

ABSTRACT

Stuck in the Middle: A Narrative Case Study Examining Middle School Teachers' Feelings about Addressing Mental Illness-Related Behaviors in the Classroom

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In recent years, middle school teachers began to take on the additional task of providing mental health support to their students. They diverted from teaching to address disruptive behaviors that occurred in their classrooms. Mental illness and associated behaviors continued to cause growing concerns. The following research study explored the feelings of four middle school teachers as they resolved crises that involved emotionally driven and aggressive behaviors that presented as out of the norm or as the result of a mental illness in some students. The researcher explored what middle school teachers felt as they addressed the severe behaviors.

The researcher highlighted teachers' perspectives driven by their involvement in this phenomenon. This case study employed a narrative and instrumental approach. The primary sources of data collection included semi-structured interviews through Zoom, and documentation reviews of the teachers' referrals submitted to the guidance counselors that indicated the students' need for emotional support. Albert Bandura's social cognitive theory served as the theoretical framework for the study. Bandura's theory supported the idea that when teachers observed behaviors driven by mental illness,

the behaviors directly affected their feelings, perceptions, and attitudes and potentially prepared teachers to address the next crises more effectively. The social cognitive theory also promoted the idea of direct experiences as a learning method when individuals exposed themselves to a situation.

The researcher's goal was for the supporting literature and findings of this study to increase awareness and concern for teachers as they involve themselves in the adolescent mental health phenomenon. The study aimed to close gaps in the existing literature and address teacher perceptions about their responsibility to address severe behaviors.

Results revealed a consensus among the four participants. Each teacher reported the lack of mental health training from their school districts. The participants also consistently indicated that they lacked and desired support from their school districts as they took on the responsibility of addressing their students' symptoms and behaviors. Half of the teachers reported burnout due to the intensity of their students' behaviors and symptoms, and three of the participants related to inadequacy in some way.

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Stuck in the Middle: A Narrative Case Study Examining Middle School Teachers'
Feelings about Addressing Mental Illness-Related Behaviors in the Classroom

by

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TABLE OF CONTENTS

LIST OF TABLES	vii
ACKNOWLEDGMENTS	viii
DEDICATION	ix
CHAPTER ONE	1
Introduction to the Problem of Practice	1
Introduction	1
Statement of the Problem	2
Purpose of the Study	5
Theoretical Framework	6
Definition of Key Terms	8
Conclusion	10
CHAPTER TWO	11
Literature Review	11
Introduction	11
Environmental Factors that Contribute to Adolescent Mental Illness	12
The Relevance of Teacher Training in Mental Health	22
Teacher Feelings and Perceptions Regarding their Role as Mental Health Professionals	28
Conclusion	35
CHAPTER THREE	38
Methodology	38
Introduction: Research Question	38
Researcher Perspective and Positionality	39
Theoretical Framework	41
Research Design and Rationale	45
Site Selection and Participant Sampling	47
Data Collection Procedures	49
Data Analysis Procedures	52
Ethical Considerations	55
Limitations and Delimitations	56

Conclusion	58
CHAPTER FOUR.....	59
Results and Implications	59
Introduction.....	59
Overview of Participants.....	61
Framework Analysis	66
Thematic Analysis.....	75
Documentation Reviews	85
Discussion.....	87
Implications.....	93
Summary and Conclusion	95
CHAPTER FIVE	96
Distribution of Findings.....	96
Executive Summary	96
Findings Distribution Proposal	102
Conclusion	104
APPENDIX A.....	106
Baylor University School of Education Consent Form	106
APPENDIX B	110
Middle School Teacher Interview Protocol	110
BIBLIOGRAPHY.....	111

LIST OF TABLES

Table 4.1 <i>Framework Themes and Connections</i>	74
Table 4.2 <i>Themes Presented in the Cross Case Analysis</i>	84
Table 4.3 <i>Documentation Review Excerpts</i>	87

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DEDICATION

To my beloved daughter, Ashlyn, my parents, Thelma and Willard Whitener, my brother, Tony, and all of my extended family and friends who supported me throughout this journey, I appreciate you. I dedicate this hard work and this research study to you. Thank you all. I witnessed your concern and thirst for knowledge about mental health grow as you watched my passion for the topic grow. To all of the adolescents who allowed me the pleasure to provide counseling services to you, thank you for trusting me as I developed my gift of counseling. Finally, to my sister, Lorie, and my brother, Anthony who have gone to be with the Lord, you are always my motivation. This is for you. I can do all things through Christ who strengthens me (Philippians 4:13).

CHAPTER ONE

Introduction to the Problem of Practice

Introduction

Recently, at increasing rates, middle school teachers addressed behaviors out of the norm such as violent and emotional outbursts, self-harm, suicide threats, property destruction, and physical aggression. In the professional context, the researcher became aware of middle school teachers who experienced extreme behaviors from students and provided the initial responses to de-escalate the student-related crises. Unfortunately, teachers lacked adequate mental health training and the confidence to respond appropriately. In recent years, mental illness affected the adolescent age group at alarming rates. Whitley et al. (2012) argued that 15% to 30% of children and adolescents had a mental health diagnosis. They also reported an expected increase of 50% to occur by 2020.

Teachers lacked adequate training to deal with atypical behaviors such as violent outbursts or suicide notes during classroom time; however, teachers needed to decide how to respond in the interim when behaviors in their classrooms escalate out of control. In a recent survey of school inspection reports, Rothi et al. (2007) stated that three-quarters of the schools featured in their study failed to meet the standard for training teachers in mental health. They reported that mental health training for teachers must become a priority since schools rarely hired mental health professionals. In addition to adequately trained teachers, the best scenario for effective mental health management

required active parents who sought mental health services for their students outside of school.

According to Moon et al. (2017), schools held the responsibility to provide a vital entry point for mental health services for children, which once again makes it necessary for teachers to play a role in symptom identification and management. Middle school teachers felt the impact when parents neglected their adolescents' mental health outside of school due to a lack of knowledge and resources, especially in rural areas. When students lacked mental health services outside of school, teachers assisted emotionally unstable children as they navigated through the teaching and learning processes.

In this study, the researcher describes and reports teachers' perceptions and concerns regarding their positions in mental illness management. This study focuses on teachers' voices to enlighten administrators, school boards, and mental health professionals about the need to support teachers as they learned to manage their students' mental illness symptoms. Ultimately the researcher wanted the findings to strengthen the argument that teachers expected support, training, and empathy while they addressed behaviors associated with their students' mental illnesses. This study aims to amplify teachers' voices and acknowledge their concerns. This study adds to existing literature to identify the needs of educators as they managed the unknown aspects of the adolescent mental health crisis and filled literature gaps concerning the rise in mental illness among middle school-aged adolescents, and how it impacted middle school teachers.

Statement of the Problem

Middle school teachers began to de-escalate behaviors related to mental illness in their classrooms at increasing rates. These teachers held on to various feelings and

perceptions toward their responsibility to address these behaviors. Brophy et al. (2014) acknowledged that “Traumatic events and crises involving schools and children often become high-profile occurrences; however, school district leaders and administrators failed to provide adequate attention to teachers and how they coped with crises” (Brophy et al., 2014, p. 71). Limited research addressed how teachers perceived their roles as first responders. Furthermore, teachers felt they did not have a platform to share the experiences of how they dealt with children that presented with behavioral and emotional needs. Teachers experienced students with many ranges of emotional and behavioral disorders. They rarely possessed enough background information or training to respond appropriately.

Rothi et al. (2007) assessed the reasons for the increase in disruptive behaviors in classrooms. They suggested that the idea of inclusion served as one of the main explanations. Schools aimed to provide all students with the opportunity to learn in mainstream classrooms. Consequently, students who needed extra attention had teachers who lacked the tools to address the behaviors competently. Teachers needed to make severe behavior issues a priority. Franklin et al. (2012) confirmed that administrators expected teachers to address behaviors related to their students’ mental illnesses. These expectations stood despite teachers’ training deficits. Resultantly, the researchers searched for ways to implement teachers into mental health service delivery in the classroom setting. Franklin et al. (2012) explored ways to involve teachers in the implementation of mental health management. The study concluded that teachers actively involved themselves in 40.8% of the mental health interventions while they provided 18.4% of the interventions alone, in their classrooms. The study further implied that if

teachers planned to involve themselves in the delivery of mental health services, they required adequate training.

Teachers try to identify what they need to know and ways they should respond when a crisis erupts. They attempt to recognize when an overly emotional or withdrawn student needs mental health attention. Student mental health crises require quick responses. As a result, teachers responded impulsively but not always effectively. According to Rothi et al. (2007), teachers took on the role of educators and mental health professionals. The researchers suggested that teachers needed to observe to learn the early signs and symptoms of mental illness. Once educators accomplished this task, they could assume the responsibility and refer students for appropriate mental health services. Fortunately, sometimes visits with school counselors sufficed. Mastroyannopoulou and Loades (2010) emphasized that parents consulted teachers first when their children presented with obvious mental health symptoms and behaviors. Unfortunately, teachers lacked general knowledge of mental illnesses, but they referred the students to their guidance counselors for assistance. Teachers carried the burden to fulfill parents' and administrators' expectations for them to address mental health symptoms without adequate knowledge.

The expectation to respond to disruptive and mental illness-related behaviors places a heavy responsibility on teachers. These teaching professionals realized they lacked sufficient training on mental health disorders and the symptoms that accompanied the disorders. Adolescents presented many varieties of behavioral struggles and mental illnesses. According to Taggart and McMullan (2007), teachers lacked knowledge about mental health disorders such as depression. The lack of knowledge made it difficult and

stressful to assist students during their times of crisis. Brophy, Maras, and Wang (2014) indicated that the lack of knowledge and lack of training led to teachers who felt unsupported.

Moon et al. (2017) posited that the need for teacher training combined with inaccessible mental health services in schools served as major contributors to the problem. Moon et al. (2017) further advised that administrators should explore their teachers' perspectives on the importance of mental health training and the presence of mental health services in their schools. Armstrong et al. (2015) identified teachers as the "key professionals" to execute interventions in response to disruptive behaviors brought on by mental illnesses. They further suggested that training should begin with teachers when they entered the preservice phase of their careers.

Purpose of the Study

This author of this single case study aims to raise awareness of the growing mental health crisis in middle schools and its effects on teachers. One out of ten children and adolescents live with a mental illness (Kaushik et al., 2016). This disturbing statistic includes adolescents in the middle school age range. The study aims to acknowledge teachers' feelings, perceptions, and expectations as their job descriptions evolved to include the manager of mental health crises. The researcher hoped to make teachers' voices audible since they played an important role in adolescent mental health management.

The rise in adolescent mental illness meant middle school teachers experienced the resulting behaviors first-hand. The researcher sought to increase awareness and prompt administrators, school board officials, and superintendents to assess what training

and resources they lacked. The researcher hoped the study would result in supported and confident teachers. The study aimed to promote increased training for teachers to assist children who struggled with the effects of their mental health diagnoses.

The researcher deemed one research question as most appropriate for the study and the research question served as a sufficient guide to discover middle school teachers' experiences as they addressed the behaviors identified as out of the norm or mental illness-related. This question guided the study: what are middle school teachers' feelings and perceptions as they experience and manage students' extreme and mental health-related behaviors? The research question helped to capture the experiences of the teachers as they dealt with unmanageable behaviors in the classrooms and mental health crises. Mental health crises consisted of emergencies outside of the typical, daily classroom and school functioning. Crises included behaviors that involved criminal activity, self-harm, or other dangerous behaviors (National Alliance on Mental Illness, 2020). The researcher also used the research question as a guide to gain an understanding of perceptions and to capture the meaning of the experiences described. The researcher believed the individual question would serve as an aid to gather concerns from the teachers, and consequently, assist the researcher with making recommendations after the study.

Theoretical Framework

Mental illness affects the social, emotional, and behavioral aspects of the learner and the educator's academic journey. The researcher conducted the study through the lens of the social learning theory, also known as the social cognitive theory. The social cognitive theory explained how humans' direct experiences and observations of behaviors shaped their ability to learn and respond to the behaviors effectively.

Albert Bandura's social cognitive theory, which evolved from the social learning theory provides a foundation for the study to focus on the students' behaviors and the teachers' responses. The social cognitive theory suggested that individuals learned and behaved based on observation of others' behaviors, but developed into the social cognitive theory when Bandura believed that observation alone would not suffice for learning. He then added the concepts of thoughts evaluating, and anticipating consequences. The researcher primarily focused on the earlier components of the theory.

Williams (2017) referred to the social cognitive theory as a way to engage a wide range of learners, including adults such as middle school teachers in the study. A few of the key terms associated with the social cognitive theory included observation, direct experience, and self-efficacy. While Bandura referred to learners in their earlier stages of human development, the study referred to teacher observation of students as opposed to student observation of peers. Van Lange et al. (2012) stated that Bandura's social cognitive theory promoted peer observation and modeling to influence behavioral change. Bandura argued that observation led to successful learning patterns. According to Van Lange et al. (2012), the social cognitive theory focused on the way individuals observed and learned with behavior observation as a motivator. In conjunction with observation, Bandura (1971) posited that direct experience led to new behaviors. The theorist believed that learners viewed an incident and adjusted their reactions based on the behavior they witnessed. Bandura later broke down the social and cognitive components with social meaning actions, thoughts, and the cognitive focus on motivation, which guided the researcher's application of self-efficacy. Bandura explained that cognitive focus and motivation served as powerful components of building self-

efficacy during the learning process. During the process of building self-efficacy, Bandura explained that the reward came when the learner achieved their desired outcome. When the learner failed to achieve their desired outcome, they made changes. Malone (2002) by way of Bandura (1989) posited that an individuals' self-efficacy could improve through the process of trial and error.

According to Williams (2017), the application of the social cognitive theory in educational settings presented an unpredictable task. Adults and children displayed unpredictable behaviors because they both responded according to the way they saw fit. The social cognitive theory helped to support the explanation that students' behaviors displayed in the classroom encouraged teachers' behaviors in response to their students' symptomatic actions.

Definition of Key Terms

Adolescents: The phase of life in which one transitions from childhood to adult, ages 10–24 (Sawyer et al., 2019).

Burnout: Feelings of emotional exhaustion, emotional strain, as a result of one's daily responsibilities (Bottiani et al., 2019).

Crisis: Emergencies outside of normal daily functioning. This may include criminal activity, self-harming, or other dangerous behaviors (National Alliance on Mental Illness, 2020).

De-escalation Techniques: Non-physical approaches recommended to manage mental behaviors related to mental health symptoms (Owen et al., 2014).

Diagnosis: The official mental disorder given by a licensed clinician or doctor derived from the Diagnostic and Statistical Manual of Mental Disorders (Cratsley, 2019).

Frontline: This study refers to teachers as the first to witness and address disruptive behaviors (Armstrong et al., 2015).

Guidance Counselor: Promotes student emotional well-being and helps to optimize the use of educational resources (Shtapra-Ifrac & Benish-Weisman, 2019).

Mental Health: Refers to one's state of mental wellbeing (Rothi et al., 2008).

Mental Health Counselor: Licensed Mental Health professionals, sometimes with positions in school settings and focus only on mental assessments and provide counseling to students (National Alliance on Mental Illness, 2020).

Mental Illness: Changes in one's mental and emotional state of wellbeing outside of normal functioning (Kutuk et al., 2016).

Public-Stigma: Discrimination in social environment (Murman et al., 2014).

Self-Efficacy: References teachers' views of themselves and their capabilities in their profession (Hann & Weiss, 2005).

Self-Stigma: When someone views themselves negatively because of their mental health disorder (Murman et al., 2014).

Service Gap: Absence of the use of mental health services (Shtapra-Ifrac & Benish-Weisman, 2019).

Social Cognitive Theory: Social Learning Theory later evolved into this (Lange et al., 2012).

Social Learning Theory: Albert Bandura's theory connects behavior with social and environmental factors (Lange et al., 2012).

Stigma: Overall negative views and assumptions that include prejudice and stereotypes (Kaushik et al., 2016).

Stress: When overwhelming demands impact the ability to cope, sends one into fight or flight responses (Bottiaini et al., 2019).

Conclusion

Teachers stood as the unsung heroes during the rise in the mental health crisis in middle schools. The teaching profession involved the management of students' behaviors associated with mental health disorders. Teachers served as a vital component of the treatment team for students who displayed behaviors that presented as out of the norm. These critical behaviors were frequently related to mental illness. This research study encouraged educational systems to consider teachers' perceptions, feelings, and concerns as expectations increased for teachers to address the remnants of the decline in their students' mental health. The literature review in Chapter Two identified the studies that addressed teachers' perceptions as they assumed the role of mental health professionals. The review discussed the lack of teacher training, the influence of environmental factors, teacher burnout, teacher retention, and other important influences. These factors all impacted adolescent mental health and weighed heavily on teachers. Increasing amounts of disruptive behaviors caused administrators to expect teachers to transition into the role of mental health professionals. This phenomenon placed visible effects on teachers and students. The dual role of educator and mental health professional became problematic since teachers did not feel fully equipped to handle their students' behaviors. The following chapter explored existing literature as well as gaps in the literature that existed on the problem.

CHAPTER TWO

Literature Review

Introduction

Middle school teachers addressed behaviors that mentally unstable children displayed in their classrooms but not always knowledgeably and effectively. Adolescents' life challenges that stemmed from home or other environments outside of school created a major impact on their behavior and coping. Consequently, teachers changed their instruction methods because their days now consisted of emotion control and mental illness symptom management for their students. The following literature review highlights the growing relevance of adolescent mental illness and teachers' feelings associated with the problem. Also, the literature review reveals that teachers' feelings regarding this matter often go unnoticed. Teachers expected administrators and higher officials in education to acknowledge their concerns. This literature review explores various research approaches that supported this argument. Furthermore, the literature review pointed out research gaps to validate the need for further literature that specifically addressed the crisis that involved middle school-aged adolescents' rapid decline in mental health. The literature supports and emphasizes the argument that teachers were not prepared to implement interventions for symptoms of mental illness. They hoped to respond adequately and support the needs of students who suffered from mental illnesses but maintained the role of a teacher as much as possible. The researcher organized the studies in the review according to topics that fit together with the problem of practice. The literature review sections included background information on the

adolescent mental health crisis which included environmental factors that contributed to mental illness among adolescents, the relevance of teacher training, and teachers' feelings and perceptions about dealing with behaviors related to mental health issues.

Environmental factors such as stigma, bullying, gender, race, parental involvement, and the students' relationships with their teachers all impact adolescent mental health. Adolescents struggle with mental illnesses combined with outside factors that influence their disruptive behaviors. The content of this literature review addresses each factor and its relationship with the growing adolescent mental health crisis. Stigma, bullying, gender, race, and the level of parental involvement with the students not only affects students' mental wellness but also informs middle school teachers' feelings and perceptions.

Environmental Factors that Contribute to Adolescent Mental Illness

Stigma, combined with environmental factors such as bullying, gender, race, and parental involvement influence the symptoms of mental illnesses that students display in middle school classrooms. The following section provides background information on considerable environmental factors that influenced adolescent mental health. These factors influence students' behaviors and shaped teachers' feelings and perceptions as they involved themselves in symptom and behavior management.

Stigma

Stigma serves as a discouraging factor in adolescent mental illness. Murman et al. (2014) suggested that the negativity that accompanied mental illness, commonly referred to as stigma, contributed to the symptoms of mental illness in adolescents. Murman et al. (2014) and other scholars also explored the relationships between stigma and the domino

effect stigma created when students felt embarrassed about their symptoms. The adolescent stage of life consisted of various emotional, mental, and physical changes that contributed to the symptoms of mental disorders. The negative stigma attached to mental illnesses created a difficult environment for adolescents to share their symptoms and seek help (Kaushik et al., 2016). The changes associated with mental illness caused teens to become self-conscious and overly concerned about how others perceived them. Kaushik et al. (2016) provided relevant input on the origin of the increasing trend of mental illness in adolescents within the typical middle school ages of 11 through 14. Similarly, Murman et al. (2016) and Kaushik et al. (2016) explained how stigma led to embarrassment and distracted teenagers. Unfortunately, teenagers did not always seek the help they required because of the uneasiness caused by the stigmas attached to mental illness.

Kaushik et al (2016) also reported that mental illness affected one in ten children. When young children did not receive treatment for their mental illnesses, the number of untreated mental illnesses in adolescents increased. Kaushik and colleagues identified stigma associated with mental illness as the primary reason for prolonged neglect of treatment. Although stigma and the lack of research on stigma stood as the focus of this study by Kaushik and his team, it also highly contributed to background information for the researcher's problem of practice. Unfortunately, too many children and adolescents did not receive treatment due to the negative stigmas attached to mental illness.

Stigma persists as a negative influence on treatment for mental illness because it affects one's decision to seek and accept treatment. Stigma reduction is a crucial component required to reduce adolescent mental illness. Murman et al. (2014) and Bulanda et al (2014) also used similar approaches and examined how anti-stigma

initiatives changed adolescents' views and opinions of mental illness. Murman et al. (2014) studied the Let's Erase the Stigma (LETS) initiative and Bulanda et al. (2014) studied the Share, Peace, Equality, Awareness, and Equality (S. P. E. A. K.) initiative. These organizations aimed to educate and raise awareness of adolescent mental illness. Researchers in both studies determined that stigma and behaviors related to stigma decreased with education on mental illness. Both Murman et al. (2016) and Bulanda et al. (2014) emphasized in their studies that education on mental illness and the stigmas attached revealed some evidence of improvement in negative stigmas and stigma-related behaviors. Unfortunately, some limitations complicated the Murman et. al (2016) study. The results presented the effect sizes from small to large. The findings failed to indicate a correlation between the anti-stigma club and behaviors related to mental illness stigma on behalf of the students in the study.

Previous studies such as Chandra and Minkovitz (2007) argued that education dissolved stigma. Chandra and Minkovitz (2007) agreed with the researchers who supported the idea that stigma and education worked hand in hand. The duo examined the power of stigma and the factors that deterred adolescents from seeking mental health services. The study justified the power of stigma. The study also aimed to increase awareness of stigma's influences and other related factors that diverted the adolescent age group away from mental health services. According to Chandra and Minkovitz (2007), 70% of teens with legitimate symptoms of mental illness did not receive the services they needed. Most of the teens that participated in the study reported negative experiences with previous mental health services or professionals. A small portion of the middle school teens reported that positive experiences with mental health professionals

influenced their decisions to seek help. Education and positive exposure to services increased the possibility for adolescents to seek help.

Bullying

In addition to stigma, bullying contributes to the increase in adolescents' symptoms of mental illness. Hase et al. (2015) used their research to provide explanations on how traditional bullying and cyberbullying affected the mental health of high school and middle school students. Hase and collaborators determined that the percentages of cyberbullying victims through text and social media overlapped with traditional bullying percentages. Hase and his colleagues dissected the different impacts that traditional bullying and cyberbullying had on adolescents' mental wellness. The study also examined how these types of bullying overlapped. The researchers focused on the adolescent age range between 12 and 18 years.

In continuation, the study Hase et al. (2015) study explored which type of bullying presented as more detrimental to adolescent mental health. A sample of 1225 middle school and high school students in Southern Oregon participated in the study. Both variations of bullying presented with similar levels of negative impact. Ninety-three percent of the respondents who reported experiences of cyberbullying reported traditional bullying as well. The findings supported other research and revealed that cyberbullying represented an extension of traditional bullying and presented no differences in the impact of the two types of bullying.

Bullying contributes to poor overall mental wellness in middle school and high school students. Davis et al. (2019) applied a somewhat different approach, went further, and examined how depression often surfaced as a result of bullying. Davis et al. (2019)

discovered that depression represented one of the most prevalent mental disorders among the adolescent age group, specifically the ages of 12 through 17 representing 13% of the early adolescent and teenage group. Although many other factors played a role, bullying contributed to the decline in middle school-aged adolescents' mental health. Furthermore, the study found that depression remained as one disorder among many others that affected adolescents who experienced bullying via the internet or traditional bullying. Bullying represented an attack response to environmental and cultural factors such as sexual and gender identification, appearance, and socioeconomic status.

Gender, Race, and Parental Involvement

Additional environmental factors such as gender, race, and the amount of parental involvement cause an impact on adolescents and their mental wellness. The literature in this section examined how these factors influenced learning, relationships, and the push for additional support in schools. Colvin et al. (2019) explored how gender and sexual orientation impacted adolescents who identified as Lesbian, Gay, Bisexual, Transgender, and Queer. The results of this study proved that LGBTQ students relied on a healthy school climate and teacher support to reduce depression and symptoms of other mental illnesses. Peers at school and the learning space collectively intimidated students who identified with non-traditional gender and sexual orientations. Parents, students, and administrators expected teachers to assume the responsibility to ensure students of these various associations maintained a supportive learning environment.

Colvin et al. (2019) also examined the effectiveness of support groups within schools for non-traditional gender and sexual minority students. They investigated whether the presence of the Gay-Straight Alliance in schools helped to reduce depressive

symptoms. The researchers searched for connections between support for adolescents who identified as Lesbian, Gay, Bisexual, Transgender, or Queer and better mental wellness. Unfortunately, the presence of the Gay-Straight Alliance did not help to improve or reduce depression or anxiety symptoms; however, the program contributed to a decrease in reports of suicidal thoughts. Programs such as the Gay-Straight Alliance assisted students and provided great support for teachers.

Teachers struggle with fulfilling their students' social and emotional needs without support from qualified professionals such as counselors and psychologists. Adolescents, especially those with mental diagnoses, require additional support. Sadly, subjectivity, gender, race, and family circumstances affect how teachers refer students to the school counselor or other professionals. When students present with emotional and mental symptoms, school counselors possess the knowledge and skills to provide emotional support and refer the students for further assistance if their issue relates to a mental illness. Adams et al. (2007) focused on several factors in their research. The trio sought to find out if gender, race, or family structure made a difference in the student referrals to the school counselor. The researchers searched for patterns in student counselor referrals during the process. Results indicated that teachers referred students with divorced parents and other familial issues more than students with married parents. According to gender, school counselors received more referrals for males than females. When researchers looked at race, they found that teachers referred African American students to school counselors or administrators more often than Caucasian students. The study mentioned that these conclusions did not necessarily reflect conscious decisions on the teacher's behalf. Teachers often referred students because of the student's issues, and

not because they preferred a certain race or gender. Parental involvement also affected how teachers referred students for mental health attention.

The level of parental involvement affects adolescents' mental wellness just as much as the other factors. Wang et al. (2019) studied parental involvement and the effect of parent-child relationships on mental wellness. Schools assumed the pressure of caring for their students' mental health needs which shifted the focus away from the parents in many cases. Wang et al. (2019) examined whether parental involvement presented an impact on adolescent mental health and victimization, specifically in middle school students. Wang et al. (2019) utilized the Georgia Student Health Survey 2.0 from 2013 to 2014 for the middle school participants in grades 6 through 8. The sample included 301,628 participants, and females represented 50% of the sample. Students represented 615 middle schools and 187 school districts in Georgia. According to Wang et al. (2019), findings aligned with the ecological systems theory that indicated more parental involvement led to fewer instances of mental illness symptoms. Wang et al. (2019) thoroughly explored the importance of a students' relationship with their parents and teachers and the connections to the students' mental well-being.

Teacher and Student Relationships

Teacher and student relationships build the foundation for a supportive and safe learning environment. Sutherland and Oswald (2005), approached their research differently. The researchers examined ways to pave a road that would allow more research in schools. They worked to examine teachers' relationships with students who displayed disruptive behaviors. As a result, the research studies developed the teachers into more equipped professionals with the ability to serve children with emotional and

behavioral disorders through education on emotional and mental disorders based on the transactional model.

Sutherland and Oswald (2005), introduced the transactional model. The model sought to help schools and teachers so that they could understand the emotional and behavior disorders and form better relationships with the students. The transactional model focused on the environment as a major influencer of behavior and desired to fill the gaps in previous research. The study recommended how to use the transactional model, what data to collect, how to analyze, and how to translate gaps in previous research. Sutherland and Oswald (2005) recommended additional longitudinal studies and two-way analysis of variance in future research on relationships and learning environments.

Additionally, LaRusso et al. (2008) shared the same viewpoint that teachers held the responsibility to provide a safe learning environment for all children. This study promoted the idea that a safe learning environment influenced overall mental health and adolescent behavior. LaRusso et al. (2008) helped to bring this topic to light. The study's sample of adolescents indicated that positive, supportive, and healthy learning environments, produced lower levels of drug use and depression. The researchers utilized the National Annenberg Survey of Youth (via telephone) for the data collection tool. Random samples of adolescents between the ages of 14 and 22 participated. The assessment measured teacher support and teacher regard for students, as well as questions regarding depressive symptoms. The findings confirmed the hypothesis in the end. The study found that teachers' respect for students, teachers' level of support, and teachers'

ability to maintain a healthy classroom environment directly impacted drug use and depression.

In addition to the two studies previously mentioned, Kidger et al. (2011) agreed that the learning environment plays a vital role in symptom management. They disputed that enough literature exists that addresses the importance of the school environment to adolescents' mental health. This study included a search for credible databases to confirm that the literature was minimal or did not exist. The researchers quested to locate studies related to adolescents between the ages of 11 and 18 and studies that explored effective interventions for adolescents. The study included the results from five previous studies. The studies included two non-randomized trials that found some significance in the effects of the learning environment and three randomized trials that indicated no significance. Overall, through the study search, the literature failed to reveal evidence that the learning environment influenced adolescents' emotional and mental health.

Equally as important, Baroody et al. (2014) and Oberle et al. (2018) examined the impact positive student relationships had on the overall learning experience for the child. This experimental study focused on fifth-graders (early adolescent age) and the student-teacher relationship. Baroody et al. (2014) examined whether the teachers' use of the Responsive Classroom model correlated with healthier relationships with their fifth-grade students. Teacher training remained the theme of this study, in comparison to several of the other studies in the literature review. Teacher training created and enhanced positive student and teacher experiences in the classroom. Baroody et al. (2014) found no direct link between the RC training and less conflictual relationships between teachers and students.

Relationships with family, friends, and teachers all affect adolescents' mental health and behavior in different ways. Oberle et al. (2018) conducted a longitudinal study to explore how adolescent relationships affected their mental health. The study specifically aimed to examine adolescents' feelings of belonging in social interactions, experiences with bullying, and their relationships with adults. Results revealed that responses from fourth-graders indicated a link between positive social interactions, high parental involvement, and less victimization with increased mental wellbeing. Ultimately fourth-grade mental well-being determined better experiences in the same areas as seventh graders. The results of this study did not discredit the strength of previous studies mentioned.

Summary

Environmental factors such as stigma, bullying, and teacher and student relationships influenced the overall effectiveness of teachers who took on the additional responsibility of mental illness management. Teachers addressed most symptoms and incidents of disruptive behaviors without assistance in the classroom. They addressed behaviors with limited information and limited knowledge of the student's life outside of school and possess little knowledge of the student's struggles with peers. For instance, students sometimes hesitated to share about bullying experiences and teachers only experienced the behaviors that accompanied those experiences as a result of the bullying. Rothi et al. (2008) conducted a study in the United Kingdom and revealed the expectation for teachers to implement interventions as if they were mental health professionals. This study relates to the American studies in the literature review which implied that teachers felt obligated to respond to their students' emotional and mental health-driven behaviors.

Teachers recognized behavior concerns in their students, sometimes before the parents. They addressed behaviors without the knowledge of how environmental factors affected the child. Teachers only knew the information that the parents and students provided. Teachers held the responsibility to ensure a safe learning environment for students despite the students' lack of support and other background and cultural influences. Teachers held themselves responsible for the students' mental, social, and emotional well-being. In many cases, teachers took the initiative to move forward and refer students for mental health services. The tasks teachers attempted concerning student mental health management shaped their feelings and perceptions about their responsibilities concerning their students' mental health.

The Relevance of Teacher Training in Mental Health

This section of the literature review discusses studies such as Taggart and McMullan (2007) who argued that teachers should possess the skills to recognize the early signs of depression. Their study implied that if teachers could identify symptoms of initial signs and symptoms, they would know when to refer students for further assistance before behaviors intensified. Taggart and McMullan (2007) found that teachers knew too little about depression in students and lacked the proficiency to recognize when students needed mental health support. The teachers in the study did not believe they possessed the knowledge necessary for them to recognize when their students experienced depression because they lacked knowledge of the disorder. The researchers conducted data collection through a questionnaire to examine teachers' knowledge of depression, including the signs and symptoms. According to Taggart and McMullan (2007), 86.1% of teachers who participated in the United Kingdom study received some type of training

in mental health, and 58.3% utilized tools to assess for challenging behaviors. None of the teachers reported the use of mental health assessments to demonstrate their proficiency in symptom recognition.

Researchers such as Webster-Stratton et al. (2004) and Taggart and McMullan (2007) asserted that early intervention for children with mental illnesses prevented new issues from presenting before the child reached middle school. The following studies collectively implicated that when teachers received adequate training to recognize symptoms, referrals and early intervention occurred more often. The Webster-Stratton et al. (2004) study supported Taggart and McMullan (2007) and examined the benefits of early intervention for children who displayed mental illnesses before the adolescent age. Both studies surveyed interventions with students who experienced an early-onset presentation of symptoms of mental illness.

Webster-Stratton et al. (2004) focused on young children between the ages of four and eight years old. The children participated alongside their parents and teachers. This study also identified the need for teachers to recognize certain symptoms to know when they should refer students for outside services. Webster-Stratton et al. (2004) discovered that when parents and teachers referred their children for the treatment of their mental diagnoses, the treatments and interventions resulted in improvements in behaviors in the classroom. The child's social skills improved, conduct in the classroom improved and parent behavior improved as well. Increasing amounts of research identified teachers as important professionals to recognize and understand adolescents' who struggled with mental illnesses.

Moreover, Armstrong et al. (2015) also advocated for mental health training for teachers during the preservice phase. The research team stressed the urgency to train teachers on common mental disorders in children and adolescents. This study builds onto the literature from a previous study conducted by Merikangas et al. (2010) that involved the responses of preservice teachers. The qualitative study presented case studies to preservice teachers to test their knowledge and abilities to identify symptoms of mental illnesses in adolescents. The teachers provided input followed by a summary of the cases privately in an online discussion. Findings revealed that preservice teachers only identified one of the five cases as a mental health concern. The teachers' responses indicated a need for diagnostic knowledge of common mental disorders. This research study presented alarming information and exposed the fact that teachers entered their careers without the ability to recognize minor symptoms of mental disorders. Fortunately, the study revealed plans to equip teachers with the skills required to notice symptoms. The study also acknowledged the need to equip teachers with clinical training in addition to other instances of professional development. Armstrong et al. (2015) implied that when teachers received training on mental illness at the beginning of their careers, they felt more confident in their positions. Early mental health training also equipped teachers to address behaviors more effectively.

The following studies in this literature review identify effective training as the solution to address the ongoing concerns for teachers' lack of knowledge as the mental illness phenomenon grows. Researchers such as Boyle et al. (2011) and Van Lang (2012) continued to explore creative and effective ways to train teachers on mental disorders and symptoms. Boyle et al. (2011) believed that the Cognitive Behavior Model (CBM)

provided a sensible starting point to train teachers. CBM aligned with the researcher's application of Bandura's Social Learning Theory (SLT) in many ways. SLT stated that the antecedent, behavior, and consequence model effectively addressed most of the behaviors. According to Van Lang (2012), the Cognitive Behavioral Model also addressed the origin of behaviors, which began with thoughts. Disturbing percentages of child and adolescent mental illness remained untreated. School staff took on the responsibility to fill the gap and provide behavioral health services to students even without training.

Alternatively, Pereira et al. (2015) found that web-based training proved higher effectiveness for teacher knowledge but did not present a difference in teacher beliefs or attitudes. Web-based learning recently surfaced as a new, innovative way to train teachers in mental health. In the study, teachers preferred web-based training in comparison to traditional video and live training. Pereira and colleagues stressed the convenience of web-based learning. Teachers accessed the training in their homes or at school and studied at their pace. The study conducted by Pereira et al. (2015) acknowledges the disturbing percentages of children and adolescents left without mental health services. School administrators expected teachers to step in and provide support and make up for services the child would traditionally receive outside of school. The research involved 9 schools in Brazil that utilized the web-based learning model. The scholars provided the same material to different groups which included the text model and video model. The study concluded that web-based training improved teachers' effectiveness and increased their knowledge. This training method did not negatively or positively alter teacher beliefs or attitudes. The training strengthened teachers' knowledge in student mental

illness, but the researchers argued that teachers should not implement interventions for mental illnesses without professional support in addition to training. Peira et al. (2015) argued that school-based mental health services led by licensed mental health professionals should support teachers.

In efforts to strengthen the case for the importance of teacher training and knowledge, Suldo and Shaffer (2008) conducted a mixed-methods study. They sought to find a relationship between middle school students' social well-being (SWB) in a dual-factor model. The study focused on the student's overall mental, emotional, and physical health. The research suggested that this SWB assessment helped teachers recognize where their students lacked socially and emotionally. Suldo and Shaffer's (2008) study suggested that student assessment through the SWB dual-factor model should begin during the early adolescent years. This assessment increased the chances for students to display healthy social, mental, and physical health and wellness. The researchers also stated that academics improved with the SWB model. Middle school students with better social well-being in addition to a good mental state demonstrated higher success in school. These students also presented with positive social skills and an improvement in their health overall.

Due to the lack of training among teachers and the lack of resources in larger schools, some students with mental illness do not receive the intensity of services that they require. Wagner et al. (2006), explored the frequency of the use of mental health and behavioral support services at the elementary, middle school, and high school levels. The research team emphasized that mental and behavioral health support lacked at each level. The study found that students with mental illnesses typically attended larger schools.

Largely populated schools made mental health services difficult to provide. School districts failed to hire enough mental health professionals to adequately serve the student population. Wagner et al. (2006) suggested that smaller, neighborhood schools did not experience as many students with mental and behavioral problems.

On the same note, Franklin et al. (2012) explored the availability of mental health services in schools. The study presented itself as unique as it examined teachers as the primary providers of mental health services. The literature also discussed the importance of collaboration between teachers and other mental health professionals. According to Franklin et al. (2012) by way of the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately three million children and adolescents received mental health services for a behavioral or emotional diagnosis. The researchers in this study aimed to implement teachers into the delivery of mental health services and to determine to what extent to involve teachers in treatment. The research method involved previous research, which included databases to answer the questions. Despite continued barriers, the study found that accessibility to school-based mental health services increased over the past decade. Licensed clinicians or non-teacher professionals such as school social workers and counselors provided 59.2% of the interventions. Psychologists provided 28.6%, while teachers only provided 18.4% of the interventions (Franklin et al., 2012). The study asserted that schools should inform and include teachers in the delivery of mental health services in schools. The study recommended that a teacher did not need to implement mental health services alone and that teachers needed to collaborate with mental health professionals to ensure the successful implementation of interventions.

The research in this literature review justifies the necessity to train teachers on mental illnesses. Mental health training became more essential as the mental illness phenomenon advanced among adolescents. Studies also clearly revealed the need for additional literature to fill research gaps. Most of the studies in the literature review found that teachers did not feel they had adequate training for the expectations set forth for them to care for students with various mental illnesses. Fortunately, training models included web-based training that provided effective methods to educate teachers on adolescent mental diagnoses. Schools and researchers noticed the need for the treatment of symptoms related to mental illnesses. Parents also relied on their student's schools to provide mental health services. School officials needed to find a way to incorporate mental health professionals into their teachers' professional development.

Teacher Feelings and Perceptions Regarding their Role as Mental Health Professionals

Mastroannopoulou and Loades (2010) explored teacher perceptions and biases presented toward children with mental diagnoses. The study involved the assessment of teachers' mental health knowledge and their perceptions of the child's needs and how they would address the issue. Overall, the Mastroannopoulou and Loades (2010) study indicated that teachers longed for their administrators and the American education system to hear their voices and acknowledge their feelings as they tried to increase their knowledge of mental illnesses. Teachers also knew to consider their feelings and biases. Results also presented that teachers demonstrated over 90% knowledge of the ability to identify a child displaying behavior issues, but not specifically mental issues. The study also revealed that 25% of the teachers believed children with no behavior problems displayed symptoms. The teachers in the study demonstrated biased behavior. They

demonstrated more support for children with behavior problems as opposed to emotional problems. Similarly, Kutuk et al. (2016) examined teacher and school counselor attitudes and biases toward student mental health. In doing this, the team examined teacher and school counselor referrals to an adolescent psychiatrist. Results revealed that 15.3% of school counselors referred students to psychiatrists for their mental illness, 32% referred their children for services. These results implied that when school counselors referred their students or the children that they birthed for psychiatric services, they demonstrated less biased behavior toward their students in the school setting. The study reported results by proportion and revealed that 89.8% (106) of the school counselors in the study reported children to an adolescent psychiatrist. School counselors reported students for conduct disorder more often than any other disorder at 31.10%. They reported attention deficit at 16.10%, depressed mood at 14.72%, and hyperactivity at 12.2%. The study also concluded that school counselors presented a negative view of mental disorders and viewed mentally ill students as threats to their safety.

Studies such as Charles et al. (2017) also urged educators to collaborate with mental health professionals in schools as they served children and adolescents. Additional biases and perspectives surface when professionals work together. Charles et al. (2017) addressed biased behavior in social work educators while they served students with mental illnesses. The study demonstrated how bias led to unfair treatment toward students. These biased behaviors on behalf of teachers and social workers included the use of microaggressions and other inappropriate and unjust behaviors. The researchers utilized an online survey to collect data. The results revealed that 294 social work educators participated in the survey and answered at least one question. According to

Charles et al. (2017), 24% of the respondents indicated that they have shamed students and 13% reported the use of microaggressions. Fortunately, these professionals were honest and admitted to biased attitudes and behaviors. Biased behaviors reflected teachers' feelings and perceptions that threatened the teacher and student relationships.

Rothi et al. (2008) along with other researchers such as Merz (2017) examined teacher attitudes toward the implementation of mental health interventions. Rothi et al. (2008) explored whether teachers felt they should conduct mental health assessments. They also assessed teachers' confidence levels to execute the role. The conclusion of the Rothi et al. (2008) study revealed opinions as follows: teachers felt students would benefit if teachers could, at the minimum, possess the skills to recognize mental illnesses. They also felt too many teachers could not attend to their students' mental health needs because they lacked adequate training. Teachers felt they needed additional skills to understand what symptoms to look for. Merz (2017) pointed out a teacher's feelings regarding a student who approached her with possible symptoms of depression. The student reported that she did not want to be sad anymore. The teacher responded with "In 30 years as a middle school teacher, I have never felt more inadequate than when one of my favorite students spoke that simple sentence to me before class one day" (Merz, 2017, p. 12). According to Merz (2017), teachers reported feeling as if they could not provide the mental health services their students needed.

Studies conducted by Rothi et al. (2008) and Moon et al. (2017) reported that teachers revealed various opinions and feelings on topics related to their lack of training. Neglect remained as teachers' overarching complaint. Teachers stated they felt neglected by the government regarding mental health resources and lack of government funds for

training. Moon et al. (2017) shared similar interests as Rothi et al. (2008). Moon et al. (2017) explored educators' perspectives on the importance of mental health-trained professionals in schools. The study examined educators across different geographical regions including rural, urban, and midwestern regions. The researchers intended to compare regional perspectives from educators who participated in the study. The researchers used an online, anonymous survey as the data collection tool. The study unveiled that 93% of educators reported mental illness as a legitimate concern. 85% reported that they felt ill-equipped to implement interventions to address behaviors related to mental illness. Teachers expressed the importance of training and their concerns that training could take away from instruction time.

Teachers in the Moon et al. (2017) study also reported the desire to have mental health professionals easily accessible to them on campus. Unfortunately, only 27% of the educators in rural areas reported support from mental health professionals on staff. Only 13% reported mental health professionals on staff in urban areas. Teachers felt the presence of more mental health professionals in schools could benefit students and teachers. Adequate training and knowledge of symptoms and behaviors produced confident teachers to confront emergencies in their classrooms.

As previously discussed, teachers feel ill-equipped and feel they lack the support they need from their administration. Teachers require assistance from their administrators as their primary source of support. Brophy et al. (2014) utilized a different approach and explored administrators' perceptions in their study. The researchers aimed to understand how administrators felt regarding their learning environments. They also assessed where administrators felt their resources lacked in mental health and crisis training for their

teachers. The scholars in this study showed an interest in finding out if leadership, self-efficacy, and the stages of change impacted administrator views and how well they equipped their schools for mental crises and other types of crises. This quantitative study used one online survey with 113 administrators from a state in the Midwest. The study concluded that administrators reported crisis plans in place for their schools most often in the final stage of change (action/maintenance). Schools in the early stages of change did not have plans in place. Brophy et al. (2014) did not confirm any direct links between administrator training and the availability of crisis plans in their schools. The study found a connection between leadership and barriers to the implementation of stable crisis plans. This also connected closely to and self-efficacy and stages of change. Most administrators surveyed reported that they had crisis plans in place but scores in other areas contradicted those statements. This article furthermore helped to strengthen the argument that teachers felt unsupported by their school administrators, they felt they lacked resources, and they felt inadequately trained to address mental illness in their classrooms. The feelings of inadequacy in the area of mental health, the lack of support, the lack of training and resources, and decreased self-efficacy all contributed to stress and burnout in the profession.

One has to consider burnout and retention during the exploration of teachers' feelings and perceptions. Teachers experience stress as a result of the behaviors they manage in their classrooms. Unmanaged stress ultimately leads to burnout. Bottiani et al. (2019) suggested that teachers burnt out quickly as a result of frequent management of disruptive behaviors. Bottiani et al. (2019) studied teachers in urban schools and the amount of stress they experienced. The study identified how factors such as trauma and

poverty influenced uncontrollable behaviors. The history of trauma indicated the likely presence of mental illness in students residing in low-income homes and minority populations of students in this study. Bottiani et al. (2019) studied an initiative called Double Check, which promoted culturally sensitive teachers. African American and Caucasian teachers participated in the study. The method involved a self-report of self-efficacy, classroom observation, and teacher coaching. The study concluded that student behaviors directly correlated with teacher stress and burnout.

Comparatively, Camacho et al. (2018) and Gettinger et al. (2008) expressed the same goal to discover how crises in the classroom ultimately led to burnout. Both teams of researchers wanted to find teachers' feelings during and after intense situations in their classrooms. The researchers attributed stress and burnout to the lack of resources and support. Camacho et al. (2018) discussed ongoing disruptive and aggressive behaviors and focused on teachers in urban regions of the world with high poverty and crime rates, such as Baltimore and Chicago. This study supported the problem of practice and reinforced the relevance of teachers' feelings regarding the lack of support. The article revealed that teacher turnover increased due to teacher burnout from stressful learning environments. Teachers felt they spent excessive amounts of time attending to students who suffered from mental disorders. Equally as important, students raised in urban areas caused more stress to teachers because of the effects of their stressful living environments. Alarming results indicated that 81.88% of the urban teachers in the study reported anger as a result of student behaviors in their classrooms. Unfavorably, 45.63% of the teachers reported sadness and depression.

To the same degree, most literature that addressed teachers' feelings and perceptions toward student mental illness symptom management blamed the lack of training and resources for the negative feelings and perceptions. Gettinger et al. (2008), conducted a quasi-experimental study that shed light on teachers' feelings and the shortage of training tools necessary to work with students with behavioral problems. The primary focus shifted away from behaviors related to mental illness specifically. The study focused on disruptive behaviors overall. Gettinger et al. (2008) stated that "Teachers often report feeling ill-equipped to meet the needs of disruptive children" (Gettinger et al., 2008, p. 165). Teachers struggled to de-escalate behaviors, especially when they lacked the resources and confidence to implement behavior modification. Although the study proved no improvement in all areas, knowledge of skills and competency and self-efficacy increased. Gettinger et al. (2008) provided additional evidence that mental health training stood as an effective method to prepare teachers for disruptive children with a range of mental, emotional, and behavioral disorders.

Parents possess the potential to play a major role in symptom management for their children. Regrettably, many parents rely on school services for their child's mental wellness. Shtapura-Ifrah and Benish-Weisman (2019) posited that in many cases, adolescents did not receive the mental health services they needed and attributed this problem to reluctant parents. Parents and caregivers reached out to teachers for mental health support for their children or they neglected to seek any treatment. Lack of treatment created a service gap.

Shtapura-Ifrah and Benish-Weisman (2019) referred to the service gap in their study. The service gap defined the absence of mental health services. The lack of mental

health services led to an increase in behaviors. Consequently, teachers experienced pressure to address the behaviors, which ultimately led to teacher stress and burnout. The researchers argued further that parents preferred to attend to their child's mental wellness through the school counselors and other school resources as opposed to community-based mental and psychiatric services.

Teachers' feelings and perceptions remained consistent across the studies included in this literature review. Teachers consistently expressed that they wanted their voices and opinions heard, they wanted to feel valued, and they wanted to feel adequate when they served adolescents with mental illnesses. Teachers in the studies made consistent implications for their training needs. Teachers asserted that they required professional development in mental illness to recognize when to refer students for mental health treatment. Teachers also felt they lacked the knowledge to carry out the interventions in the classroom when adolescents presented with certain symptoms and behaviors. These unknown behaviors often stemmed from the student's mental illness or other behavior issues. Teachers accepted heavy responsibilities when they cared for students with behavioral health struggles. The researcher found it important to note that not all teachers place the blame elsewhere. Teachers acknowledged their biases and misconceptions about students with mental health diagnoses. Unfortunately, teachers attempted mental illness-related tasks without appropriate resources, which in the long run led to overwhelming stress and burnout.

Conclusion

In conclusion of the literature review, minimal research surfaced regarding teachers' feelings and perceptions toward managing adolescent mental illness symptoms

and behaviors. Research remained consistent with younger or older age groups and rarely addressed middle school level teachers' feelings and perceptions toward their responsibility to respond to extreme and unexpected behaviors in the classroom. Gaps remained evident and the need for research on the early adolescent age group remained a consistent issue. Prior research focused on behaviors associated with younger children and emotional disturbances. The literature projected the phenomenon of adolescent mental illness to continue to grow increasingly relevant. The researchers included in this literature review understood the necessity to explore environmental factors. Gender, race, parental involvement, and sexual orientation represented environmental factors that influenced students' mental health. Healthy relationships between students, parents, and teachers ensured that adolescents felt safe and supported in their educational environment. Teachers dealt with the aftermath of bullying and cyberbullying, which heavily influenced mental illness in middle school classrooms. School districts lacked the urgency to provide training to educate teachers and create knowledgeable teachers in the field of mental health. School districts failed to understand that teachers required suitable training to provide immediate and accurate assistance to their students. Ultimately, when administrators and higher officials worked to understand teacher attitudes, feelings, and perceptions, they subsequently realized teacher burnout, stress and walkouts decreased. Retention, despite this failure to understand what teachers needed, stood as the districts' goal. When teachers felt as if their voices mattered, they aimed above and beyond to fulfill the additional duties required to contain disruptive behaviors. All the factors reviewed in this chapter contributed directly to teachers' feelings and perceptions. The lack of training, the students' environmental influences, and teacher biases, all created a

domino effect. Eventually, all the components penetrated teachers' feelings and perceptions regarding the position imposed on them amid the adolescent mental health crisis.

CHAPTER THREE

Methodology

Introduction: Research Question

In a review of the problem, symptoms of mental illness directly affected adolescents' behaviors in school and the classroom. Consequently, these extreme behaviors informed middle school teachers' feelings and perceptions toward the adolescent mental health crisis. When symptoms such as yelling, crying, or aggression presented in the classroom, teachers to felt obligated to intervene and assist the student in crisis until further support arrived. This study addressed how middle school teachers coped with the variations of intense student behaviors brought on by mental illnesses. Furthermore, the teachers' experiences shaped their feelings and perceptions that the researcher aimed to understand. Chapter Three explains the research design and methodology utilized to explore middle school teachers' feelings and perceptions as they encountered behaviors in which some they attributed to mental illnesses. The chapter included the researcher's perspective and motivation for the study, an explanation of the theoretical framework, and the justification for the use of a case study to capture the teachers' feelings and perceptions. The chapter connected each section as the methods collectively justified and answered the research question.

This research study addresses the guiding question: what are middle school teachers' feelings and perceptions as they experience and manage student misbehavior which is a manifestation of mental health issues? The researcher explored the research question through interviews and utilized documentation reviews to further support and

strengthen the answers to the question. The questions in the interview protocol prompted the teachers to elaborate in detail about their experiences. The interview questions also allowed the researcher to provide answers to the research question, actively listen to the participants' experiences, and understand the message the middle school teachers wanted to convey.

Researcher Perspective and Positionality

With the constructivist worldview as the lens, the researcher sought out to understand teachers' experiences, feelings, and perceptions related to student behaviors that required more than minimal redirection. An example of behaviors that required more assistance than the teacher could provide included a note from a distraught student who stated he or she wanted to harm himself or herself. The constructivist perspective led the researcher to conduct the study in a way that allowed the teachers' stories to shape her understanding of their perspectives. According to Creswell and Plano (2018), constructivist research involved participants who shared their perspectives and understanding based on their social experiences.

The researcher began her career in the mental health field in 1999, as a college freshman. She realized her passion for mental health during her experience at a summer job, in a group home for young adult men diagnosed with mental illnesses and developmental delays. After years of working with adults in the group home setting, the researcher worked through the mental health field as a case manager, and finally a licensed counselor. Four years of experience as a middle school mental health counselor increased the researcher's concern for teenagers as she received referrals to provide mental health counseling at a rapid rate. At this point, she developed an additional

concern, the middle school teachers. As a mental health counselor in a middle school, the researcher received referrals for adolescents with suicidal thoughts and other symptoms of mental illness that disrupted class time since the teacher stopped to acknowledge the behavior and act accordingly. The researcher noticed through teachers' referrals and conversations that teachers often did not understand the adolescents' behaviors or how to manage the behaviors. She noticed that teachers needed more assistance to address the students' behaviors brought on by a variety of mental illnesses. The researcher thought that this issue could contribute to teacher burnout. She developed a personal interest in this study because the bulk of her caseload consisted of middle school students.

Creswell and Poth (2018) posited that the philosophical assumptions guide the direction of the research in terms of the goals and outcomes. They further acknowledged that the epistemological assumptions justified the researchers' prior knowledge. The ontological assumption explained the reality and nature of the research. Axiological assumptions involved the roles, values, and researcher's biases, and finally, the methodological assumptions involved the methods used to conduct the research. When the researcher applied the philosophical assumptions, she connected the study epistemologically to the knowledge that teachers required more assistance with the adolescent mental health crisis. This knowledge revealed itself as the researcher witnessed the teachers' and their overwhelming referrals to the guidance counselor or the administrator's office. Ontologically, the reality of this phenomenon was evident that teachers referred students to the school counselor, administrator, or mental health counselor because the behaviors that took place in the classroom, such as suicidal language, were beyond the teachers' control. These symptoms needed more attention but

presented teachers with behaviors beyond their control. Behaviors like reports of suicidal thoughts needed immediate attention. Teachers lacked adequate knowledge to engage these students and process their suicidal thoughts, nor did they have the time to divert their attention away from their other students. Values and biases existed in this study. Axiologically, the researcher's values in this study were evident the moment that she began to work at the middle school approximately four years ago. She felt biased in the fact that she believed that mental illness needed a place in the initial pieces of training for teachers. Methodologically, narrative methods such as interviews and documentation reviews drove the research and answered the research questions.

As the mental health professional assigned to a middle school and two elementary schools, the researcher provided a limited amount of mental health assistance to the middle school. Due to the assignments at three other schools, the researcher maintained a schedule that limited her to three days at the middle school. The researcher also noted that her mental health counseling expertise was not enough to provide the teachers with what they needed to manage behaviors that occurred in their classrooms. Aggressive behaviors and behaviors that presented as a loss of emotional control often needed attention before the teacher could make the behaviors or symptoms known to anyone else. This study intended to encourage an increased urgency within school systems to implement intense mental health training for teachers.

Theoretical Framework

Bandura's social cognitive theory guided the researcher to best examine how adolescents' aggressive and mental illness-driven behaviors influenced middle school teachers' feelings and perceptions. According to Malone (2002), the key concepts in

Bandura's social cognitive theory involved: humans learning through observation, consequences, direct experience, and building self-efficacy. The study involved the application of Bandura's theory to the participants' and implemented the theory to understand how the teachers adapted to exposure to their students' symptoms and behaviors during the mental illness phenomenon. More specifically, the researcher applied two of Bandura's concepts, observation, and direct experience, from his early social learning theory. The researcher also utilized the self-efficacy component from his more recent social cognitive theory. While she sought to understand middle school teachers' feelings and perceptions concerning mental illness behavior management, the researcher needed to explore the students' and the teachers' behaviors. The study connected the students' behaviors to the teachers' feelings and perceptions as the teachers worked to understand the behaviors of the students they served. The researcher also explored the teachers' emotional responses that represented reflections of their feelings and perceptions as they encountered behavior crises among their students. Furthermore, social cognitive theory informed the approach to answer the individual research question, informed the data collection methods, and served as a guide to select data analysis approaches.

As the researcher formulated the research question: what are middle school teachers' feelings and perceptions as they experience student misbehavior which is a manifestation of a mental illness, she worked to connect the key components of social cognitive theory to the study. Bandura (1971) posited that individuals became accustomed to new patterns of behaviors through direct and repetitive experiences. In this case, teachers exposed themselves to variations of symptoms and behaviors in their

classrooms. In the social cognitive theory, Bandura (1971) suggested that direct experience to behaviors led to more informed ways of learning because humans learn behavioral patterns and respond accordingly. Teachers witnessed students as they displayed hostile actions and emotional reactions. The researcher wanted to understand how the teachers' feelings and perceptions led them to respond based on their observations through direct experience that Bandura referenced. The researcher's need to understand the teachers' responses according to SCT led to the guiding research question.

The social cognitive theory's focus on learning through observation and direct experience along with self-efficacy influenced the choices in data collection methods. These three key components related to the themes that the researcher thought would develop during the interviews. The application of observation, direct experience, and self-efficacy also helped the researcher understand the teacher and the student's needs to move forward after a classroom incident. The researcher wanted to capture in-depth accounts of the middle school teachers' experiences through semi-structured interviews. Additionally, she conducted documentation reviews of teacher referral forms to capture the language and urgency that teachers conveyed in their referrals for students to receive treatment from the school-based mental health counselor. Bandura (1971) argued that within social learning, the direct experience led to new patterns of behavior. Through the data collection process, the researcher needed to capture the essence of how direct exposure to student behaviors shaped teachers' experiences and perceptions in connection to Bandura's theory. The researcher applied the theory through the interviews and explored whether the participants learned effective ways to respond or gained increased confidence through their direct experiences. The data collection approaches allowed her

to gain valuable insight into the teachers' learning processes in regards to observation, direct experience, and self-efficacy. For example, the researcher applied the social cognitive theory to examine if encountering students' extreme behaviors like physical aggression, property destruction, or running out of the classroom eventually caused an increase or decline in self-efficacy. Furthermore, the researcher worked to understand if exposure to students' symptoms of mental illness such as suicide, suicidal thoughts, self-harm, and excessive withdrawal from socialization influenced teachers to observe and learn appropriate behavior management as they navigated through the mysterious world of adolescents and mental illness. The interviews and documentation reviews created avenues for the researcher to capture the teachers' lived experiences and measure how the social cognitive factors agreed with the dynamics of the study.

The researcher applied Bandura's social cognitive theory as a basis to analyze the results that the teachers revealed through their interviews and their referral submissions. The data analysis methods helped to identify and filter through themes that emerged during the research. Transcription, note-taking, recording, coding, and pattern matching helped the researcher to collect themes, group themes together, and confirm that Bandura's position on behavior observations and direct experience aligned appropriately with the research study. The researcher listened and reviewed the teachers' accounts to understand the cognitive processes that Bandura spoke of and how managing the behaviors impacted the educators' self-efficacy. Once, the researcher identified the key concepts within the social cognitive theory most applicable to the study which included observation, direct experience, and the idea of self-efficacy. She listened to interviews,

transcribed, read transcriptions, and identified and categorized the teachers' accounts that lined up with each concept.

Research Design and Rationale

The researcher discovered varying views of a case study's meaning, purpose, and value. Despite the different views, the case study's definitions and purposes all met the criteria for the intentions of the study. The researcher provided three perspectives on case studies from Yin, Stake, and Merriam's points of view. Yin simply explained his definition of a case study as "a contemporary phenomenon within its real-life context" (Yin, 2003, p. 13). Stake argued that a case study had no true definition, rather he stated that a case study represented a "bounded system." Merriam's view aligned with Stake's view. Merriam (1998) described a case study as a bounded system but specifically viewed it as an "integrated system" that could be a person, group, or program. After the researcher collectively considered each definition, she concluded that the case study design was the best fit for the research study, which aimed to grasp middle school teachers' experiences, feelings, and perceptions as they addressed behaviors in their students that stemmed from mental illnesses.

Robert Stake (1995) posited that the purpose of a case study was to understand a complex, single case. This case study involved a group of four middle school teachers who shared the commonality of the effects of the adolescent mental health crisis in their classrooms. Yin (2003) suggested that if a researcher wants to study a single topic, a single case study is most appropriate. The researcher employed a single case study of the four teachers instead of conducting multiple case studies for a couple of reasons. First, experiences with the adolescent mental illness phenomenon in middle schools bound the

four teachers together as one study. The researcher wanted to focus more on similarities within the teachers' experiences than differences. Secondly, the single case study allowed the researcher more time to gather data than multiple case studies would allow. Each teacher taught sixth, seventh, or eighth grades and witnessed an increase in classroom crises or disturbances related to a diagnosed or diagnosable mental illness. The semi-structured interviews and documentation reviews allowed the researcher to spend time with the participants, read the teachers' verbiage, and listen to the teachers' accounts of how adolescent mental illness affected their ability to teach and maintain order in their classrooms.

More specifically, the researcher utilized a narrative, instrumental case study for the research design. Creswell and Poth (2018), offered suggestions on when to conduct narrative research. They recommended conducting narrative research when the researchers aimed to acquire the lived experiences of a small group. Creswell and Poth (2018) also suggested small groups to ensure the researcher spent sufficient time with the participants to explore and understand their stories. Based on these two factors, sharing lived experiences and utilizing a small group, a narrative case study was best suited for this research study.

Moreover, the researcher wanted to conduct her research in a manner that would bring attention to the issue of the rise in mental illness within the younger, adolescent population, and for this reason, she added the instrumental component. The instrumental study, viewed as a method implemented to achieve a general understanding of a simple or complex issue, relieved the researcher from the obligation to defend their argument of a

relevant issue (Harling, 2012). Instead, Harling (2012) suggested that the researcher must only justify how their identified case adequately represented the issue.

The instrumental case study approach allowed in-depth data collection in this qualitative method and captured the complexity of feelings and perceptions that teachers experienced as they managed behaviors associated with mental illness. The researcher wanted to understand teachers' feelings and perceptions about the behavior occurrences in their classrooms. She also wanted to link the excessive referrals for the school counselor and administrator to the problem of rising behaviors in the classrooms. She sought out to examine the problem for her understanding and to share the findings to increase the general understanding of the phenomenon. The researcher hoped to prove that the adolescent mental health crisis was an issue and shaped middle school teachers' feelings and perceptions as the behaviors became more common in their classrooms.

The narrative and instrumental components collectively promoted the gathering of sensitive and valuable information in a way that personalized the study. The adolescent mental illness phenomenon was a story that needed special attention, specifically for middle school teachers as the unsung heroes in the classroom. Middle school teachers received authentic, first-hand experience with the rise in behaviors and symptoms associated with diagnosed and undiagnosed mental illnesses. The following section laid the groundwork for the narrative, instrumental case study through the explanation of details on site selection, and participant sampling.

Site Selection and Participant Sampling

Creswell (2017) encouraged the identification of a purposefully selected site to conduct research. To prevent as much bias as possible during the interviews, the

researcher selected four middle school teachers outside of the school where she was employed. The teachers represented three demographic areas in North Carolina. She captured the experiences of two teachers from a rural middle school, one teacher from an inner-city middle school, and a teacher from a suburban middle school. The researcher interviewed these teachers on their time, outside of school. Two of the four teachers taught virtually during the 2020–2021 academic year due to the COVID-19 pandemic. As Creswell and Poth (2018) suggested, research conducted in the middle school teachers' natural setting ensured that the participants were not in a controlled setting that may have been purposefully set up to reduce biased answers during the interviews. The location served as the site where the teachers were in their natural setting (their classrooms or designated office areas in their homes through Zoom), where they worked five days per week, or where a majority of the behavioral incidents occurred.

Access Family Services provided permission to review documentation and the Access Family Services' office served as the site for the documentation reviews. Teachers submitted referral documentation to their guidance counselors when they noticed that a student's behavior presented as extreme or as possible symptoms of a mental illness. The school counselor communicated with parents to recommend a mental health assessment and with parental consent, the guidance counselor submitted a referral to the mental health professional in the school. The language that the teachers used in the referral documents indicated either their lack of knowledge of the behavior or their concern about the behavior being related to a mental illness. The teachers' language in the referral documents supported the research question that asked what are middle school

teachers' feelings and perceptions as they experience and manage student misbehavior which is a manifestation of mental health issues?

The researcher used purposeful sampling to select teachers and to best understand the problem. Creswell (2017) recommended four to five participants for a case study sample size. Participants included a total of four middle school teachers who related to one another through their experiences when they managed mental illness-related behaviors in the classroom setting. The small sample size of four allowed time for longer interviews with each teacher so that researcher could engage and gather thorough information from the teachers about their experiences.

In the purposeful sampling selection process, the researcher decided to select four teachers from three different schools and none from the school where she provided mental health services. She chose to go outside of her workplace to prevent causing discomfort during the interview process. The middle school teachers involved in the study represented a variety of learning environments to allow the researcher to capture the feelings and perceptions of teachers from different school cultures.

Data Collection Procedures

Creswell and Miller (2000) recommended gathering data through several modes of data collection. The data collection methods that the researcher chose to use to fully capture the information included semi-structured interviews and documentation reviews. Throughout the data collection process, she worked carefully to minimize field issues, store data securely, and most importantly, attend to ethical considerations (Creswell & Poth, 2018). The researcher ensured the participants' anonymity in the study and

identified them through aliases. She worked to maintain confidentiality throughout the research and interviewing processes.

Data collection procedures included semi-structured interviews and documentation reviews of referral forms submitted by teachers when they referred students for severe disciplinary issues, mental, and emotional struggles. Since the researcher studied amid the COVID-19 pandemic, she conducted individual interviews with the teachers through the Zoom application. Face-to-face interviews through Zoom still allowed her to assess for indirect language as suggested by Creswell (2017) that she could not assess through telephone or email communication.

Ponterotto (2010) suggested smaller samples to conduct longer interviews that created stronger connections between the researcher and the participant. Semi-structured interviews with four middle school teachers allowed more time to engage intimately, probe and elaborate more on answers provided by the interviewees, and obtain a clear picture of the teachers' feelings and perceptions. The semi-structured interviews involved with the qualitative design allowed more time to spend with the participants and listen to the teachers' accounts of how adolescent mental illness affected their ability to teach and manage behaviors.

The researcher developed the middle school teacher interview protocol as suggested by Creswell (2017) and implemented the protocol for the interviews and encouraged further elaboration on each question. The researcher created a list of questions to suffice for up to one-hour interviews with each teacher through the Zoom application. She used the recording feature in Zoom to save the interviews, with the teachers' permission for transcription purposes. She intentionally included time for active

listening and probing during the interview processes. The researcher purposely interviewed teachers from schools outside of the middle school where she worked. She wanted to capture experiences from teachers that she never interacted with professionally to eliminate professional bias. Consequently, the researcher identified some warm-up questions or “small talk” that would establish a moment for rapport-building with the teachers during the individual interviews. She also followed the small talk up with between four to five sub-questions. After she received the initial responses from each teacher, the researcher followed up with probing questions to gather in-depth responses. She asked the teachers if they minded if she took a few minutes in between questions to log notes.

After the interviews, the researcher followed up with a thank you message, personalized for each teacher. Through the interview question presented, the researcher sought out to explore how often symptoms of mental illness presented as a problem in the classroom for middle school teachers. She wanted to understand what teachers attempted in the past when they experienced behaviors beyond their level of competence such as physical aggression, property destruction, self-harming behaviors, and student reports of suicidal thoughts. Furthermore, in the research questions, the researcher wanted to discover if the teachers hesitated or immediately acted in response to the behavior crises and why. The researcher wanted to gather information on the role the administrators and guidance counselors played as well as how the teachers utilized them for support. The information that the researcher felt she could not pick up from the teachers during the interviews led her to plan for documentation reviews that allowed the opportunity to capture a wide range of language use from teachers.

Documentation reviews served as the second source of data collection. The researcher reviewed the referral forms that reflected the students' behaviors that teachers submitted to the guidance counselors and/or the administrator. The teachers submitted the referral forms when a student's behavior presented as out of their control in the classroom. The researcher reviewed the explanations that teachers provided on each referral form to determine whether the behaviors or symptoms the teachers described resulted from a mental illness or a suspected mental illness. These referral record reviews created the opportunity for the researcher to tune into the language and words of the teachers. Creswell (2017) argued that documentation reviews ensured convenience for the research to thoroughly review documents without intrusion. The guidance counselor and administrator referral reviews granted the researcher the ability to piece together information recorded from administrator and guidance counselor visits that indicated behaviors related to mental illness. For example, if a referral record indicated the student's need to see the school mental health counselor or if the students' parents indicated that the student had a DSM-5 diagnosis, then the researcher connected the behavior to a mental illness if with supporting information.

Data Analysis Procedures

Creswell and Creswell (2017) suggested certain data analysis procedures to ensure trustworthiness and to ensure alignment with the researcher's constructivist perspective. Since the researcher conducted the study during the COVID-19 pandemic and had to forfeit her classroom observations, she wanted to be sure to use data analysis procedures to ensure the validity and reliability of the data she collected. The pandemic led to interviews through Zoom and electronic record reviews. The data analysis of the

interviews and documentation reviews included: note-taking, recording, transcribing, pattern-matching, and coding. The researcher condensed the data throughout the study through a constant comparative analysis to develop theoretical statements and categories. The researcher's two methods of data collection, the interviews and documentation reviews allowed her to analyze the data in multiple ways. She intended to gather data until saturation occurred, the information was consistent, and no new themes emerged.

The in-depth interviews and documentation reviews represented a few of the narrative types of data collection options in qualitative research. These methods of narrative data used in the study led to an accumulation of words. The researcher looked for meaning in the narrative data that she collected. The process she used to make sense of the data also required the effort to make sure the meaning turned out as a trustworthy explanation. She had to ensure the data was valid and reliable. The researcher also conducted the winnowing process that Creswell (2017) recommended to focus on the most important data and eliminate the data that proved to have less relevance.

Creswell (2017) suggested note-taking during the data analysis process. Note-taking while recording allowed the researcher to identify important statements, phrases, or body language during the interviews. The note-taking process was also effective during documentation reviews to take note of emerging themes across the four participants' statements. The researcher paid special attention to non-verbal cues, language, reactions, and other material that she witnessed or read first-hand and could strengthen the data she collected.

The researcher utilized the coding process to categorize themes that emerged during the data collection process. She listened to the interviews and manually

transcribed the information. Creswell and Clark (2018) promoted coding as an effective data analysis procedure as it helped to identify, label, and classify. With the participants' permission, the researcher recorded notes during the four interviews. After the interviews, she looked for similarities in the themes as well as overarching themes that developed from the interviews. The researcher used separate coding methods for each form of data collection. During the interviews and documentation reviews, she paid special attention to themes in the behaviors that led to the teachers' referrals for mental health services. She also filtered out themes in the results.

Creswell and Clark (2018) also identified pattern matching as an effective data analysis strategy which helped to strengthen the trustworthiness and rigor in the qualitative data. The researcher understood the pattern matching process to represent a theoretical, connecting component. In this study, the two patterns that the researcher chose were the links between student behaviors observed by the teacher with the thoughts and feelings the teachers experienced. The researcher's pattern matching technique modeled the protocol suggested by Creswell and Clark (2018). In their example of aligning the data in the interviews with a theoretical proposition, Creswell and Clark (2018) suggested that the interviewer questions the teacher in the following format: "Here's an idea, is that right?" The question more specific to this study was, "It seems that when students displayed behaviors such as suicidal thoughts or self-harm, you referred them to the school counselor, is this correct?" Follow-up questions created opportunities for the teaches to confirm or elaborate on their answers.

In the end, the researcher implemented member checking for validity purposes. She reached out to the participants as needed to check for accuracy in the information she

obtained through the data collection process. For example, the researcher contacted a participant, provided a topic they discussed, and asked the participant to clarify her statement to help the researcher understand. The researcher revisited her notes, reviewed transcriptions, and listened to recordings repeatedly to ensure transferability, dependability, and confirmability in the research. Repeated data collection reviews served as final measures to create a trustworthy research study.

Ethical Considerations

Ponterotto (2010) pointed out a distinction between quantitative and qualitative research. He warned that quantitative researchers tried to limit their contact with their participants to prevent bias and researcher influence, but qualitative research presented the opposite challenge when connections developed between the researcher and the participants. Ponterotto (2010) argued close connections increased vulnerabilities between the researcher and the participants. Although the researcher was familiar with some of the teachers, she did not know them on an intimately personal level. She developed a deep concern for them after hearing their experiences with their students because of her connection with mental illness. She gained insight into their struggles with students who struggled with mental illnesses. The researcher spent time with a small sample of teachers to obtain a deeper look into their professional lives as they assumed the additional role of mental health professionals in their classrooms.

The researcher became aware of how this phenomenon affected the teachers mentally, physically, and emotionally. There were instances when teachers explained student behaviors. To prevent harm to any student, the researcher asked that the teacher keep students anonymous. Ethical considerations included: prevention of biased

behavior: As a mental health professional, the researcher needed to remove any bias that would affect how the teacher responded. The researcher also needed to demonstrate compassion and not appear to know more about the problem or discount the participants when they lacked the same knowledge as her.

Two other areas of ethical considerations included the privacy and confidentiality of the participants. During interviews, the researcher assured the teachers that she would maintain confidentiality about identifying information that could reveal the students' or teachers' identities. The researcher kept the teachers' names and school names confidential. The researcher expected the teachers to share information to reference students' behaviors and symptoms. The researcher described behavioral incidents that involved students by referencing the students with gender-neutral pronouns. The researcher maintained the responsibility to not harm any of the participants in the study.

Limitations and Delimitations

Qualitative research was the best method to capture the true essence of the feelings and perceptions of the four middle school teachers; however, several limitations were presented. The qualitative design is a limitation alone. the wrestled with the thought of expanding the research and strengthening the argument with a quantitative component. The addition of quantitative data would have added numerical components to the data collection and solidified the analysis and results. The data collection method presented strong advantages, but limitations presented as well. The qualitative data collection methods left out the voices of the students and administrators since the study only focused on teachers' voices that revealed their feelings and perceptions.

The researcher wanted to strengthen reliability and validity through classroom observations but due to the COVID-19 pandemic, she no longer had the option to conduct classroom observations. Furthermore, only African American females responded to participate in the interviews, which limited the intentions of gathering a bigger picture of middle school teachers' experiences with the adolescent mental illness phenomenon.

Equally as important, Creswell (2017) also referred to indirect information filtered by the teachers during the interviews that could have indicated teacher biases. Limitations with the documentation reviews included the variations in language and articulation on the teachers' written accounts. In some cases, the teachers' behavior descriptions in their referrals presented as difficult for the researcher to understand as she conducted documentation reviews. When the researcher could not gain an understanding of the teachers' behavior descriptions, she eliminated the referral. At times it seemed as if the teachers wanted to communicate that they were concerned about the students' emotional, mental, or social wellbeing, but they did not use the appropriate terminology.

Rahman (2016) referred to qualitative data analysis processes as one-sided, which posed some difficulties with interpreting data. Rahman (2016) explained that the primary focus was on meanings and experiences in this one-sided analysis. In this study, the primary focus remained on middle school teachers' feelings and perceptions while they addressed mental illness-related behaviors in their classrooms. This primary focus left out considerations for contextual sensitivities. The researcher constantly worked to refine the questions to ensure the analysis process would align. The data analysis appeared to represent the center of the research. This process also created another limitation as it was time-consuming.

The qualitative design provided ample room to capture the four middle school teachers' stories and experiences in-depth. A quantitative component would have provided strength to the data analysis processes as the narrative component required an extra effort to dissect and interpret. The qualitative route became time-consuming during the data analysis process.

Conclusion

In conclusion, the researcher's perspective laid the foundation for the research and was the driving force of the research. Her experiences as a school-based mental health therapist formulated the groundwork to explore middle school teachers' feelings and perceptions regarding the presence of the adolescent mental illness phenomenon in their classrooms. The social cognitive theory informed the theoretical framework, created a foundation for the research questions, and strengthened the purpose of the study. The researcher's experiences as the mental health counselor in the middle school informed the philosophical assumptions and provided her with the tools to end with a strong methodological approach. The qualitative data collection methods and data analysis completed the fieldwork in the case study presented. The researcher confirmed that the narrative, instrumental case study design proved as an effective method to answer the research questions. The following chapter reports the findings from this study.

CHAPTER FOUR

Results and Implications

Introduction

The researcher provided the qualitative methodology approaches in Chapter Three which presented as the most appropriate avenues to answer the research question that guided the study: What are middle school teachers' feelings and perceptions as they experience student misbehavior which is a manifestation of mental health issues? In chapter four, the researcher summarized the findings from the qualitative research questions. The interviews and documentation reviews provided an understanding of middle school teachers' feelings and perceptions when they addressed extreme behaviors or behaviors that stemmed from a mental illness. In the following chapter, the researcher also provided an explanation and answers for the research question and connected the teachers' experiences with the theoretical framework, Bandura's social cognitive theory.

Four themes emerged as the researcher analyzed the data using the methodology outlined in Chapter Three. The data analysis of the study revealed a coherent pattern where teachers reported the following: first, the teachers indicated that they received inadequate or minimal training and preparation on how to deal with students with behavior struggles or students who presented with behaviors related to a mental illness. Secondly, an analysis of the teacher interviews revealed that the majority of the teachers felt ill-equipped to counsel and manage behavior crises or mental illness symptoms which led to feelings of inadequacy. The lack of support is presented as the third theme. Each teacher mentioned the lack of support on behalf of their respective school districts and

felt their districts should offer more training and mental health resources for students and teachers. Finally, half of the participants reported that they experienced feelings of burnout as a result of their consistent responses to disruptive and emotionally charged behaviors. The two participants who reported burnout stated that they often carried their work stress home with them.

Documentation reviews served as the supplemental data collection method. During the documentation review process, the researcher examined the teachers' language that they used when they referred their students to the school counselor due to mental or emotional distress. The findings that surfaced during the researcher's review of documentation revealed the teachers consistently reported extreme behaviors or mental concerns. The teachers' referrals for outside assistance further strengthened the themes in the thematic analysis.

In Chapter Four, the researcher addresses the findings of the study in the following sequence: first, the researcher provides vignettes to introduce each participant and to provide the reader with an overview of the teachers' demographics, teaching experience, and personal accounts with mental illness in the middle school classroom setting. Next, the researcher answers the research question through a framework analysis, followed by a cross case analysis. After the framework and cross case analyses, the researcher presents the overall qualitative findings based on information from the four interviews and the documentation reviews, then concluded by offering implications of the study.

Overview of Participants

The researcher purposefully selected teachers from a variety of school settings in North Carolina who taught students from a variety of demographic backgrounds and socioeconomic statuses. The participants represented middle school teachers with a variety of teaching experience and age ranges. The researcher used a social media platform to find participants. When she advertised the study, the researcher wanted to gain the interest of a broader range of participants from different races and genders; however, only African American, female middle school teachers responded and followed through. The following vignettes provide an overview of each participant, their demographic information, and their personal experiences with middle school-aged adolescents and the mental illness phenomenon.

Participant One presented as a 30-year-old, African American female and indicated that she recently began her teaching career through lateral entry. Lateral entry allowed her to begin her teaching career while she worked to obtain her state teaching license. She worked at an International Baccalaureate Magnet School that served middle grades (six through eight), located in a rural town in North Carolina. Although she began her career in a rural county, Participant One stated that she worked in a school located on a side of town with an “inner-city” feel. She indicated that most of her students identified as African American, or students from low socioeconomic backgrounds. She also stated that she encountered extreme and aggressive behaviors during her first ten days as a teacher and described her school environment as laid back concerning rules and structure. She described the environment as hectic due to the overwhelming amount of behavior issues within the school.

Participant One presented with the most unique experiences as she described the symptoms of mental illness and behavior challenges that she witnessed in her classroom. Participant One explained that only a small number of students' records contained documented mental health needs, but the extreme behaviors such as frequent mood swings presented among the symptoms of mental illness. She also stated some parents informed her of their students' prescribed medications for mental illnesses. She described her students' behaviors as severe and beyond typical classroom disruptions and that she often felt blind-sided by her students' behaviors. She recounted teen pregnancy, aggression, and countless emotional outbursts. She also shared an overwhelming day when three students became angry in separate incidents and left class or the school campus without permission. Participant One referred to the students who left class as "three runners," since she did not instruct them to leave class, which forced her to contact the school resource officer or the local police. She stated that she experienced various aggressive and emotional crises during instruction time and learned through experience with the exposure to behaviors because "she wasn't taught." She provided numbers to support her assertions and stated that in each classroom in her middle school, five out of 25 students experienced trauma and presented with symptoms of mental illness.

Participant One considered factors discussed in the literature review such as the lack of parental involvement and bullying when she described her students' decline in mental health. She also mentioned the recent COVID-19 pandemic that plagued the United States of America and other countries around the world and forced virtual learning. She noticed that depression increased in her students during the pandemic which led to psychiatric hospital admissions for two of her students. She also expressed

concern about one student that “stopped trying” during virtual learning. She described the student’s diminishing mental health and reported that the student indicated that they locked themselves in their room during the social isolation period of the pandemic and threatened to “kill their dog.” Participant One recalled two incidents of extreme behaviors that she did not attribute to a mental illness. She stated that a student made drug deals on campus, and she also became aware of a “pill ring” where a student sold “blood pressure pills” to other students on campus. She further asked a rhetorical question of “How did I not know these things were happening?”

Participant Two, in her 40s, reported seven years of teaching experience. She began her career as an elementary teacher and transitioned to middle school in the middle of her career. Her school stood in the city limits of a larger city in North Carolina. She provided her perspective from her experiences with mainly seventh graders.

In her description of her experiences with aggressive student behaviors, Participant Two indicated that the most severe behavior she experienced was a sixth-grade student who committed suicide. She stated that prompt communication with students and fellow staff guided her through this matter. Participant Two further explained reports of self-harm as another mental illness-related behavior she experienced in her career. She also remembered that a student informed her of a classmate who indicated they wanted to self-harm. Participant Two stated that she did not attempt to address the student who communicated the desire to self-harm because she did not have a relationship with the student. She referred the student to the school counselor for further assistance. Participant Two indicated that direct experience with random behaviors and symptoms throughout her career led to her familiarity with the extreme and mental

illness-related behaviors. She stated that intuition and her thought processes related to prior experiences with mental illnesses assisted her with noticing her students' behaviors presented as out of the norm. She stated that when she observed a student's behavior, she would think to herself, "That could be..." but never identified the mental illness. She went on to say that although she could not identify clinical terms for diagnoses for some of her students, she was aware of the students' diagnoses due to educational meetings and consultations with the guidance counselor.

Participant Three represented the more seasoned teachers. Also, an African American female, Participant Three indicated that she took interest in psychology and guidance counseling before teaching. She included her psychology background to support her perspective and feelings about adolescent mental illness. She commented that because of her psychology background, she always wondered what caused the students' behaviors. Her interest in psychology also drove her to question the underlying causes of her students' behaviors and encouraged her to consider her students' background environments. Participant Three was in her late 50s and indicated that mental illness-related behaviors recently became an issue for her in the classroom over the past five years. She stated that she did not recall behavior issues and mental illness-related behaviors among students in her earlier years of teaching. She brought a perspective from seventh grade only. Participant Three taught at a school in a rural county. She recalled that when she first began teaching middle school, her school consisted of predominantly Caucasian and African American students. In recent years, Participant Three stated that the Hispanic population grew to represent the majority of the student body. She communicated that the behaviors that stood out to her the most appeared as thoughts of

death and self-harm but “not necessarily” suicide notes. She came across these thoughts after she read students’ writing assignments that she assigned as an English teacher.

Participant Four, an African American woman in her late 40s, also began her teaching career in elementary and transitioned to middle school after twelve years of teaching elementary-aged children. She described middle school teaching as more student-centered than elementary school. Participant Four indicated that she became accustomed to dealing with mental illness-related behaviors because a high percentage of students in her current school had confirmed diagnoses. Participant Four worked at the same school as Participant One but reported a slightly different perspective from the same school setting.

Participant Four indicated that she experienced the task of de-escalating and managing disruptive behaviors as a middle school teacher. Participant Four clarified that she referred to behaviors presented by students as mental illness-related when she received information on school records such as 504 plans, Individualized Education Plans, and school counselor reports. She explained that she experienced various behavior disturbances in the classroom such as emotional outbursts that forced her to divert her time away from teaching to manage the issues. Participant Four spoke of an incident when a student became upset and began to go around the classroom punching other students. Participant Four described her feelings in this situation as that of concern but stated that events such as student aggression became regular occurrences. She also explained that while mental illness symptoms and aggressive behaviors presented throughout her middle school career, the recent COVID-19 pandemic caused these issues to escalate. She reported that she could still sense the decline in mental health through the

virtual learning platform. She also stated that a student recently admitted to self-harming behavior during the pandemic.

The overview of the participants provided background information on the overall experiences of each middle school teacher. The researcher shared overviews to serve as a foundation and backstory for the remainder of the study presentation. The framework and thematic analyses discussed in the next section presented specific insight into each participant's experiences. The analyses created patterns, revealed themes, and demonstrated agreement between the teachers' experiences and the chosen theoretical framework.

Framework Analysis

The following framework analysis paints a picture of how the participant interviews answers the guiding research question, what are middle school teachers' feelings and perceptions as they experience and manage student misbehavior which is a manifestation of mental illness? The Framework analysis describes how the researcher connected Bandura's social cognitive theory and the teachers' experiences with the three concepts mentioned in the theory that included: observation, direct experience, and self-efficacy. In conjunction with the theoretical framework connections, the framework analysis reveals answers to the research question. The analysis identified themes that emerged from the interviews with the participants which the researcher categorized according to Bandura's key concepts. The framework analysis broke down each participant's connections with each of Bandura's concepts of observation, direct experience, and self-efficacy. The research only included an explanation when the theme was presented during the participant's interview.

Observation

During the framework analysis process, the researcher relayed connections to Bandura's social learning and social cognitive theory which revealed answers to the research question. In his earlier work, Bandura (1971) posited that "Man's capacity to learn by observation enables him to acquire large, integrated units of behavior by example without having to build up the patterns gradually by tedious trial and error," Bandura, (1971 p. 2). In the "Stuck in the Middle" research study, the researcher applied the concept of observation as a method for the teachers to learn their students' behaviors, and learn effective responses as opposed to repeating the students' or repeating ineffective responses.

When the researcher explored the concept of observation in a case-by-case analysis, Participant one revealed that frequent observation of violent and out-of-the-norm behaviors along with communication with fellow teachers prepared her for the next incident. She witnessed a wide range of behaviors without time to become accommodated to her teaching position. As Participant One mentioned, she experienced severe and mental illness-related behaviors within her first ten days as a teacher. Observation stood out as one of her key learning tools. Her interview answers revealed that she monitored her students closely. In one instance she stated that a student misbehaved in her classroom, but when the time came for them to switch to another class, the student came back to her class. Participant One noticed through her observations that she began to learn the emotional needs of that student. He appreciated her calmness. The encounter with the student upon their return to Participant One's classroom led to a powerful observation and learning experience for the teacher. Williams (2017) explained

that observation of peers helped to learn and gather information. Observation and gathering information proved beneficial for Participant One to identify her students' emotional needs and also proved relevant with the other three participants.

Participant Two communicated that observation created learning opportunities for her. When the researcher posed the question about the ability to recognize symptoms of mental illness, Participant Two stated that through observation, she noticed certain symptoms presented as extreme and thought to herself "that must be" about a mental health issue or disorder. She made the connections to symptoms and disorders, despite her lack of training. Participant Two used observation as learning and connecting opportunities. She noticed that when she attempted to implement meditation strategies in her classroom, her students presented as non-receptive. As a result of this observation, Participant Two realized she needed to prep and discuss the benefits of meditation with her students.

Participant Three acknowledged that she used the concept of observation naturally because of her psychology background in education. She stated that when she observed students' behaviors, she often wanted to delve deeper to discover why her students presented with certain behaviors. Participant Three reported the more emotional and thought-driven symptoms of mental illness. She stated that she learned of a couple of students who thought about self-harm or death through their writing assignments. She used her role as an English teacher to learn and observe her students' behaviors when their language in their assignment alarmed her. She referred the students to the guidance counselor as a precautionary action when she noticed concern in their writing.

Participant Four presented with the strongest connection to Bandura's idea of observation as a teaching component, especially concerning how she observed and learned her environment. Several times throughout her interview, she mentioned that she lacked experience in managing students' mental illness, but her observation of many types of behaviors and mental health crises, taught her how to handle the next incident more effectively. Participant One described how she learned to observe and recognize when one of her students needed a "Pull-out" card that allowed the student to leave the class with another teacher to take a mental break. She mentioned that the more behaviors she observed, the better she became at knowing her students and managing behaviors.

Observation served as a consistent theoretical factor for all the interviewees in the study in unique ways, no matter how much the participants realized. Each participant described the process of observation as a method to learn even when they did not use "Observation" as the terminology. The four middle school teachers indicated that they learned strategies and became familiar with how to manage behaviors based on a student's needs at the time. Frequent observation of mental illness-related and other disturbing behaviors not related to mental illness provided time to implement trial and error to help the teachers adjust how they addressed the students' behaviors.

Direct Experience

Bandura suggested that direct experience served as an effective teacher. Bandura's (1971) explanation of direct experience as a teaching tool suggested that direct experience led to new patterns of behavior. He posited that direct experience prompted humans to utilize new ways to approach a different learning behavior. In more detail, Bandura (1971) explained that once a learner viewed and attempted a certain behavior,

they adjusted based on punishment or reward. In the application to the middle school teachers encounters with the student's symptoms and behaviors, if the teacher handled the incident effectively the first time, then they achieved the reward of de-escalating the student. If the opposite, occurred, the teacher learned and adjusted accordingly.

As the researcher examined Bandura's concept of direct experience, the participants related in the following ways: Participants One and Four, who worked in the same school, emphasized that their daily, direct experience to disruptive behaviors led helped them to re-evaluate and revisit ways to manage behaviors. The two participants understood that when one action did not help the student, they changed the action or asked for assistance from the school counselors or administrators. Participant One indicated that at times, she felt that the extreme and mental illness-related behaviors overtook her classroom. She displayed the concept of direct experience as she explained how she attempted redirection, de-escalation, and prioritization to reap the reward of getting the most of her instruction time. She attempted redirection when the behavior allowed, de-escalation when the behavior presented within her control, and prioritization to determine the urgency of a behavior. Participant Four mentioned that in the beginning she felt as if she did not know how to control student behaviors and symptoms in her classroom but direct experience and led to her having a "better grip."

Direct experience also provided the teachers with the tools to alter prior mistakes when they handled future incidents in their classrooms. Participant Two mentioned that she felt inadequately educated on mental illnesses but did not panic during the direct experience. She reported that she often stood back and tried to identify behavior issues on her own through intuition but never mentioned or implied that she implemented trial and

error as Bandura suggested with direct experience. Participant Three reported that she experienced limited direct experience with aggressive and mental illness-related behaviors, but she recognized some concerning thoughts when her students mentioned the idea of self-harm and suicide in their writing assignments. She mentioned the writing assignments because they presented often enough to cause concern and she knew to make a referral to the guidance counselor.

Although direct experience did not emerge as a common theme with all four participants, half of the study's participants described incidents of direct experience where their students' behaviors presented as learning opportunities. In the Williams (2017) discussion on direct experience, the author posited that students learn more when they engage in the learning process. In the "Stuck in the Middle" study, a couple of the participants revealed that the direct experience learning processes allowed them to try strategies with their students, alter them accordingly, or ask for help.

Self-Efficacy

The theme of self-efficacy remained relevant as well. Bandura highlighted self-efficacy as the confidence to learn. With the middle school teachers in the study, the researcher analyzed self-efficacy about the participants' confidence to learn and execute behavior management according to the mental illness symptoms and other behaviors presented in the classroom. Self-efficacy levels varied at different times throughout the teachers' experiences as they attempted to manage mental illness-related behaviors. Some indicated that their self-efficacy fluctuated and one participant indicated that her self-efficacy started low but increased as she experienced more behaviors. In this section, the researcher used the terms self-efficacy and confidence interchangeably.

Participant One described her confidence level as low as far as knowledge of symptoms but added that as she built rapport with the students at her new school, the behaviors did not intimidate her as much. She presented with lower self-efficacy when she discussed her ability to address mental illness-related behaviors she explained that she lacked knowledge and resources. Participant Two presented with lower confidence in the area of mental illness and behavior management but mentioned that she built off of the support of her fellow teachers as needed. For example, Participant Two related her lack of confidence in mental wellness overall to the lack of training and made the statement “We learn as we go” several times throughout the interview. She also indicated that she did not view her efforts to implement social-emotional learning as effective because of the students’ lack of engagement.

Participant Three did not provide a clear indication of the impacts of behavior management on her self-efficacy. She never experienced aggressive and extreme class disruptions. However, Participant Three mentioned that when she noticed language that indicated that her students may be in danger of harming themselves, she immediately made reports to the guidance counselors for support, which implied she did not believe she possessed the knowledge to address the symptom. Participant Four displayed a stronger sense of self-efficacy because of her frequent exposure to extreme behaviors once she became a middle school teacher. She shared that she began to expect eventful days full of disruptions due to her students’ symptoms. She added that although she never experienced any thorough mental health training, her confidence increased every day as her familiarity with the behaviors increased.

As a part of the framework analysis, self-efficacy represented a theme that surfaced as the researcher answered the guiding question, what are middle school teachers' feelings and perceptions as they manage student misbehavior which is a manifestation of mental health issues? The participants described their experiences with behaviors that presented beyond their control, they suggested how the lack of knowledge altered their self-efficacy. The teachers presented with different levels of self-efficacy based on the frequency of involvement with difficult behaviors and symptoms. The middle school teachers in the study demonstrated one of the key elements of self-efficacy that Malone (2002) discussed which was how an individual's belief of their capabilities affected their learning progress. Each teacher indicated low self-efficacy at some point and always connected their lack of confidence to address behaviors to their lack of knowledge. The teachers did not claim they could manage the symptoms of mental illness without support. As a result, they referred the students to the school counselor, the administrator, and one participant called law enforcement in some cases.

The framework analysis section outlined how Bandura's concepts of direct experience, observation, and self-efficacy represented the middle school teachers' experiences with mental-illness related and other severe student behaviors. The statements in Table 4.1 describe each participants' connections to the key framework themes. The researcher utilized the table to organize and provide overall accounts of the teachers' experiences that aligned with Bandura's social cognitive theory. In the table, the researcher also indicated the frequency or intensity levels to which each teacher related to the key framework components.

Table 4.1

Framework Themes and Connections

Participant	Framework Concept	Participant Interview/Framework Connection
Participant One	Observation	Felt she learned what to expect and how to respond in some cases after she observed frequent behaviors.
	Direct Experience	Frequent and direct experience taught effective responses.
	Self-Efficacy	Frequent occurrences of behavior and mental health crises increased self-efficacy (confidence).
Participant Two	Observation	Learned through prior experiences and used intuition when behaviors presented as out of the norm.
	Direct Experience	Expressed she did not attempt to address the one incident of suicide that a student brought to her attention.
	Self-Efficacy	Presented with a sense of confidence about self-care but not when implementing social-emotional learning.
Participant Three	Observation	As a middle school English teacher, she learned when students exhibited concerning thoughts through observation in their writing assignments.
	Direct Experience	No clear indication that she learned to address behaviors through direct experience. She directed students to the guidance counselor.
	Self-Efficacy	Self-efficacy strengthened through fellow teacher support.
Participant Four	Observation	Presented with a strong connection to direct experience. Considered herself experienced because of her daily exposure to extreme behaviors.
	Direct Experience	Frequent and direct experience taught effective responses.
	Self-Efficacy	Frequent occurrences of behavior and mental health crises increased self-efficacy (confidence).

Each key concept revealed itself to some extent throughout the study. Observation stood out as instrumental and taught Participants One and Four when and how to respond to class disruptions related to symptoms of trauma. Direct experience increased comfort levels within half of the teachers. Although the participants lacked knowledge on how to identify root causes and how to intervene, the direct experience created a sense of familiarity and prevented panic. Self-efficacy also presented as a theme. During the interviews, each teacher shared different variations of experiences as they managed students' symptoms and behaviors and the effects on their levels of self-efficacy.

Thematic Analysis

As the researcher completed the thematic analysis, themes emerged from the participants' interviews and became evident through the commonalities among their responses. The lack of training presented as the first and primary theme among participants. The lack of support, feelings of inadequacy, and feelings of burnout presented as other common themes.

Lack of Training

The theme of the lack of training in the area of mental illness stood out in the cross-case analysis. Each of the teachers expressed their need for training due to minimal professional development that focused on mental health. Participant One emphasized the lack of training during her conversation. She indicated that she addressed many of the behaviors in her classroom with "not a lot of resources, and not a lot of knowledge on what to do." She explained that she received minimal amounts of training on mental illnesses. She stated that she lacked training on behavior and symptom management as well as training on resources available to her. Participant One stated that she did not

know of the presence of mental health professionals in her school. She indicated that she was not aware of the role of the school psychologist, whom she initially thought provided mental health services but only administered testing in the school.

Throughout her interview, Participant Two maintained the theme of the lack of training. She mentioned that her school district recently implemented social-emotional learning and the district officials suggested that teachers include a 30-minute session on mental health awareness as an addition to the daily curriculum. She mentioned that she did not receive structured training for social-emotional teaching and also described the social-emotional teaching process as “learning as we go.” Participant Two explained her experiences with student mental illness and other aggressive behaviors and stated that she and her colleagues “learn as we go.” Participant Two indicated her familiarity with suicide and self-harming behaviors came from prior experiences when she became aware through students who shared the information about their fellow peers. Participant Two described her middle school teaching experience as one in which she learned along the way as she encountered the issues related to the adolescent mental illness phenomenon. She acknowledged that her school district provided tools to implement social-emotional learning and suggested that teachers interject a mental health awareness moment into each school day but emphasized that the district failed to present any mental health-specific training.

Participant Three revealed the theme of a lack of training in her interview as well. Participant Three indicated that she did not recall any mental health training but knew that the county offered training with minimal mental health content and no ongoing training from her knowledge. She could not recall the last time she participated in mental

health-related training but noted that her last training lasted an hour or less. Participant Three followed up with a question to the researcher (interviewer). She asked if the researcher believed mental health training would ever become mandatory for school districts to implement.

Participant Four stated that in the beginning, she did not feel like she possessed adequate skills. Participant Four disclosed that she did not recall any training related to mental illness specifically but indicated that she participated in professional development related to social-emotional learning, and how to manage a classroom. She indicated that she felt surprised when she experienced a full day without the occurrence of a behavior crisis in her classroom. Participant Four then went on to describe her feeling as “experienced.” She stated that she felt experienced but not trained. To elaborate, she felt that due to her regular exposure to aggressive behaviors in the classroom, her prior experiences contributed to the ability to remain calm and navigate through the students’ aggressive behaviors without panicking. Participant Four explained that though she felt “experienced,” she missed the training component. In response to the interview questions related to mental health training, Participant Four shared “We dabbled in that.” She elaborated and stated that she participated in one training last summer but not in-depth training. The interviewee flipped through her notebook to confirm her professional development courses and concluded that she participated in various “PDs,” but none that focused on mental illness. The consensus on inadequate training quickly emerged among the four middle school teachers through the interviews. The participants collectively expressed their concerns about the need for school districts to include mental health in more of their professional development.

Lack of Support

The researcher explored the level of support the teachers felt in regards to their responsibility to assist students during mental health or behavior crises. In reference to support, Participant One often stated that her school administrators “did what they could do.” Participant One also recalled an incident where a student “threatened suicide” and she reported the incident, but felt her report “went unnoticed.” Participant One further explained that the student followed up and requested that Participant One encourage the school counselor to meet with them. Participant One stated that no one acknowledged her assistance to the students and that she felt unheard. Participant One stated that she often needed to refer her students who presented with aggressive behaviors and emotional struggles to the guidance counselors for support. She recounted that some cases required assistance from the school resource officer and additional law enforcement. As far as support, Participant One stated that Administration tried their best, but a large number of students with mental and behavioral issues created a difficult task for the administrative team. Participant One elaborated on her lack of training and support and stated that administration told her how to recognize the signs of trauma in students and followed that statement up with “but who do I talk to.”

Participant Two explained her level of support from the school district as minimal. She stated that the school district “placed mental illness-related tools in their hands but did not show them how to use them.” She reported that she received some support from fellow teachers. She did not elaborate on the level of support she received. She indicated that she was not aware of any additional support professionals within her school such as mental health counselors. When the researcher explained the roles of various mental health professionals in school settings, Participant Two agreed that the

psychologist only administered testing, and the guidance counselors only provided emotional and academic support, but not the mental health component that many students required.

In the area of support, Participant Three revealed that her school family supported each other. She did not mention support beyond her school walls from her school district. She spoke positively about the communication protocols put in place at her school. She explained that the teachers, administrators, and guidance counselors all worked together to remain on the same page with the students they served. She stated that she maintained access to her students' records such as 504 and Individualized Education Plans to remain up to date on the students' behavior challenges and mental diagnoses when applicable. Participant Three also stated that she recalled her school having a school-based mental health therapist at one point but not currently.

As the researcher explored levels of support, Participant Four reported that she made referrals to the school counselors and reached out for assistance from the school administrators, but ultimately, she maintained control of the classroom. She reported that administrators helped to de-escalate and school resource officers assisted with aggressive students. She stated that fellow teachers shared helpful tools that assisted with classroom management. She did not provide further information on support from her school district and stated was not aware of any mental health professionals in her school. Fortunately, the participants recognized their colleagues, administrators, and school guidance counselors as sources of support when they encountered mental health crises among their students. However, overall, the participants mentioned minimal district support.

Feelings of Inadequacy

Feelings of inadequacy surfaced as an evident theme throughout the conversation with Participant One. She referenced a couple of cases with students involved with the local department of social services. Participant One stated that when she noticed trauma-driven behaviors or behaviors related to neglect, she made reports to social workers and never received calls in return to follow up and address the issues further. She described the incidents where she reached out to parents and other stakeholders as void, which led to feelings of inadequacy. Participant one stated that no one acknowledged her assistance to the students and that she felt unheard. She implied that she often questioned her effort and whether she should continue to go above and beyond.

Participant Two's interview also indicated feelings of inadequacy. She indicated that in her efforts to implement the social-emotional learning components with her students, the students refused to engage. She also explained an incident where she learned of a student who self-harmed. She stated that she immediately reported the incident to the school counselor and further explained that she did not approach the student because she did not have a close relationship with the student.

During the interview with Participant Four, the theme of inadequacy emerged. She explained that when she addressed behaviors beyond her knowledge, she questioned herself in the beginning. As mentioned in the lack of training discussion, Participant Four began to feel more confident when she assisted with behavior and symptom management. She stated that through all of her experiences she gained a "better grip." Inadequacy emerged as a major theme throughout the study. Although Participant One and Participant Four provided more detail on their feelings of inadequacy, Participants Two

and Three discussed their lack of training which revealed close associations with inadequacy.

Burnout

Participant one disclosed feelings of burnout in her young teaching career. She shared the effects of her experiences with student mental illness and stated that the overwhelm of the student's behaviors and feelings of inadequacy led to high turnover rates within her school. She stated that the high turnover rate left no one for the students to turn to. She stated that she often went home tense and aggressive. She carried the overwhelming feelings home with her. Participant One shared that sometimes she locked herself in her room for time to calm down when she noticed herself projecting her feelings of exhaustion onto her young children. Participant One also stated that her insurance package allotted teachers only three mental health counseling visits.

In the discussion about burnout, Participant Two presented with a less tense demeanor than Participants One and Four. Participant Two, similar to Participant Three, appeared to become less emotional during the interview. Equally as important, Participant Two indicated that she created her protective barrier after her exposure to students with behavior and mental illnesses and left those issues in the classroom. She quoted that "if I brought those issues home with me, I would end up depressed."

Similar to the other interviewees, Participant Four experienced feelings of burnout. She recalled plenty of emotional "outbreaks." She briefly paused during the interview and stated "I am about to cry now." She stated that she experienced days where she went home and cried. She described the experiences and stated that "they take a toll on you and your mental health." "I had migraines." She concluded the discussion on

burnout and stated that in counseling she learned not to take the burden. The burnout discussions among the participants varied in intensity. The two teachers with the most experience with mental illness-related behaviors disclosed more about burnout and how their experiences with students' mental illness affected them mentally and emotionally.

Summary of Thematic Analysis

In a review of the cross-case analysis, the researcher highlighted each participant's connection with each theme. Participant One indicated through her overall teaching experience that symptoms related to mental illnesses consumed many of her days in the classroom. She revealed that extreme behaviors and symptoms related to mental illnesses collectively presented as common occurrences. She revealed overall feelings and perceptions of overwhelm, unsupported, and undertrained.

Participant Two's interview revealed that her collective experience with adolescent mental illness involved legitimate concerns. She recounted a couple of serious instances of students' symptoms that stemmed from a mental illness. She emphasized the lack of training more than the other themes but as the interview progressed, the themes of the lack of support, feelings of inadequacy, and burnout all presented and proved their relevancy during the interview.

In the discussion of inadequacy and burnout, Participant Three presented as the only interviewee that reported minimal signs of feeling inadequacy and burnt out. She mentioned that she held on to some regret for not pursuing a guidance counseling degree, since psychology was her first passion. Participant Three presented as less experienced with aggressive behaviors than the other three interviewees. At the same time, she noticed some behaviors that caused her to refer students to guidance counselors for

emotional support. Participant Three mentioned that since mental illness presented in daily conversations and presented as common occurrences in students, she sometimes felt that students used conditions such as anxiety as an excuse to not complete their school work. She explained that she remained cautious and always considered a student's complaints about their mental health and referred them to the guidance counselor as a precautionary safety measure.

In comparison to the other participants, Participant Four painted a consistent picture of her feelings, perceptions, and overall experiences as she navigated through the growing mental health phenomenon in a middle school setting. Participant Four's interview revealed experiences that indicated the lack of training, feelings of inadequacy, and feelings of burnout. Participant Four indicated that she felt experienced due to the consistent exposure to outbursts and behaviors related to trauma, mental illness, and environmental issues. Participant Four did not emphasize a lack of support from school districts but utilized the support available on campus including the administrators, school counselors, and resource officers. Similar to the previous interviewees, Participant Four did not indicate adequate or an outpouring of support, but enough to navigate through difficult times.

The themes of lack of training, lack of support, feelings of inadequacy, and burnout explored through the thematic analysis emerged as common highlights of the participants' experiences. Table 4.2 provides a visual of excerpts that stood out during the participants' interviews and vividly described the middle school teachers' connections with each theme. The researcher used the table to identify each of the four themes that emerged during the cross-case analysis and placed relevant excerpts with each theme.

Table 4.2

Themes Presented in The Cross-Case Analysis

Participant	Universal Theme	Personal Quote
Participant One	Lack of Training	“Not a lot of knowledge on what to do.”
	Lack of Support	“I felt my efforts went unnoticed.” “Not a lot of support.” “But who do I talk to.”
	Feelings of Inadequacy	“Not a lot of knowledge of what to do.”
	Feelings of Burnout	“I would go home and find myself yelling at my children after a long day at school.” “I would lock myself in my room to calm down.”
Participant Two	Lack of Training	“The only training, I am aware of, is like a 30-minute training.” “They gave us the information on social-emotional teaching but didn’t tell us what to do.”
	Lack of Support	“They (school district) gave us the information on social-emotional teaching but didn’t tell us what to do.” No mentions of school district support. She relied on fellow teachers and school counselors for support. No knowledge of mental health professionals in the district.”
	Feelings of Inadequacy	“I attempted the 30 minutes of mental health awareness with my students and they refused to engage.” “I did not address the student who threatened self-harm because I did not have a relationship with her. I referred her to the guidance counselor.”
	Feelings of Burnout	“I can’t think about it too much or I would end up depressed.”
Participant Three	Lack of Training	“The school district offers training, maybe once a year, I don’t know of any other pieces of training.”
	Lack of Support	“She felt supported by her colleagues and school counselors but no mentions of school district support.”
	Feelings of Inadequacy	Inadequacy did not present as a theme for this participant.
	Feelings of Burnout	Burnout did not present as a theme for this participant.
Participant Four	Lack of Training	“We dabbled in it, but no training specific to mental health.”
	Lack of Support	“I speak to other teachers about strategies.” She did not mention support from the school district.
	Feelings of Inadequacy	“In the beginning, I didn’t have the skills.” “At first it makes you question yourself and takes a lot out of you.”
	Feelings of Burnout	“I had plenty of emotional outbreaks.” “Sometimes I go home and cry, I’m about to cry now.”

The middle school teachers' encounters with students' symptoms of mental illness varied but all maintained the most powerful theme of the lack of training. Across the interviews, each participant consistently reported that they experienced minimal training in mental health. Desired support from school districts, feelings of inadequacy, and feelings of burnout stood out as relevant themes as well. Each participants' experiences related to the primary themes in varying capacities, but the connections warranted acknowledgment and discussions.

Documentation Reviews

The second data collection method, documentation reviews, provided an additional layer of support to answer the research question. The documentation reviews allowed the researcher to assess the referrals that teachers sent to the school counselors when they perceived that a student's behaviors warranted further attention. After the teacher submitted an initial referral to the school counselor, the school counselor then forwarded the referral to the school mental health professional, who is also the author of this research study. The researcher analyzed the documents and noted that the teachers dealt with wide ranges of behavioral concerns such as threats of suicide and other severely disruptive behaviors related to anger. The researcher connected the referrals to the themes from the cross-case analysis. The documentation reviews also provided insight into the variety of behaviors and intensity of the behaviors that the teachers encountered in their classrooms.

The researcher also utilized the referral forms to connect the research findings back to the root of the problem. The researcher communicated the problem in Chapter One as the growing adolescent mental illness crisis which impacted middle school

teachers. The documentation reviews revealed specific behaviors that the researcher, a mental health counselor could associate with symptoms of mental illnesses. Also, the referral itself served as the teachers' belief that the students displayed behaviors severe or concerning enough for mental health attention.

The following excerpts of student referrals for counseling came from a group of teachers separate from the four middle school teachers interviewed in the study. The excerpts represent the anonymous teachers from the school where the researcher worked since the teachers in the interviews indicated that their schools did not employ mental health professionals. In the referrals, the teachers indicated the reasons they recommended the student for mental health counseling. The teachers' language consisted of neutral explanations, void of emotions or opinions. Table 4.3 displays a variety of general behavior symptoms, but student symptoms such as thoughts of suicide or homicide warranted immediate mental health attention that the teachers could not provide. This table added to the validity and trustworthiness of the study because the excerpts represent an additional five perspectives from an additional middle school. The additional perspectives aided the researcher in the data analysis process since they further strengthened the themes established from the four interviews. The referrals indicated the lack of knowledge and the teachers' need for additional assistance.

The symptoms in Table 4.3 represent actual referral descriptions provided to the school mental health professional without information that would identify the students. The table further confirmed whether or not the symptoms presented as severe enough to warrant follow-up attention. Follow-ups often included referrals to see the school-based therapist, a mental health assessment, emergency psychiatric services, or legal attention.

Table 4.3

Documentation Review Excerpts

Referral Note	Teacher Language Excerpt	Follow Up
Referral Note One	The student sleeps in class and refuses to complete work.	Referral for further assessment by a school-based counselor.
Referral Note Two	The student has excessive absences, does not want to attend school. The mother wants the student to see the counselor.	Referral for emotional support from guidance counselor and a referral for school-based mental health counseling. Guidance and School-Based
Referral Note Three	The student shared a note with a peer saying they wanted to commit suicide.	Mental Health counselors referred the student for emergency mental health evaluation at the local hospital.
Referral Note Four	The student told another student that they were going to kill them like they killed their mother.	The guidance counselor followed up with a referral for school-based mental health counseling.
Referral Note Five	Anger, Behavior Suicidal ideations.	The guidance counselor followed up with a referral for school-based mental health counseling.

Discussion

The discussion served as a summary of findings and explained the connection between the literature review and themes that emerged throughout the study. The researcher also reviewed the theoretical framework and the agreements between Bandura’s social cognitive theory and the data collected during the qualitative processes. The discussion concluded with suggestions on how future studies can build and develop the research beyond the themes addressed in this study.

Literature Review Connections

As the researcher worked to answer the research question that explored middle school teachers' feelings and perceptions as they experienced and managed student misbehavior which is a manifestation of mental health issues, the data collection process revealed several universal themes. The middle school teachers felt they lacked adequate training to manage mental and other behavior crises, they lacked adequate support from their school districts, they felt inadequate when they made efforts to address severe behaviors, and the theme of burnout presented itself with three participants. As the middle school teachers elaborated on their experiences, they revealed the environmental factors discussed in the literature review such as gender and race from the Adams et al. (2019) study aligned with the four core themes across cases which presented as the lack of training, the lack of support, feelings of inadequacy, and feelings of burnout.

Prior researchers including Adams et al. (2019), Wang et al. (2019), and Sutherland and Oswald (2005) all studied the impact of environmental factors associated with adolescent mental illness. As the teachers reported through the interviews, the environmental factors presented as driving forces of student symptoms and behaviors. The environmental factors that emerged in the "Stuck in the Middle" study included gender, race, parental involvement, and student and teacher relationships. The environmental factors stood out like roots of the issues that created the adolescent mental health phenomenon, a major component of the problem that led to the purpose of the research. For instance, Participant One and Participant Four mentioned the overwhelming number of students in their school with diagnosed mental illnesses or presented with extreme behavior struggles. During their interviews, they both mentioned students who resided in foster care, abusive homes, and other varieties of traumatic backgrounds.

Traumatic living environments, previously studied by Wang et al. (2019), impacted student behaviors in which the middle school teachers witnessed. Furthermore, Wang et al. (2019) addressed the lack of parental involvement and child victimization concerning child and adolescent mental illness. The teachers recalled students without parental support, neglect, and unstable living environments. Many of the students who presented with mental illnesses and aggressive behaviors in school resided in foster homes or with grandparents as reported by Participants One and Four. Additionally, Adams et al. (2019) studied the connections between students' race and the influence of race on teacher referrals to school counselors. Race also contributed as an environmental factor in the study. Each teacher, except one, reported that minorities represented most of the student body in their schools.

In the literature review in the early stages of the study, the researcher reviewed prior studies that appeared relevant to the problem. First, the lack of mental health training presented as the most consistent theme among the middle school teachers in the study. Researchers such as Taggart and McMullan (2007) based their research on the grounds of the importance of teacher training but, did not hone in on the adolescent age group. Armstrong et al. (2015) posited their research in a direction consistent with the researcher's findings on the lack of training. Armstrong et al. (2015) argued that beginning teachers needed to learn the basics of mental diagnoses and symptoms in the preservice phase of their careers. Secondly, each participant identified with the lack of support as well. The teachers only mentioned support from their respective schools but not from their district leaders. The participants mentioned how an additional layer of support such as mental health professionals would fulfill the overwhelming emotional

and behavioral needs of their students. Moon et al. (2017) also discovered that schools needed the presence of mental health professionals. They examined mental health needs within schools in various geographic areas and the proportions of mental health professionals in the schools.

Next, the researcher's findings on teachers' feelings of inadequacy demonstrated consistency with two studies in the literature review. Rothi et al. (2008) and Merz (2017) all addressed how the lack of mental health training led to teachers who felt inadequate in the ability to execute and manage mental illness-related behaviors. The researcher linked those findings to the four middle school teachers who all reported they sought help from guidance counselors, administrators, or fellow teachers. The participants reported that they sought out support because of their feelings of inadequacy. Finally, the researcher reviewed the literature on teacher burnout which also emerged as a pattern. The researcher located a study from Bottiani et al. (2019) that connected teachers' management of disruptive behaviors to stress and eventually burnout. Findings from the Camacho et al. (2018) and Gettinger et al. (2008) studies aligned with the researcher's findings in the "Stuck in the Middle" study. Camacho et al. (2018) and Gettinger et al. (2008) found the lack of resources as a cause for teacher burnout. Half of the middle school teachers indicated signs of burnout that surfaced in their personal lives. The two participants spoke of seeking and attending therapy as a result of intense behavior exposure on their jobs and not enough mental health resources.

Participants One and Four taught in the same school where an overwhelming presence of mental illness and trauma-related behaviors existed. Both participants discussed environmental factors in their interviews. They explained how a large

percentage of their students came from low socioeconomic backgrounds, foster care, trauma, neglect, and predominantly Hispanic and African American. The researcher linked these revelations to the studies included in the literature that provided explanations for the rapid rise in adolescent mental illness. The Colvin et al. (2019) study discussed in the literature review examined race and gender as environmental factors while Adams et al. (2007) focused on the influences of family structure. Many of the students in the discussions who struggled with mental illness came from foster care or resided with their grandparents which proved the significance of the Wang et al. (2019) study in the literature review. Wang et al. (2019) linked the lack of parental involvement to adolescent mental illness and victimization. Although the themes found in the literature review stood out as logical applications, close connections to the teachers' experiences and perceptions came as a pleasant surprise. The study revealed continued consistency with the framework choice as well. The following section identifies the findings and the agreements with the social cognitive and social learning theories.

Framework Connections

The ideas of observation, direct experience, and self-efficacy from Bandura's social cognitive theory presented parallels with the findings in the study. The study revealed evidence that the researcher applied a logical theoretical base to answer the research question. The researcher determined that more time and a more in-depth study would allow for deeper exploration into the contents of the social cognitive and social learning theories.

Williams (2017) argued that the social learning (cognitive) theory changed the learning experience, especially for the observer. Half of the participants explained

experiences and perceptions that connected to Bandura's idea that observation of behaviors benefitted humans in the learning process. The two participants indicated that in the absence of mental health training, observation served as a helpful learning tool and enhanced the learning experience. Williams (2017) discussed the benefits of observation and how it encourages one to adapt quickly to their environment. The researcher applied the idea of observation related to how the middle school teachers became familiar with what sparked students' aggressive behaviors and how they learned appropriate ways to respond through trial and error. In the application of direct experience, the study also revealed that the teachers linked their confidence levels with direct experience. Williams (2017) studied Bandura's concept of direct experience and emphasized the power of engagement in the learning process. The two teachers who worked in the schools with the highest presence of mental illness indicated that with direct experience involvement with behavior management came higher self-efficacy or self-confidence.

Overall, the literature review studies and the theoretical framework proved as favorable foundational support for the "Stuck in the Middle" study. The literature confirmed gaps in studies on the growing presence of mental illness in adolescents which leads to overwhelming manifestations of symptoms in middle schools. The result involves a negative impact on the well-being of the teachers involved. Also, the key ideas pulled from Bandura's social cognitive and social learning theories proved as applicable to the participants' feelings and perceptions. As the research navigated through the study and reached conclusions, she determined that further research could address other issues related to the problem. A lengthier study that allowed more time to examine the agreement of the theoretical framework concepts would strengthen the study.

Implications

The literature review consisted of studies that associated the lack of mental health support in schools and teacher burnout. The teachers indicated the lack of knowledge about the availability of mental health professionals in their schools as an option for support. As a result of the study, the researcher concluded with important implications targeted toward school districts as the primary audience. During the adolescent mental illness phenomenon, middle school teachers desired enhanced teacher training that specifically addressed students' and teachers' mental health, school districts' attentiveness to middle school teachers, the lack of support, and burnout prevention services. The implications section broke down the consensus of the teachers' needs from the study and revealed how the research served as a benefit to stakeholders affected by the problem. Additionally, the researcher suggested ideas and avenues that further research on this topic should address.

The teachers in the study universally communicated the overall need for training in mental health, more support, and burnout prevention services, but the lack of training represented the emphasis for the four teachers during the interviews. The researcher suggested that school districts respond to these pleas for help with consistent training as opposed to brief training and training only provided once throughout the school year. In-depth training on mental illness and trauma-informed practices presented as the primary need for the teachers.

Next, school districts struggled with the responsibility to provide adequate support to the teachers. While the teachers lacked training, school districts needed to provide support to teachers in the interim as they addressed the extreme behaviors and

symptoms of mental illness in the classroom. As a mental health professional in a school setting, the researcher noticed that the school districts where the teachers worked lacked the presence of mental health professionals. The researcher felt that the increase in therapists and psychologists would improve the level of support for teachers. The idea of mental health professionals in schools is also a way to provide in-house training, which would improve training consistency.

The researchers' experiences as a mental health counselor prompted the study on middle school teachers' feelings and perceptions as they found themselves involved with the adolescent mental health phenomenon. The researcher sensed the teachers' struggle to manage the behaviors and witnessed their pleas for guidance. The studies selected for the literature review supported the researcher's assumptions regarding the mental health phenomenon that grew among early adolescents and affected middle school teachers at a rapid rate.

The environmental factors presented in the literature review in Chapter Two connected with each participants' experiences in different ways. Participant Three mentioned her desire to look further into the "why" behind her students' behaviors, which supported the researcher's motivation to explore environmental factors that influenced the rise in adolescent mental illness. The researcher deemed these factors as important since they influence the student's behaviors. Participant Three mentioned her experiences with the stigma of mental illness and her students' use of their mental diagnoses as reasons for their decline in academic performance. Participants One and Four revealed the significance of the roles of gender, race, and parental involvement through their interviews. Participants One and Four worked in the same school and often experienced

how environmental factors such as bullying, poverty, abuse and neglect, and absent parents contributed to the mental illnesses and aggressive behaviors displayed by their students. All of the factors including stigma, bullying, and the lack of parental involvement, shaped and contributed to the origin of the “Stuck in the Middle” research study.

Summary and Conclusion

The researcher provided fresh perspectives and experiences of middle school teachers during the rise in mental illness among adolescents. The researcher utilized interviews with four teachers along with the documentation reviews to shed light on the adolescent phenomenon and to provide insight into the way mental illness plagued middle school classrooms. Bandura’s social learning theory and social cognitive theory laid the foundation to explore the links between natural ways that teachers can learn and respond to extreme behaviors. Bandura’s theory also helped the researcher to understand teachers’ feelings and perceptions and the impact of the out-of-the-norm behavior management on their self-efficacy. Even with limited cultural, racial, and gender perspectives, the study provided an alert to the needs and desires of middle school and other teachers as they experienced a variety of behaviors. The researcher concluded that further research should cover varying perspectives such as different races, genders, as well as teachers with personal connections to mental illness.

CHAPTER FIVE

Distribution of Findings

Executive Summary

The adolescent mental illness phenomenon warranted additional research on the sudden rise in symptoms of mental health among students in their early teen years. The rise in adolescent mental illness created a problem that involved middle school teachers as they stood in the center of the crisis. Mental illness and other extreme behaviors manifest heavily in middle school classrooms. Behaviors such as violence, property destruction, elopement, threats of self-harm, and suicidal thoughts disrupt instruction time and affect teachers' sense of wellbeing. Middle school teachers suffered since they felt untrained, unsupported, and overwhelmed. The researcher aimed to understand middle school teachers' experiences overall regarding their encounters with mental illness-related symptoms and behaviors and their feelings and perceptions shaped by the events they encountered.

The study uncovered broad ranges of research that focused on children or older adolescents in high school and college. Studies that focused on the adolescent ages in the "middle" seemed minimal. The literature review revealed gaps in studies that covered the impacts of the rise in adolescent mental illness on middle school teachers. Teachers represented an instrumental role in the adolescents' lives and the researcher deemed teachers' feelings and perceptions as important factors to alert school districts on how the adolescent mental illness phenomenon affected their overall experiences as teachers. Whitley et al. (2012) provided an outlook for the phenomenon that predicted a continued

rise. Whitley et al. (2012) shared that 15% to 30% of children and adolescents received a mental diagnosis and reported an expected increase of 50% to occur by 2020. This statistic alone supported the researcher's urgency to shed light on the teen mental health crisis and how it affects middle school educators so that the proper officials can hear and address the teachers' needs.

Even more concerning, Franklin et al. (2012) pointed out that as mental illness presented in classrooms, teachers became "mental health counselors" by default. Franklin et al. (2012) explored the availability of mental health services in schools. Franklin et al. (2012) also suggested that since district officials and administrators expected teachers to address mental illness-related behaviors, they required additional training. The Franklin et al. (2012) study directly supported one of the researchers' primary findings in the study, undertrained teachers. The lack of training led to a domino effect of other concerns which included, were teachers supported? Were teachers overwhelmed? Ultimately, the primary research question asked, what are middle school teachers' feelings and perceptions as they experience and manage students' extreme and mental illness-related behaviors?

Overview of Data Collection

The researcher chose to utilize an instrumental, single narrative case study to answer the individual and leading research question, what are middle school teachers' feelings and perceptions as they experience and manage students' extreme and mental illness-related behaviors? The purpose of the instrumental, narrative case study was to alert the appropriate audience but not prove that a problem existed. The instrumental case study allowed the researcher to present the problem in a way to bring attention to how

mental illness in middle school classrooms presented as a problem for teachers. Semi-structured interviews with four middle school teachers represented the primary method of data collection and documentation reviews served as supplemental data.

The researcher purposefully selected four teachers who taught in vastly different cities and school environments. The researcher obtained the documentation reviews from the middle school where she provided mental health counseling services. The documentation reviews represented the voices of a different set of teachers to strengthen the data. The researcher reviewed written referrals submitted by teachers to capture the urgency of the teachers' needs for assistance when they referred the students for emotional support from the school counselor or the school mental health therapist who also conducted the research study. The instrumental, narrative case study sufficed as a method to alert the targeted audience as opposed to striving to prove or argue a point.

Bandura's earlier social learning theory and updated components which resulted in the social cognitive theory shaped the theoretical basis for the study. The researcher pulled two of the key factors from the social learning theory. First Bandura's posited that successful learning could take place through observation of behaviors and secondly, direct experience to behaviors led to new learning strategies for teachers. The third component, self-efficacy came from Bandura's more recent social cognitive theory where Bandura (1986) suggested that humans can learn through trial and error, which two of the participants indicated.

To analyze the data, the researcher implemented manual transcriptions, several reviews of the video recordings, coding to notate themes that emerged, and pattern matching through the transcription reading process. Additionally, the researcher ensured

validity and reliability through the data collection methods that lead to the following key findings.

Summary of Key Findings

The qualitative data collection methods led to key findings that supported the researcher's efforts to bring the effects of the adolescent mental health crisis on middle school teachers to light. The researcher found that the adolescent mental health crisis, as described in the discussion of the problem, presented in the schools where the four participants worked. The participants described their experiences with extreme behaviors and symptoms related to mental illnesses such as suicide, suicidal thoughts, self-harm, and social isolation.

Collectively, the teachers felt inadequately trained regarding mental illnesses and the lack of training prevented them from properly addressing the behaviors. Each teacher acknowledged that they addressed or encountered various symptoms related to mental illnesses and were minimally trained to address those issues effectively. Three of the four teachers revealed feelings of inadequacy in their roles as a result of inadequate training.

The four teachers indicated that the amount of support from school districts needed to increase. The participants all stated that they felt a sense of support within their individual school family's but did not indicate that their desires reached outside of the school walls. Neither of the four teachers recalled the presence of mental health professionals in their schools. For mental health crises, teachers reached out to school counselors and administrators, who already carried overwhelming responsibilities that left them with minimal time to assist teachers and burnout was the final theme that the study highlighted. The researcher discovered that teachers experienced the unknowns of

student mental illness and the behaviors associated with the illnesses without the effective tools to move forward except referrals to the administrators or school counselors.

Informed Recommendations

Several factors accompany the adolescent mental health crisis. The factor that shaped the purpose of the study involved teachers' feelings and perceptions as they faced the phenomenon. Some of the other factors discussed in the study include the student's symptoms and behaviors that manifested inside middle school classrooms and the expectation that teachers act as counselors. Additional concerns include the lack of training, lack of support, and feelings of burnout. Although each layer of the problem deserves acknowledgment, the researcher chose to focus on middle school teachers' overall feelings and perceptions as they learned through the experience. The researcher deemed the following recommendations most practical moving forward.

The researcher suggests that school districts create or locate funding to address mental illness on all educational levels. The "Stuck in the Middle" research study reveals mental health training and professional development as the current and most pressing need in middle schools and other school levels. The researcher suggests funds to hire mental health professionals to provide teachers and students with additional mental and emotional support. As a mental health therapist in a middle school, the researcher presents the study with firsthand knowledge of the overwhelm that middle school teachers experience and how the presence of a mental health professional in the school provides some level of support. As a result of the study, the researcher also posits that mental health professionals alone only solve one layer of the issue. The teachers require support from the officials who hold the power to make changes.

During the interviews, the teachers did not mention support from school district officials. The four participants in the study primarily speak of support from their teaching colleagues and guidance counselors. School district officials possess the most power to make decisions regarding the state of mental health in the schools. The research acknowledges the importance of higher-level officials and their assistance to implement change.

School-based mental health therapists provide services in several counties in North Carolina and have for the past decade, yet neither of the four participants recalled mental health therapists in their schools to provide mental health support to the students. With the attention that the “Stuck in the Middle” study places on the lack of mental health professionals in school settings, the researcher’s findings suggest that more counties and school districts in North Carolina need to consistently equip their schools with school-based therapists or other mental health professionals as additional support for teachers. Additionally, as an economical approach, the researcher suggests that school districts hire guidance counselors with the dual certifications of school guidance along with the mental health certification. Dual certification allows guidance counselors to provide the assessment and diagnosing capabilities that only mental health counselors have the license to provide.

The researcher suggests implementing mental health care for teachers to prevent burnout and increase retention. Two participants share their desires for mental health care. One teacher expresses her concern that her insurance plan only allows three mental health visits. Another participant states that she is currently under the care of a mental health therapist. Mental health services made available to teachers do not present as a

convenient option for educators. The researcher finds that mental health services such as unlimited counseling sessions or mental health clinics designated for teachers within the school districts can provide accessible care when necessary.

The researcher concluded that further research should cover varying perspectives such as teachers with personal connections to mental illness, teachers of different races, the male teachers' perspective, and research on the suicide rates among middle school students. The recommendations for further research refer to the overlapping problems that the researcher discovered while conducting her study.

Findings Distribution Proposal

The researcher recognizes the importance of the research findings and the importance of distributing the findings to key stakeholders. The researcher not only identified the targeted audience, but she also determined appropriate materials to present those findings.

Target Audience

The intended audiences that the researcher considers include several entities. First the school administrators present as an appropriate audience for the study; however, as the study evolved, the issues presented as too much of a challenge for the administrators alone. The North Carolina school districts and local school board officials represent governing bodies for the education systems in the three counties and possess more power to implement change. The participants in the study acknowledge their administrator's efforts to support, but they feel the administrators do all they can. The participants do not claim that their school districts show no concern, but emphasize that the administrators need assistance from higher authorities to make a difference.

Proposed Distribution Method and Venue

The researcher proposes to distribute the key findings of the study in a live presentation format to the North Carolina school district officials. The proposal will take place during a routine, quarterly meeting, and the researcher will request a specific time slot to present findings. While the research study aims to reach the North Carolina school district officials, the proposed distribution will include administrators in attendance for the presentation.

Administrators and district officials may not have the availability to attend the presentation at the same time. As explained earlier in the study, the researcher works as a school-based therapist and will request access to two quarterly county meetings at the district offices. Two presentations in two different meetings will serve as the most practical way to present the live distribution of the key findings so that a bigger group of the targeted audience may attend. After the presentation with the district where she works, the researcher will extend the presentation of findings to other school districts. She will utilize a professionally prepared PowerPoint presentation to share the problem and purpose, the data collection and analysis methods, and the findings of the study.

Distribution of Materials

To maintain consistency, the researcher will share copies of the presentation slides and the executive summary to share the findings and recommendations promptly. The professional presentations slides will include the major components of the problem of practice including the problem, purpose, data collection and analysis, and findings and recommendations. Visual representations of data such as charts, tables, and graphics will help relay the message more clearly. The researcher plans to use a method of distribution

that will draw attention to the targeted audience. In addition to the materials distributed, the researcher will incorporate powerful quotes from the interviews to intrigue the audience and encourage them to look further into the executive summary. During the presentation, the researcher will facilitate an interactive activity to allow the school district officials to match quotes with themes that emerged in the research. The researcher plans to encourage empathy through the presentation and bring the participants' experiences to life through the interactive.

Conclusion

The researcher learned that middle school teachers continue to navigate through their daily teaching routines which unfortunately include disruptions related to various mental and emotion-driven behaviors within their students. The findings from the “Stuck in the Middle” study emphasized the need for increased mental health training for teachers, mental health professionals' presence in schools, and additional support from school districts specifically in the area of mental wellness for teachers and students.

APPENDICES

APPENDIX A

Baylor University School of Education Consent Form

Consent Form for The “Stuck in the Middle” Research Study

PROTOCOL TITLE: **Stuck in the Middle: Narrative Case Study Examining Middle School Teachers’ Feelings about Addressing Mental Illness-Related Behaviors in the Classroom.**

PRINCIPAL INVESTIGATOR: **Andrea Whitener**

Invitation to be Part of a Research Study

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

Important Information about this Research Study

Things you should know:

- The purpose of the study is to assess how the increase in adolescent mental health affects teachers’ feelings and perceptions. Furthermore, this research will help to discover what tools teachers need to better manage mental health crises in the classroom setting.
- To participate, you must be a middle school teacher with at least 2 years of middle school teaching background.
- If you choose to participate, you will be asked to participate in one 45-minute to an hour, individual interview, via Zoom. The interviews will take place between January 3, 2021, and April 30, 2021.
- The researcher does not foresee any risks greater than life.
- The possible benefits of this study include insight on what can equip teachers to cope with and manage mental illness-related behaviors in their classrooms.
- Taking part in this research study is voluntary. You do not have to participate, and you can stop at any time.

More detailed information may be described later in this form. Please take time to read this entire form and ask questions before deciding whether to take part in this research study.

Why is this study being done?

The purpose of this study is to fill gaps in the literature related to middle school teachers and their overwhelming experiences with the increase in adolescent mental illness.

What will happen if I take part in this research study?

- If you agree to take part in this study, you will be asked to engage in 1 individual interview that can last between 45 minutes to an hour.
- The interviews will take place via Zoom.
- Interviews will take place from January 3, 2021, through April 30, 2021.
- Interviews will include questions about your personal experiences as a middle school teacher and your feelings and perceptions as you have witnessed an increase in symptoms of mental illness in middle school-age adolescents.

How long will I be in this study and how many people will be in the study?

Participation in this study will last is a one-time occurrence, which involves one interview. The research may follow up after transcription for clarification on a topic.

What are the risks of taking part in this research study?

We don't believe there are any risks from participating in this research. No students or teachers will be harmed during the interview process. All participants will remain anonymous during reporting.

Are there any benefits from being in this research study?

Middle school teachers may benefit greatly from this study in the future. Your participation will aid in assisting the researcher to bring awareness to school districts to acknowledge concerns as the rate of adolescent mental illness rises in middle schools. As a result, the research may lead to more mental health resources, support, and training for middle school teachers.

How Will You Protect my Information?

We will keep the records of this study confidential by keeping your identity anonymous when we report findings.

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
- The results of this study may also be used for teaching, publications, or presentations at professional meetings. If your results are discussed, your identity

will be protected by using a code number or pseudonym rather than your name or other identifying information.

Is it possible that I will be asked to leave the study?

The researcher may eliminate you from this study without your permission. This may happen because:

- The researcher thinks it is in your best interest
- The researcher realizes your information is not relevant to the study.
- You can't make the required study visits
- Other administrative reasons

Your Participation in this Study is Voluntary

Taking part in this study is your choice. You are free not to take part or to withdraw at any time for any reason. No matter what you decide, there will be no penalty or loss of benefit to which you are entitled. If you decide to withdraw from this study, the information that you have already provided will be kept confidential. You cannot withdraw the information collected before your withdrawal.

Contact Information for the Study Team and Questions about the Research

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

Andrea Whitener

Phone: [REDACTED]

Email: [REDACTED]

Or

Dr. Sandra Talbert

Phone: [REDACTED]

Email: [REDACTED]

Contact Information for Questions about Your Rights as a Research Participant

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: [REDACTED]

Email: irb@baylor.edu

Your Consent

SIGNATURE OF SUBJECT:

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

I 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

Signature of Person Obtaining Consent:

I have explained the research to the subject and answered all his/her questions. I will give a copy of the signed consent form to the subject.

Signature of Person Obtaining Consent

Date

APPENDIX B

Middle School Teacher Interview Protocol

Date/Time of Interview: January 2021 _____

Location of Interview: W.C. Friday Middle School _____

Interviewer: Andrea Whitener _____

Interviewee: Middle School Teacher #1 _____

Icebreaker Activity: TBD

Demographic Information

1. How long have you been a teacher? How many of those years have been in middle school?
2. How old are you?
3. Any cultural or personal factors that could result in biased answers during this interview?

Classroom Behavior Experiences

4. Describe your experiences when you have had to manage behaviors such as physical aggression, property destruction, suicidal notes from students, or student self-harming behaviors.
5. How often do you have to manage behaviors considered out of the norm (physical aggression, property destruction, suicidal notes from students, or student self-harming behaviors)?
6. What level of support have you experienced when you addressed disruptive behaviors such as aggressive outbursts, property destruction, and self-harm in the classroom setting?

Thank you for your participation in this interview process your input is valuable and world-changing.

Andrea Whitener

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