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Teachers On The Front Line: Supporting Students with Anxiety and Depression

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This thesis, written under the direction of the candidate's thesis advisor and approved by the program chair, has been presented to and accepted by the Department of Education in partial fulfillment of the requirements for the degree of Master of Science in Education.

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Teachers On The Front Line: Supporting Students with Anxiety and Depression

By

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A culminating thesis submitted to the faculty of Dominican University of California in partial
fulfillment of the requirements for the degree of Master of Science in Education

Dominican University of California

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Abstract

Previous research shows that anxiety and depression in adolescents is a growing problem. If left untreated, mental health problems can damage both academic success and adult life. Teachers are on the front line, meeting afflicted students every day, and are therefore ideally placed to identify students in need, to refer help and to provide ongoing support. The question under investigation is whether schools and teachers are equipped to meet the challenge. Previous studies have focused on high school, but most mental health issues manifest during middle school. Previous studies have utilized quantitative methodology, thereby missing the opportunity to gain a deeper qualitative understanding from the teachers on the front line. In contrast, this study adopts a mixed-method study of middle school teachers using quantitative surveys and qualitative interviews, in order to inform policies and practices that will increase educational equity for students with mental health issues. The findings show that teachers, administrators and even guidance counselors were neither trained nor given adequate support in coping with mental health issues; yet creative teachers nevertheless managed to generate successful ad hoc strategies for at least some students. Furthermore, successful strategies in the classroom benefited all students, not just those suffering. A systematic approach to training, and to identifying, referring and supporting students with anxiety and depression, would both lessen the load on the individual teacher and improve equity for a larger range of students.

Acknowledgements

The quote “Our greatest glory is not in never falling, but in rising every time we fall” was on a poster in my classroom. It is something I often mentioned to my students. Throughout this project, though, I found it difficult to apply the quote to myself. I fell many times, but thankfully the following people made it possible for me to keep rising, and encouraged me to complete this thesis.

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Table of Contents

Abstract.....	iii
Acknowledgements.....	iv
Table of Contents.....	v
List of Tables	vii
Chapter 1: Introduction	1
Statement of purpose	2
Overview of the Research Design	3
Significance of the Study: Research Findings	4
Significance of the Study: Implications	5
Chapter 2: Literature Review	7
Mental Health in Adolescents	8
Mental Health in Secondary Schools.....	22
Conclusion	28
Chapter 3: Methods	30
Research Questions.....	30
Description and Rationale for the Research Approach	30
Research Design	31
Data Analysis	35
Validity	37

Chapter 4: Findings	40
Barriers to Mental Health Care	40
The Importance of a Systematic Approach	53
Improving Student Outcomes: Positive Relationships	67
Conclusion	77
Chapter 5: Implications	79
Implications for the Literature	80
Implications for Practice and Policy	82
Limitations of the Study	84
Directions for Future Research	85
References	87
Appendix A: Survey Questions	98
Appendix B: Interview Questions.....	102
Appendix C: IRB Acceptance Letter	105

List of Tables

Table 1 Demographics of Interview Participants' Schools	32
Table 2 Length of Service: Survey Participants	33

Chapter 1: Introduction

In 2000, a middle school English teacher working in Northern California prevented the suicide attempt of one of her students. The student was pleasant, well mannered, and an academic high achiever, but she wrote a disturbing short story that explained in very great detail the main character's plan to commit suicide. There was no prior indication that this student was suffering from depression and wanted to kill herself. No one knew she was struggling. After reading the story, the teacher immediately contacted her principal and the girl's parents. The child was put on a psychiatric hold, and her life was saved. This true story, told by one of the participating teachers in this study, highlights the anxiety and depression afflicting many of today's young people, as well as the critical role teachers play in supporting their students and referring them for help.

According to the National Institute of Mental Health, approximately one third of all adolescents aged 13 to 18 will experience an anxiety disorder. This is a growing problem. Between 2007 and 2012, anxiety disorders in American children and teens increased 20% (Merikangas et al., 2010). The problem occurs across all demographics, even rich children are not immune (Luthar & Latendresse, 2005), but the scope varies across demographics: for example, anxiety and depression levels were nearly three times higher in girls than boys (Fink et al., 2015), and the suicide rate for Black children aged 5-12 is almost twice that of White children (Dillard, 2019).

Statement of purpose

This study sought effective ways of supporting students with anxiety and depression in the classroom, by exploring the experiences of teachers on the front line. In this study, anxiety refers to a mental health disorder where uncontrollable worrying interferes with a person's ability to carry out their usual daily activities (National Institute of Mental Health, 2018). Depression is a mood disorder characterized by long-term feelings of sadness, hopelessness, worthlessness and fatigue, which likewise interfere with a person's ability to function normally (NIMH, 2018).

Untreated anxiety and depression can cause negative outcomes to both a student's academic performance, and potentially throughout their entire adult lives. It is crucial, therefore, to intervene early and provide young people with the help they need to overcome anxiety and depression before it has the chance to diminish the rest of their lives (Levitt et al. 2007).

For many adolescents, teachers will be the first and perhaps only professionals they will encounter that may have the potential to help them, or to direct them to suitable professionals. Teachers are ideally placed to identify students with mental health difficulties (Patton et al., 2000), to refer students for help, to tailor lessons to their specific needs and to establish what might be the first or only positive adult relationship.

Unfortunately, many teachers feel unprepared to shoulder such responsibilities (Ball et al., 2016). The purpose of this study is to explore how to better equip middle school teachers to face and overcome this mental health epidemic, and thereby guarantee better learning and life outcomes for students suffering from anxiety and depression.

Previous studies have focused on the experience of high school students and teachers, because this is when the problems of anxiety and depression commonly escalate. This study addresses instead the middle school years, because this is when anxiety and depression actually begins to manifest for most children. If early intervention is necessary, then it seems correct to intervene at the earliest moment.

Similarly, previous studies have focused on quantitative analyses. Here, teacher experiences were investigated qualitatively to obtain a richer understanding, starting with the types of mental health training they received, and whether or not they found it effective. It explores the referral processes used and support staff available, and how effective these are. Finally, it looked at the various successes they have had in the classroom, trying to identify strategies that could be more widely deployed.

Overview of the Research Design

The research deployed a convergent mixed-methods approach using surveys and interviews to investigate qualitatively and quantitatively the following questions:

1. What is the relationship between teachers' mental health training and their approach to supporting students in the classroom?
2. How have teachers' experiences supporting students with anxiety and depression in the classroom changed their approach to creating inclusive classrooms for all students?
 - a. What effective strategies have teachers used to identify and support students with anxiety and depression?

Survey and interview respondents were recruited via Facebook Messenger and email. The survey was anonymous, so there was no demographic data captured for the thirty-nine

survey respondents. Twelve teachers participated in interviews: nine were middle school teachers and three were high school teachers. They served diverse populations of students in suburban northern California and in rural Maine. Ten were women and two were men. All were White, and had various lengths of service, from five years to forty-two years. The researcher knew all of the interviewees personally, either through her teacher credential program, as colleagues at work, or as referrals by other participants.

The surveys (See Appendix A) and interviews (See Appendix B) questioned the teachers' mental health training during their credential programs and on the job professional development, how long they had been teaching, how equipped they felt to support students with anxiety and depression, and what steps they took to improve inclusivity in the classroom. In addition, the interviews investigated how the interviewees coped with students who suffered from anxiety and depression, and anecdotal evidence of successes or failures as well as the processes used for referring students for help.

The researcher acknowledges a potential bias owing to familiarity with the interviewees and some of their schools. Additionally, the researcher is a teacher who has taught students with mental health issues, and is also a parent of a student suffering from anxiety and depression.

Significance of the Study: Research Findings

The findings show that there is a systemic lack of knowledge about mental health issues in schools: neither teachers nor administrators nor guidance staff felt adequately trained either during their credentialing, or in professional development to address the mental health needs

of their students. Moreover, although there were referral processes in place that aimed to provide students with care, they were poorly communicated and rarely followed.

However, despite the lack of training, teachers have devised effective ad hoc strategies that not only help students suffering anxiety and depression, but all students. It found also that when schools do invest in social-emotional support staff and deploy a well-structured mental health program, staff are better prepared to recognize the signs and symptoms of anxiety and depression and follow the established referral procedures. Experienced teachers who have learned how to support students with anxiety and depression in the classroom ensure that every student feels safe and has an adult on campus they trust and can talk to when the need arises. These supports can help lead those afflicted students to greater social comfort and academic success, thus ensuring greater educational equity for this underserved yet growing population.

The findings expand upon the existing literature in that they underline the importance of a whole school approach including teachers, administrators and auxiliary staff. This study also highlights the successes that teachers already have with their middle school students.

Significance of the Study: Implications

Anxiety and depression can affect any child, regardless of demographics, and should therefore be treated as a learning exceptionality. The strategies outlined in this thesis could be deployed in every classroom to help students overcome the barriers and access the curriculum. The strategies may be good for all students, and not just those suffering from mental health issues. A *systematic* approach to deploying such strategies would help schools in marginalized

communities who often face disproportionate levels of stress that affect anxiety and depression while simultaneously receiving fewer private services.

Chapter 2: Literature Review

Researchers have found that since 2005, mood disorders such as anxiety and depression are afflicting an increasing number of adolescents and teenagers in the United States (Twenge, Cooper et al., 2019). A study by Merikangas et al. (2010) found that approximately 22% of young people in the U.S. has a mental disorder with severe impairment. Teachers are finding themselves on the frontlines of this epidemic. They are expected to identify students at risk or suffering from mental health issues and to intervene. Yet many middle and high school teachers are not adequately trained in mental health, and are not able to support students with anxiety and depression in a general education classroom. Without early intervention, these students can experience future negative consequences.

This literature review approaches this subject from three points of view. Firstly, it examines reasons for this growing problem, and the ways in which anxiety and depression impact adolescents and teenagers. This includes an assessment of the prevalence of anxiety and depression in various demographic groups, an examination of the impact of social media and electronic communication on adolescent mental health, research findings on the mental health literacy of young people, and the importance of early intervention. Secondly, the review focuses on mental health in middle and high schools. The role of social-emotional counselors is considered, as well as the efficacy of screening programs and mental health awareness and prevention programs. Finally, the review investigates research done on the role of the classroom teacher in identifying and supporting students with anxiety and depression. Particular emphasis is given to the training teachers receive in mental health, the benefits of

increased mental health literacy in teachers, and classroom strategies for supporting students with anxiety and depression.

Mental Health in Adolescents

Current research suggests that there is a growing mental health crisis worldwide, and that mental health disorders, along with substance abuse disorders, are the leading causes of disability globally (Wainberg et al., 2017). Mental health issues affect both adults and young people. Anxiety and depression were once thought to be exclusively adult disorders. As little as three decades ago, experts considered that children did not suffer from depressive ailments, as they were not sufficiently developed. Medical professionals were reluctant, therefore, in diagnosing a young person with depression, as they deemed a child's or adolescent's brain too immature (Maughan et al., 2013; Zahn-Wexler et al., 2000). Today, however, behaviors that were once considered simply that of a moody teenager are now seen as symptomatic of mental health problems (Maughan et al., 2013). Most psychologists now recognize that children and adolescents can and do suffer from mental health disorders.

The World Health Organization reports that 20% of adolescents worldwide suffer from mental health issues, and the two most common mental health problems afflicting young people are anxiety and depression (World Health Organization, 2013). In 2013, the World Health Organization passed a resolution calling for every country to have a comprehensive mental health care action plan (Van Droogenbroeck, Spruyt, et al., 2018). They cite recent World Health Organization statistics stating that half of all mental health problems start by age 14.

General information about anxiety and depression

Everyone feels anxious from time to time, especially in a stressful situation such as taking an exam or having a job interview. This is normal, and anxiety can help a person to focus. Anxiety becomes a mental health disorder when excessive worrying interferes with a person's ability to carry out their usual daily activities. This excessive worrying is difficult to control, and those afflicted find they cannot focus and become stuck on a particular thought. It then becomes difficult to concentrate on a normal activity. The National Institute of Mental Health (NIMH), which is part of the U.S. Department of Health & Human Services, lists the following physical symptoms that may accompany anxiety: restlessness, insomnia, fatigue, headaches and stomachaches, trembling, and sweating (National Institute of Mental Health [NIMH], 2018).

According to the NIMH (NIMH, 2018), there are several different types of anxiety. General Anxiety Disorder may be diagnosed if a person feels worried most of the time, even when he is not in a stressful situation. These worries are usually uncontrollable. Social Anxiety Disorder occurs when a person has an intense fear that other people are judging them or watching them. People who have Social Anxiety Disorder can find it very difficult to make and maintain friendships, and they often try to avoid social situations. If a person has sudden attacks of anxiety and dread that occur for no obvious reason, he may have a Panic Disorder. Panic disorders are usually accompanied by strong physical symptoms such as breathing difficulty, a rapid and pounding heart rate, sweating and trembling. Obsessive Compulsive Disorder occurs when a person has uncontrollable, compulsive and repeated thoughts or behaviors. Common compulsions are counting, repeatedly checking on things like lights or the oven, and stringent hand washing. Post-Traumatic Stress Disorder (PTSD) is considered an

anxiety disorder as well, but one that follows a scary or dangerous experience. People with PTSD experience flashbacks and troubling dreams, and they can feel frightened even when they are not in a dangerous situation. Phobias are another type of anxiety disorder. Anxiety may not resolve on its own, and sufferers may require treatment such as psychotherapy, Cognitive Behavior Therapy and medication to improve.

As with anxiety, everyone experiences some of the signs and symptoms of depression from time to time. According to the NIMH, these are sadness, hopelessness, worthlessness, fatigue, difficulty sleeping and concentrating, and irritability. It is normal to experience these emotions and difficulties in reaction to difficult situations. Depression becomes a mood disorder, however, when it interferes with a person's ability to function and carry out usual activities (NIMH, 2018). Moreover, there are varying degrees of depression, and some people may have temporary periods of depression, such as postpartum depression. The most severe is major depressive disorder, which is also referred to as clinical depression. A severely depressed person may also develop suicidal thoughts and may be at risk of acting upon those thoughts. Depression can be treated with psychotherapy and antidepressant medication or both.

Anxiety and depression in adolescents

Approximately one third of adolescents in the U.S. suffer from an anxiety disorder, and 14% suffer from a mood disorder such as depression (Merikangas et al., 2010). Both anxiety and depression are classed as internalizing problems, as opposed to externalizing problems, which means it may not be obvious that a person is afflicted. Furthermore, anxiety and depression do not always cause disruptive behavior, which is why they can be difficult to spot. Additionally, anxiety can also precede depression (Zahn-Wexler et al., 2000). One study suggests that the

comorbidity rate for anxiety and depression can be as high as 70% (Zahn-Wexler, et al., 2000)

As many as 70% of children with anxiety disorders may go on to develop depressive disorders in later life (Zahn-Wexler, et al., 2000).

Demographic factors

A considerable amount of research has examined the demographics of adolescents who have mental health issues, and anxiety and depressive disorders in particular (Khesht-Masjedi et al., 2019; Lund & Dearing, 2012; Luthar & Latendresse, 2005; McLaughlin et al., 2007; Rose et al., 2017; Sancakoglu & Sayar, 2012; Van Droogenbroeck et al., 2018). This section of the review examines the role that gender, ethnicity, and socio-economics play in the expression of anxiety and depression in adolescents and teenagers.

Most of the researchers in this literature review concur that by adolescence, anxiety and depressive disorders affect early adolescent girls more than boys. A study by Fink et al. (2015) compared data collected from girls and boys aged 11-13 in 2009 and 2014 in England. They used an online questionnaire administered at school. They found that boys reported about the same level of emotional problems (at approximately 7%) when comparing 2009 and 2014 data, but girls reported a 7-point increase in emotional problems to 20.3%. The comorbidity of anxiety and depression can also be as high as 70% (Zahn-Wexler et al., 2000), which is troubling.

The Pew Research Center (Geiger & Davis, 2019) analyzed the 2017 National Survey on Drug Use and Health (NSDUH), which was created by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). They found that the rate of depression for American teens grew by 59% between 2007 and 2017, and that

the rate of growth for depression in girls grew at a faster rate (66% for girls versus 44% for boys). These findings are echoed in other countries as well such as Belgium (Van Droogenbroeck et al., 2018) and Iran (Khesht-Masjedi et al., 2019). In a sample of 666 teenagers, Khesht-Masjedi et al. (2019) reported that two-thirds of teenagers with General Anxiety Disorder were girls.

It is interesting to note that Van Droogenbroeck et al. (2018) found that both girls and boys with strong social support network reported less anxiety and depression than young people of either gender without social support. They also raise an interesting point that fewer boys than girls may acknowledge anxiety and depression due to social conventions about the roles of men and women. In many cultures, it is acceptable for women to be more sensitive and overtly emotional than men.

Although at least approximately 20% of all adolescents suffer from anxiety and depression, there are variations between young people of different races or ethnicities. One study of 1,008 middle school students in Connecticut (McLaughlin & Hilt, 2007) found that Latina girls reported having higher levels of anxiety on the Multidimensional Anxiety Scale for Children (MASC) (Latina 45.9, White 41.2, Black 41.9) and depression (Latina 11.3, White 8.1, Black 8.5) than White or Black girls. Black boys reported the highest amount of aggressive behavior (Black 7.8, White 6.3, Hispanic 5.5) and more physiological symptoms of anxiety (Black, 9.4, White, 6.8, Hispanic 8.2) than other racial or ethnic groups (McLaughlin & Hilt, 2007).

Another study found that Black adolescents with poor mental health had poor academic results and a high level of grade retention and suspensions from school (Rose et al., 2017). They

also reported that better mental health and stronger bonds at school could improve their results. In *Teaching Tolerance Magazine*, Coshandra Dillard quotes a 2018 study published in the *JAMA Pediatrics* that found the suicide rate for black children age 5-12 is around twice that of white children. She goes on to write that black children are half as likely to get treatment for mental health issues than white children. Schools can be instrumental in providing equitable mental health services to all children. Dillard quotes Charles Barrett of the National Association of School Psychologists: "Because systemic issues related to race and poverty disproportionately affect black children and families, schools...are a practical way to meet a significant need." (Dillard 2019). These studies show that race and gender are significant factors, and to ensure equity must be considered when supporting all adolescents with mental health disorders.

There is less consensus in current research worldwide about the role of socio-economics in adolescents with anxiety and depression. One study of 106 seventh grade students in Turkey found that lower socioeconomic status is associated with higher rates of anxiety and depression but not lower self-esteem (Sancakglu & Sayar, (2012). Larger studies in the United States have found that affluent young people also suffer from anxiety and depression.

Benoit Denizet-Lewis in the "New York Times Magazine" in 2017 interviewed Professor Suniya Luthar, then professor of psychology at Arizona State University. She said that according to her research, privileged young people are some of the most distressed and anxious people in the United States. Professor Luthar's comments are echoed in the findings of Lund and Dearing (2013). They studied various neighborhoods to examine the effect that affluence had on delinquency in teenage boys and anxiety and depression in teenage girls. From their sample of

1,364 adolescents, they found that nearly twice as many boys in the most affluent neighborhoods had high delinquency levels, compared to boys in less affluent neighborhoods. Similarly, they found that girls “in the most affluent neighborhoods were two to nearly three times more likely to report high anxiety-depression levels than girls in less affluent neighborhoods” (Lund & Dearing, 2012). Professor Luthar and a colleague surveyed a total of 1,404 middle and high school students from three affluent communities and an inner-city community (Luthar & Latendresse, 2005). They found that the affluent young people reported higher levels of substance use and significantly higher levels of anxiety and depression than their peers in less affluent, inner-city areas (Luthar & Latendresse, 2005). They also found a link between substance use and anxiety and depression, and reported that this link may indicate that the young people may be using the substances to self-medicate.

Definitive causes of anxiety and depressive disorders are not known. Zahn-Waxler et al. (2000) report that heredity may play a part. Current unrest in the world, and the rise of terrorism as well as an increase in the number of school shootings could certainly contribute towards a rise in anxiety among young people in the U.S. In particular, Lowe and Galea (2017) reviewed forty-nine peer-reviewed articles regarding the psychological impact of mass shootings. They found that mass shootings do have an adverse effect on the mental health of both people directly involved in a shooting, as well as people across the nation due to media coverage. Lowe and Galea write that those directly affected experience increased depression and PTSD, but they reported “increased fear and declines in perceived safety” especially in females, and those of lower socioeconomic status. What may be a larger contributor to the rise

of anxiety and depression in teenagers, though, is the increased use of social media and electronic communication.

Social media and electronic communication

The advent of smart phones and similar electronic devices is causing a societal shift. This is particularly true in the U.S., but also in many other countries around the world. The way people communicate with each other is radically different now than in the past. One study found that teenage girls feel more comfortable using text messaging and social media sites than boys, but also that more girls than boys reported having social anxiety (Pierce, 2009). This study was conducted in 2009, so if it were repeated today, it is probable the results have changed. A 2018 survey conducted by the Pew Research Center indicates that 95% of American teens now have smart phones, and 45% of respondents say they use them constantly (Anderson & Jiang, 2018). This percentage has grown from 24% in 2014-15. More Latinx teenagers report that they use the Internet constantly than Whites (54% to 41%). The same survey also reports that though a majority of both girls and boys play video games, 97% of boys play some sort of video games. A growing number of Latinx teens now have access to some kind of game console as well.

Unfortunately the rise in digital communication has also brought with it a rise in cyber bullying and other negative behaviors. A study in Turkey by Calpbinici and Tas Arslan (2019) had 426 students aged between 14 and 18 complete a questionnaire developed by Derogatis (1992) about their Internet use. They found that 80% of participants used the Internet for social media, 75% for studying and 51% for gaming. They also reported that students using the Internet for more than one hour per day reported much higher levels of anxiety and depression

than those who either never used, it or used it for less than one hour per day. For example, the study showed that those using the Internet for more than one hour per day reported 1.84 times the anxiety of those who did not use the Internet at all. Calpbinici and Tas Arslan (2019) wrote that the uncontrolled and improper use of technology can have a negative impact on mental health and can lead to behavioral problems.

Twenge, Joiner et al. (2018) analyzed data from several large U.S. national surveys of young people aged from 14-18 and conducted from 1991 to 2015. They found that depressive symptoms, suicide-related outcomes (which they defined as suicidal ideation and suicide attempts), and suicide deaths all increased during the 2010s. For example, they reported: “between 2009/2010 and 2015, 58% more females scored high in depressive symptoms... and 14% more reported at least one suicide-related outcome” (Twenge, Joiner et al., 2018. p.8). They also found a positive correlation between social media use and depressive symptoms. The study went on to say that “adolescents using electronic devices three or more hours per day were 34% more likely to have at least one suicide-related outcome than those using devices for two or fewer hours per day” (Twenge, Joiner et al., 2018. p.9). The researchers found that this increase was about the same for all ethnicities. They noticed a particular rise in mental health issues since 2011-2012, and refer to Pew Research Center data that showed by 2015, 92% of American teens and young adults had a smartphone (Smith, 2017). They reported that teenagers with low levels of in-person social interaction but high use of social media were most in need of intervention (Twenge, Joiner et al., 2018).

The more screen time a young person has, the more likely it will have a negative effect on him or her. Twenge and Campbell (2018) analyzed a large national sample of 40,337 children

aged between 2 and 17 to see if a correlation existed between higher screen use and lower psychological well-being. The average total screen time of children surveyed was 3.2 hours per day. They did find a positive correlation, and found that teenagers between the ages of 14 and 17 who used electronics for seven hours per day or more were “more than twice as likely” to have been diagnosed with anxiety or depression than those with less screen time. They classified “moderate use” as four hours per day, but found moderate use also had a negative effect on the child’s psychological well-being.

Twenge and Campbell (2018) detailed some of the negative behavior their participants reported. Moderate screen users were 78% less likely to be curious, 60% less likely to stay calm, 66% less likely to complete tasks and 57% more likely to argue with caregivers than low screen users. The authors argue that there were strong links in this study between screen time and reduced mental well-being. A further study by the same authors with another colleague showed that adolescents reported increased feelings of loneliness after 2011, and that loneliness was increasing as in-person social interaction was declining. (Twenge, Spitzberg & Campbell, 2019).

Dr. Jean Twenge (2017) described the research into generational differences she has conducted over the past twenty-five years. She wrote that generational changes usually appear gradually, but the results of her research began to show abrupt changes from 2012 when she began to study Gen Z, or what Twenge calls “iGen,” which is the generation of people born between the years 1995 and 2012, who do not remember a time before the Internet existed (Twenge 2017). iGen teenagers are the first generation to have constant access to the Internet.

Twenge writes that iGen teenagers are less independent than teenagers of previous generations. Her research showed that nearly all Baby Boomers (born between 1946 and 1964) had their driver's license before they graduated from high school; more than 25% of teenagers today have not got their driving license by the end of high school. Twenge notes a decline since 2012 in the number of teenagers with after school jobs and the number who are dating. In the late 1970s 78% of American teenagers had after school jobs. By the early 2010s this figure fell to 56%. Twenge (2017) continues to report that half as many iGen high school seniors are dating compared to Baby Boomers or Generation X (born between 1965 and 1979).

Twenge writes that the more time teens spend on screens, the more likely they are to report they feel depressed. Those spending more than three hours per day on devices have a 35% higher risk of having suicidal ideation as well. Moreover, the increased use in electronic devices is typically accompanied by a decrease in sleep, which in itself can lead to more depression and anxiety (Twenge, 2017). Twenge posits that smartphones have destroyed iGen.

Negative outcomes

When adolescents and teenagers suffer mental health disorders and do not receive treatment, they are likely to experience some kind of negative outcome. One study stated that 75-80% of sufferers do not receive mental health treatment (Hart et al., 2014). Without treatment, mental health issues can have a negative impact on a student's grade point average and standardized tests scores. Untreated anxiety and depression can lead to absenteeism and a lack of desire to go to college (Hart et al., 2014). Another study showed that there was a correlation between high school students with anxiety and depression and poor academic achievement (Khesht-Masjedi et al., 2019).

A further study noted a link between depression and poorer academic performance. The students who identified as depressed had a GPA that was 0.5 lower than their non-depressed peers (Fröjd et al., 2008). They concluded that depressed young people had impaired ability to cope with academic performance, which strengthens the argument for early detection and intervention of mental health problems. The authors suggest students with poor or declining academic performance could be targeted for mental health intervention, and that overall schools should promote mental health with strategies that enhance self-esteem so that students can learn more successfully.

In addition to academic decline or failure, young people with untreated anxiety and depression can also develop substance abuse issues and future difficulty in obtaining and keeping employment. Adolescents with depressive symptoms may drop out of high school and engage in high-risk behavior. Researchers in Sweden carried out a longitudinal study of adolescent depression with 65% of their original participants fifteen years later (Jonsson et al., 2011). They found that participants who had experienced episodes of major depression as adolescents reported adult anxiety disorders, suicide attempts, and the use of antidepressant medication. They concluded that adolescents who experience depression can have continued mental health issues in adulthood (Jonsson et al., 2011).

According to the Centers for Disease Control (CDC), suicide is the third leading cause of death in people aged between 10 and 24 year old. The CDC reported in 2019 that the suicide rate for people aged 10-14 nearly tripled from 2007 to 2017. In 2017, suicide was the second leading cause of death for people aged 10-14 and aged 15-19 (CDC, 2019). Twenge (2017) reported that the concurrent increase in both screen time and depression and suicide is not a

coincidence. There is growing evidence that when anxiety and depression are left untreated, future negative outcomes are very likely.

Young people's mental health literacy

As so many adolescents are suffering from a mental health issue, it is important for all young people to have an understanding of mental health. Many studies have examined the mental health literacy of adolescents. This is particularly important as approximately only 20% of young people with a mental health disorder receive professional help (Mason et al., 2015). This study found that many young people were able to recognize that a peer is depressed but few could recognize that a peer was suicidal. Another study found that young people have some knowledge of mental health, but overall they were not sure about many aspects of mental illness (Watson et al., 2004). The authors found significant improvements in knowledge and attitudes of their participants following training in mental health issues. They concluded that educating young people can reduce negative attitudes towards mental illness, and this could significantly reduce the social and academic problems that mental health sufferers face.

Unfortunately, another study found that fewer than half of surveyed students could recognize the signs of depression, and even fewer could recognize signs of social anxiety disorder (Coles et al., 2016). This may be because some bias and stigma about mental health issues persist. This study found that girls had greater mental health literacy than boys. One study of 274 eighth grade students in two diverse mid-Atlantic public middle schools (Chandra & Minkovitz, 2006) found that girls turn to friends for help with an emotional problem, whereas boys turn to family members. The study reported several barriers to getting help for mental health problems. The main barriers were embarrassment (59% of respondents), unwillingness

(52% of respondents) and mistrust of counselors (43% of respondents). The authors found stigma associated with the use of mental health services, with 35% of all respondents showing a moderate to high level of stigma, with higher levels of stigma found in boys than girls (1.32 vs. 1.08 mean results on the 4-point Likert scale). More boys than girls were unwilling to use mental health services (29% of boys were unwilling, and 11% of girls). Chandra and Mikovitz (2006) reported that more boys than girls also cited parental disapproval as a reason not to use mental health services (32% of boys, 20% of girls). Another study showed that where a mental health disorder is considered a weakness rather than an illness, there was less chance of seeing a health care professional and a lower likelihood of a positive attitude toward mental health care specialists (Yap et al., 2011).

Early intervention

There is great consensus in the field about the importance of early intervention in helping adolescents with anxiety and depression. Nearly every article in this literature review stressed the importance of early intervention as a way for young people to receive the help that they need, as well as to avoid academic failure and future negative outcomes. As all children spend so many years in school, most of the research suggests that schools may be the best places for early intervention to take place. It is both cheaper and easier to prevent a problem than to treat it. The earlier students with mental health problems can be identified, the earlier they can be helped.

The authors of one study (Levitt et al., 2006) examined twenty-five different mental health screening questionnaires (called “instruments” in their article) that can be used, and analyzed their effectiveness in accurately identifying young people with mental health issues.

They looked at ways in which these instruments can be used in a school setting. They found that broad, universal screening is a good first step in identifying students, and then it is important to use more targeted screening for things such as anxiety, depression, and risk of suicide as a second or later stage of screening. The authors found that it is best not to use just one instrument in isolation, and that schools need to see which approaches work best for them. Parents, teachers and the youth themselves (particularly older students) should all be included in providing information, although this raises issues of privacy and the potential for students to be labeled. Consideration must also be taken about available resources, particularly in more rural settings.

Mental Health in Secondary Schools

School counselors

Schools may be the best place for early identification of students at risk of having a mental health issue, but few schools or districts have social-emotional counselors on site, full-time. Furthermore, the process for having a student assessed for an Individualized Education Program is time-consuming and special education departments often have full caseloads. The authors of one study (Walley & Grothaus, 2013) wanted to know whether or not the training school counselors receive at the undergraduate, graduate and post-graduate levels prepares them adequately to recognize adolescent mental health issues and to respond to them. They found that even school counselors lack mental health literacy. All participants in their study responded that adolescent mental health issues were covered in their graduate school training, but the coverage on teenagers was limited. The participating counselors in that study stated that more professional development was needed and participants all sought workshops,

conferences and additional reading. The authors also found that school policies and procedures, and the perception of the role of school counselors, were obstacles that hindered the counselors' ability to recognize and respond to adolescent mental health issues (Walley & Grothaus, 2013).

Screening Programs

Teachers are well placed to help identify students with problems, but many mental health problems are internalized and difficult to spot. Universal screening can help to identify students with problems and get them the help they need. The authors of one study note that older students themselves may be the best informants about their mental health (Moore et al., 2017). The authors used a universal screening tool, the DASS-21, a questionnaire that measures levels of depression, anxiety and stress. They found that it would be useful as part of a multi-step screening process into identifying adolescents with mental health problems. Another study compared universal screening and teacher nomination (Dowdy et al., 2013). The authors found that universal screening identified 15% of students as having moderate anxiety and depression, whereas teacher nomination identified only 10%. What was more encouraging was that the percentage of students identified as high risk was almost the same using both methods.

A classroom teacher's attention naturally turns toward disruptive pupils because they interfere with the smooth functioning of the whole class (Tomb and Hunter, 2004). Teachers pay more attention to students with externalizing behaviors. Students who have internalized problems such as anxiety and depression may be overlooked. Tomb and Hunter go on to write that if a school adopts a mental health prevention program, students can be identified and treated as early as possible, and some anxiety disorders may be prevented from developing.

Mental health awareness and prevention programs

One study reviewed previous studies done on school-based depression and anxiety programs. They found that the quality of the studies was poor, and that improvements to school-based mental health programs need to be made (Werner-Seidler et al., 2017). They argue that if improvements to school-based anxiety and depression programs were made, there would be a quantifiable benefit to young people and a reduction in the burden on public health services.

Another study examined the background and efficacy of a school mental health promotion program called the Gatehouse Project (Patton et al., 2000). The authors wrote that anxiety and depression are likely to arise when social and inter-personal bonds are threatened or poorly developed. Schools are the ideal place for mental health promotion as they have almost universal access to young people. The authors highlighted how the transition between primary and secondary school can bring a loss to the continuity of relationships. The primary aim of the Gatehouse Project was to prevent or delay the onset of depression by creating a more positive school environment. This is achieved through anti-bullying practices, mentoring of students by adults, peer support and peer leadership. The authors wrote that within the project students have more chances to take part in decision-making at all levels of the school (Patton et al., 2000).

An Australian study examined the efficacy of a schools based mental health promotion program in a non-urban area (McAllister et al., 2018). The authors wanted to see what effect a mental health intervention program would have on the resilience, coping and self-efficacy of 850 year 7 and year 8 students (average age 13) in a rural area because suicide rates were up to

2.4 times higher in rural Queensland, where many health services are limited, than in major cities. The authors found that after going through the program, students reported higher levels of self-efficacy than the baseline: mean scores on the General Self-Efficacy Scale (GSE) increased from 27.32 to 28.27; the change may appear small, but the improvement is statistically significant, and not a random variance. This improvement was maintained at an 8-week follow up. The young people involved in this study reported that they used more positive coping strategies after the program than before (McAllister et al., 2018).

The Role of the Classroom Teacher

There is not a large amount of research into the training that teachers receive in mental health issues. The studies that have been done, however, all show that teachers lack this important training. The authors of one study wrote that teachers do not feel adequately prepared to address students' social-emotional difficulties and mental health problems, and that teacher training programs provide little, if any, training on mental health issues (Ball et al., 2016). They found that there although there is some content in each U.S. state's in-service teaching standards, the content varies widely. A different study found that teachers' recognition of mental health problems was subjective, and not based on formal knowledge (Trudgen & Lawn, 2011). This was a considerable problem, as all of the teachers interviewed in that study believed that depression and anxiety were on the increase in students. A third study indicated that teachers are concerned about the mental health needs of their students, but they want more training in mental health disorders and behavior management (Moon et al., 2017).

Benefits of mental health training for teachers

Teachers can benefit from training in mental health issues. According to Jorm et al., (2010), mental health training given to teachers increased their confidence in providing help to students and even to colleagues, based on the results of questionnaires teachers completed before and after training. The positive effects of the training were sustained at a six-month follow up. Another study (Phillippo & Blosser, 2017) of a twelve-week course that was part of a secondary teaching credential program showed similar positive results. The authors used surveys and vignettes both before and after the course was delivered and found that participants were able to demonstrate knowledge and practice skills regarding student psychosocial issues. The authors concluded that when teachers have: “accessible mental health backup, they will be able to make substantial contributions by identifying students’ support needs and connecting students to professionals who can provide that support” (Phillippo & Blosser, 2017).

Unfortunately, not all teacher-training programs on mental health are effective. The authors of one study found that teachers’ ability to identify students with depression was not improved by training, and that “unrecognized depression remained unrecognized” (Moor et al., 2007). Another study pointed out that mental health literacy should be an important component of a pre-service teacher training program. The authors wrote that addressing the mental health needs of students and colleagues are basic necessities for success in today’s schools (Koller & Bertel, 2006). A further study raised an interesting point: given how difficult and stressful teaching is, it is very important for teachers to receive training to improve their

mental health literacy not just to help their students, but also to help themselves and their colleagues (Palmer et al., 2017).

Classroom strategies

Some strategies may be useful in supporting students with mental health issues such as anxiety and depression. Growth mindset, developed by Carol Dweck, is one strategy that may be helpful for students with anxiety and depression, as well as for all students. Schleider & Weisz (2018) examined the effectiveness of one growth mindset training session over time against a control group. They found that nine months after the training, the depressive symptoms of the youths who underwent the training decreased by 22% more than the youths who did not undergo the training (Schleider & Weisz, 2018).

Another researcher explored the relationship between self-efficacy and anxiety and depression in adolescents. Peter Muris (2002) followed the work of Albert Bandura by repeating a study on self-efficacy. He predicted that the participants in his study with low levels of self-efficacy would have high levels of anxiety. Muris found a greater link between emotional self-efficacy and anxiety rather than academic or social self-efficacy. He did, however, find a link between lower emotional self-efficacy and greater anxiety and depression. It is, therefore, important to increase levels of self-efficacy. He identifies Cognitive Behavioral Therapy (CBT) as an emerging tool that could prove helpful (Muris, 2002).

The Mayo Clinic defines CBT as a talk therapy where a patient works with a therapist to become aware of inaccurate or negative thinking. The technique helps people to respond more positively and effectively to challenging situations. CBT is useful in treating some mental health disorders, but it can also be beneficial for people without mental health problems. CBT is often

recommended for treating depression and anxiety in children and adolescents. Maughan et al. (2013) states that in the United Kingdom, CBT is the first treatment used for mild depression, and as part of a treatment plan for moderate to severe depression, sometimes in conjunction with medication.

Conclusion

A substantial amount of research about mental health in adolescents and mental health prevention exists. There is great consistency in the research, as most of the studies stress the importance of early intervention and the vital role that teachers play in identifying students with anxiety and depression and referring them for the help they need (Fröjd et al., 2008; Levitt et al., 2017; Phillippo & Blosser, 2017; Moor et al., 2007; Tomb & Hunter, 2004). Many studies have examined the practice of screening students at risk, including studies where student self-report on the state of their own mental health (Moore et al., 2017; Dowdy et al., 2013; McAllister et al., 2018). The studies cover many different countries, which proves that the growing mental health crisis among young people is not just an American phenomenon. It is promising that research is examining the best ways to identify students at risk and ways to intervene.

Despite the growing amount of research on mental health and young people, however, most research has been carried out with high school students. Indeed, few studies have been conducted with middle school students. As studies have shown that many anxiety and depressive disorders start to manifest between the ages of 11 and 14, more work should be done with this age group. In addition, there is some contradiction regarding the identification of students with mental health problems: some studies suggest that teachers are best placed to

identify students with mental health problems, but other studies indicate that it is better for older students to self-report. Whether teachers identify students at risk, or students self-report, the stigma that still persists about mental health problems can affect data. Nearly all of the data collected for research in this literature review has been done through surveys, and few by interviews. It may also be considered a weakness that the majority of screening of students done by teachers is done through surveys.

Equally important, few researchers have examined the training teachers receive on mental health issues, when and how they receive that training, and how their training helps them to recognize and support students with mental health problems in the classroom. Similarly, few researches have examined how mental health training helps teachers to create an inclusive classroom, not just for students with emotional disturbance, but also for all students. Finally, very few studies have examined systems and processes used locally for mental health screening and intervention.

The purpose of this research is therefore to examine the training middle school teachers receive about mental health problems, their mental health literacy, and the experiences they have had with affected students in the classroom. It will also investigate how the training teachers have received influences both their ability to support suffering students, and their ability to create an inclusive classroom. Finally, this research will examine the mental health screening and intervention processes currently in place in the research sites, with a view to establishing which processes represent best practice for serving students.

Chapter 3: Methods

Research Questions

The literature review showed that student anxiety and depression is prevalent in the classroom, is increasing, and leads to negative student outcomes. This reflects the researcher's own experience as a teacher and as a parent of a daughter suffering from anxiety and depression. The motivation for the research is to discover how to address the difficulties students and teachers face, and to improve outcomes for both students and teachers.

Therefore, this study set out to answer the following research questions:

1. What is the relationship between teachers' mental health training and their approach to supporting students in the classroom?
2. How have teachers' experiences supporting students with anxiety and depression in the classroom changed their approach to creating inclusive classrooms for all students?
 - a. What effective strategies have teachers used to identify and support students with anxiety and depression?

Description and Rationale for the Research Approach

The research deploys a convergent mixed-methods approach that simultaneously gathers quantitative data through surveys and qualitative data through interviews. An open-ended qualitative series of interviews elicited the lived experiences of the teacher participants together with the strategies that they found to be effective through trial and error. Creswell and Creswell (2018, p. 13) call the study of lived experiences a phenomenological approach.

A survey including both open and closed questions gave a quantitative measure of how prevalent certain issues were in the sample population.

The purpose of the research is to find ways to improve equity for students suffering from anxiety and depression. Creswell and Creswell (2018, p. 9) call this the transformative worldview. It does this by finding ways that help real teachers in real classrooms identify and support students with anxiety and depression effectively. It begins with the experiences of the participants using surveys and interviews. It seeks correlations and connections from this data, to establish strategies and approaches that are effective, and which could be used to create systems that could be deployed widely. This is a constructivist methodology (Creswell & Creswell 2018, p. 8).

Research Design

Research sites

The twelve interview participants were teachers who taught or worked in seven different schools in six different towns. Five of the schools are middle schools, and two are high schools. Nine of the participants taught in two different urban or suburban districts in Northern California. One participant taught in a private school while all of the others taught in public schools. The remaining three participants taught or worked in a rural district in Maine.

The following table presents the demographics of the schools where the interview participants work. The survey was blind, and no demographic information is available.

Table 1 Demographics of Interview Participants' Schools

School	Middle /High	Interviewees			STUDENT DEMOGRAPHICS						
		Female	Male	Role	Total	White %	Black %	Hispanic %	Female %	Lunch %	Title I Y/N
1	M	4	1	Teacher	675	37	3	45	46	46	Y
2	M	1	0	Teacher	744	78	2	11	50	13	Y
3	M	1	0	Teacher	-	-	-	-	-	-	N
4	M	0	1	Teacher	770	48	1	31	51	34	N
5	H	1	0	Teacher	1,462	51	2	27	49	20	Y
6	M	1	0	Counselor	458	95	1	2	50	47	Y
7	H	2	0	Teacher	620	95	1	2	47	36	Y

Note: Table 1 data from the National Center for Educational Statistics (NCES.ed.gov., 2019)

In Table 1, the column entitled “Lunch %” refers to the percentages of students per school who qualify for free or reduced-price lunches. The final column, “Title I,” denotes schools that are Title I schools (Y) or that are not (N) a Title I school. The California schools serve a more diverse population than the schools in Maine. All of the schools, except for two in California, are Title I schools. This means they qualify for additional federal funding due to serving a significant proportion of low-income students. The schools in Maine are in a rural location. Four of the schools in California are located in suburban areas, but one school is an outlier, as it is located in an urban area. Five of the participants are from School 1 and are former colleagues of the researcher.

Participants

The study involved thirty-nine survey participants and twelve interview participants. The survey was anonymous: the only demographic available is length of service, which is listed in the following table.

Table 2 Length of Service: Survey Participants

Years of Service	%
1-5	26
6-10	5
10-20	28
20-30	26
30+	15

The interview subjects were all white adults, ten of whom were practicing classroom teachers, one of whom used to teach, but has recently become an administrator, and one of whom is a guidance counselor. Ten were female, and two were male. Of the interviewees, the researcher knew ten prior to the study, either as previous teaching colleagues, through the same pre-service credential course or as fellow Masters students. The researcher's sister referred the remaining two interviewees to the study.

Methods

The study employs a mixed-method approach, examining both qualitative and quantitative data. An open-ended qualitative series of interviews elicited the experiences of the participants together with the strategies that they found to be effective through trial and error. A survey including both open and closed questions gave a quantitative measure of how prevalent certain issues were in the sample population.

Data collection

The study collected data using a survey (Appendix A) and by a set of interview questions (Appendix B) conducted in person. These were performed in parallel and independently, in January and February 2020.

Survey. The thirty-nine survey participants were sent a Letter of Introduction and the survey electronically via private e-mail or through Facebook Messenger. Participants completed a Google Form that consisted of fifteen closed-ended and open-ended questions. It required no more than ten minutes to complete. No personal data was collected other than the e-mail addresses of those teachers who were willing to be interviewed. The survey responses were collected automatically via the Google Form.

The survey questions were devised to establish the scale of the problem. For example, survey respondents were asked questions such as, “Have you received formal training on how to identify students with anxiety and depression in the classroom?” These questions were devised to quantify how well the sample population is prepared to identify and cope with students suffering from anxiety and depression, statistics that should suggest how important and transformative any answers to the research questions will be.

Interviews. The twelve interviews were carried out at a private location at or near the participants’ place of work or in the researcher’s own home, depending on the participants’ preference. Teachers who consented to be interviewed were given a copy of a consent form to sign at the start of the interview. They were told in advance that their identity would be confidential, and their names and schools would be given pseudonyms. They were reassured that all data collected was in aid of supporting students and fellow teachers, and that the

honest airing of their feelings and experiences was beneficial. They were informed that all of the data collected is for the purpose of this study alone, and that the data will be destroyed within one year.

Each interview asked the same eighteen questions (see Appendix B). The interviews were recorded on a password-protected iPhone or hand-held recording device, and each interview lasted approximately one hour.

The interview questions were designed to provide data in answer to the research questions and sub-question. For example, interview questions 2, 3, 4, 5 and 6 establish the extent of the participant's training in mental health and whether they feel it is effective (e.g., "What training in special education, and in particular mental health, did you receive on your credential program?"). Questions 8, 9, 12, 13, 14 and 15 explore participants' experience in managing students with anxiety and depression in the classroom. For example, "Please describe the experience you have had in supporting students with anxiety and depression in the classroom." Questions 6, 16 and 17 investigate strategies for identifying students with anxiety and depression and for improving an inclusive classroom that supports students with anxiety and depression. An example is: "Can you please describe your classroom environment, and the steps you take to create a positive and welcoming culture?"

Data Analysis

Using Google Forms for the survey meant that all the data was automatically transcribed into a Google Sheets spreadsheet and calculated automatically. Google Sheets, in turn, generated bar charts and pie charts for the closed-ended questions.

The researcher listened to the recordings of the interviews, then transcribed the recordings via computer using Otter.ai transcription software on the researcher's private password protected account. The researcher then read the typed transcripts and made corrections for accuracy. These transcripts were supplemented by notes taken during the interview process.

The interview transcripts and notes were read and re-read thoroughly, then manually open-coded to determine the common ideas, or *codes*. The survey data helped to identify which codes were likely more important. For example, 72% of teachers surveyed did not feel adequately trained to identify students with anxiety and depression in the classroom. This statistic indicated that lack of teacher training was a significant code when analyzing the interview transcripts. Expected codes were: the lack of teacher training in mental health, the perceived rise of social media, and the perceived lack of resilience of students. Unexpected codes included the ineffectiveness of training in supporting students with anxiety and depression, where such training took place, and successful outcomes for students with anxiety and depression.

These initial ideas fed a process of focused coding, where the interview transcripts were re-read, looking for further detail to support and enrich the coding, and then correlated with ideas from the literature review on subjects such as the rise of social media, methods of identifying anxiety and depression, the efficacy of training and the increasing nature of the problem.

Having identified the significant codes, the researcher discussed them with her peers, then collaboratively created a concept map to ascertain relationships between codes, such as

potential causalities: what kind of training could lead to successful identification of students suffering anxiety and depression, and which strategies led to successful student outcomes. Major overarching themes emerged from the concept map exercise. The researcher then employed a data analysis matrix to map these themes to individual interview responses. The researcher then discussed the major themes with her peer group again. This iterative process, served to correct and refine the overarching themes.

Validity

In order to determine whether or not the results are meaningful, the study took advantage of several strategies (Creswell & Creswell, 2018, p 200-201). The first strategy arises from the convergent mixed-method research design: it cross-correlates two separate research instruments to determine consistency, which is a necessary component of validity.

A second strategy, called *member checking*, involved feeding the results back to one of the participants to review and determine whether the results were accurate, and to provide additional commentary. One of the interviewees read and reviewed draft findings and through a dialogue of email and text messaging, verified the results and suggested clarifications and new insights.

A third strategy, called *peer debriefing*, involved discussing the study with a co-student of the Master's program, who reviewed and questioned the study and its findings. This happened both during Master's program classes as well as privately via telephone during the analysis phase.

Finally, the researcher was open and honest about her own biases. This serves as clarification of researcher bias (Creswell & Creswell, page 209), and is discussed in the following section.

Research Positionality

The researcher developed an in-depth understanding of anxiety and depression in the classroom through three years experience in teaching a diverse range of students, including some who were severely depressed. In addition, the researcher has a deep knowledge of the parent perspective, because she has a daughter who suffered a breakdown from anxiety and depression, and has had to navigate the arduous journey back to health.

Of course, these experiences could also lead to bias, because being a classroom teacher, the researcher felt she lacked the training to adequately support a boy who was severely depressed. This may have led to a bias towards the idea that all teachers were untrained. Similarly, her own struggles with the treatment her daughter experienced at her school might have biased the researcher toward the idea that teachers did not know how to identify and support students with anxiety and depression.

These were not only biases, but also motivations for beginning the research: were these experiences isolated, or were they indicative of a systemic problem in American education? Throughout the entire process, the researcher was keenly aware of these potential biases, and did not ask leading questions during the interviews.

Another possible bias is that the researcher knew most of the interview participants personally: either as former colleagues through work at the same school or shared classes at Dominican University of California. In theory, friends could bias the study by trying to say what

they believe the researcher might want to hear. In practice, the researcher found that the participants spoke honestly precisely because they had a pre-existing relationship of trust. To guard against bias in the data analysis, the researcher employed peer checking and looked for discrepant examples, for example, the researcher assumed that because she did not receive mental health training, the interview participants would also not have mental health training, but in fact a small number did.

Chapter 4: Findings

Previous research shows that anxiety and depression in adolescents is on the rise (Twenge, Cooper et al., 2019; Merikangas et al., 2010). Studies have emphasized the importance of early intervention in preventing future negative outcomes both during and beyond school (Fröjd et al., 2008; Levitt et al., 2017; Phillippo & Blosser, 2017). They highlighted the important role that teachers play in both identifying students with anxiety and depression and referring them for the help they need. However, most of these studies focused on teachers and students in high schools, and not on middle schools, despite the fact that studies showed that anxiety and depression often begin to manifest between the ages of eleven and fourteen (Van Droogenbroeck, Spruyt, et al., 2018).

This study investigates how teachers cope with student anxiety and depression in middle school. It identifies three major themes that emerged from surveying and interviewing participating teachers: common barriers to mental health care for students, the importance of a systematic approach to mental health care in schools, and successful strategies that teachers use to create and foster positive relationships and inclusivity in the classroom.

Barriers to Mental Health Care

The first theme identifies the barriers that prevent students with anxiety and depression from getting the help they need. These barriers include an existing stigma towards mental illness, the lack of teacher mental health training and limited time during the school day for teachers to support students. According to participating teachers, today's students lack resiliency and fortitude, which increases their anxiety and depression. In addition, smart

phones and social media are also having a negative impact on the social-emotional wellbeing of the participants' students.

Stigma Towards Mental Illness

The teachers who took part in this study suggest that there are many barriers that can prevent students with anxiety and depression from getting the help they need. One of these barriers is the attitude that teachers, students and parents have towards mental health issues. Stigma still exists towards anxiety and depression, and to some learning exceptionalities. According to one veteran teacher, depression is sometimes hard to recognize, "...because it's shame-based in a lot of families. 'Just snap out of it,' students are told." The amount of stigma that exists may vary with race, culture and gender. This teacher reported that most students who have been open about their mental health issues have been White, despite the fact that her school is only 56% White. Several teachers mention that more girls than boys are forthcoming in sharing their troubles. A middle school guidance counselor with more than twenty years of experience expressed the following:

I think more girls talk about it. But I don't think more girls have it. You know, I'll have boys that will be in here. You know, they'll want the door closed, the curtains drawn, and before they talk about anything. I'll have groups of girls that will come chat about it together. You know, I think it is very definitely a different stigma for the boys. You know, not one I think that is anything other than typical society, you know, sticks and stone will break my bones, but words will never hurt me for the boys. But... it's different for girls.

It is the perception of the teachers in this study that more people are talking frankly about mental health, but that some of their colleagues are unfortunately still suspicious of anxiety and depression in their teenage students. One participant was concerned about a student and spoke to one of that student's other teachers. She asked if the child had an Individualized Education Program (I.E.P.) or 504 plan, and the colleague replied, "Oh, no, but he has an L.A.Z.Y.." The interviewee was very shocked and went on to say "I've only heard that a couple of times, but I just felt slapped when I heard that. So I think there are a lot of teachers who are just incredibly dismissive. They just erase the experiences of students who have real struggles." That teacher said she observed more negativity from colleagues who have been teaching for a long time, and that those teachers were perhaps used to a different kind of classroom experience or "used to a different kind of power dynamic in the classroom. And so when students are needing more now than they ever have before they think, it's not valid." If school staff members are influenced by stigma, they may not recognize the signs of anxiety and depression, and their students may not get the help they need.

Three interviewees wondered whether there actually is an increase in the number of students who are currently suffering from anxiety and depression, or whether we as a society are now just more willing to talk about mental health. One teacher said they feel hopeful that young people are now more forthcoming and willing to discuss such a sensitive topic as anxiety and depression, as this indicates that there is less shame around the topic than there once was. One of the teachers noticed an improvement in the way some of her students treat any peers who have social-emotional issues or other differences. There are more instances of students supporting each other and standing up for their friends. One teacher mentioned there is much

less bias against differences at her school than there used to be. She recounted a recent incident where a student was harassed because they didn't accept an LGBTQ student: "It was, you know, it was really interesting. I don't want any child to get harassed, but it was really interesting to see the switch as to who was getting harassed." When students support and accept each other, social anxiety is lessened.

Lack of Mental Health Training

The participants in this study received their teaching credentials through various routes. Ten interviewees went through a postgraduate credential course that included a student teaching component. Another interviewee's program was a five-year combined bachelor's degree and teaching credential. The final interviewee came to the profession as a second career, and went through an accelerated ten-week program. The amount of training in special education and in mental health that the survey and interview participants received in their pre-service training varied greatly.

Eleven of the twelve interview participants were required to take a Special Education class on their pre-service teaching credential course. However, while the content of those courses differed, none of the courses covered mental health issues such as anxiety and depression. This is a cause for concern considering statistics reported in the literature review show that at least 20% of teenagers are likely to be suffering from anxiety and depression. During an interview, one participant reported that she took both a Special Education course and a Teaching English Learners course in just one intensive month. She said:

Those are perhaps two of the populations that we need to be spending the most time learning about how to teach, and they crammed those two classes into one month. At

the time I thought, great, I will jumpstart my program. And then once I got into it, I realized this is so wrong that we are speeding through this, not allowing any time for reflection. The pillar of our profession is reflection, and to do it all in a month is astonishing. It is so ineffective.

Only a few teachers in this study took an Introduction to Psychology course as part of their undergraduate degree: five survey respondents and two interview participants. One interview participant was required to take an Abnormal Psychology course as a requirement of a post-graduate Master's in School Counseling. Another teacher who has taught for eighteen years recently completed an additional bachelor's degree in psychology part-time while she was teaching full-time. She did this degree out of personal interest as well as to support her students. She was very surprised that mental health issues did not come up in any course she took. She said:

I have a master's in education. I have a certificate in advanced graduate studies in educational leadership. I mean, we're talking eight to nine years of educational college and there's been absolutely nothing unless you go on that path.

There was no special education component embedded within that teacher's Master's in Educational Leadership course.

Other interviewees expressed disappointment in their credential programs overall. One recently retired teacher felt the classes and seminars she took pre-service were not of "any value at all because they were too philosophical and not practical enough...so I don't feel I was well trained in general. I just went by the skin of my teeth." Another expressed frustration with the content of her credential program as well. She stated that the special education course on

her credential program “left me wanting to learn more. I found that when I was in the classroom as a general education teacher I was not equipped to handle all of the needs of all of my students.”

Some schools and school districts have taken steps to address the lack of mental health training their teachers receive before they enter the classroom. This, however, varies from school to school. Seventeen of the thirty-nine survey respondents in this study reported that they received some mental health training or professional development offered through their school or school district. Of the twelve interviewees, however, only three received training in mental health issues through their school or district. Four interviewees received no mental health training through professional development. A further three interviewees reported that the only training they have had is through the Mandated Reporter training and suicide awareness training that they are required to take. They do not feel this is sufficient training, saying the Mandated Reporter training is, “one of those where, like, people just put it on in the background while they're doing something else because it's online. And I think it should be given a little bit more attention than that.” The last two interviewees stated that they have received an element of mental health training through professional development in Trauma-Informed Classrooms, and this training was beneficial.

When asked whether teachers felt that they have been adequately trained to support students with anxiety and depression in the classroom, twenty-eight survey respondents (72%) answered no. The teachers interviewed answered differently, though, and were evenly split. Half of the teachers said they did not feel adequately trained in adolescent mental health. The half that felt they were adequately trained added a caveat: they said they had enough training

because of their own efforts and interests, or “on the job training,” and not due to the training they received on their credential course or through professional development. In regard to supporting students with anxiety and depression, one interviewee said, “We lift heavy stuff,” which adds to the stress levels that teachers already experience. She recounted the words of a colleague who said, “I feel like this is out of my skill set and beyond what I am expected to do as a teacher.” Another interviewee mentioned that empathy and common sense are important and helpful, but that “it would be nice to know if I’m doing the right thing and not causing problems.”

In order to support students with mental health issues, teachers need to identify the students that need to be supported, and therefore, must be able to recognize the potential signs of anxiety and depression in students who do not already have a 504 plan or I.E.P for Emotional Disturbance. Of the teachers who took part in the survey, only twenty out of the thirty-nine respondents felt able to recognize signs of anxiety and depression in their students. Two-thirds of the teachers interviewed felt able to recognize the signs, although three of those mentioned that it depends on the student. One interviewee, who now works as a guidance counselor, said, “I certainly know symptoms (of anxiety and depression) in adolescents and teens, but I’m well aware that the symptoms aren’t the same for everyone.”

Current research indicates that there is a considerable and possibly growing number of young people suffering from mental health issues (Merikangas, et al., 2010; Twenge, Cooper et al., 2019). The interviewees were asked if that was their perception as well. The answers varied. The interviewees who have worked in the profession for over twenty years all said they have noticed an increase in students suffering from anxiety and depression. They identify the past

ten years as being the period in which this increase has occurred. Even interviewees who have been teaching for only five years feel there is a perceived growing number of students who seem troubled and need help, including needing a referral for counseling services, where available.

Students Lack Resilience

The teachers taking part in this study observe that their students lack resilience. By resilience, the teachers mean the students' ability to cope with and ultimately overcome adversity.

They report that some of their students have parents and family members who are addicted to opioids or are in prison. Some students and their families are transient, and some students are even living in their cars. These difficulties contribute to the anxiety that many students feel, but the teachers recognize that the current political climate, climate change crisis, and gun violence culture also contribute to the unrest that many students feel. The most recent crises affecting the majority of teachers and students in this study are the wildfires that have swept through Northern California.

A teacher who has taught in Santa Rosa for the past five years says the local fires have had a considerable impact on her students. She related that during the first fire in 2017, students were noticeably unsettled, but the community banded together and worked together to help one another. This community spirit was positive and helped the students to come through that trauma. When the fires returned in 2019, however, this teacher observed a change in the reactions of her students. They were more tearful, more fearful, and much less able to cope than they were in 2017. She expressed her concerns for her students:

The trauma around the fires and climate change. Their world is so fragile that when we're all experiencing this, and the adults in the room don't really have an answer for that. And they can sense that. They're so tuned in, they can sense that especially involving climate change, especially involving gun laws and shootings. And they've been having those active shooter trainings since their elementary school. And so this is just part of their world. Things look bad things, and they're trying their best to keep their heads up. I don't think many of them have a whole lot of, I would say, a whole lot of hope. I think there is, and I've heard from other teachers who've been in the classroom longer, a little bit more nihilism and more fear, much more fear. And I've seen how that manifests in that they're afraid and they don't respond to setbacks as well. So they're less resilient.

She went on to say that her students are not able to process repeated trauma. Her school discovered a serious problem several years ago with students using painkillers on campus and “a spike in kids taking their parents’ Xanax.” She finds that her students are certainly feeling more negativity than when she began her career in the classroom, although it is positive that more students are willing to discuss their mental health issues.

A sixth grade English and Social Studies teacher also thinks her students lack resilience. At her school, the first novel that all of the sixth graders read is *Maroo of the Winter Caves*, by Ann Turnbull. The teachers enjoy starting the year with this book, because it ties in well with the unit they teach on Early Humans. It is the story of a Paleolithic family who are struggling to survive at the end of the last Ice Age. The characters go through many ordeals and work to survive in incredibly difficult situations. The teacher says that the book is all about resilience

and that: “We read. We talk about it in English class. Resilience. And it doesn't seem like they can figure out how to apply this to our own lives.” Another veteran teacher has observed the same thing, saying, “That fortitude that kids used to have, they just don’t have it anymore. Resilience is a great word. It’s like it doesn’t even exist.”

The guidance counselor interviewed has also noticed a lack of resilience among the young teenagers at her middle school. She states that students seem less able to cope with uncertainty and perhaps there actually is more uncertainty in the world and in their lives of late. She also reports that students are happy to support friends who have a single issue or difficulty, but that support does not continue if the difficulties continue. She says.

There's only so much they can support. Well, you know, I find that with kids. Kids are very supportive of one another, for a single issue. But if it continues for too long, they drop them like hot potatoes and the kids don't understand why nobody cares. It's just they can't, ... they don't know how to support long term. There's just more on their shoulders they know how to deal with at this age.

This thought reinforces the point the Santa Rosa teacher made regarding the second wave of fires in Sonoma County in 2019. The students are not emotionally equipped to deal with repeated trauma, either for themselves or for their friends.

The Impact of Social Media on Relationships

Forty-one percent of the interview participants in this study have taught for twenty years or more. These long serving teachers all noticed an increase within approximately the last ten years in the number of students who are greatly troubled and coming forward with possible mental health issues. This coincides with a marked rise in the number of smartphone owners in

the United States. According to Pew Research Center data in June 2019, 96% of Americans owned a cell phone, and 81% of Americans owned a smartphone. Only 35% of Americans owned a smartphone in 2011 (Pew Research Center, June 12, 2019). This rise has brought changes to the way people communicate, and the teachers interviewed feel it has also contributed to anxiety and depression in their students.

The teachers interviewed expressed concern that parenting may be changing for the worse. Several teachers observed that parents are less willing recently to be the “bad guy” in their relationship with their children. One teacher said, “parents are not parenting,” which means that children may no longer have an adult to talk to at home, and may be lacking an adult role model. Some of the teachers’ students have told them their parents spend as much time on their phones and tablets as the children themselves.

If parents are communicating less with their children the children will be less equipped to deal with their own problems, and this is worrisome in an age where a large proportion of a child’s communication is done via social media or online. A teacher from an affluent district said many of her students do not have restrictions placed upon their phone, tablet or gaming use. She sees this as something negative and said she herself would be a nervous wreck if she were in middle school now, considering the amount of time young people spend on their phones and the time they spend “stressing about what their friends have posted on TikTok or whatever.” She feels it is too much for the young people to cope with, and it carries over into their school day because their phones are their world: they are such a vital part of their lives now. Another teacher interviewed agreed with this sentiment and was concerned about the lack of restrictions on electronics usage. She said, “They talk about a lot of these social media sites, but

our kids (middle school students) aren't supposed to be on them until they're 14, well 14 is the end of eighth grade." Middle schoolers are being exposed to content that is not suitable to their age and stage of development.

A younger teacher in her late twenties compared the teenage years of her students to her own. She believes that students today do not have a thick skin, as everything that is said or done on social media affects them so greatly. Students now take things to heart, whereas when she herself was a teenager, just before smart phones were widely used, "someone said something mean to your face. You just had to cope with it, and let it roll off."

Several teachers observed that students are willing to say almost anything online or on social media, whereas they would not say the same things to a person's face. One teacher was noticeably upset when she relayed the following:

Kids will do and say anything from behind a computer. It's like it's not real. It's like it's pretend. And they will sit and cut each other to bits, be cruel and mean and horrible, things they would never ever say in person. And you call them on it and they're surprised. It's like, but it's just on the computer. So it's like it doesn't count to them.

A further teacher repeated the fact that the virtual world seems unreal to these students, and yet they cling to it. She recounted that students post mean and horrible things online but that they would never say the same thing in a school hallway. They would not dare say something to a person's face, but they do not think twice about posting it online.

The advent of smart phones has not just changed the way that young people communicate, but it has changed the way that people act. This change can put teenagers into unhealthy and potentially dangerous situations. One teacher said:

Kids don't go out and do things anymore. Like our school dances have dramatically cut in size. Kids don't need to hang out in person anymore. They're hanging out on social media sites. They're less active.... I think it's often (a reason for) the anxiety and depression because, you know, some of the things that are being said over and over again are just unpleasant, and kids don't know where they fit. So then they try to fit in with strangers that they don't know... Then I get my kids who are talking to people, gosh knows who they are and where they're from, because they probably aren't what they say they are. It's just dangerous.

The relationships that students are making online, with people they do not know or see in person, are shallow and unsatisfying. One teacher noted this, saying, "It's not a real relationship" and yet "They love the little likes from each other on there. Makes them all feel happy and excited." Another recently qualified teacher thinks it is not healthy that her students are communicating so much online, and without monitoring or guidance from responsible adults. She is also concerned that students are on their phones so much that they cannot escape from their problems, as today's adults were able to do when young. She said that when she was young "we used to be able to go home turn it off and be removed from it, but now they can't." She thinks teachers need training in how to help students navigate in this digital age.

A veteran teacher stated that she is seeing a huge increase in addiction to cell phones and computers. She believes this addiction is leading to a social ineptness, but she also feels that if anxiety and depression are indeed on the rise, it is because of the use of electronics. This opinion was repeated by most of the teachers interviewed for this study. The fact that so many

barriers to mental health care in schools exist makes it all the more important that schools adopt a systematic approach to supporting students.

The Importance of a Systematic Approach

The second emerging theme is the importance of a systematic approach to addressing mental health problems in schools. The participants of this study reported a wide range of mental health training, whether pre-service or professional development on the job. They also reported different systems of referral in their schools, different quantities and types of social-emotional staff available, different expectations for teachers in identifying and handling mental health issues, and different approaches to improving school culture from site to site. A systematic approach can be rolled out and repeated easily, and will provide clarity for teachers and equity for all students.

A systematic approach is one that is clear, methodical, and consistent across an institution. People can learn it and follow it, and repeat it again and again. This study suggests that it would be beneficial for schools to adopt a systematic approach to identifying and supporting students with anxiety and depression in the classroom. The creation of such a system involves establishing clear roles for administrators, teachers, and social-emotional support staff, a clear referral process, meaningful training, and a toolkit of useful strategies for supporting students with mental health issues.

Clarity of Roles and Referral Process

Four of the teachers interviewed said that in addition to classroom teachers, school administrators also need training in adolescent mental health issues. A teacher from Santa Rosa mentioned that during her four years at her current school she has received no information

from school administrators about mental health issues in young people, nor has she been told what to do if she believes a student is in need of further support. This is a similar experience to that of a teacher in Novato; when she realized that a student needed help, her administrator seemed unsure of how to prioritize that child's needs compared to others needing counseling services. She believes that her school's leadership team does not have a sufficient understanding of anxiety and depression in middle schoolers. She wondered,

Like honestly, like sometimes I don't even think about it (mental health). Yeah, why don't we talk about it more at staff meetings, or why don't we get professionals to come to our meetings and actually...give us training. And the admin there, they don't know. They're not trained.

Two interviewees held credentials in both administration and teaching, and both agreed. One said, "But the (mental health) training piece, I mean, I know it wasn't in any of my... I have two master's degrees and I hold credentials in two different states. And it wasn't in any of my training around." These educators were both surprised that they received no training in abnormal psychology or adolescent mental health when they studied for their administration credential. The second teacher expressed her surprise thus:

I have a Master's in Education. And I have I have a CAGS [Certificate of Advanced Graduate Study] in educational leadership and nothing [addressing mental health issues]. I mean, we're talking five, six, seven; we're talking like eight to nine years of educational college. And there's been absolutely nothing unless you go on that path. If I wanted to get a Master's in Special Education I could have, but you think they would actually kind of meander that stuff into the regular course.... I wanted educational

leadership, great, you think they'd have added a course or two have a special education and they didn't.

If their experience of mental health training is indicative of that of administrators in general, then how can administrators lead the drive to improve the status quo? If front-line staff need training, then so do their leaders.

The Role of the Classroom Teacher in Student Mental Health

The role of the classroom teacher has evolved over time. Teachers now must concern themselves with the whole child in order to support their learning. When asked if it is a teacher's role to identify and support students with anxiety and depression, one English teacher said:

Yes, if one is going to work with young people, [anxiety and depression is] part of them. They're not, you know, square pegs to put it in. They're human beings and yes, I feel it's my responsibility to do something... I'm not of the mind that I'm not trained for that. Not in this day and age. It wasn't 100 years ago if you really think about it. You know now if you're going to be an educator, you know, work with young people. That's a big piece of it in my mind. It's important.

According to the teachers who were interviewed in this study, seven out of twelve stated they believe it is the role of a classroom teacher to identify and support students with anxiety and depression. The five who disagreed believed that identification should be the responsibility of a trained medical or mental health professional.

Every interviewee agreed that they should do what they can to support their students, but they did not agree about what that support should be. At the same time, every participant

was happy to comply with accommodations specified in a student's 504 plan or an I.E.P. For example, one teacher explained, "I think people should be evaluated for mental health regularly by their doctors. Through life,... and especially teenagers. But I don't think teachers would be able to do that." He went on to say that he does not think he has time to get involved with a student's social-emotional or mental health needs. He feels there is too much academic content to get through each day.

Another teacher said she is happy to observe students and to report those observations and to support the student, but she thinks she has a responsibility "to make note, not to diagnose because that's unethical. We're not trained to do that clearly. But I think to make observations and to pass those observations along, just as we are mandated reporters." The guidance counselor interviewed concurred, and thinks it is the role of classroom teachers to identify students that are having difficulty, and to then refer them to her so she can assess what the support should be.

Other participants said they would always refer a student to administration or for counseling services if they noticed any problems. They did not hesitate, although two teachers did add the caveat that they need proper training so that they would be able to recognize common signs and symptoms of anxiety and depression in adolescents. They were concerned that even if they did not believe it is the role of a teacher to identify students with mental health issues, nevertheless it is something that classroom teachers face. One said:

Not that it's the role, but we're like in the line of fire, if you will. We're on the front lines. So I think, if we do notice something, you know, for the health of the child, yes, we need to say something. But like we said before, it's hard to identify those.

The interviewees were split into two camps: those who focus on the whole child and believe they are responsible for the whole child, and those who are task-focused and consider their responsibilities to be limited to delivering academic content.

Ten interviewees said they seek to teach the whole child. They believe that social-emotional problems are barriers that prevent students from learning and accessing the curriculum. Mental health issues such as anxiety and depression can be as much of an obstacle for students as a learning exceptionality or lack of English language proficiency. Unless support is given and the obstacle removed, students will not be able to improve their skills and learn, which can lead to negative outcomes in the future.

The two interviewees who adopted a more task-focused approach may not be on the lookout for mental health issues that can prevent a child from learning. Their complete focus is upon delivering the curriculum and classroom management.

Which view leads to better outcomes? The role of the classroom teacher in identifying and supporting students with anxiety and depression should be clarified at the institutional level in order to maximize learning outcomes, together with due processes for assuaging ethical and legal concerns.

School Referral Systems

The interviewees are from seven different schools in six school districts. Each of their schools has a formal system in to place to refer troubled students for social-emotional help, though the use of those existing systems varies from site to site. The procedures exist for referring a student once a teacher notices a problem, but none of the schools has any proactive

measure in place for identifying students who may be at risk or suffering from anxiety and depression but who do not already have a 504 plan or an I.E.P.

Each site required their teachers to refer students for counseling services using a form, either paper or electronic. At no site was this process well communicated to the teaching staff, and where the system was known, it was not always followed. Most teachers, whether new to the profession or long serving, expressed that they did not know what procedure to follow. Participants gave vague responses such as, "I know a form exists somewhere." One long-serving teacher said:

You know, it's like year-to-year there are forms that come through... and we have different psychologists and interns and they have a form. And then there's a different form the next year... I don't think there is one right now but there have been. That's kind of changed because the interns are there for a year. Now we don't even have interns.

Without a formal system that is well communicated, and an expectation from administrators that staff will follow that procedure, the interviewees indicated that teachers create informal systems or procedures of their own. This usually involves contacting a school counselor, an administrator, or a special education teacher if they had concerns. Yet without a referral system that staff adhere to, it may be harder to argue the case to increase social-emotional staff.

The Role of Social-Emotional Support Staff

As so many young people are experiencing mental health issues, it is important for schools to have sufficient support staff to help them. Counselors, school psychologists and social workers play a crucial role. A teacher from an affluent school district spoke of a relatively new school-wide initiative. The social-emotional counselors created a program for suicide

awareness for students, and they pushed in to all sixth grade math classes to deliver the training. Similarly they visited seventh grade history classes to educate students about anxiety and depression. The training was deemed very helpful. The interviewee said,

The counselors came into my history class, and actually spoke with my students about suicide and self harm and gave them strategies to get help for their friends, how to report if they they're concerned, how to notice signs in their friends...what to be aware of and what to notice and how to be helpful to one another and also for themselves, how to get help. So I found that that was really the first time, I think, in my classroom that I had such direct, It wasn't even training for me, but it kind of was by extension. They, our counselors have also spoken to us at staff meetings about these things, but it was only last year that our school decided to start doing more around student mental health. And so we're kind of starting down that road right now. And it was actually interesting: after the push-ins the counselors had a lot more students reaching out to them. They did report that there were some serious concerns, and they were really glad that students were reporting the concerns that they had.

The number of social and emotional staff varied in the participants' schools. Each school or school district had different budgetary constraints and different priorities, which affected the number and type of auxiliary staff who were employed. Ten of the participants stated that their school did not employ enough counselors and social workers to support all the students that needed help. The social-emotional staffing level had an impact on the way teachers would refer students with anxiety and depression for help. Most schools had a psychologist on staff at least part-time, but I.E.P. testing is the major focus of the psychologist's role. One interviewee noted,

however, that there was one psychologist for a district of 11,000 students. Often they would be given an intern to assist, but their quality varied greatly.

One middle school employs a psychologist for testing and two special education teachers. This school is unique in that it has a special education class for students with social-emotional needs. Colleagues report that the teacher who runs that class is very experienced in supporting students with anxiety and depression, but the interviewees from that site either did not think it appropriate to approach that expert unless it was regarding a student already on the official social-emotional class caseload, or approaching the expert never occurred to them.

All but one of the teachers interviewed said that their school did not have enough support staff. They were disappointed that when they referred a student for counseling services, the child could not be seen quickly because the counselors had a large waiting list. One teacher mentioned that her administrators would assess the severity of a child's suspected anxiety or depression and determine whether a child could jump the queue. These administrators, however, often lack mental health training themselves, so it raises the question whether they are the right people to determine a child's need. All of the interviewees, though, did speak highly of the work done by their school counselors and social workers.

Only the guidance counselor participant worked at a school that had sufficient social-emotional support staff. She is one of two guidance counselors there, but she works with a part-time social worker as well. Recently the school has also started to work with an outside counseling agency to better serve the students. The guidance counselor said that the addition of the social worker and outside counselors has really helped. Her workload is more manageable, and she is now able to run more proactive Student Assistance Meetings for

students who do not already have a mental health diagnosis, which she was not able to do prior to the outside agency coming on board. The improved staffing level has alleviated her backlog of work, and she feels less overwhelmed. She said, “I feel very lucky with what I have for a schedule right now. I think that what I've got is manageable enough that I feel like I'm addressing needs not just reactively but also proactively.” She does recognize that with upcoming budget constraints this program may not continue.

The Importance of Training

Only the guidance counselor participant received training in abnormal psychology during her graduate program; the other eleven interviewees did not receive any training in mental health issues on their credential courses. Although the majority of teachers interviewed and surveyed asked for mental health training, clarity is needed as to what that training should be.

The history teacher above who heard the suicide prevention program that was created and delivered by her school's counselors mentioned that the training was excellent. Unfortunately, only history and math teachers were able to benefit from the training. She thought the training should have been given to all staff, perhaps delivered during professional development time or in staff meetings as a priority. A teacher at a different site also wished the professional development given to teachers was more meaningful. She wondered, “Why can't professional development days be used for mental health training instead of the 'silly' stuff they normally do.”

A history teacher who recently completed a psychology degree concurred that the training given during staff meetings and district professional development days needs to

improve. She added that it would be an ideal use of that time to give mental health training to all teachers and auxiliary staff. As a recent psychology graduate, she believed it would be easy to “actually work our way through an actual college class using our actual half days and at the end of that get credit for it.” She thought a local college lecturer could deliver the training. So long as contractual hours were respected, she thought it would be possible to work through a Psychology 101 course as a staff over a year and earn credit for it.

It was the view of participants that while they do want training in mental health issues, they want the training to be worthwhile and not a waste of time. In particular, they want to learn about the signs and symptoms of anxiety and depression in adolescents. One teacher had not thought about mental health in young people until she was approached for this study. She said, “Yeah, why don't we talk about it more at staff meetings, or why don't we get [mental health] professionals to come to our meetings?” One of her colleagues also interviewed thought mental health training would be much more useful than some of the professional development she has received. She added, “See, that would be more valuable. You know right? Something practical that, you know, would help us relate more to these children.” Training would give teachers more confidence in being able to spot the signs and symptoms of anxiety and depression in their students, and identify the student who may be in need of counseling support. The two participants who received mental health training on an undergraduate psychology degree or a post graduate masters in guidance counseling both feel confident in recognizing the signs and symptoms of anxiety and depression in young people most of the time. The emphasis is on *most*: the guidance counselor added the caveat that “with some kids

you never know.” No training is yet able to guarantee recognition of all symptoms in all children.

Toolkit of Techniques and Strategies

Despite lack of training, teachers already deploy strategies in order to help students with anxiety and depression, and these are found to benefit all students. Some of the strategies can be used at the beginning of the school year to create a positive class culture, and some can be used throughout the year. The creation and communication of a school wide strategy toolkit could aid other teachers to improve their classroom culture and foster more positive relationships as well as giving students useful tools so they can be successful and have greater self-belief.

One teacher expressed a desire to learn more about classroom strategies. She said, “I feel like perhaps there are strategies and supports that I could use in the classroom to help those students other than, I don't know, checking in with them and contacting home if I'm concerned or contacting a counselor.”

Several teachers try to help their students to develop a growth mindset, as published by Dr. Carol Dweck. One science teacher reported, “We did that for like a year or two where we would have a quote and ask, what does this mean to you? How does this demonstrate a growth mindset? And like the feedback I got from kids was 'Ugh, Mindset Monday.'” As the original strategy did not work on an ongoing basis, the teacher realized she had to weave the concept in more subtly with her students. For example, she tells her students about scientists whose work was not initially believed but that they kept trying and persevered.

Other teachers have done intentional work with their students in mindfulness, meditation and breathing. One history teacher said that this year she stopped giving “do now” instructions as students entered the class, such as a quick-write exercise or silent reading. Instead she begins every class period with a two-minute breathing exercise. She uses the Calm app, which employs different breathing patterns and lengths of time. She projects the app on the board, so there is a visual with accompanying sound. Students can choose to close their eyes and listen for the changes in sound or to watch the visual. She has noticed a positive result in the months since she started using this technique. She said:

I have actually found that it helps and every time I'm like, 'This is your two minutes to just check in with yourself to close your eyes if you want, to stare at the board, because the app has this like bubble that grows or like changes and it grows and shrinks, depending on what you're doing.' And so I have found that to be much more successful, and we start class on a much more positive note, and if they come in and they're insane. I'm like, all right, I need this two minutes of breathing because this energy is not the academic energy that I want right now. So let's reset. And I have found that that has been really helpful. So I just I feel like I try to create an environment that is calm, that's academic, that's fun.

Another teacher also used mindfulness and breathing with her students. She wanted to give her students tools so that they could help themselves. Mindfulness and breathing were beneficial to her students as well. She reported:

We did more intentional work around mindfulness. So when you have that feeling, you know, butterflies, heart racing, this is the thing. Have you noticed it and how do you

calm yourself down? So trying to put in some of those tools? So that it is more of a like empowerment, self-efficacy, self-advocacy, how the kids ask for it, how do they express what they need? Yeah, so that way there is a little bit greater a likelihood that we're giving them tools that they need.

The teachers in this study believe that these techniques are helpful and empower their students. Another strategy that several participants find useful is an assessment of students' various learning styles and types of intelligence.

One English teacher starts off her school year with a unit on the elements of fiction and story structure. While her students are studying this, she has them each prepare a short personal speech about a time when they experienced conflict. Despite the relatively young age of her students, she usually has a positive response to the assignment from her classes: "At the end, I asked them all to reflect on what it was like to share their stories and to hear other people share their stories and the reaction was so powerful, they felt like they understood each other so much better and that it was an amazing to hear these people just to talk about their own struggles like to realize that they weren't alone. It was mind blowing."

Two of the interviewees like to start the school year by having students take a learning styles quiz, and then she has the students share their results. One of them, a recently retired teacher who taught for over forty years, remembers first learning about Howard Gardner's theory of multiple intelligences. She felt that the training she received about Gardner's theory really opened her eyes, as previously intelligence tests were based only on verbal and analytical skills. She thinks it is important that young people learn that they are all intelligent in different ways, and she would have her students find out their types of intelligence and then stand in a

circle and hold them up on index cards so they could all see how different they were, but that they were all intelligent and capable of learning. She told the following story:

My favorite story is about my daughter's best friend who was highly dyslexic and made it work because she was also a genius. And she went on to become an architect. And I asked her how does that work? You're so dyslexic. She said, because when you see two dimensions like a blueprint, I see three. That's all she needed to say. You know, it's just like, you make what you have work.

The second teacher was a science teacher (and latterly a school principal) who has always been fascinated by the neurobiology of learning. She also had her students take learning preference quizzes at the start of each year and then the class would discuss, "What is the goal? The goal is to learn. We all have different tasks. So there was a lot of conversation in that way, around what it means to be a learner and how we're going to treat each other in the classroom. She also respected the various learning styles of her students and gave them many different ways to demonstrate their proficiency and knowledge. She would often give a menu of assessment options.

One strategy that would be easy for all teachers to implement is simply to stand at the door and greet students as they arrive to class. Several interviewees who are newer to the profession said either an administrator or credential course professor suggested this strategy. One English teacher who has worked for five years agreed how important and helpful an idea this is, particularly in recognizing signs and symptoms of anxiety and depression:

I know that teachers are busy, overworked, underpaid, all that. But it doesn't take much to notice a student acting differently; it doesn't take much to connect. Something that

our school has encouraged us to do is to stand by our doors every day, before every class. Yeah, and see who's passing and I love... And it's interesting to see the teachers who choose to do it and those who don't, ... But it's been a helpful way to quickly scan. As you can tell in body language today again, day after day, they're coming to class just looking different or behaving different or alone when they're normally with friends.... I found that to be something that has helped me immediately orient myself to where my students are in the moment.

The aforementioned strategies are just a few that may be beneficial to students suffering from anxiety and depression, as well as to all students. Their use may lead students to greater success.

Improving Student Outcomes: Positive Relationships

The final theme that emerged is the importance of fostering positive relationships between students and adults in schools. The majority of participants in this study gave rich examples of the ways in which they supported students in the classroom. This highlights the willingness of most teachers to help students, despite barriers such as a lack of training. The interviewees discuss their definitions of inclusivity, and the ways in which they create inclusivity in their classrooms.

The data collected in this study suggests that when teachers and school staff support students with anxiety and depression, the students can be more successful, but what does success mean in this context? When asked, the participating teachers replied that common quantifiable measures of success would be increased attendance and improved grades, but many supported students may also experience greater social comfort in the classroom.

A retired teacher wanted all of her students to feel safe and comfortable in her classroom. She noticed that some students' grades would improve when she maintained a strict routine with consistent expectations. In addition, she noticed that when anxious students got the help they needed, not only did their grades tend to improve, they also wrote more positively in creative writing.

The guidance counselor reported that she has seen "increased attendance, greater independence, improved grades, an increased social circle and other things that are less easy to label ...," when students with anxiety and depression receive counseling and other support. She did say this success occurred in most cases, but that she also found that some students do not want to be helped, or perhaps are not ready to benefit from help. She believes:

I think the biggest determining factor in this is if the child wanted to see things improve.

Some students truly want their lives to be different and are willing to work to make it happen (with following the recommendations etc.). Others might say they want things to change but don't actually follow through.

She likened this situation to that of a patient choosing not to follow through with a physical therapist's recommended exercises to address an injury. When students with anxiety and depression are willing to receive social-emotional support, however, it is certainly possible that they will eventually experience greater success in school, and will hopefully avoid future negative outcomes. Of course, some students may not be able to "actually follow through," owing to external factors such as traumatic living conditions or physiological problems. Such students may require more intensive interventions.

Defining success: How schools successfully shift school culture

The interviewees stated that their schools are becoming aware that they need to address the mental health needs of their students and to foster more positive relationships on their campuses. The prevailing feeling is that social-emotional education may be as important as the core curriculum. The participants reported that their schools are taking steps both to improve social-emotional learning and to improve inclusivity for all students.

One history teacher stated that her school is asking all teachers to review a list of students and to identify which students they felt would approach them if they needed to confide in someone. The school then reviews the list to see if there are any students not matched to a teacher. They are working to institute a policy of silent mentoring by matching isolated students to adults on campus. The adult must commit to getting to know the child and connecting with them regularly, hopefully on a daily basis. Her school recognizes how detrimental it can be for a child to go through school without having a meaningful connection with a caring adult, and the school is working hard to ensure this does not happen to a single child.

Other schools are also implementing similar silent mentoring programs. One school is not only having the teachers identify students with whom they have a rapport, but also going a step further. At this school they had their students write down the teachers with whom the students felt they have a connection. This list did not reveal an even distribution of students to teachers. Many students felt a rapport with certain teachers, and not with others.

One administrator who previously taught science took a different approach when she became principal of a new school. She included all adults on campus when she surveyed her

students, not just classroom teachers. The first year she conducted the survey, it revealed that around 5% of students could not identify any adult on campus they felt they could talk to. She said, “And we thought, Gosh, that's too high. You know, our goal is to have that number at zero.” After the survey, the staff examined what opportunities existed for students to connect with adults, particularly outside of the classroom. They worked to create more fun activities that students and adults could do together. They added games and asked teachers to host lunches in their rooms once a week, recognizing that teachers are busy, but acknowledging it would be time well spent in deepening relationships between the students and adults. She accepts that it may be difficult to strike a balance, “It's another ask. And there's this sort of constant push-pull between how much more you can ask teachers to do. Versus like, what we know, is potentially in the best interest of kids.”

A Case Study in Success

A teacher shared the following story of a student with crippling anxiety, whom she and her colleagues supported and led to success. The girl already had a diagnosis of an anxiety disorder when she arrived at the middle school at the start of sixth grade. The start of middle school, with all of its inherent differences to elementary school, triggered her anxiety. She could not cope with having several different teachers with different teaching styles, class rules and expectations. The girl became very worried that she would not be able to please her teachers.

In addition, the girl struggled with changing classes and navigating the campus in just the three minutes available for the passing period, because all of the teachers emphasized that students cannot be late to class. She fixated on this and she could not shake this excessive

worry. Math was another significant source of anxiety, and the child fell apart during any sort of math assessment.

Her anxiety began to lead to negative outcomes. She started to fail math class. She was so worried about being late for class that she ran, and she did not take time develop her friendships. She even stopped drinking water because she did not want to have to ask to go to the bathroom. She began to leave school early because she could not cope, and her attendance suffered. She also began to get sick as she wasn't drinking or going to the bathroom at all. She became run down and started repeatedly missing days of school.

At first her teachers noticed her worry about being tardy, so they told the girl she would not be marked late for class. Unfortunately even the thought of walking in late heightened the girl's worry and anxiety and she could not bear the thought of walking in after class started. The participant observed that at first "she kind of didn't believe us, either." The girl did not believe that her teachers would not mark her as tardy because they had emphasized being on time so much from the beginning of the year.

Moreover, her absence from school actually created even more anxiety because she began to fixate on all the schoolwork she was missing. The thought of getting further behind began to overwhelm her. Her anxiety became crippling, and she fell apart.

Her teachers and administrators noticed her absence and failing grades. They recognized that this was a bright, articulate and studious girl who wanted to do well, but that her anxiety was preventing her from accessing the curriculum fully and from working to her potential.

The staff set up a plan with the girl and her family. She had a really good friend in her grade who had all the same classes, and they transitioned from class to class together so she was not alone. And if they were late, they walked in together. The staff worked to position her desk so she wasn't at the front of the room so she could slide in unobtrusively. For math, they had her take her assessments in a different location, and they were untimed. They had to convince the girl that it was not a punishment to take her tests in a different location, even if it were in the principal's office, but instead that it was a good thing for her. The participant said, "But it took some relationship building to know that, like, taking a test in my office, didn't mean you're in trouble."

The girl started to make some progress towards the end of her sixth grade year. By seventh grade, the school hired a part time learning specialist to help with test strategies, particularly for math, and tried to understand what it was about the test that was causing the anxiety. She analyzed the time factor, and the format of the tests. She learned that this girl needed fewer problems on a page so that visually it didn't look so overwhelming. The interviewee told the girl that fewer problems per page would mean she would have a thicker test packet, "We were very honest with her, like, this is what it would feel like. How does that feel? And she's like, that's okay. I'm okay with that."

By the end of seventh grade, the girl was better able to manage her anxiety disorder. It was still there, but she became better at communicating with her parents and school staff. Between the student, parents, teachers and administrators they created a system that worked. The teachers understood that the girl was hard working, and not trying to scam the system. The participant noted the girl's success:

Yes. Her grades went up. And some of the things did go away like she is able to transition from class to class now and she doesn't need her friend to walk with her. She sort of grew out of that one. But then she was getting ready to take finals for the first time and she was like, Okay this freaks me out. But because she knew that we could talk through it, she was very proactive and said, I need some help getting my head around what this is going to look like. What do I have to do? Like what does the final even look like, where am I going to take it?

Over time, the student grew in confidence and learned how to advocate for herself. The participant thought it was amazing, and that, “part of it was [that] she was feeling the relief that was coming through the strategy... It was like. ‘I want more of this.’ She saw her grades starting to go up so it felt good and it was worth the extra energy, it worked. And so, you know, I think she's a real positive case study.”

This case study was successful but it involved a great deal of staff time and energy. The steps they took were ad hoc, and tailored specifically to the needs of one girl. The approach could not scale to meeting the needs of every student with anxiety and depression in a middle school of 700 students. This does, however, underline the need for a systematic approach and a team of dedicated social-emotional staff.

No “Cookie Cutter”

The case study above is a successful case, and shows that improvements that can be made when students with anxiety and depression are supported by caring school staff. Every child is unique, and therefore the same approach will not work for every child. Where students are willing to be helped and staff are suitably trained and willing to help, then students can

become successful. By getting to know students and making deep connections with them, a teacher will be able to see when something is wrong and talk to the student and then refer for additional help when needed. The guidance counselor interviewee believes that trust is important, and the importance of trying to meet the students where they are. She said, she “tries to relate to students on their level. I’ve developed a personal style through years of experience.” She finds this approach works, saying, “if you get the trust of a few, they're going to bring others.... Kids at this age are all about connections with their friends.”

In Their Own Words: How Participants Define and Create Inclusivity

This research sought to examine inclusivity, and the steps that teachers take to create inclusivity in the classroom. The research demonstrates that the ways in which teachers define inclusivity greatly varies from person to person. All twelve interviewees stated that the training they received did not help them to create an inclusive classroom. Rather, all participants reported that trial and error and “trying things out and sticking with what works” was the method they used to create inclusive classrooms.

Almost all of the interviewees endeavor to create a safe environment, where students are comfortable and able to express themselves. They all consider consistency to be important. Three of the teachers talked about the regular check-ins they do with students. One science teacher has students respond to a short Google Form questionnaire each week. She explained her process:

They check in and they'll rate how they are feeling on a scale of one to five. They can explain if they want to, and then I'll have some kind of a question. Sometimes it's something that has to do with making plans for, like, seating or groups, or for naming

the turtle. So sometimes it's, like, relevant, and sometimes it's, like, if you could teleport to anywhere in the world where would you go and why?

Other teachers have students write in journals. A history teacher pulls equity sticks and gives students a chance to say how they are feeling. She said they are forthcoming in sharing their feelings, and they are disappointed if their stick is not pulled.

Overall, the teachers mention building mutual respect and tolerance from the very beginning of the school year. Several also mention a shift to more student-centered teaching. One teacher surveyed said the following:

As I've grown my practice, I have tried to make my classroom more student centered and include activities that students can complete at their pace and, if not in the classroom, at other places remotely. I've also tried to incorporate student voice and choice more often in the work I ask them to do. I feel these changes have made my classroom more inclusive because students have more ownership of their work.

A history teacher said that she makes sure her students know that she has a degree in psychology. She does this so that students know they can ask her about anxiety and depression, which affect many students, as well as other mental health topics. She brings these topics up often, and she uses herself as an example so that it is clear that she is willing to discuss them. She said, "I also try to express my willingness to help them (in general, all my students) if they need it, in just about any capacity. I do not help every kid with mental health issues, but I have had a good handful each year seek out help."

The words trust and respect were often repeated in the survey and interview data, along with consistency. Another key word was kindness. One teacher surveyed said:

I feel like the single most important thing I can do is remain kind, calm and consistent -- no matter what happens in the classroom. This provides not only modeling, but helps students know what to expect and can potentially lessen some anxiety. Our students watch how we treat their peers as a way to gauge how we will treat them.... if we remain kind, calm, and consistent with even our most challenging students, others will be reassured that they can trust us.

In addition to kindness, several of the teachers interviewed and surveyed mention the importance of sharing their own experiences with their students, and being open and honest with them.

One science and AVID teacher noticed her approach had real impact with her middle schoolers. She explained:

Throughout the school year I do community-building exercises with the students. These games give students the opportunity to let their individuality shine in a supportive environment. I call on all students and phrase questions differently to bring out their responses that show their knowledge. I also make myself vulnerable daily. I remind them that I am just as much of a learner as them, I tell them about how I struggled in middle school, and I am honest with them about my feelings. I have anxiety and depression. When I tell the students this I can see the faces of the students who also identify light up. They are not alone and I try to remind them of this as many times as I can.

It is not easy to be vulnerable, and yet opening up to students can benefit them greatly, and deepen their connection with their teacher.

One long-serving teacher, now retired, said that it is crucial to view each student individually and holistically. She said that one must move beyond academic ability and readiness into aspects of the affective domain. She would design lessons with care, so that students would feel included and valued. She stressed the importance of keeping an open mind, especially regarding students with mental health issues or learning exceptionalities. She also tried to be flexible and would adjust learning experiences according to the needs of her students. She said that the careful selection of teaching strategies, materials, and social environment are equally important to inclusivity.

Conclusion

The first question this study explored was, "What is the relationship between teachers' mental health training and their approach to supporting students in the classroom?" The findings from the study revealed that teachers had little or no mental health training in their teacher training programs or professional development unless they independently acquired it. Consequently, most participants discovered effective strategies for supporting students with anxiety and depression by trial and error. Every teacher interviewed believed that it was their job to support students, but there was lack of agreement over whether it is the role of a teacher to identify signs of anxiety or depression, or the role of a qualified health professional.

Typically, interviewees felt that they had little support in helping students with anxiety and depression. Their school administrators were no better informed than they were, and where there were referral procedures in place, they were poorly communicated, and even where they were communicated, they were rarely followed. Professional development training rarely addressed mental health in adolescents.

The second research question asked, “How have teachers’ experiences with anxiety and depression in the classroom changed their approach to creating inclusive classrooms for all students.” The majority of participants recognized they needed to teach the whole child, that anxiety and depression were barriers to learning just like any other exceptionality, and therefore needed to be addressed in order to achieve learning goals. The study found that when teachers differentiate for different styles of learning and different types of intelligence, every child is supported, and not just those with anxiety and depression.

The research sub-question was, “What effective strategies have teachers used to identify and support students with anxiety and depression?” Teachers reported using several different classroom strategies for coping with anxiety, such as breathing, mindfulness, emphasizing the growth mindset, regular check-ins about feelings and concerns, silent mentoring, greeting at the door, group discussions that share how each child copes with adversity, games to build classroom culture, and honestly sharing their own struggles with students. Each strategy was of benefit to students with and without anxiety and depression.

This study suggests that when schools invest in social-emotional support staff and a well-structured mental health program, staff are better prepared to recognize the signs and symptoms of anxiety and depression and follow the established referral procedures. Experienced teachers who have learned how to support students with anxiety and depression in the classroom ensure that every student feels safe and has an adult on campus they trust and can talk to when the need arises. These supports can help lead those afflicted students to greater social comfort and academic success.

Chapter 5: Implications

The teachers participating in this study reported that anxiety and depression in their middle school students is on the rise. This agrees with previous studies that found adolescent mental health issues to be a significant (Merikangas et al., 2010) and a growing problem (Twenge, Cooper et al., 2019). Previous research has also shown that the 50% of mood disorders such as depression start by age 13 (Merikangas et al., 2010). Seven of the nine middle school teachers interviewed for the current study have taught young people with mental health issues.

Interview participants in this study also reported that students are increasingly lacking resilience. A similar observation drove the study done by McAllister et al. (2018), which sought to find ways to improve the resilience and self-efficacy of young people. Furthermore, the interviewees in the current study noticed that social media is having a detrimental effect on all forms of relationships and communication. This is echoed in Dr. Jean Twenge's book, *iGen* (2017), and in studies done by Twenge & Campbell (2018) and Twenge, Joiner et al., (2018).

The participants indicated that they lack training in adolescent mental health. This was found in previous studies: Ball et al., (2016) found a lack of mental health training on teacher credential programs and acknowledged that teachers' recognition of mental health problems was subjective, and not based on formal training (Trudgen & Lawn, 2011). A previous study showed that even school counselors lack mental health literacy (Walley & Grothaus, 2013), which was reiterated by the guidance counselor who participated in the current study. The teachers in this study indicated that they want training in adolescent mental health. Previous

research also found that teachers want training in adolescent mental health issues because they are concerned about the needs of their students (Moon et al., 2017).

With regard to a structured approach, one previous study examined the efficacy of a school based mental health promotion program and found that the program showed a positive and lasting benefit (McAllister et al., 2018). A similar result was found in this study, when middle school counselors pushed in to classes to deliver training on suicide awareness and anxiety and depression. Shortly after the trainings were delivered, the school's counselors saw an increase in the number of students who approached them about their problems.

Previous studies have also examined different strategies for coping with anxiety and depression in the classroom: Schleider & Weisz (2018) studied mindset intervention, and Muris (2002) reported the potential benefits of Cognitive Behavioral Therapy (CBT) based approaches. The teachers in the current study used strategies of a similar nature, such as breathing, and growth mindset.

Implications for the Literature

Half of all mental health problems start by age 14 (Van Droogenbroeck et al., 2018). Early identification and intervention have been shown to reduce future negative outcomes (Dowdy et al., 2013), which means that it is important to improve the training of middle-school teachers and administrators in adolescent mental health. However, few studies have examined the experience of teachers in this age range.

The findings of this study indicate that when teachers are provided appropriate training they are capable of identifying students who require mental health support. This finding directly contrasts with previous research. For example, Moor et al. (2007) found that training

did not improve teachers' ability to recognize students with anxiety and depression. This result, however, may be due to the type of training they tested, which was only a two-hour session comprised of a video and case vignettes followed by a small group discussion.

The current findings show that administrators play an important role in the triaging of students in the referral processes, but they lacked mental health training too. This finding adds to the existing body of literature by highlighting the importance of the role and training of administrators.

The participants reported that their schools all have formal procedures for referring students that they believe suffer from mental-health issues to receive appropriate support. However, these procedures are often poorly communicated, and even when they are understood, they are not followed rigorously. Moreover, teachers often feel that they are not equipped to be making such diagnoses in the first place. This merits further study.

School social-emotional staff members are crucial in supporting students with anxiety and depression, yet only one of the schools in this study reported having a sufficient number. Where schools lack sufficient psychological support staff, the support staff they do have are overburdened with waiting lists of students in need. This likewise merits further investigation.

Despite the lack of mental health training in teachers and administrators, the lack of systematic approach, the lack of a clear and practiced referral process and sufficient support staff, teachers have developed a range of ad hoc strategies in the classroom that help lead students to better outcomes. Anxiety and depression are barriers to learning, like any other exceptionality, but the study found that when these strategies are deployed in the classroom, they improve inclusivity, benefitting every student, not just those who suffer.

Implications for Practice and Policy

This study shows that it is possible for teachers to improve classroom culture and inclusivity through the use of strategies such as silent mentoring, regular check-ins and an examination of student learning styles. Therefore, any teacher who does not currently adopt such practices may find that doing so improves the social comfort and learning outcomes for all their students.

This cannot happen in a vacuum, however. Schools need to establish clear and ethically sound policies for identifying and referring students with mental health issues, train administration staff to better triage these students, and provide adequate support staff to give ongoing care. For example, to assist in the identification of students, schools might choose to deploy a silent mentoring program, or use a survey like DASS-21 (Moore et al., 2017) as part of a universal screening process for anxiety and depression. A systematic approach to supporting students with anxiety and depression in the classroom would guarantee that all students in all classrooms would benefit from the strategies so painfully discovered, not just the lucky few who have insightful teachers.

A clear referral process that is properly practiced can provide statistical data needed to justify support staffing levels and budgetary decisions. In addition, a partnership with outside mental health therapists or agencies or both could give students greater access to mental health care and reduce waiting lists and the overburdening of school support staff. It is vital that adolescents with mental health issues establish safe relationships with counselors with whom they can meet on a regular and consistent basis. This cannot happen when schools do not have enough social-emotional support staff.

Teacher Training

This study found that teachers want more training both within their credential programs and also as part of ongoing professional development. Ongoing training is particularly important because credential programs are relatively short, and they must cover foundational skills such as pedagogy, the use of technology, and differential instruction as well as special education. Better training should be developed in the future, which should include a toolkit of techniques that have been found helpful. These need to be starting points, however, and adjusted per situation and per student or classroom.

Pre-service credential courses should include child and adolescent mental health training. This could be incorporated into existing special education courses, along with other learning exceptionalities and the legal requirements of I.E.P.s and 504 plans. Teachers should be taught about ethics and confidentiality, as well as some of the toolkit strategies outlined above.

As part of an induction process, schools should train newly hired teachers in the school's policies regarding student mental health. These include the school's clear and ethical identification and referral policies, requisite paperwork, an introduction to support staff, and any required self-reporting schemes or universal screening processes.

Where teachers are required to take part in a teacher induction program at the county level, adolescent mental health should be included. Induction program mentors should check in with new teachers and suggest strategies for supporting students with anxiety and depression in the classroom.

By working with a local community college or university, school districts should offer a Psychology 101 course, or Abnormal Psychology, for teaching and administrative staff. An expert would run the course, and the teachers and administrators would receive college credit. Students would benefit from better-trained teachers and administrators.

These policy suggestions foster social justice and advance educational equity: they aim to implement better support for students suffering from anxiety and depression, which improves learning outcomes for a wider range of students. A currently underserved and at risk population will be given what they need to succeed. De-stigmatizing mental health problems and providing better social-emotional support is an important social change.

Limitations of the Study

With more time, a larger and wider pool of interviewees could be found, which would help to establish whether the findings of this study were universally valid, rather than being local to the sample. The pool could be expanded to include classified staff as supporting students with anxiety and depression can affect the whole school.

The study found that administrators play an important role in the processing of students with anxiety and depression, yet no administrators were part of the current study. The data gained from Interviewing administrators would be important in forming a whole-school view of the problem, and could add complementary insights that could lead to better overall solutions.

More time would also allow a direct survey of school referral processes. This study found that referral processes were vital, so a comprehensive examination of the range of different processes would establish what kinds of systems were most helpful, and therefore

could be deployed more widely. In addition, multiple teachers could be interviewed per school site to examine the efficacy of a student referral process.

This study found that the content of teacher credential programs should be improved with regards to mental health issues in the classroom. It follows, therefore, that a wide survey of the existing content of credential programs would clarify whether any institutions in different states in the U.S. offer useful mental health content, and how this might be shared universally.

All of the teachers interviewed were White, and only two were male. It would be useful to interview more men as well as teachers of different ethnicities, and also teachers who work in school communities with differing socio-economics and demographics. It is important to survey as diversely as possible to weed out implicit assumptions and biases inherent to cultural bubbles. The goal is to provide solutions that work for all teachers and all students.

Directions for Future Research

It may be interesting to study the approach of male teachers versus female teachers in supporting students with anxiety and depression. Future research could examine whether male teachers are more task-oriented than female teachers, and whether women are more relationship-oriented than men. This future research could inform teacher training in mental health issues.

The scope of a future study could be widened to include more school districts and more states. The means of identifying and supporting students with anxiety and depression in different areas could be examined and compared with other regions to determine best practice. A wider study could also provide useful information about how teachers support

affected students of different ethnicities or socio-economic backgrounds. Participants in this study indicate that not all methods of support work for all students, so it would be beneficial to learn about strategies and referral processes in other locations.

A wider study could also provide data regarding the pre-service mental health training that teachers receive in other states. This information could inform the development of new training for teachers in mental health that could be tested to see whether it is effective in improving teachers' ability to identify and support students with anxiety and depression.

Anxiety and depression are affecting a growing number of America's youth, and teachers are on the front line of this mental health crisis. They do the best they can to eliminate the barrier of mental health issues in order to support their students but the situation feels overwhelming. However, this study has found that a systematic approach, encompassing teacher and administrator training, referral processes, social-emotional support staff, and a teacher toolkit of strategies, offers hope to teachers and their students. Such an approach would improve the academic success and social comfort of all students in the classroom and beyond.

References

- Anderson, M., & Jiang, J. (2018). *Teens, social media & technology 2018*. Pew Research Center.
Retrieved from <https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/>
- Ball, A., Iachini, A. L., Bohnenkamp, J. H., Togno, N. M., Brown, E. L., Hoffman, J. A., & George, M. W. (2016). School mental health content in state in-service K-12 teaching standards in the United States. *Teaching and Teacher Education, 60*, 312-320.
<https://doi:10.1016/j.tate.2016.08.020>
- Bazeley, P. (2013). *Qualitative data analysis: Practical strategies*. SAGE Publications Ltd.
- Calpbinici, P., & Tas Arslan, F. (2019). Virtual behaviors affecting adolescent mental health: The usage of Internet and mobile phone and cyberbullying. *Journal of Child and Adolescent Psychiatric Nursing*, <https://doi:10.1111/jcap.12244>
- Chandra, A., & Minkovitz, C. S. (2006). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of Adolescent Health, 38*(6), 754.
<https://doi:10.1016/j.jadohealth.2005.08.011>
- Coles, M. E., Ravid, A., Gibb, B., George-Denn, D., Bronstein, L. R., & McLeod, S. (2016). Adolescent mental health literacy: Young people's knowledge of depression and social anxiety disorder. *Journal of Adolescent Health, 58*(1), 57-62.
doi:10.1016/j.jadohealth.2015.09.017

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. SAGE Publications.

Curtin, S. & Heron, M. (2019, October). Death rates due to suicide and homicide among persons aged 10–24: United States, 2000–2017. Centers for Disease Control and Prevention.

Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db352.htm>

Denizet-Lewis, B. (2017, October 11). Why are more American teenagers than ever suffering from severe anxiety? *New York Times Magazine*. Retrieved

from <https://www.nytimes.com/2017/10/11/magazine/why-are-more-american-teenagers-than-ever-suffering-from-severe-anxiety.html>

Derogatis, L. & Melisaratos, N. (1983). The brief symptom inventory: An introductory report.

Retrieved from <https://www.cambridge.org/core/journals/psychological-medicine/article/brief-symptom-inventory-an-introductory-report/307F805810B165ED58581E355F24329F>

Dillard, C. (2019, Fall). Black minds matter. *Teaching Tolerance Magazine*, 44-48. Retrieved

from <https://www.tolerance.org/magazine/fall-2019>

Dowdy, E., Doane, K., Eklund, K., & Dever, B. V. (2013). A comparison of teacher nomination and screening to identify behavioral and emotional risk within a sample of underrepresented students. *Journal of Emotional and Behavioral Disorders*, 21(2), 127-137.

<https://doi:10.1177/1063426611417627>

Fink, E., Patalay, P., Sharpe, H., Holley, S., Deighton, J., & Wolpert, M. (2015). *Mental health difficulties in early adolescence: A comparison of two cross-sectional studies in England from 2009 to 2014*. Elsevier Inc. <https://doi:10.1016/j.jadohealth.2015.01.023>

Fröjd, S. A., Nissinen, E. S., Pelkonen, M. U., Marttunen, M. J., Koivisto, A., & Kaltiala-Heino, R. (2008). Depression and school performance in middle adolescent boys and girls. *Journal of Adolescence*, 31(4), 485-498. <https://doi:10.1016/j.adolescence.2007.08.006>

Geiger, A. W., & Davis, L. (2019, July 12). A growing number of American teenagers – particularly girls – are facing depression. Retrieved from <https://www.pewresearch.org/fact-tank/2019/07/12/a-growing-number-of-american-teenagers-particularly-girls-are-facing-depression/>

Hart, S. R., Kastelic, E. A., Wilcox, H. C., Beaudry, M. B., Musci, R. J., Heley, K. M., Ruble, A.E., & Swartz, K. L. (2014). Achieving depression literacy: The adolescent depression knowledge questionnaire (ADKQ). *School Mental Health: A Multidisciplinary Research and Practice Journal*, 6(3), 213-223. <https://doi:10.1007/s12310-014-9120-1>

Jonsson, U., Bohman, H., von Knorring, L., Olsson, G., Paaren, A., & von Knorring, A. -. (2011). *Mental health outcome of long-term and episodic adolescent depression: 15-year follow-up of a community sample* Elsevier B.V.. <https://doi:10.1016/j.jad.2010.10.046>

Jorm, A. F., Kitchener, B. A., Sawyer, M. G., Scales, H., & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: A cluster randomized trial. *BMC Psychiatry*, 10. <https://doi:10.1186/1471-244X-10-51>

- Khesht-Masjedi, M., Shokrgozar, S., Abdollahi, E., Habibi, B., Asghari, T., Ofoghi, R., & Pazhooman, S. (2019). The relationship between gender, age, anxiety, depression, and academic achievement among teenagers. *Journal of Family Medicine & Primary Care*, 8(3), 799. https://doi:10.4103/jfmpc.jfmpc_103_18
- Koller, J. R., & Bertel, J. M. (2006). Responding to today's mental health needs of children, families and schools: Revisiting the preservice training and preparation of school-based personnel. *Education and Treatment of Children*, 29(2), 197. Retrieved from <https://dominican.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsjsr&AN=edsjsr.42899882&site=eds-live>
- Kovacs, M. (2001). *Children's depression inventory manual*. Multi Health Systems.
- Levitt, J. M., Saka, N., Hunter Romanelli, L., & Hoagwood, K. (2007). Early identification of mental health problems in schools: The status of instrumentation. *Journal of School Psychology*, 45(2), 163-191. <https://doi:10.1016/j.jsp.2006.11.005>
- Lowe, S. R., & Galea, S. (2017). *The mental health consequences of mass shootings. Trauma, Violence & Abuse*, 18(1), 62-82. <https://doi:10.1177/1524838015591572>
- Lu, W. (2019). Adolescent depression: National trends, risk factors, and healthcare disparities. *American Journal of Health Behavior*, 43(1), 181-194. <https://doi.org/10.5993/AJHB.43.1.15>

- Lund, T. J., & Dearing, E. (2013). Is growing up affluent risky for adolescents or is the problem growing up in an affluent neighborhood? *Journal of Research on Adolescence*, 23(2), 274-282. <https://doi:10.1111/j.1532-7795.2012.00829.x>
- Luthar, S. S., & Latendresse, S. J. (2005). *Children of the affluent*. *Current Directions in Psychological Science*, 14(1), 49-53. <https://doi:10.1111/j.0963-7214.2005.00333.x>
- Mason, R. J., Hart, L. M., Rossetto, A., & Jorm, A. F. (2015). Quality and predictors of adolescents' first aid intentions and actions towards a peer with a mental health problem. *Psychiatry Research*, 228(1), 31-38. <https://doi:10.1016/j.psychres.2015.03.036>
- Maughan, B., Collishaw, S., & Stringaris, A. (2013). Depression in childhood and adolescence. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*, 22(1), 35-40.
- Maxwell, J.A. (2013). *Qualitative research design: An interactive approach*. SAGE Publications Inc.
- Mayo Clinic (n.d.). *Cognitive behavior therapy*. Retrieved from <https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>
- McAllister, M., Knight, B. A., Hasking, P., Withyman, C., & Dawkins, J. (2018). Building resilience in regional youth: Impacts of a universal mental health promotion programme. *International Journal of Mental Health Nursing*, 27(3), 1044-1054. <https://doi:10.1111/inm.12412>

- McLaughlin, K. A., Hilt, L. M., & Nolen-Hoeksema, S. (2007). Racial/ethnic differences in internalizing and externalizing symptoms in adolescents. *Journal of Abnormal Child Psychology*, 35(5), 801-816. <https://doi:10.1007/s10802-007-9128-1>
- Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet C., Georgiades K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the national comorbidity study-adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 4(10), 980-989. <https://doi:10.1016/j.jaac.2010.05.017>
- Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review*, 73, 384-391. <https://doi:10.1016/j.childyouth.2017.01.006>
- Moor, S., Maguire, A., McQueen, H., Wells, J. E., Elton, R., Wrate, R., & Blair, C. (2007). Improving the recognition of depression in adolescence: Can we teach the teachers? *Journal of Adolescence*, 30(1), 81-95. <https://doi:10.1016/j.adolescence.2005.12.001>
- Moore, S. A., Dowdy, E., & Furlong, M. J. (2017). Using the depression, anxiety, stress scales-21 with U.S. adolescents: An alternate models analysis. *Journal of Psychoeducational Assessment*, 35(6), 581-598. <https://doi:10.1177/0734282916651537>
- Muris, P. (2002). Relationships between self-efficacy and symptoms of anxiety disorders and depression in a normal adolescent sample. *Personality and Individual Differences*, 32(2), 337-348. [https://doi:10.1016/S0191-8869\(01\)00027-7](https://doi:10.1016/S0191-8869(01)00027-7)

National Center for Education Statistics. Retrieved from <https://nces.ed.gov/>

National Institute of Mental Health. (2018). *Anxiety disorders*. Retrieved from <https://www-nimh-nih-gov.dominican.idm.oclc.org/health/topics/anxiety-disorders/index.shtml>

Palmer, C. J., Connor, C., Newton, B. J., Patterson, P., & Birchwood, M. (2017). Early intervention and identification strategies for young people at risk of developing mental health issues: Working in partnership with schools in Birmingham, UK. *Early Intervention in Psychiatry*, 11(6), 471-479. <https://doi:10.1111/eip.12264>

Patton, G. C., Glover, S., Bond, L., Butler, H., Godfrey, C., Di Pietro, G., & Bowes, G. (2000). The gatehouse project: A systematic approach to mental health promotion in secondary schools. *Australian and New Zealand Journal of Psychiatry*, 34(4), 586-593. <https://doi:10.1046/j.1440-1614.2000.00718.x>

Phillippo, K., & Blosser, A. (2017). Stable roles, changed skills: Teacher candidate responses to instruction about adolescent psychosocial support practices. *Advances in School Mental Health Promotion*, 10(1), 5-25. <https://doi:10.1080/1754730X.2016.1252684>

Pierce, T. (2009). *Social anxiety and technology*: Face-to-face communication versus technological communication among teens. *Computers in Human Behavior*, 25(6), 1367-1372. <https://doi://doi.org/10.1016/j.chb.2009.06.003>

Rose, T., Lindsey, M., Xiao, Y., Finigan-Carr, N., & Joe, S. (2017). Mental health and educational experiences among black youth: A latent class analysis. *Journal of Youth & Adolescence*, 46(11), 2321. <https://doi:10.1007/s10964-017-0723-3>

- Sancakglu, S., & Sayar, M. K. (2012). Relation between socioeconomic status and depression, anxiety, and self-esteem in early adolescents. *New Symposium: Psychiatry, Neurology and Behavioral Sciences Journal*, 50(4), 207-220.
- Schleider, J., & Weisz, J. (2018). A single-session growth mindset intervention for adolescent anxiety and depression: 9-month outcomes of a randomized trial. *Journal of Child Psychology & Psychiatry*, 59(2), 160-170. <https://doi:10.1111/jcpp.12811>
- Seidman, I. (2013). *Interviewing as qualitative research*. Teachers College Press.
- Smith, A. (2017, January 12). Record shares of Americans now own smartphones, have home broadband. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2017/01/12/evolution-of-technology/>
- Tomb, M., & Hunter, L. (2004). Prevention of anxiety in children and adolescents in a school setting: The role of school-based practitioners. *Children & Schools*, 26(2), 87-101.
- Trudgen, M., & Lawn, S. (2011). What is the threshold of teachers' recognition and report of concerns about anxiety and depression in students? An exploratory study with teachers of adolescents in regional Australia. *Australian Journal of Guidance and Counselling*, 21(2), 126-141. <https://doi:10.1375/aigc.21.2.126>
- Twenge, J. M. (2017). *iGen: Why today's super-connected kids are growing up less rebellious, more tolerant, less happy - and completely unprepared for adulthood*. Simon & Schuster.
- Twenge, J. M., & Campbell, W. K. (2018). Associations between screen time and lower psychological well-being among children and adolescents: Evidence from a population-

based study. *Preventive Medicine Reports*, 12, 271-283.

<https://doi:10.1016/j.pmedr.2018.10.003>

Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of Abnormal Psychology*, 128(3), 185-199.

<http://dx.doi.org/10.1037/abn0000410>

Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. *Clinical Psychological Science*, 6(1), 3-17.

<https://doi:10.1177/2167702618824060>

Twenge, J. M., Spitzberg, B. H., & Campbell, W. K. (2019). Less in-person social interaction with peers among U.S. adolescents in the 21st century and links to loneliness. *Journal of Social & Personal Relationships*, 36(6), 1892-1913. <https://doi:10.1177/0265407519836170>

U.S. Census Bureau Quick Facts. (2019). Retrieved

from <https://www.census.gov/quickfacts/fact/table/US/PST045219>

Van Droogenbroeck, F., Spruyt, B., & Keppens, G. (2018). Gender differences in mental health problems among adolescents and the role of social support: Results from the Belgian health interview surveys 2008 and 2013. *BMC Psychiatry*, 18(1), 1-

9. <https://doi:10.1186/s12888-018-1591-4>

- Wainberg, M., Scorza, P., Shultz, J., Helpman, L., Mootz, J., Johnson, K., Neria, Y., Bradford, J.E., Oquendo, M.A, Arbuckle, M. R. (2017). Challenges and opportunities in global mental health: A research-to-practice perspective. *Current Psychiatric Reports*, 19(5), 1-10.
<https://doi:10.1007/s11920-017-0780-z>
- Walley, C. T., & Grothaus, T. (2013). A qualitative examination of school counselors' training to recognize and respond to adolescent mental health issues. *Journal of School Counseling*, 11(11).
- Watson, A. C., Otey, E., Westbrook, A. L., Gardner, A. L., Lamb, T. A., Corrigan, P. W., & Fenton, W. S. (2004). Changing middle schoolers' attitudes about mental illness through education. *Schizophrenia Bulletin*, 30(3), 563-572.
<https://doi:10.1093/oxfordjournals.schbul.a007100>
- Werner-Seidler, A., Perry, Y., Cleave, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical Psychology Review*, 51, 30-47. <https://doi:10.1016/j.cpr.2016.10.005>
- World Health Organization. (2013). *Mental health action plan 2013-2020*. Retrieved from https://www.who.int/mental_health/publications/action_plan/en/
- Yap, M., Wright, A., & Jorm, A. (2011). The influence of stigma on young people's help-seeking intentions and beliefs about the helpfulness of various sources of help. *Social Psychiatry & Psychiatric Epidemiology*, 46(12), 1257-1265. <https://doi:10.1007/s00127-010-0300-5>

Zahn-Waxler, C., Klimes-Dougan, B., & Slattery, M. J. (2000). Internalizing problems of childhood and adolescence: Prospects, pitfalls, and progress in understanding the development of anxiety and depression. *Development and Psychopathology*, 12(3), 443-466.

<https://doi:10.1017/S0954579400003102>

Appendix A: Survey Questions

1. Do you teach at a:
 - a. private school
 - b. public school
 - c. alternative school
 - d. charter school
 - e. other type of school
2. What grade level(s) do you teach?
3. What subject(s) do you teach?
4. How many years have you been teaching?
5. Have you received formal training on how to identify students with anxiety and depression in the classroom?
 - a. Yes
 - b. No
 - c. Not sure
6. If yes, was the training you received given through:
 - a. Teacher credential course
 - b. Professional Development through your school or school district
 - c. Sought out by you
 - d. No training received
7. Do you feel you can identify the signs of a student with anxiety and depression?
 - a. Yes
 - b. No
 - c. Not sure

8. Do you feel you have been adequately trained to identify students with anxiety and depression in the classroom?

- a. Yes
- b. No
- c. Not sure

9. Do you feel you have been adequate trained in supporting students with anxiety and depression in the classroom?

- a. Yes
- b. No
- c. Not sure

10. What steps do you take to create an inclusive classroom for all students?

11. Does your school or district use any formal screening methods for identifying students with anxiety and depression (or other mental health issues?)

- a. Yes
- b. No
- c. Not sure

12. If so, is the screening done via surveys?

- | | |
|--------|-------------------------|
| a. Yes | c. No screening is done |
| b. No | d. Not sure |

13. If screening surveys are given, are they completed by:

- a. Students
- b. Teachers

- c. Both
14. Does your school or school district currently offer mental health training for teachers and other school staff?
- a. Yes
 - b. No
 - c. Not sure
15. Does your school or district use a mental health awareness/prevention program?
- a. Yes
 - b. No
 - c. Not sure

Appendix B: Interview Questions

Looking back on your training and experience as a classroom teacher, ...

1. Please tell me about your background as a teacher, such as:
 - How long have you been teaching?
 - Where and when did you train as a teacher?
 - What subjects and grade levels do you currently teach?
2. Please describe the training that you received to become a teacher.
3. What training in special education, and in particular mental health, did you receive on your credential program?
4. Have you received mental health training through a school, a school district or externally?
5. Do you feel you have been adequately trained in this area?
6. Can you describe the signs or symptoms of anxiety and depression in adolescents and teenagers? What are the behaviors that indicate to you that a student has anxiety or depression?
7. Can you think of any ways in which the state or your local school district could improve mental health training for all staff?
8. Please describe the experience you have had in supporting students with anxiety and depression in the classroom.
9. What steps do you take to create an inclusive classroom for all students? Do you feel these steps are effective?
10. Do you feel that there are more students lately who have mental health issues? Have you noticed any trends?

11. Do you think this is a growing problem?
12. If you are concerned that a student may have a mental health issue, what steps do you take to help them?
13. Do you feel that it is the role of a classroom teacher to identify students who may have anxiety and depression, and intervene on their behalf? Why?
14. Are there any barriers that would discourage you from referring students you suspect have anxiety or depression to your school counselor or administrator?
15. What procedures or systems are in place in your school/school district for identifying students and then intervening/referring them for help or other services?
16. Can you please describe your classroom environment, and the steps you take to create a positive and welcoming culture?
17. Do you feel that your training and experience have helped you to create an inclusive classroom culture for all students?
18. What advice would you give to a person entering the teaching profession today?

Appendix C: IRB Acceptance Letter



12/11/2019

Avril Wilson
50 Acacia Ave.
San Rafael, CA 94901

Dear Avril,

On behalf of the Dominican University of California Institutional Review Board for the Protection of Human Participants, I am pleased to approve your proposal entitled **Teaching: The Front Line in America's Mental Health Crisis** (IRBPHP IRB Application #10828).

In your final report or paper please indicate that your project was approved by the IRBPHP and indicate the identification number.

I wish you well in your very interesting research effort.

Sincerely,



Randall Hall, Ph.D.

Chair, IRBPHP

Cc: Jennifer Lucko, Ph.D.

Institutional Review Board for the Protection of Human Participants

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