skills individuals use to regulate emotions, communicate appropriately with others, and understand how to build relationships (CASEL, 2013; Payton et al., 2008). First used by the Fetzer Institute in 1994, social-emotional learning is a "conceptual framework to address both the needs of young people and the fragmentation that typically characterizes the response of schools" (Greenberg et al., 2003, p. 467). The Collaborative for Academic, Social, and Emotional Learning, or CASEL, designates five SEL competencies for schools to focus on when developing curriculum. According to CASEL (2020), the five SEL competencies are self-awareness, self-regulation, social awareness, relationship skills, and responsible decision-making. The CASEL SEL framework, as displayed in Figure 2.3, presents the five competencies relative to classrooms, schools, families, and overall communities.

As schools address the five areas of social-emotional learning, teachers often notice a reduction in problem behaviors and increases in empathy, kindness, self-awareness, self-control, and academic achievement. SEL programs encourage positive student-to-student relations and positive teacher-to-student relations decreasing emotional distress (Greenberg, 2003). Teaching emotional regulation and SEL skills not only

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benefits students but also benefits teachers. Individuals demonstrating higher emotional

regulation ability often report lower mental health issues (Mérida-López et al., 2017).
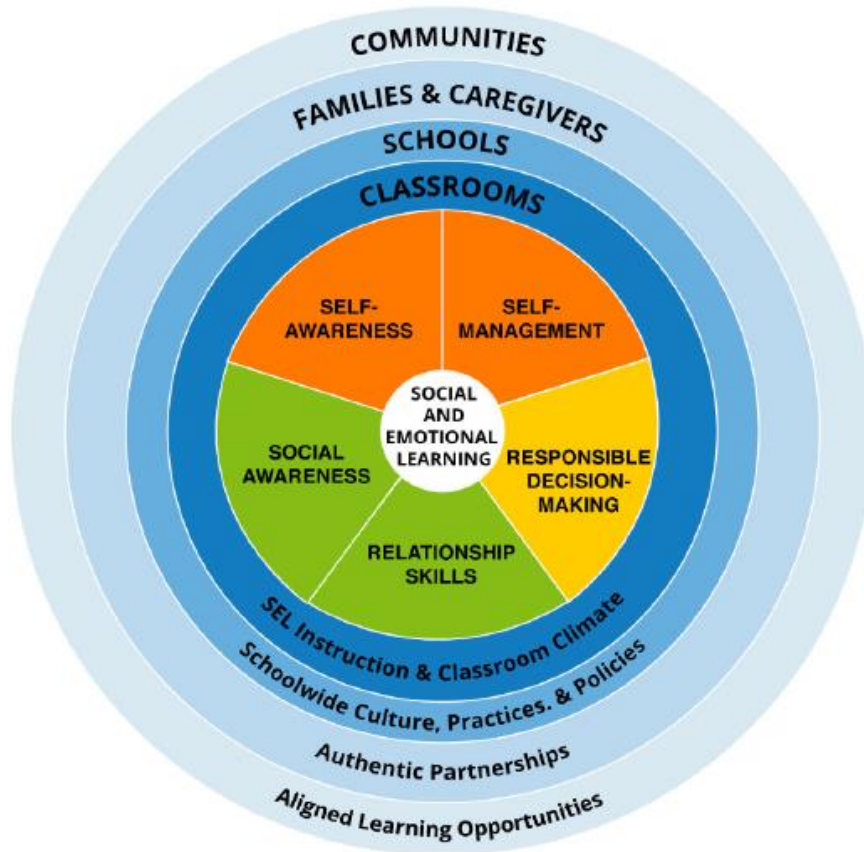
Figure 2.3. CASEL's social-emotional learning framework. Reprinted with permission from *CASEL*, 2021, https://casel.org/fundamentals-of-sel/what-is-the-casel-framework/. Reprinted with permission.

Students require greater access to mental health services, and schools should

assist since students spend most of their time within the school walls. Educators are

responsible for ensuring that students feel secure and safe while in school; to do so,

educators need to play a significant role in supporting students' mental health needs.

With the implementation of mental health initiatives, Texas educators must address

students' mental health needs now. Without appropriate training and tools, educators cannot adequately support their students.

<center>*Texas Mental Health Initiatives*</center>

Around 7:30 a. m., Dimitrios Pagourtzis walked into his high school in Santa Fe, Texas, and opened fire. The shooting, which left ten people dead and thirteen wounded, occurred just 93 days after the Marjory Stoneman Douglas High School shooting in Parkland, Florida. News sources reported that the gunman entered the school wearing a trench coat with a shotgun and .38 caliber pistol hidden underneath that he used to shoot classmates and teachers while sparing students he liked so they could tell his story (Healy et al., 2018; Superville & Blad, 2018). Following the shooting in an interview, Noel Candelaria, president of the Texas State Teachers Association at that time, stated that teachers want districts to "hire more counselors and psychologists, and have a staff that is well-trained in spotting and addressing bullying" (Superville & Blad, 2018, p. 1). Candelaria also spoke about the need that families have regarding support from schools to assist students with social or mental health issues (Superville & Blad, 2018).

Cries of gun reform and school safety made following a school shooting overshadow the need to address mental health. Efforts to prevent shootings, such as programs addressing bullying or helping students resolve conflict, are common following an incident of school violence. According to Superville and Blad (2018), if students feel supported and build relationships with teachers, they are less likely to withdraw from peers, hurt themselves, or hurt others. In the days following the shooting, in the small community located 35 miles south of Houston, Governor Abbott met with educators, legislators, and parents to discuss school safety and mass shootings. Governor Abbott

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called upon Texas lawmakers to address the mental health needs of Texas students. In the wake of the Santa Fe shooting, Texas lawmakers developed House Bill 18, authored by Representative Four Price, and Senate Bill 11, authored by Senator Larry Taylor; the bills signed by Governor Abbott, went into effect on June 2, 2019. With the passing of HB 18 and SB 11 into law, Texas districts implemented new policies, curriculum, and changes at the start of the 2019-2020 school year without guidance from state lawmakers. The mental health initiatives address Texas students' mental health needs as well as awareness training for both students and educators. Mental health initiatives aim to provide support in recognizing and treating mental health issues in school children. There are seven key components of the state mental health initiatives. First, school districts can use a non-physician mental health professional as a resource to provide training to help gain a better understanding of mental health. Second, teacher and administrator continuing education requirements must include training in mental health disorders and grief and trauma and mental health first aid. The third component states that campuses should establish threat assessment teams responsible for the "assessment and intervention of individuals who make threats of violence or exhibit threatening behaviors" (Senate Bill 11, 2019, p. 19). Fourth, districts must establish suicide prevention programs that include training for all staff who regularly interact with students. A fifth component states that educators receive training in understanding how mental health disorders affect learning. Sixth, districts are responsible for implementing a curriculum for students that includes information on mental health illnesses, managing emotions, conflict resolution, and "establishing and maintaining positive relationships" (House Bill 18, 2019, p. 11). Lastly, school districts must train staff on recognizing students who are at-risk for suicide, may

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be victims of bullying, possibly bullying perpetrators, or students who may be displaying warning signs of a mental health disorder or substance abuse. New curriculum and procedures should include consultation and collaboration between teachers, school support staff, mental health service providers, and parents to improve student achievement and mental health (Atkins et al., 2010). In many states, Texas included,

> educational reform efforts are driving a renewed focus on accountability, outcomes, personalized learning, early intervention, and flexible learning supports, and schools are required to develop school improvement plans to meet federal and state mandates to increase school effectiveness. (Atkins et al., 2010, p. 41)

Districts should use school resources and supports to address students' learning and socio-emotional needs in the educational environment. With the new state mental health initiatives, districts are responsible for addressing Texas students' mental needs.

Children's mental health is a growing concern as more and more students require some type of mental health service or treatment. Although teachers have more direct face-to-face interactions with students daily, studies have shown that teachers' perceptions are that they do not directly impact students' mental health. The new mental health initiatives focus on how educators will now be the primary intervention and prevention line for students. Atkins et al. (2010) argue that with the increase of demands on teachers, districts do not need to implement new curriculum and procedures but instead need to enhance current strategies and curriculum with teachers' input.

Conclusion

This study explored educators' perceptions and experiences as their campus, Learning Middle School, implemented curriculum and procedure changes due to Texas state mental health initiatives introduced at the start of the 2019–2020 school year. In

2019, Texas districts and schools focused more on addressing student mental health due to the implementation of new mental health initiatives. Reinke et al. (2011) propose that although society acknowledges the importance of good mental health to student achievement and success, schools are not prepared to appropriately and adequately provide mental health services. Staff who interact daily with students may not have the training or resources to appropriately address students' mental health needs. Districts need to investigate how educators are prepared and trained to implement the necessary changes from state mental health initiatives. Not only do teachers need appropriate training, but they also need to understand the why of the changes to curriculum addressing mental health needs (Reinke et al., 2011). This study investigated educator experiences and perceptions related to campus and district changes following the implementation of state mental health initiatives, Senate Bill 11 and House Bill 18. The following chapter provides an overview of the methodology for this study.

CHAPTER THREE

Methodology

Introduction: Research Questions

As discussed in Chapter Two, educators are now considered mental aid first aid responders in the classroom. In Texas, educators are the frontline of defense for students' mental health in public schools. This collective case study examined Texas educators' experiences and perceptions to describe how the changes due to Texas HB 18 and SB 11 affect them. I described the experiences of multiple cases as the educators became mental health first aid responders after Texas lawmakers signed Senate Bill 11 and House Bill 18 into effect in 2019. As noted, the state mental health initiatives require public schools to address Texas students' mental health needs through mental health curriculum, threat assessment teams, and other strategies. The primary focus was on educators' experiences and perceptions as they face more responsibility regarding student mental health in the classroom.

As the researcher in this qualitative collective case study, I investigated the educators' beliefs, experiences, and perceptions around issues and identified themes related to student mental health and the educator's role. Of particular interest were middle school educators' experiences as they taught their subject matter and a mental health or social-emotional curriculum while addressing students' mental health needs. This study provided a voice to these educators regarding their lived experiences. The following central research question guided the study: How do educators describe their experiences with implementing a mental health curriculum to address the state mental health

initiatives? Along with addressing the central question, the study also addressed the following sub-questions: (a) What are teacher perceptions about the effectiveness of the mental health initiatives and changes on their campuses? and (b) How do teachers describe their own mental health experiences as they address students' mental health needs? I addressed these questions by exploring and analyzing each case and each educator's experiences. This chapter outlines the research methodology utilized in this study by discussing the research design, researcher perspective and positionality, participants, data collection, data analysis, and validation strategies.

Researcher Perspective and Positionality

This study investigated middle school teachers' experiences and perceptions as the frontline of defense for student mental health. This type of research falls within the context of a social constructivism paradigm. Creswell and Poth (2018) describe the social constructivism paradigm as research in which "individuals seek understanding of the world in which they live and work" (p. 24). Social constructivist researchers investigate how interactions with others construct knowledge and development. Through the social constructivist lens, I was able to describe and interpret the educators' experiences. According to Vygotsky (1986), learning occurs within a social context. Social interaction within an individual's community and culture enables knowledge acquisition to occur (Attias, 2020; Vygotsky, 1986). As the primary researcher, it is necessary that I explicitly identified my philosophical positionality, professional perspective, and previous experiences that "shape interpretations formed during" the study (Creswell & Creswell, 2018, p. 183). Understanding how my previous experiences and professional perspective assisted in remaining aware of any biases.

At the time of this study, I was a 42-year-old Hispanic female with 17 years in education and over 20 years of experience in some aspect of mental health awareness. I hold a Master of Arts degree in School Psychology and a Bachelor of Arts degree in Psychology. During my undergraduate years, although I had very little training, I taught K–12 students about mental health and sexual harassment through a local rape crisis center. Early in my professional career, I worked as an advocate and case manager for individuals with severe mental health disorders. I eventually began my career in education as a middle school teacher, during which time I began working on a Master of Arts in School Psychology. While teaching, I experienced the pressures placed on educators to address all students' mental health needs at school. During my six years of teaching, I did not receive training regarding mental health or mental health disorders; yet I encountered daily mental health distress among my students. During my teaching years, two students expressed suicidal ideation, one attempted to take her life, four students demonstrated self-harm by cutting, and numerous other students had special education eligibility due to a mental health disorder. As an educator, I was unprepared to help my students with mental health concerns, which, ultimately, led to my decision to become a licensed specialist in school psychology (LSSP).

For ten years, I worked in the field of school psychology as an LSSP in Texas. A large portion of my current career is consultation with teachers to address student mental health needs. I advocate for students and families and ensure that teachers' needs are met by helping with behavior and emotional problems. As I consult with teachers and other staff, I often remind them that they are the experts on the child they work with daily. I often see teachers struggle with helping a student with an emotional, behavioral, or social

problem that affects mental health. My life experiences led me to conduct this study. Reflexivity requires that "inquirers reflect on how their role in the study and their personal background, culture, and experiences hold potential for shaping their interpretations" (Creswell & Creswell, 2018, p. 182). To that end, I present my reflection and identity in this section. My experiences as a mental health case manager, classroom teacher, and school psychologist guided me toward a social constructivist mindset. An individual with a social constructivist mindset "seeks [an] understanding of the world in which they live and work" (Creswell & Poth, 2018, p. 24). I am always aware of previous constructs, or experiences, and how these previous experiences influence what I am presently doing. My interactions with others depend heavily on knowledge gained from previous experiences. As a district Licensed Specialist in School Psychology, I work closely with teachers, administrators, and counselors to help address students' mental health needs and make special education considerations. Teachers, however, are responsible for addressing all students' mental health needs, not just students in the special education referral process. By studying what teachers' experiences and perceptions are regarding mental health curricula and addressing students' mental health needs, I can better assist schools as part of my position. Teacher growth and feelings of competence motivate me to help develop teachers' mental health training.

Theoretical Framework

This study applied Cavioni et al.'s (2020) comprehensive school mental health theoretical framework to educators' shared experiences following the implementation of state mental health initiatives. As I explored participants' lived experiences and perceptions, I utilized a constructivist paradigm while looking through the researcher's

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lens. A constructivist lens enables the researcher to better understand and interpret the participants' lived experiences (Creswell & Poth, 2018). As school-wide changes are made to address students' mental health needs, I intend to better understand how educators perceive their role in teaching about mental health as well as how they perceive their own mental health experiences. I aimed to understand the social constructs and processes that occur within a mental health promotion program in schools. Cavioni et al.'s (2020) school mental health theoretical framework, or SMHF, sheds light on promoting mental health programs in schools that focus on both students and teachers.

Recall that the framework focuses on promoting resilience and social-emotional learning as well as the prevention of behavioral, emotional, and social problems in students and teachers. Harding et al. (2019) found that teacher well-being influenced student well-being contributing to the classroom climate. Stress levels increase with the rise of demands placed on teachers. With higher stress levels, teacher turnover increases (Parker et al., 2012). The literature suggests that teachers focus on improving their social-emotional skills before focusing on students' social-emotional learning (Cavioni et al., 2020; Cefai et al., 2018; Parker et al., 2012).

In a study completed by Kidger et al. (2009), researchers gathered data regarding staff's and students' views regarding supporting mental health in schools. Data gathered indicated that "participants wanted more lessons that dealt overtly with emotional health" and that "participants emphasized the importance of the school environment in supporting or damaging students' emotional health" (Kidger et al., 2009, p. 417). With this in mind, I addressed the need to consider a whole-school approach, including promoting educators' well-being. This framework stresses that educators do not work

alone; family and community play a vital role in addressing students' mental health. The school mental health theoretical framework also focuses on the role that family and community play in fostering students' mental health. According to O'Reilly et al. (2018), "involvement of several people is considered necessary for successful mental health promotion programmes in schools" (p. 648). With HB 18 and SB 11 signed into effect, teachers now play a significant role in students' mental health. Within the framework's components, promoting teacher well-being is an effective strategy for addressing students' mental health in school-based programs (Cavioni et al., 2020; Cefai et al., 2018). Studies suggest that teachers should address their own mental health needs before addressing students' mental health needs (CASEL, 2013; Cavioni et al., 2020; Harding et al., 2019; O'Reilly et al., 2018).

The school mental health theoretical framework influenced the primary question and sub-questions within this study. The study's primary question focused on educators' experiences as they implement a new mental health curriculum to address students' mental health. As educators encounter challenges, their own mental health is affected. This study hoped to understand the educators' experiences, perceptions, and challenges. As Cavioni et al. (2020) discussed, "few intervention studies have specifically targeted teachers' mental health," which is one reason why this study sought to gain knowledge about the educators' perceptions and experiences (p. 70). As the frontline of defense and prevention, educators should have a voice when implementing a program that promotes mental health rather than preventing a mental disorder (Cavioni et al., 2020; Kidger et al., 2009). The research questions allude to the need for a whole-school approach when developing and implementing a mental health program for students.

The framework and research questions guided how data collection procedures were defined for the study. The school mental health theoretical framework emphasizes the importance of family, community, and teacher well-being when creating school-based mental health programs. Within this study, I investigated the aspect of teacher well-being as related to the framework. Example interview questions related to this are: How would you describe your own experiences with mental health? and Are there any programs or policies in the district to address staff emotional well-being and mental health? If so, how satisfied are you with the programs?

I utilized data collection methods that provided a voice to the educators involved in the study. To gain insight into the educators' experiences and perceptions, I utilized questionnaires and interviews during the data collection phase. Additionally, the school mental health theoretical framework informed the approach to data analysis within the study. Data analysis aided in recognizing emerging, common themes among the four cases. While exploring the emerging themes, I considered the educators' mental well-being related to the framework and research questions. Thematic and framework analysis helped to determine how the research questions related to the framework. Both analyses assisted in finding common themes across cases as related to the research questions and the comprehensive mental health framework.

Research Design and Rationale

Utilizing a collective case study design, I investigated middle school teachers' experiences to gain different perspectives on the issue at a specific site within a north Texas school district. This collective case study investigated "multiple case studies to illustrate the issue" to best generalize findings (Creswell & Poth, 2018, p. 99). Creswell

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and Poth (2018) defined case study research "as a qualitative approach in which the investigator explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information" (p. 96). Additionally, a qualitative case study allowed me to describe multiple educators' perceptions or experiences about mental health issues while providing a voice for the participants. Creswell and Poth (2018) suggest that qualitative research is conducted "when we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study" (p. 45). Through this collective case study, the educators voiced their perceptions and lived experiences as more responsibility is placed on them regarding students' mental health. Multiple educators participated in the study; individuals chosen included a 6th-grade teacher, a 7th-grade teacher, an 8th-grade teacher, and a fine arts teacher. I chose to complete a collective case study because "through case studies, researchers hope to gain in-depth understandings of situations and meaning for those involved" (Hancock & Algozzine, 2017, p. 10). This research design was appropriate for this study because the collected data described and interpreted the key elements of an event or case within its context (Hancock & Algozzine, 2017). This next section describes the research method utilized for this study. As the sole researcher, I delineated the procedures before beginning the study while following the five guidelines Hancock and Algozzine (2017) described for researchers to adhere to when completing a case study:

1. One guideline involves the ongoing refinement of the study's fundamental research questions in light of data obtained early in the investigation.

2. Another guideline suggests a constant focus on the research questions being investigated.

3. A third guideline involves the collection and interpretation of only those data that are potentially meaningful to the research effort.

4. Another guideline is to develop a method for labeling, storing, and accessing information acquired during the research effort.

5. A final guideline involves the use of all available resources that can assist in the collection and interpretation of information (pp. 62–63).

As outlined by Creswell and Poth (2018), I served as the study's key instrument. I collected data through questionnaires, examining curriculum documents, field observations, and interviewing participants. The information obtained from multiple sources aided in identifying emerging themes. Using data from the identified themes, I intended to use the information to assist teachers and schools in advocating for more mental health training and access to school-based mental health services. The remaining portions of Chapter Three describe the site selection, sampling, data collection and analysis, and ethical considerations.

Site Selection and Participant Sampling

Most mental health disorders manifest during adolescence, often before age 15 (O'Reilly et al., 2018). The research site was purposefully selected because middle school students' age range is 11–13 years of age. As a licensed specialist in school psychology working in a north Texas school district, I have access to multiple elementary, middle, and high schools. Currently, within the chosen north Texas school district, there are 17 middle schools. The chosen middle school, referred to as Learning Middle School for the remainder of the study, serves approximately 867 students in grades 6–8. The location of the site is a higher socioeconomic neighborhood in a north

Texas school district. The student demographics for Learning Middle School are two or more races (3%), Black (6%), Asian (10%), Hispanic (11%), and White (70%).

Learning Middle School has two school counselors, one licensed professional counselor, and one licensed specialist in school psychology available to address student mental health needs or provide consultative services to teachers. The school counselors are on-site five days a week; whereas the licensed professional counselor and the licensed specialist in school psychology are on-site one day a week due to having to serve multiple campuses within the school district. At Learning Middle School, each student's schedule has a thirty-minute advisory period used for tutorials. Three days during the week the advisory period is dedicated to a lesson about mental health as part of the social-emotional learning, or SEL, curriculum. The two school counselors provide teachers with SEL lessons each week in the form of a PowerPoint or video.

In the district, teachers watched a 15-minute video describing common mental health disorders, such as anxiety and depression, to fulfill a district training requirement at the beginning of the school year. At the middle school site, there are 59 teachers on staff, resulting in a student-to-teacher ratio of 15:1. The campus teachers work in various positions, such as general education core teachers, special education teachers, fine arts teachers, elective teachers, and athletic coaches. Before collecting data, all campus teachers received an email (see Appendix D) requesting volunteers for the study. Four participants chosen from the list of volunteers met specific criteria. As suggested by Creswell and Creswell (2017) for qualitative research, I selected participants in a way "that will best help the researcher understand the problem and the research question" (p. 185). Purposive sampling aids in showing varying perspectives on the problem of

teachers addressing students' mental health needs. I chose maximum variation, purposive

sampling to "purposefully inform an understanding of the research problem and central

phenomenon in the study" (Creswell & Poth, 2018, p. 158). Maximum variation sampling

involves cases that have varying criteria (Creswell & Poth, 2018). Table 3.1 displays the

participants' demographics including sex, years of teaching experience, current grade

level taught, subject taught, and age.

Table 3.1

Participant Demographics

Participant*	Years of Teaching Experience	Current Grade Level Taught	Subject Taught	Ethnicity/ Race	Sex
Linda	12	6,7,8	Choir	White	F
Ava	23	8	English-Integrated Language Arts SPED	White	F
Gina	20	6,7,8	ILA/Science (Resource and Inclusion)	White	F
Chloe	2	7	Texas History	White	F

*Pseudonyms provided to maintain the confidentiality of participants.

The four participants shared their experiences and perceptions as they relate to the

research questions. As the researcher, I intentionally selected a sample of "people that

can best inform the researcher about the research problem under examination" (Creswell

& Poth, 2018, p. 148). Three of the four participants met three specific criteria. First, the

participant had to be a middle school teacher. Second, the participant had to teach a core

subject, such as mathematics, language arts, science, or history. The last criterion was

that a participant was chosen from each grade level, one 6th grade teacher, one 7th grade teacher, and one 8th grade teacher. The fourth participant met one additional criterion in place of the core curriculum criteria, which was to teach a fine arts or electives class, such as art, music, or athletics. Using set criteria, I purposefully chose four participants to interview (Yin, 2018). With maximum variation sampling, two general education teachers, one special education teacher, and one fine arts teacher were selected to share their experiences and perceptions related to the research questions.

Data Collection Procedures

Qualitative data often consists of observations, interviews, documents, and audiovisual materials (Creswell & Poth, 2018; Hancock & Algozzine, 2017; Patton, 2002). For this study, I chose to use semi-structured interviews, questionnaires, and curriculum documents as data that "captures and communicates someone else's experience of the world in his or her own words" (Patton, 2002, p. 47). The study used a variety of sources for data collection for triangulation and validity purposes. Data triangulation, or using multiple data sources such as observations and interviews, tests for consistency among data (Patton, 2002). Initially, the data collection process consisted of four phases for this study: the questionnaire phase, observation phase, interview phase, and document review phase. However, due to COVID-19 restrictions and changes in the school calendar, I only completed one observation rather than the anticipated two per case. Before beginning data collection, I scheduled zoom meetings with each participant to review the study's purpose, review consent forms (see Appendix E), and explain the various data collection steps participants would complete, including observations, questionnaires, and interviews.

The first phase of data collection began upon receiving signed informed consent from participants. I emailed a questionnaire to collect demographic information and other basic information along with the CASEL (2017) Personal Assessment and Reflection questionnaire, referred to as PAR, to the participants (see Appendix C). The CASEL PAR is a self-reflection tool for school leaders, staff, and other adults to complete regarding SEL competencies. I utilized Google forms as an electronic means of data collection, specifically when collecting data from the questionnaire. Emailing the questionnaire and CASEL PAR self-reflection tool allowed the participants to take time to answer questions thoughtfully and on their own time (Creswell & Poth, 2018).

For the second phase of data collection, I scheduled field observations on a day and at a convenient time for the participants. Patton (2002) recommends field observations to "see things that may routinely escape awareness among the people in the setting" (p. 262). Initially, I scheduled two observations of each participant, totaling eight observations for the study. I planned to observe the participants' advisory period. Teachers implement the mental health curriculum distributed by counselors during the advisory period three days a week on the campus. Due to COVID-19 restrictions and campus calendar changes, I completed one virtual observation during Chloe's advisory period. I canceled the remaining pre-scheduled observations with all participants because teachers were no longer teaching the mental health curriculum. I completed field observation notes of the one virtual observation (see Appendix A) to record data about the teacher-led activities. The observation provided insight into how one participant taught the mental health curriculum.

The third phase of data collection consisted of one semi-structured interview per participant. The interviews lasted approximately 45-60 minutes per participant. The study followed interview protocols as suggested by Hancock and Algozzine (2017) in which researchers "identify key participants in the situation whose knowledge and opinions may provide important insights regarding the research questions" (p. 46). As the researcher, I scheduled interviews with the participants to ask follow-up questions to the observations, CASEL PAR, and the questionnaire. The interviews occurred via video conferencing to maintain social distancing due to the COVID-19 pandemic. Using the Zoom software, I recorded each interview and later transcribed the interview. To protect the participants' identities, I assigned aliases. The fourth and final data collection phase included reviewing campus curriculum documents. I gained access to the SEL curriculum that the site utilized. During the last data collection step, I reviewed the PowerPoints and lesson plans that the counselors provided to the teachers. Following each data collection step, I wrote reflective notes on possible patterns of data to assist with theme development.

Data Analysis Procedures

Data analysis occurred concurrently with the data collection process. As suggested by Creswell and Poth (2018), data collection and data analysis occurred simultaneously resulting in a spiral image rather than a linear image. The spiral process enabled me to "touch on several facets of analysis and circle around and around" as I entered with data and exited with an account or narrative (Creswell & Poth, 2018, p. 185). The data analysis process occurred in six steps: preparing the data, exploring the data, analyzing the data, representing the data, interpreting the results, and lastly, validating the data and results (Creswell & Creswell, 2018).

In the first step, I prepared the data from the questionnaires, interviews, observations, and curriculum documents. To prepare data, transcription software assisted in transcribing the interviews and observations. I input the transcribed data into a qualitative computer data analysis software program, NVivo to organize the data. I filed data in digital files according to the participants' aliases. I stored data on an encrypted external hard drive that only I had access to during the study. After five years, the data will be destroyed. Table 3.2 provides a summary of the data collected for each research question.

Table 3.2

Summary of the Collected Data for Each Research Question

Research Question	Data Collection
How do educators describe their experiences with implementing a mental health curriculum to address the state mental health initiatives?	Introductory questionnaire CASEL PAR questionnaire Individual Semi-Structured Interviews Curriculum Documents
What are teacher perceptions about the effectiveness of the mental health initiatives?	Introductory questionnaire CASEL PAR questionnaire Individual Semi-Structured Interviews
How do teachers describe their own mental health experiences as they address students' mental health needs?	Introductory questionnaire CASEL PAR questionnaire Individual Semi-Structured Interviews

Next, I explored the data using cross-case analysis in conjunction with the data collection phase. As the participants completed questionnaires and interviews, I transcribed interviews and explored the data, which according to Creswell and Creswell (2018) "involves reading through all of the data to develop a general understanding of the

database" (p. 213). Throughout the study, I used the NVivo software to assist in the initial analysis steps. During data organization, I looked for patterns among the data that eventually emerged into themes.

The third step of data analysis involved analyzing the data. Using the NVivo program, I began coding the data. I also hand-coded the data. I analyzed data through various types of coding. Creswell and Creswell (2018) describe coding as "the process of organizing the data by bracketing chunks (or text or image segments) and writing a word representing a category" (p. 193). Yin (2018) suggests planning data analysis by creating an array and displaying the codes or data. As the researcher, I created an array of the data and looked for patterns or insights. I described each case and completed a cross-comparison looking for patterns among the four cases. Viewing the data through an a priori framework, I identified patterns among the established themes and codes as they related to the school mental health framework. The framework focuses on prevention and promotion of both student and teacher well-being; therefore, the themes consisted of student mental health and teacher mental well-being as taken from the theoretical framework. Codes consisted of social-emotional learning (SEL), mental health prevention (MHPre), and mental health promotion (MHPro). Patton (2002) describes data analysis as uncovering emerging themes, patterns, or insights.

Steps four and five of the data analysis process involve representing the data and interpreting the results. After themes emerged, I represented the data using a table. Visual representations of qualitative data help display the divergent views of multiple perspectives within the case study (Creswell & Creswell, 2018). Chapter Four provides an in-depth interpretation of the data. Detailed descriptions and interpretation of how the

data answered the research questions are vital steps of the data analysis process. Throughout the data collection process, I interpreted and analyzed the data to discover emerging themes, which then were analyzed on how the themes applied to the school mental health framework. Hancock and Algozzine (2017) posit that "case study researchers adhere to several guidelines as they simultaneously summarize and interpret information gathered" while completing case study research (p. 62). For this study, I summarized and analyzed data throughout the process. With rich, thick descriptions, I described the educators' thoughts, feelings, and perceptions as applied to the research questions. A framework analysis assisted in determining how the data relates to the comprehensive mental health framework.

The final step of the data analysis phase included utilizing "procedures to ensure the validity of the data and results, and of their interpretation" (Creswell & Creswell, 2018, p. 216). Using the following strategies, I established qualitative validity: member checking, data triangulation, and asking others to examine the data (Creswell & Creswell, 2018; Creswell & Poth, 2018; Hancock & Algozzine, 2017; Patton, 2002). Using multiple data sources, including questionnaires, interviews, and curriculum documents, aided in data triangulation. Creswell and Poth (2018) advise researchers to "use an audit trail as a validation strategy" to ensure validity and reliability and to clarify understandings of the data (p. 188). Additionally, to ensure validity, I asked participants to review the findings to ensure that their stories were accurately reflected.

Ethical Considerations

As the researcher, I addressed several ethical issues throughout the study. As the researcher, I ensured that harm did not come to participants due to unethical treatment.

Steps taken before conducting the study include seeking approval from Baylor University's Institutional Review Board and gaining permission from the district and site. After receiving approval from Baylor's IRB, I applied to gain access to the site from the north Texas school district for the study. Part of the application for district approval included seeking campus approval from the campus principal.

After receiving all necessary approval, I met with participants, disclosed the study's purpose, and reviewed the consent form. I informed participants that their identities would be protected. I ensured that the participants were fully informed and treated equally throughout the study. While completing observations, minimal disruption occurred in the classroom and at the site. All recordings and written documentation remained in my sole possession. Written documentation remained in a locked office cabinet, while recordings and transcriptions were password protected and stored on an external hard drive. Last, I honestly reported all data, results, and interpretations.

Limitations and Delimitations

The first major limitation of the study is data collection due to the COVID-19 pandemic. On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. Due to COVID-19, the Centers for Disease Control and Prevention recommended social distancing guidelines and other safety protocols for school districts to follow to prevent the virus's spread. District COVID-19 safety protocols limited my ability to complete interviews in person. I conducted teacher interviews via Zoom in observance of district social distancing guidelines. I limited the number of classroom observations. Due to COVID-19 safety protocols and campus calendar changes, I only completed one observation, virtually.

Additionally, other limitations included demographics and time constraints. Located within a higher socioeconomic neighborhood, the site offered limited diversity among participants. Although diverse, most of the students and teachers at the site are Caucasian. During the study, I considered time constraints while collecting data. The study occurred throughout the spring semester of the school year. I collected data and conducted interviews before and after school hours. An additional limitation is the generalizability of the study. Due to the selective criteria for the teachers and focus on Texas mental health initiatives, the study is not appropriate to generalize to other populations or other states. Delimitations include focusing on one campus and collecting data from only middle school teachers. Hancock and Algozzine (2017) describe delimitations as factors that "define what the researcher has decided to do" (p. 80). I selected the specific campus because of its convenience.

Conclusion

This study examined four teachers' perceptions as they address students' mental health needs as mandated by Senate Bill 11 and House Bill 18 in Texas. With the information obtained, I aimed to inform change in the school district regarding how teachers address students' mental health needs. The results of this study have implications for teachers, students, and the campus. This study documented the teachers' perceptions and experiences through interviews, observations, and questionnaires. The participants in this collective case study consisted of four middle school teachers from a north Texas school district. To that end, the following chapter examines the results and discusses the implications of the research findings.

CHAPTER FOUR

Results and Implications

Introduction

Chapter Three discusses the study methodology while Chapter Four focuses on the data analysis, findings, and implications. This collective case study examined the experiences of four middle school educators following changes due to the 2019 Texas mental health initiatives. I used data, such as interviews, questionnaires, an observation, and district social-emotional learning (or SEL), lesson PowerPoints, to answer the research questions in this study. The gathered data addressed the central research question of the study, "How do educators describe their experiences with implementing a mental health curriculum to address the state mental health initiatives?" Additionally, the study addressed the two sub-questions: "What are teacher perceptions about the effectiveness of the mental health initiatives and changes on their campuses?" and "How do teachers describe their own mental health experiences as they address students' mental health needs?" The theoretical framework used in this study was Cavioni's (2020) School-based Mental Health Theoretical Framework, which focuses on implementing a mental health program within a school. This chapter reveals that this study provides an understanding of how middle school teachers perceive the effect of the 2019 Texas mental health initiatives, which place Texas educators as the frontline of defense addressing student mental health needs. Common themes that emerged among the four cases include a need for more mental health training to address student mental health and increase teacher comfort level, more resources needed to address student and teacher

mental health, more time and explanations needed for implementing the social-emotional curriculum, and more community awareness is needed to reduce the mental health stigma.

This study uncovered how Texas educators obtained insufficient mental health training and received limited knowledge of the 2019 Texas mental health initiatives. This chapter provides an in-depth look at the data analysis and findings of the study in three steps. First, the section begins with descriptions of the four cases. Next, I discuss the themes that emerged within each case as well as across cases. The third section describes how the results relate to the primary question and two sub-questions that led this collective case study. This section also describes the data as it pertains to Cavioni's School-based Mental Health Theoretical Framework. Finally, Chapter Four ends with a description of the implications of the study.

Case Descriptions and Thematic Analysis

Within this collective case study, each participant met specific criteria including, but not limited to, teachers at the chosen middle school site. Criteria also included participants teaching different grade levels, one fine arts teacher, one special education teacher, and two general education teachers. I assigned pseudonyms to each participant. All participants were Caucasian females with master's degrees. Each participant completed an adaptation of the Collaborative for Academic, Social, and Emotional Learning Personal Assessment and Reflection questionnaire (CASEL PAR) to assess personal strengths related to the five SEL competencies. The CASEL PAR questionnaire asks the individual to rate her self-awareness, self-management, social awareness, relationship skills, and responsible decision-making skills. Participants rated subsections

of each competency as either rarely, sometimes, or often. This section describes each

participant as well as each participant's CASEL PAR questionnaire results.

Ava

Ava is a Caucasian female educator at the chosen middle school. She has been an

educator for 23 years. Currently, Ava teaches 6th and 8th-grade English-Integrated

Language Arts. Initially, Ava did not pursue a teaching degree but instead obtained a

degree in Theater Arts. Upon graduation, Ava decided to get a teacher certification with a

specialization in reading. Ava recalled the thing that she struggled most with during her

first six years of teaching was classroom management. She reported that she tried

numerous classroom management techniques and tricks that she found on Pinterest since

she had not received formal training in this area. Ava recalled a conversation with a

former principal regarding classroom management. According to Ava,

> It was a principal that I didn't actually get along with at all, but the one thing he said to me that really stood out to me and it's like the only thing I remember really about him. He said, 'You are trying to do so many things at halfway when you need to just pick one thing and do it 100%. Perfect it this year and the next year add one more thing.'

Ava informed me that during her 23 years of teaching, the only mental health training

that she had received was a 10-minute district-required training video.

On the CASEL PAR questionnaire, Ava rated her self-awareness and social

awareness higher than the remaining three competencies. This higher rating appeared

consistent with her interview. During the interview, Ava implied a self-awareness of her

emotions and own mental health. Table 4.1 lists a sample of Ava's answers to the

questionnaire. Ava's answers on the questionnaire and during the interview indicate that

she could benefit from further instruction on social-emotional skills and learning for students as well as for herself.

Table 4.1

Ava's Data Samples from CASEL PAR Questionnaire

SEL Competency	Data Samples
Self-awareness	Often—I recognize the relationship between my feelings and my reactions to people and situations.
Self-management	Rarely—I am pragmatic, setting measurable, challenging, and attainable goals.
Social awareness	Often—I listen actively and can grasp another person's perspective and feelings from both verbal and nonverbal cues.
Relationship skills	Rarely—I am able to guide conflicting parties to find a common solution.
Responsible decision-making skills	Sometimes—I recognize the need for change, to challenge the status quo, and to encourage new thinking in my school.

Overall, Ava described not knowing the Texas mental health initiatives. She described having to teach a social-emotional learning curriculum but receiving no training.

Building relationships. Ava believes that a mental health stigma exists within the community and to overcome the stigma a positive student-teacher relationship is needed. According to Ava, the community "wants to portray that nothing is wrong in the community." She mentioned how many of her parents "don't want to talk about the hard stuff." As an ILA teacher, Ava asks her students to write in journals daily. To combat the perceived mental health stigma, Ava tries to incorporate prompts addressing mental health, such as "Should students be allowed to have mental health days?"

During the interview, Ava spoke of the importance of fostering relationships with her students. Ava feels that because she builds trust among her students, they feel more comfortable sharing personal things with her during tutorials and in their journals. As Ava reviews students' journals, she remains cognizant of any indications of student mental health issues. One example she provided during the interview was of a student that wrote about some alarming things in her journal. Ava approached the student to inquire more about her writing at which time the student spoke about her grandmother passing away recently. When a student tells Ava of mental health issues, she asks for permission to refer the student to the counselor. With this type of positive student-teacher relationship, Ava's students may feel supported and more likely to share concerns with her.

Chloe

Chloe, the youngest participant, finished her 2nd year of teaching this school year. She has taught Texas History to seventh-grade students and recently accepted a job teaching at a local high school for the 2021–2022 school year. Chloe is a Caucasian female with a Master of Art in Teaching. According to Chloe, she decided to pursue a degree in education while in high school following a "career-ending injury" two weeks before her senior year of high school. Initially, Chloe participated in a professional ballet company with hopes to pursue dance following her high school graduation. Her injury prompted Chloe to participate in a future teacher internship program at her high school. Chloe decided to pursue a career in education.

A comparison of Chloe's answers on the CASEL PAR questionnaire indicated that the answers did not coincide with her answers during the interview. On the

questionnaire, Chloe rated her self-awareness, self-management, social awareness, and relationship skills high. Table 4.2 provides a sample of Chloe's answers to the questionnaire.

Table 4.2

Chloe's Data Samples from CASEL PAR Questionnaire

SEL Competency	Data Samples
Self-awareness	Often—I am able to identify, recognize, and name my emotions in the moment.
Self-management	Often—I accept new challenges and adjust to change.
Social awareness	Often—I believe that, in general, people are doing their best, and I expect the best of them.
Relationship skills	Often—I communicate with and encourage interaction with staff, students, parents, caregivers, and community members.
Responsible decision-making skills	Rarely—I involve others to generate multiple solutions and predict the outcome (of each solution) for key problems.

Chloe rated herself higher in four of the five competencies, with responsible decision-making skills being rated lower. However, during the interview, many of Chloe's statements implied difficulties in the areas of self-awareness and self-management. During the interview, Chloe spoke often about her own mental health difficulties and how these difficulties impede her ability to appropriately address her students' mental health.

Address teacher mental health. As an early career teacher, Chloe explained how she feels unprepared at times. She stated, "there's so much focus on training on how to teach but, like, teaching is so much more than that, and, like, there were a lot of areas where I felt like I was lacking." According to Chloe, she experienced extreme moments

of anxiety and depression during her first two years of teaching. Most recently, while dealing with a difficult parent in early February, Chloe experienced anxiety attacks at school. She approached the school counselor for help but felt unheard and unsupported. Chloe also shared her experiences during her first year of teaching. Chloe stated,

> Last year was a really difficult year for me, I felt like I had no support, so I ended up having to seek outside therapy. I was not put in a very positive environment during my first-year teaching, and it was just a lot of struggles. I ended up developing like just a lot of anxiety and I got really depressed. I didn't feel like I could go to work. My anxiety resonates in like physical form. I would literally be going to vomit between my classes.

Chloe described experiencing increased anxiety attacks at work during her first year due to issues with students and parents, conflict with other teachers, and other stressors.

Even though Chloe was dealing with her own mental health problems, she continued to try to help students experiencing mental health concerns. One example Chloe provided was of a young girl who approached her during lunch. The young lady expressed concerns that someone put drugs in her water bottle; this student appeared scared and asked for help from Chloe. When Chloe approached members of the administrative team, she felt dismissed and unheard. Chloe expressed, "I feel like I was failed by my administration and by my campus last year to address what was happening, when I was trying to reach out to be like honest." In a follow-up meeting a few weeks after the initial interview, Chloe spoke about fellow teachers who experienced mental health issues. She described one colleague who expressed suicidal ideation and a second colleague who due to increased anxiety symptoms began drinking excessively. Chloe expressed frustration with the lack of resources to address teachers' mental health and well-being.

Gina

The third case involves Gina, a Caucasian female, who has been an educator for 20 years. Gina admitted that before "landing in education" she tried multiple degree plans. Eventually, after changing her major area of study five times, Gina decided to pursue a degree in education because it "required the least amount of money to get a degree." Coming from a family of educators, Gina finally chose a degree in education following a declaration from her parents that they would only pay for a few more semesters of college. Currently, Gina works as a special education teacher for 6th, 7th, and 8th-grade students. Gina co-teaches in inclusion Science and Integrated Language Arts, or ILA, classes. She also teaches resource classes for Science and ILA.

Gina completed the CASEL PAR questionnaire as part of the study. She rated herself "often" in all areas indicating a higher SEL awareness. Table 4.3 provides a sample of Gina's answers to the questionnaire.

Table 4.3

Gina's Data Samples from CASEL PAR Questionnaire

SEL Competency	Data Samples
Self-awareness	Often—I know and am realistic about my strengths and limitations.
Self-management	Often—I stay calm, clear-headed, and unflappable under high stress and during a crisis.
Social awareness	Often—I listen actively and can grasp another person's perspective and feelings from both verbal and nonverbal cues.
Relationship skills	Often—I give timely and constructive feedback as a coach and mentor.
Responsible decision-making skills	Often—I am able to define the core of the problem and differentiate it from solution options.

Gina's questionnaire answers corresponded with her interview answers. Both the questionnaire and interview answers suggested Gina has an above-average opinion of her social-emotional skills. During her interview, Gina indicated that she does not teach the district social-emotional curriculum since she does not have students in her room during the advisory period. Although she does not teach the district social-emotional curriculum, Gina reported that she had "no problem teaching it." Gina stated that she feels comfortable teaching a mental health curriculum even though the district has not provided adequate training.

A need for more mental health resources. Gina implied little concern with her ability to address student mental health needs; however, she suggested a need within the district and her campus for more mental health resources for students. Currently, Gina remains aware of the following mental health resources: two school counselors, one licensed professional counselor, one licensed specialist in school psychology, and the campus whole-child committee. Gina communicated that the current mental health personnel work on campus for a limited time each week, such as one day a week. Gina expressed, "we have our crisis counselor on campus, and we have her once a week, which I think is not enough, but I'm sure she's spread thin." With this limited time, personnel cannot adequately address student mental health issues.

Linda

The final case participant is a middle school choir teacher, Linda. Linda teaches 6th, 7th, and 8th-grade students enrolled in choir. Linda completed her first year as an educator in the chosen district; however, she has 12 years of teaching experience. Linda, initially, pursued a career as an opera singer. She obtained a master's degree in music

after an unsuccessful start to an opera career. For six years, Linda taught private singing lessons before becoming a public-school teacher. Linda mentioned that she spent some time as a stay-at-home mother but then had to go into teaching full-time following her divorce several years ago. She stated that teaching was "a way to make music and make money."

Linda's completed CASEL PAR questionnaire indicated "often" in four of the five social-emotional competencies, the responsible decision-making skills competency was a little lower than the other competencies. Linda rated most of the areas of responsible decision-making skills as sometimes. See Table 4.4 for samples of Linda's answers from the questionnaire.

Table 4.4

Linda's Data Samples from CASEL PAR Questionnaire

SEL Competency	Data Samples
Self-awareness	Often—I know how my own needs, biases, and values affect the decisions I make.
Self-management	Often—I have high personal standards that motivate me to seek performance improvements for myself and those I lead.
Social awareness	Often—I appreciate and get along with people of diverse backgrounds and cultures in my school community and utilize inclusionary practices to ensure all voices are represented.
Relationship skills	Often—I am comfortable dealing with conflict, listening to feelings from all parties, and helping them understand different perspectives.
Responsible decision-making skills	Sometimes—I am able to define the core of the problem and differentiate it from solution options.

Overall, Linda indicated an above-average rating of her own social-emotional skills, mainly on the questionnaire. During the interview, Linda discussed her past experiences with mental health issues, which will be presented further in this chapter. Due to previous therapy, Linda revealed that she feels comfortable addressing students' mental health but only if given more time or if it was her only role as an educator.

Lack of guidance. During her interview, Linda spoke about the lack of training and guidance for teachers regarding the district social-emotional curriculum taught during these lessons. Linda described how campus teachers must teach the required guidance lessons but do not receive training or explanations. According to Linda, teachers are told to watch a broadcast and show the slideshow during advisory class. Linda spoke about "never really knowing if we're supposed to do that, like nobody really told us how to do it, they just send out the presentation."

The four cases illustrate the need for more specialized training to help educators address student mental health needs, particularly symptoms of anxiety or depression. As the literature indicates educators are less prepared to identify internalizing behaviors such as anxiety or depression (Marsh, 2016). According to the research, and supported by participant data, causes of internalizing behaviors include, but are not limited to, bullying, cyberbullying, underlying mental health issues, and other school stressors (Hinduja & Patchin, 2010; Marsh, 2016; Moon et al., 2017; Olveira et al., 2018). Each participant noted an increase in anxiety levels among their students, particularly due to COVID-19. The four participants also indicated a need for additional resources on their campus to address student and teacher mental health needs.

Cross-case Analysis

While the four cases introduced various themes in this study, four themes emerged across all cases. The first theme pointed to the need to address the educators' own mental health needs. The second theme focused on the need for more focused training for educators. The third theme emphasized the need to provide more resources to help address students' mental health needs. Finally, the last theme illustrated the need for strong relational student-teacher relationships. This section discusses the themes that appeared across all four cases. Table 4.5 provides participant data samples as they relate to the four themes.

Table 4.5

Data Samples from Interviews Related to Themes

Theme	Teacher Data Samples from Interviews
Address teacher mental health	"I feel like they're putting a lot on our shoulders. I feel overwhelmed. Why is all this being put on me? I'm feeling very anxious about all of this and have no support from the campus."
Mental health training needed	"There's so much focus on training on how to teach but like teaching is so much more than that, and like there were a lot of areas where I felt like I was lacking. I feel like sometimes I'm learning it (mental health curriculum) too."
More mental health resources needed for students	"I don't feel like I know everything that's available that the district has to offer. I know we have like a district psychologist person but the only time I've ever seen that person or known about them was when we had a student that was on a behavior plan."
Strong relational bonds needed	"Really build the rapport in the classroom with them, and you know, try to get to know them without being their friends but being friendly. Like get to know them, figure them out, and you know build that trust and everything."

Educators' Mental Health

Whether in their personal lives or their professional lives, educators face various stressors that affect their mental well-being, which in turn affect their abilities to address student mental health needs. Before the interviews, each participant completed a Google form providing demographics such as education level and years in education. At the bottom of the questionnaire, participants were asked to rate factors that may affect their stress level on a scale of 1 to 6, with 1 contributing the most and 6 contributing the least to stress levels. Table 4.6 displays each participant's ranking of factors affecting stress levels.

Table 4.6

Factors Affecting Participant Stress Level

Current Factors Affecting Stress Level	Ava	Chloe	Gina	Linda
Managing difficult students.	1*	3	5	3
School climate/politics	2	2	2	2
Student/parent demands and/or expectations	3	1	4	6
Added job expectations (i.e., virtual learning, COVID-19 procedures)	4	6	1	1
Lack of emotional/mental health support	5	5	3	4
Lack of resources	6**	4	6	5

*1-Contributes Most **6-Contributes Least

Linda and Gina both rated added job expectations as contributing most to increased stress levels, while Ava reported managing difficult students as the factor contributing most to her stress levels. Chloe reported student and parent demands or expectations as the factor most affecting her stress levels. All four participants ranked school climate and politics as

the second factor most affecting personal stress levels. Each educator voiced

dissatisfaction with the current campus climate, noting that "things changed because of

COVID-19." COVID-19, virtual learning, student behavior, school climate, and difficult

parents are just a few factors that impact educators' stress levels and mental well-being

currently. Each educator spoke about their own mental health issues during their

interviews. Whether in the distant past or the present, each educator faced stressors that

affected her mental health and well-being.

Focused Mental Health Training

The second theme that emerged emphasized the need for more focused training

for educators within the district. As Ava stated, "I don't have a counselor degree, I'm not

a counselor yet it's what they're wanting me to be." Although the district provides a

yearly mental health compliance training, the educators voiced that this is inadequate and

in conjunction with other studies requested more specialized training (Atkins et al., 2010;

Lindo et al., 2014; Moon et al., 2017; Reinke et al., 2011). When speaking about the

current district mental health curriculum, Gina proposed "the teachers need to be taken

care of first so let's go through the curriculum, so teachers have experienced it for

themselves first." Two of the educators proposed training specific to middle school

students, particularly on how to notice symptoms of anxiety, burnout, self-harm, and

eating disorders. The yearly training provides an overview of the basics of anxiety and

depression but does not delve further into recognizing symptoms or providing help when

needed.

Resources Needed

The third theme emphasized the need for the district to provide more resources to help address students' mental health needs. Each participant mentioned that due to COVID-19 students experience more stressors. They believe students demonstrate an increase in anxiety and burnout, especially in middle school and within the community. According to the participants, within the chosen community, parents enforce higher expectations leading to student burnout or anxiety. This anxiety can lead to lower scores on standardized achievement tests, according to a study completed by McLeod et al. (2012).

Strong Student-teacher Bond Needed

Last, the final theme across cases stressed the importance of a strong student-teacher relational bond. With over 55 million children enrolled in schools, teachers are placed in a position to provide aid to the approximately 17.1 million students struggling with mental health issues (Child Mind Institute, 2016). The participants highlighted the importance of building relationships with students, especially when trying to address mental health issues. Gina reported she feels "more conscientious of student mental health when she has a good rapport with the student." Taking time to know each student helps the participants to better recognize when there is an issue affecting a student. Fostering positive teacher-student relationships creates a positive learning climate allowing educators to recognize when a student may be in distress (Cavioni et al., 2020; Cefai et al., 2018; Mérida-López et al., 2017; Poulou, 2017).

Analyzing the Results in Relation to the Theoretical Framework

This section focuses on the research questions developed from the literature review and Cavioni's School-Based Mental Health Theoretical Framework for this collective case study. The 2019 Texas mental health initiatives require educators to address student mental health needs by teaching a mental health curriculum as well as recognize mental health issues. The central question sought to discover how middle school educators describe their experiences implementing a mental health curriculum. The middle school implemented a district social-emotional learning curriculum as the required mental health curriculum. The sub-questions related to factors contained within the central question, such as educators' perceptions about the effectiveness of the curriculum and descriptions of their own mental health experiences as they address student mental health.

Two a priori categories taken from the theoretical framework, student mental health and teacher mental health, helped answer the research questions. Cavioni's (2020) framework recommends that campuses address both teacher and student mental health when implementing a mental health curriculum or program. Within each category, two distinct themes emerged (see Table 4.7).

Table 4.7

Emerging Themes Related to Framework

Student Mental Health	Teacher Mental Health
Strong relational bonds needed	Mental health training needed
More mental health resources needed	Address teacher mental health

Themes within the student mental health category included (a) the need for strong relational bonds among students and teachers and (b) more mental health resources are needed for students. Themes within the teacher mental health category included (c) mental health training is needed for teachers and (d) teachers lack adequate time to address mental health. This section focuses on how the research question and two sub-questions were answered through the categories.

Primary Research Question

The primary research question explored the experiences of the four educators as they implemented a district mental health curriculum as mandated by the state mental health initiatives. The four themes that emerged from this collective case study answered the primary question and two sub-questions. The four participants have varying years of teaching experience, ranging from two years to twenty-three years of teaching. The data revealed that regardless of the years of experience, the participants' experiences with implementing a mental health curriculum are similar. All four educators feel that teachers are the first line of prevention but need more mental health training as well as more time to address student mental health needs. The educators also indicated that strong relational bonds are needed between teacher and student along with more mental health resources for the students to address student mental health needs adequately.

The educators described their experiences teaching a social-emotional learning mental health curriculum as "not enough." Within the chosen district, educators complete a Safe Schools Training video at the beginning of each school year. The video is approximately ten minutes in length and provides a brief overview of common mental health disorders. This training video must be completed as part of the compulsory yearly

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training by all district employees. The teachers are provided a Google slides presentation to show on assigned days during their advisory period. As witnessed during a field virtual observation, the educators are given a script and expected to read the presentation while showing video clips. Discussion time is not built into the schedule. The four educators voiced limited knowledge about why the curriculum is taught. The two sub-questions explored specific factors related to the primary research question and theoretical framework. Therefore, the data provided answers to the sub-questions as well as to the central question.

Sub-question one. Sub-question one examined the teacher perceptions about the effectiveness of the state mental health initiatives. The data suggested limited knowledge of the mental health initiatives, Senate Bill 11 and House Bill 18. One of the four educators knew of the bills' passing but did not know details of each initiative. The remaining three educators indicated "no knowledge" of the initiatives much less the district response. With a limited understanding of the mental health initiatives, the participants voiced their opinions regarding the effectiveness of the initiatives. All four participants discussed an increase in anxiety-related issues among students within the past school year, mainly due to COVID-19. Educators received district emails about the social-emotional learning curriculum. One educator, Chloe, participated in the campus whole child committee where staff would discuss student-specific issues or concerns. Overall, the educators perceived no district changes and limited campus changes following the mental health initiatives.

Sub-question two. Sub-question two examined how teachers describe their own mental health experiences while addressing students' mental health needs. Cavioni's School-based Mental Health Theoretical Framework posits that both student mental health and teacher mental health should be addressed when implementing a mental health curriculum or program. All four teachers shared stories about personal mental health concerns experienced at different points in their lives. Chloe also shared stories of other teachers struggling with mental health concerns due to COVID-19 related issues. The educators voiced being upset with campus and district response to teacher mental health. According to the participants, no resources exist for campus staff struggling with their own mental health issues.

Discussion

This collective case study sought to understand the experiences of four middle school educators in a north Texas school district following district or campus changes due to the 2019 Texas mental health initiatives, House Bill 18 and Senate Bill 11. Four themes emerged falling within one of two categories, teacher mental health and student mental health, as related to the theoretical framework. The study findings illustrated the need for districts to focus more on addressing student mental health needs by first focusing on the teachers. Teachers are the frontline of defense and as such should have a voice when implementing a mental health curriculum or program (Cavioni et al., 2020; Kidger et al., 2009). However, the findings suggested that often teachers remain left out of the conversations regarding how to address student mental health. Districts dictate the curriculum or program that should be followed without providing adequate training to teachers.

Similar to findings from a study completed by Loades and Mastroyannopoulou (2010), this study's findings indicated that the four cases desired more specialized training from the district. Additionally, study findings indicated the need for the district to address teacher mental health. Cavioni's (2020) framework stresses the importance of focusing on teacher mental health so that educators can appropriately address student mental health. Mental health issues, such as anxiety, are not uncommon among teachers. According to Mérida-López et al. (2017), teachers may begin experiencing decreased mental health due to increased stress at work and low job satisfaction. Each participant indicated mental health issues in their recent past due to personal and professional stressors. By addressing teacher mental health needs, teachers are better able to address student mental health and build positive relationships with their students. Teachers who foster positive relationships with their students help promote prosocial behaviors (Cavioni et al., 2020; Cefai et al., 2018; Mérida-López et al., 2017; Poulou, 2017). Positive student-teacher relationships also foster an environment in which students are less likely to display antisocial behaviors (Superville & Blad, 2018).

The 2019 Texas mental health initiatives mandated changes in Texas schools two years ago. Little research exists related to the educators' experiences related to mental health initiatives. As the researcher, I am left questioning how best to train teachers as well as what mental health curriculum or program would be most effective in addressing both teacher and student mental health needs. Participants voiced a desire for more guidance or training. This desire coincides with the research by Loades and Mastroyannopoulou (2010) that describes how teachers desire more training on students' mental health. Therefore, the primary research question helps in understanding educators'

experiences implementing a mental health program. With this understanding, educators

and districts can better prepare ways to address student mental health needs.

Implications

The results of this collective case study provided several implications for

educators, campuses, and districts. These implications address both students' and

teachers' mental health needs. This section discusses both implications and

recommendations for addressing student mental health. The following implications apply

to educators:

- There is a need for more specialized mental health training to provide appropriate and adequate mental health services to students.

- Educators should connect with district and campus mental health professionals to collaborate on how best to address student mental health. Consistent collaboration is key.

As mentioned throughout, educators are the frontline of defense for student mental

health. As such, educators need to be well-equipped with knowledge regarding how to

recognize mental health issues as well as how to provide help to students. This begins

with specialized mental health training rather than the current general overview that is

provided as part of the annual compliance training. Once trained, educators must begin to

build relationships with district-level and campus-level mental health professionals, such

as counselors, LPCs, and LSSPs, to collaborate effectively regarding student mental

health. District mental health professionals provide useful knowledge on recognition and

prevention of mental health issues as well as the promotion of good mental health.

This study also points to implications for campuses and districts. The following

implications apply to campuses and districts:

- Districts should partner with community mental health service providers to provide training to teachers.

- Districts should increase the number of mental health professionals, such as school counselors and licensed specialists in school psychology, to provide psychological supports to students experiencing mental health issues.

- Districts should establish more mental health supports for educators to utilize for their own mental health needs.

In collaboration with community mental health resources, districts should consider a "train the trainer" program on campuses as a way to reach more educators. With this program, a handful of teachers chosen to attend initial training return to their respective campuses to train fellow teachers. A second recommendation for districts includes hiring more mental health professionals such as school counselors, LPCs, social workers, or LSSPs. With a decreased caseload, mental health professionals can better serve campuses, teachers, and students in need. Finally, districts should recognize the need to address teachers' mental well-being by providing more staff resources to utilize in moments of distress. Teachers need positive mental well-being before they can appropriately address student mental health. Future research options include a focus on the students' experiences, a focus on the parents' involvement, or a follow-up at the campus after including resources to address teacher mental health needs.

Summary and Conclusion

In 2019, Texas Governor Gregg Abbott signed House Bill 18 and Senate Bill 11 into effect. These mental health initiatives place Texas educators as the frontline of defense for student mental health. Districts implemented changes in curriculum due to the mental health initiatives at the start of the 2019–2020 school year. The training was not updated following the initiatives; therefore, teachers were inadequately prepared. As

mentioned in Chapter Two, students face countless stressors that may affect their academics. Because teachers spend the most time with students, it makes sense to have teachers placed as the frontline of defense.

Chapter Three described the methodology utilized within this collective case study. This chapter presented the research findings and themes that emerged using a cross-case analysis and framework analysis. Common themes across cases include the need to address teacher mental health, the need for more specialized training for teachers, and the need for more mental health resources to address student mental health needs. All four cases emphasized the educators' own mental health issues and how the participants felt unsupported. Data also supported the need for specialized training that helps educators recognize symptoms of mental illness as well as how to appropriately address the symptoms. Last, data indicated a need for more district resources to help address student mental health needs.

This study benefits those individuals involved in district decision-making regarding how to address students' mental health needs. The study occurred at a middle school in a north Texas school district. However, the results benefit the district. Data indicates that the district administrators need to revisit how the district implements facets of the 2019 Texas mental health initiatives. As the district, or current campus, implements a mental health program to address student mental health needs, the teachers' mental well-being needs to be considered as well. Chapter Five presents recommendations for distributing the findings.

CHAPTER FIVE

Distribution of Findings

Executive Summary

In June 2019, Texas Governor Abbott signed House Bill 18 and Senate Bill 11 into effect placing Texas educators as the frontline of defense for student mental health. Texas legislatures proposed the mental health initiatives in response to the 2018 Santa Fe High School shooting in Santa Fe, Texas. The Texas mental health initiatives require Texas school districts to train educators to recognize student mental health issues as well as to teach students about mental health. Teachers play a crucial role within their schools in addressing students' mental health needs. Yet, Texas lawmakers provided little assistance to districts and schools regarding the implementation of the training and mental health curriculum.

This collective case study explored four educators' experiences following the implementation of the 2019 mental health initiatives. As districts implemented changes, it was vital to provide insight from the educators' perspectives. Mental health is a public health concern. According to the Child Mind Institute *Mental Health Report* (2016), approximately 17.1 million children suffer from some type of mental illness. Educators interact with students daily during the school year; therefore, they remain essential in addressing student mental health needs. The study's central question asked, "How do educators describe their experiences with implementing a mental health curriculum to address the state mental health initiatives?" Research sub-questions included, "What are teacher perceptions about the effectiveness of the mental health initiatives?" and "How

do teachers describe their own mental health experiences as they address students' mental health needs?"

Overview of Data Collection and Analysis Procedures

This collective case study explored the experiences of four middle school teachers as the campus implemented changes following the 2019 Texas mental health initiatives. I chose to utilize a collective case study to illustrate the teachers' experiences on the issue. Through this study, the four educators described their experiences. The four educators worked at a middle school in a north Texas school district. Located within a higher socioeconomic neighborhood, the middle school had the following student demographics: 3% two or more races, 6% Black, 10% Asian, 11% Hispanic, and 70% White. Through purposeful sampling, I chose two general education teachers, one special education teacher, and one fine arts elective teacher to share their stories.

This study utilized Cavioni et al.'s (2020) School Mental Health Theoretical Framework during data analysis. The School Mental Health Theoretical Framework emphasizes the need to address both student mental health and teacher mental health when implementing a school-based mental health program and curriculum (Cavioni et al., 2020). According to the framework, addressing educators' mental health needs aids in effectively promoting positive student mental health. As school-wide changes are made, it is vital for educators to better understand mental health.

During the data collection, I conducted interviews with each participant and examined curriculum documents. Unfortunately, due to district COVID-19 protocols, I completed only one observation in a virtual classroom. Participants also completed an initial demographic questionnaire through Google forms and an adapted CASEL (2017)

Personal Assessment and Reflection (PAR) questionnaire. The PAR questionnaire prompted the participants to reflect on their own social-emotional skills. Data analysis occurred simultaneously as the data collection process resulting in a data analysis spiral process (Creswell & Poth, 2018). I completed the data analysis process in six steps: prepared the data such as transcriptions, explored the data, analyzed the data for themes, represented the data, interpreted the results, and validated the results (Creswell & Creswell, 2018).

Summary of Key Findings

As the campus responded to district changes due to the Texas mental health initiatives, the four educators found themselves on the frontline line of defense addressing student mental health. The four educators, Ava, Chloe, Gina, and Linda provided data for the study in the form of interviews and questionnaires. Various themes emerged as I analyzed the data. Common themes within the cases included a need for more teacher training focused on mental health, a need for more resources to address both student mental health and teacher mental health, more time within the day to implement the social-emotional curriculum, understanding the importance of the student-teacher relationship, and more community awareness regarding mental health issues. Many of the participants described their own battles with mental health issues and the need for district resources to address teacher needs.

Following a cross-case analysis and framework analysis, the following themes emerged from the data: the need to address educators' mental health needs; a need for more focused, specialized training for educators; more resources needed to address students' mental health needs; and the need for strong relational bonds between students

and teachers. Not surprisingly, the educators spoke of their own increase in mental health problems following the COVID-19 pandemic. They also noted an increase in students' mental health problems, such as anxiety and depression. All participants discussed the importance of strong teacher-student relationships. Each participant provided at least one example of a time she was better able to recognize student distress due to a strong teacher-student bond. The interviews pointed to a lack of training and limited knowledge about the Texas mental health initiatives. The teachers reported not knowing about the initiatives or what the district was doing because of the new legislation. According to the educators, the district provided a mental health curriculum in the form of a social-emotional curriculum and mandated that all teachers present the curriculum during advisory periods. This study suggested that teachers often remain excluded from conversations about how to address students' mental health needs. Yet, the expectation remains for educators to proficiently recognize mental health issues and refer students for help if needed.

Informed Recommendations

As previously discussed, the study findings include a desire by the participants to have more specialized training provided by the district, the need to address teacher mental health needs, the need for strong student-teacher relationships, and the need for more resources for both teachers and students. Research shows that teacher mental health influences student mental health; therefore, improving teacher social-emotional skills aids in improving students' social-emotional learning (Cavioni et al., 2020; Cefai et al., 2018; Harding et al., 2019; Parker et al., 2012). Data from the study lead to the following implications and recommendations.

- Implications:

  o Districts need to provide more specialized mental health training to teachers.

  o Educators need to better understand how to recognize and address student mental health needs.

  o Districts need to establish mental health supports for educators experiencing mental health concerns.

  o Educators need to establish strong student-teacher relational bonds with each student.

- Recommendations:

  o Districts should hire more school-based mental health professionals, such as school psychologists, social workers, and counselors. Additionally, districts need to better utilize the mental health professionals to provide specialized mental health training to educators.

  o Educators can collaborate with current district mental health professionals to learn more about student mental health needs and how to better serve students. Through collaboration, educators and mental health professionals can address student needs more effectively.

  o Districts should build community partnerships with outside mental health agencies to help both students and educators.

  o Campuses can implement programs to aid in building teacher-student relationships, such as a mentoring program or an activities period during which teachers are able to spend time building relationships.

Additionally, campuses can build morale and community by providing their educators with opportunities to collaborate with peers, participate in team-building activities throughout the year, and provide ways for teachers to obtain help when feeling overwhelmed.

Findings Distribution Proposal

This collective case study serves to inform the readers about the lived experiences of four Texas middle school educators following the effects of the 2019 Texas mental health initiatives. Although specific to the middle school campus where the educators taught, the study findings translate to other campuses and other educators. Texas legislatures mandated changes so districts could better address student mental health needs; however, Texas educators were not provided adequate training or knowledge of the mental health initiatives and subsequent changes. Educators deserve better training and knowledge of changes that affect them and how they perform in the classroom.

Target Audience

District administrators, superintendents, and school board members share responsibility in disseminating information to teachers. I propose distributing the study findings to district leadership, such as administrators, superintendents, and school board members, to discuss necessary needed changes. These individuals are the change-makers in school districts. Therefore, providing district leadership with the study findings benefits the educators and the district as a whole. I plan to present the findings to district leadership as a presentation at a monthly administrator meeting. Additionally, I hope to present at a professional conference. A short-term goal includes presenting to district leadership within the North Texas district where the participants taught. Long-term plans include presenting at a professional conference to district leadership from throughout Texas. Through presenting to district leadership, I hope to begin the conversation about the needed changes following the implementation of the Texas mental health initiatives.

Professional Presentation for Key Stakeholders

First, I propose distributing study findings via an in-person presentation to district leadership, such as the campus administrator, other district administrators, and possibly the superintendent and school board. Distributing the findings to the district where the participants worked aids in providing a voice to the four cases and having their stories heard. The proposed presentation would occur at a monthly administrator meeting at the district administration offices. The presentation would be approximately 60–90 minutes in length, including discussion time and participant activities. Presentation goals include describing the Texas mental health initiatives, explaining the study and its findings, and reviewing recommendations and implications of the study. Presentation participants will brainstorm together ways to address the needs of both teachers and students.

Second, I propose distributing findings at the txEDCON 2022 TASA/TASB Convention. TASA stands for Texas Association of School Administrators and TASB stands for Texas Association of School Boards. The annual convention occurs in September each year. Presentation proposal applications are accepted beginning April 1, 2022. In May 2022, board members, superintendents, and administrators review applications and provide feedback on topics of interest. Should the proposal be accepted for the 2022 conference, the presentation session will be one hour in length. During the hour presentation, I will distribute study findings and discuss recommendations.

Distribution Materials

For both the short-term and long-term distribution goals, a poster and presentation slides are necessary. Presentation distribution materials will include a copy of the methodology poster describing the study and handouts from the presentation slides. First,

I will provide presentation attendees with a paper copy of the methodology poster providing an overview of the study. The poster provides a synopsis of the study providing background information to the attendees. Next, I will provide attendees with a copy of the presentation slides allowing them to follow the presentation more easily. The presentation will mainly focus on the four themes, implications, and recommendations. I will include my contact information on the last slide and provide business cards should an attendee want to contact me post-conference.

APPENDICES

APPENDIX A

Field Observation Protocol

Researcher Name	
Participant Name/#	
Time	Duration
Place	Number of Students
Planned Agenda	
Overview (brief summary including key concepts and key elements)	

Date/Time	Descriptive Notes	Reflective Notes

APPENDIX B

Interview Protocol

Participant: Interviewer:

Date: Time:

Zoom or In-person

Interview Questions	Research Question Addressed by Interview Question
What inspired you to become a teacher?	
What is your understanding of the 2019 state mental health initiatives (HB 18 and SB 11)?	*How do educators describe their experiences with implementing a mental health curriculum to address the state mental health initiatives?*
Can you describe your experience with campus changes due to mental health initiatives?	*What are teacher perceptions about the effectiveness of the mental health initiatives?*
What is your campus doing to address students' mental health needs?	*How do educators describe their experiences with implementing a mental health curriculum to address the state mental health initiatives?*
Was mental health training part of your teacher preparation program?	*How do educators describe their experiences with implementing a mental health curriculum to address the state mental health initiatives?*
What mental health training has the district provided?	*How do educators describe their experiences with implementing a mental health curriculum to address the state mental health initiatives?*
What mental health curriculum is your campus utilizing? How do you feel teaching the curriculum?	*What are teacher perceptions about the effectiveness of the mental health initiatives?*

What is your understanding of mental health services available to students? To teachers?	*What are teacher perceptions about the effectiveness of the mental health initiatives?*
How would you describe the effectiveness of the mental health initiatives? Have you noticed a decrease in student mental health problems?	*What are teacher perceptions about the effectiveness of the mental health initiatives?*
How would you describe your own experiences with mental health?	*How do teachers describe their own mental health experiences as they address students' mental health needs?*
Are there any programs or policies in the district to address staff emotional well-being and mental health? If so, how satisfied are you with the programs?	*How do teachers describe their own mental health experiences as they address students' mental health needs?*
How do you feel having to implement a mental health curriculum, such as a social-emotional learning curriculum?	*How do teachers describe their own mental health experiences as they address students' mental health needs?*
Do you feel appropriately educated about mental health challenges you may encounter in middle school students?	*How do teachers describe their own mental health experiences as they address students' mental health needs?*
How would you describe challenges you face as a middle school teacher regarding student mental health?	*How do teachers describe their own mental health experiences as they address students' mental health needs?*

APPENDIX C

CASEL PAR Questionnaire

TOOL: Personal Assessment and Reflection—SEL Competencies for School Leaders, Staff, and Adults
Collaborative for Academic, Social, and Emotional Learning

This tool was designed for self-reflection. It should not be used to evaluate performance. Principals, administrators, SEL team members, and staff members can use it to assess their personal strengths and think about how they can model those strengths when interacting with others. The tool also offers prompts that encourage thinking about strategies to promote growth across areas of social competence.

Insights gained from this personal reflection tool can be effectively used during SEL professional learning. After individuals privately complete the tool, they can discuss general themes and examples of strengths and challenges with partners or in small groups. During regular staff meetings, staff can revisit personal goals to mark progress and update.

Here's how to use this tool:

1. Read each statement and think of related specific situations, then rate yourself on the statement by marking the appropriate box (*rarely, sometimes, often*). If a statement does not apply to you, draw a line through the rating box.

2. When you finish, search for patterns of strengths and challenges to guide your personal social-emotional growth process. This information is for you, so answer accurately without judging responses as "good" or "not as good."

3. After completing the reflection, take action in light of what you learned.
   - Reflect upon the results to draw conclusions about your progress.
     - If you consider that statements marked as "often" could be indicators of personal strengths:
       - How do these strengths affect your interactions with students and peers?
       - What competencies do your strengths relate to?
       - Which of your strengths do you believe will help you guide schoolwide SEL?
       - Which are you most proud of?
     - If you consider that statements marked as "rarely" could be considered as current challenges:
       - How might enhancing this area benefit your interactions with students and/or peers?
       - To which competency or competencies do your challenges relate?
       - Select one or two areas you believe would help you promote schoolwide SEL.
       - Develop a strategy to remind yourself to practice this new behavior, or bring it up as something to work on with a mentor or a coach.
     - When looking at your responses, were there things that surprised you? Were there things that confirmed what you already knew about yourself?
   - List ways you can model your strengths for others and embed them throughout the school day.
   - List ways you can improve on any challenges you currently face.

SELF-AWARENESS		Rarely	Sometimes	Often
EMOTIONAL SELF-AWARENESS	I am able to identify, recognize, and name my emotions in the moment.			
	I recognize the relationship between my feelings and my reactions to people and situations.			
ACCURATE SELF-PERCEPTION	I know and am realistic about my strengths and limitations.			
	I encourage others to tell me how my actions have affected them.			
	I know how my own needs, biases, and values affect the decisions I make.			
SELF-CONFIDENCE	I believe I have what it takes to influence my own destiny and lead others effectively.			
	I feel confident that I can handle whatever comes along with calm self-assurance and a relaxed presence.			
OPTIMISM	I believe that most experiences help me learn and grow.			
	I can see the positive even in negative situations.			

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CASEL

TOOL: Personal Assessment and Reflection—SEL Competencies for School Leaders, Staff, and Adults
Collaborative for Academic, Social, and Emotional Learning

SELF-MANAGEMENT		Rarely	Sometimes	Often
SELF-CONTROL	I find ways to manage my emotions and channel them in useful ways without harming anyone.			
	I stay calm, clear-headed, and unflappable under high stress and during a crisis.			
SETTING AND ACHIEVING GOALS	I have high personal standards that motivate me to seek performance improvements for myself and those I lead.			
	I am pragmatic, setting measurable, challenging, and attainable goals.			
ADAPTABILITY	I accept new challenges and adjust to change.			
	I modify my thinking in the face of new information and realities.			
ORGANIZATIONAL SKILLS	I can juggle multiple demands without losing focus or energy.			
	I balance my work life with personal renewal time.			

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SOCIAL AWARENESS		Rarely	Sometimes	Often
EMPATHY	I listen actively and can grasp another person's perspective and feelings from both verbal and nonverbal cues.			
RESPECT FOR OTHERS	I believe that, in general, people are doing their best, and I expect the best of them.			
APPRECIATION OF DIVERSITY	I appreciate and get along with people of diverse backgrounds and cultures in my school community and utilize inclusionary practices to ensure all voices are represented.			
ORGANIZATIONAL AWARENESS	I am astute in organizational situations and am able to identify crucial social networks.			
	I understand the organizational forces at work, guiding values, and unspoken rules that operate among people.			

Notes:

TOOL: Personal Assessment and Reflection—SEL Competencies for School Leaders, Staff, and Adults
Collaborative for Academic, Social, and Emotional Learning

RELATIONSHIP SKILLS		Rarely	Sometimes	Often
COMMUNICATION	I foster an emotionally nurturing and safe environment for staff, students, families, and community members.			
	I am open and authentic with others about my values and beliefs, goals, and guiding principles.			
	I communicate with and encourage interaction with staff, students, parents, caregivers, and community members.			
	I can articulate ideas that are important to me in ways that motivate others to become involved.			
BUILDING RELATIONSHIPS	I have a genuine interest in cultivating people's growth and developing their SEL skills			
	I am able to openly admit my mistakes and shortcomings to myself and others.			
	I try to understand the perspective and experiences of others before I offer suggestions.			
	I give timely and constructive feedback as a coach and mentor.			
CONFLICT MANAGEMENT	I am comfortable dealing with conflict, listening to feelings from all parties and helping them understand different perspectives.			
	I am able to guide conflicting parties to find a common solution.			
TEAMWORK AND COLLABORATION	I am good at teamwork and collaboration and generate a collegial atmosphere that inspires us all.			
	I build relationships with members of diverse groups.			
	I involve key stakeholders in important decision-making tasks to ensure we are making wise choices.			
	I embody teamwork in my leadership style and personal behaviors as a role model to staff, students, and the school community.			
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RESPONSIBLE DECISION-MAKING		Rarely	Sometimes	Often
PROBLEM IDENTIFICATION AND SITUATION ANALYSIS	I am able to define the core of the problem and differentiate it from solution options.			
	I recognize the need for change, to challenge the status quo, and to encourage new thinking in my school.			
	I conduct a needs analysis and involve the staff to identify problems before starting a new initiative.			
PROBLEM-SOLVING	I involve others to generate multiple solutions and predict the outcome (of each solution) for key problems.			
	I find practical and respectful ways to overcome barriers, even when it comes to making decisions that may not be popular.			
EVALUATION & REFLECTION	I use more than one measure to assess progress toward social, emotional, and academic goals.			
	I provide opportunities for self-reflection and group reflection on progress toward goals and the process used.			
PERSONAL, MORAL, & ETHICAL RESPONSIBILITY	I treat other people in the way I would want to be treated.			
	I encourage community service activities for students, staff, and the community			

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APPENDIX D

Email to Potential Participants

Good afternoon Gxxxxxx teachers,

I am enrolled in Baylor University's Online Doctor of Education in Learning and Organizational Change program. As part of my doctoral work, I will be completing a study to examine teachers' perceptions and experiences following changes due to Texas House Bill 18 and Senate Bill 11. The Texas mental initiatives require educators to focus more on addressing students' mental health needs.

I plan to conduct the data collection portion of my dissertation/Problem of Practice study in the Spring 2021 semester. Therefore, I am seeking 3-4 participants, preferably one teacher from each grade level and an electives teacher.

If you choose to participate in the study, your privacy will remain confidential. Data collected from this study will protect names and any other identifying information. There is no risk involved in participating in the study.

As a participant in the study, you will be asked to complete two online questionnaires (CASEL Personal Assessment and Reflection tool and a Google document) and one interview with the possibility of a follow-up interview. The study will also entail two classroom observations. You will be able to view and clarify all collected data.

If you are interested in participating in this study, please reply to this email. Thanks in advance for your time and consideration in participating in the study.

Kristine N. Rodriguez
Baylor Doctoral Student

APPENDIX E

Informed Consent

Baylor University

School of Education
Department of Curriculum & Instruction

<u>Consent Form for Research</u>

PROTOCOL TITLE: Mental Health Initiatives in Texas Schools: A Collective Case Study Exploring Educators' Experiences in a North Texas School District

PRINCIPAL INVESTIGATOR: Kristine N. Rodriguez

SUPPORTED BY: Baylor University

You are invited to be part of a research study. This consent form will help you choose whether or not to participate in the study. Feel free to ask if anything is not clear in this consent form.

Things you should know:
- The purpose of the study is to examine teachers' perceptions and experiences to describe how the changes in addressing students' mental health due to Texas House Bill 18 and Senate Bill 11 affect them.
- In order to participate, you must be a middle school teacher teaching either grades 6, 7, and/or 8.
- If you choose to participate, you will be asked to:
  - Complete two online questionnaires (CASEL Personal Assessment and Reflection tool and a Google document). This will take approximately 15-20 minutes to complete. Correspondence will be completed via email.
  - Allow the researcher to complete two field observations during your advisory period.
  - Participate in a semi-structured interview either in person or via Zoom that will last approximately one hour, with the possibility of follow-up interviews. You will be asked to complete an interview to share your beliefs, concerns, experiences, perceptions, and stories regarding the advantages, barriers, and/or challenges addressing students' mental

health needs as well as your own. With your permission, the interview will be recorded and transcribed for data analysis purposes. All recorded interviews will be saved in digital form, encrypted, and will be password protected. If you do not wish to be recorded, you can still participate in the study. You will indicate your decision at the end of this form.

- The risks involved in this study are not greater than everyday life. A risk of taking part in this study is the possibility of a loss of confidentiality. Loss of confidentiality includes having your personal information shared with someone who is not on the study team and was not supposed to see or know about your information. The researcher plans to protect your confidentiality. Your name will not be used; an alias will be assigned. We will make every effort to keep your records confidential.
- There is no direct benefit for participating in this study.
- Taking part in this research study is voluntary. You do not have to participate, and you can stop at any time.

The following people or groups may review your study records for purposes such as quality control or safety:
- Representatives of Baylor University and the BU Institutional Review Board
- Federal and state agencies that oversee or review research (such as the HHS Office of Human Research Protection or the Food and Drug Administration)

Participating in this study is completely voluntary and may be revoked at any time prior to completion of the evaluation. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after consent was given and before the consent was revoked).

If you have any questions about this research, you may contact:

Kristine N. Rodriguez   Dr. Jessica Padron Meehan
Researcher   Faculty Advisor
Phone: (214) 934-1510   Email: Jessica_Meehan@baylor.edu
Email: kristine_rodriguez1@baylor.edu

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Baylor University Institutional Review Board
Office of the Vice Provost for Research
Phone: 254-710-3708
Email: irb@baylor.edu

Your Consent

By signing this document, you are agreeing to be in this study. A copy of this document will be provided to you for your records. I will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact me using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

_____   _____
Signature of Subject   Date

Consent to be Audio/Video Recorded
I agree to be audio/video recorded.

YES_____ NO_____ Initials _____

APPENDIX F

Initial Questionnaire to Participants

The following questions appeared on a Google form presented to participants before the semi-structured interview and field observations.

1. Name

2. Gender

3. Ethnicity/Race

4. What do you teach?

5. What grade level do you teach?

6. How many years have you been teaching?

7. Highest education level (degree obtained)

8. How would you rank the following in regard to how it affects your stress level? (1 contributes the most to your stress level and 6 contributes the least): managing difficult students, lack of emotional/mental health support, lack of resources, school climate/politics, added job expectations (i.e., virtual learning, COVID-19 procedures), and student/parent demands and/or expectations.

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