Secondary Teachers' Perceived Ability to Support Student Mental Health

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Abstract: *Schools are increasingly responsible for providing mental health support to students. These include universal, or school wide approaches such as positive behavioral intervention supports (PBIS), and/or social emotional learning. While teachers play a vital role, there is scant literature addressing secondary teachers' perceived ability in supporting mental health. Therefore, this quantitative study analyzed survey data through a logistic and a linear regression to determine if teachers believe they have a role in supporting student mental health, if teacher confidence varies by urban, rural, and suburban schools, and what factors influence teacher confidence in supporting student mental health. The findings of the study reveal teachers do believe they have a role in supporting student mental health, and that teacher confidence is related to the frequency and familiarity they have with school-based mental health professionals.*

Keywords: school-based mental health, secondary teachers, self-efficacy, mental health, teacher role

Mental health is a significant barrier to learning that at least 20% of adolescent students struggle with (DiGirolamo et al., 2021; Wolpert et al., 2013). These mental health issues present in external and in internal ways that limit student ability to focus, process information, and manage social interaction to successfully engage in class, and thus limit academic success (Goodman-Scott et al., 2019; Siceloff et al., 2017). What is worrisome is that unaddressed mental health issues increase risky behaviors, truancy, drug use, dropout rates, increase school-to prison pipeline rates, and/or suicide rates (Bradshaw et al., 2021; Ciffone, 2017). However, schools can help prevent the rising mental health rates by employing school-based mental health practices by creating positive learning environments, employing universal interventions, and ensuring faculty are trained in recognizing and supporting student mental health needs (Romer et al., 2020; Whitley et al., 2013). In accordance with federal laws such as Individuals with Disabilities in Education Act (Dimoff, 2015), and Every Child Succeeds Act (Boyle & Wilkinson-Flicker, 2020), schools must support student mental health needs in order to increase equity in schools and support student achievement. However, while teachers are essential in providing universal support and interventions, there is a dearth of literature addressing secondary teachers' self-efficacy in supporting student mental health. Therefore, the purpose of this study was to gain insight into secondary teachers' beliefs on their role in supporting student mental health, teacher self-efficacy in supporting student mental health, and to determine if teacher perceived self-efficacy varied across rural, urban and suburban schools.

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RESEARCH QUESTIONS

1. Do secondary teachers believe they have a role in supporting student mental health?
2. How does secondary teachers' self-efficacy in supporting student mental health needs vary across urban, suburban, and rural schools?
3. What is the relationship between teacher interaction with support personnel and their confidence in supporting secondary students' mental health needs?

LITERATURE REVIEW

ADOLESCENT MENTAL HEALTH

While there is a growing body of literature addressing the rising rates of mental health issues in k-12 students, much of the literature is focused on interventions for primary school students. This is alarming considering that 20-25% of students suffer from a mental health issue, and a majority of mental health issues manifest in adolescents (Swick & Powers, 2018; Wei & Kutcher, 2011). More specifically, mental health is the leading adolescent disability world-wide (Cavioni et al., 2020). Similarly, emotional disturbances are the leading cause for students to drop out (Guerra et al., 2018). Concerningly, about three quarters of students that need mental health services do not receive treatment, about 12% of students have a suicide plan, and 7% have attempted it (Mental Health Colorado, 2020). Suicide is the third leading cause of death for adolescents 10-14 and the second for ages 15-24 (Christian & Brown, 2018). It should be noted that these numbers vary slightly by state.

These increased health risks are further exasperated by insufficient treatment, lack of consistent care, and/or a lack of assessment and intervention (Swick & Powers, 2018). For example, less than half of students with mental health issues receive treatment, and these rates are even higher in non-white communities (Sanchez et al., 2018). However, addressing mental health issues by providing universal and targeted interventions can prevent onset, and limit the longevity and severity of mental health issues (Daly et al., 2006). Moreover, addressing mental health literacy during adolescent years has the potential to foster management skills to mitigate the severity of mental health issues (Wei & Kutcher, 2011). Schools are able to provide these services and help students develop these skill sets (Deaton et al., 2022; Nygaard et al., 2022; Ohrt et al., 2020).

SCHOOL-BASED MENTAL HEALTH

There are a variety of ways that schools can implement school-based mental health support. These range from school wide core competencies from the Collaborative for Academic, Social, and Emotional, Learning (CASEL) (Department of Public Instruction, 2021), to increasing the number of school-based mental health professionals in schools (DeKruyf et al., 2015), or school wide training on recognition and intervention, such as Youth Mental Health First Aid (Noltemeyer et al., 2020). Many of these practices align with a multi-tiered system of support (MTSS) for students, which provides universal interventions to all students, and targeted interventions to the students in most need (Romer, et al., 2017). An encouraging finding from Spera et al. (2020) revealed that states with mental health policies and school-based mental health centers have significantly lower suicide and substance abuse rates. It is important for schools to provide these services as having school-based mental health services makes it 21 times more likely a student will seek services in school than within the community (Eklund et al., 2017; Szumilas et al., 2010).

This is in part because it reduces stigma, increases accessibility, specifically to underserved communities that may not be able to find a community provider or transportation, and schools can bill Medicaid if students qualify, thus reducing barriers caused by lack of insurance (Committee on School Health, 2004; Mental Health Colorado, 2020). Moreover, providing services in school helps reduce the amount of instructional time students miss (Mental Health Colorado, 2020).

These practices are also important because they help increase school equity. Minorities are much less likely to seek out mental health support as a result of cultural/value differences, stigma, and fear of being labeled (Mendoza et al., 2015). What is more, many students who receive discipline referrals suffer from untreated mental health issues, however minority students are much more likely to receive a referral than they are to receive mental health interventions, further limiting their academic performance (West Virginia Department of Education Office of Research, 2015). For example, many students receive referrals for externalizing factors, or disruptive behaviors that could be a result of ADHD or another unaddressed mental health issue (Brown et al., 2019).

TEACHERS' ROLE IN SCHOOL-BASED MENTAL HEALTH

Teachers play an essential role in supporting student mental health at the secondary level. First, teachers see students nearly every day and are therefore able to identify changes in student behaviors, uniquely positioning them to identify early signs and symptoms of mental health issues (Ball & Anderson-Butcher, 2014; Deaton et al., 2022; Ohrt, 2020; Russo et al., 2015). Additionally, teacher-student relationships are one of the best ways to support students by fostering a relationship-enhancing resiliency model, which in turn positively impacts student mental health (Stewart & Suldo, 2011). Teachers are considered part of student tier one supports in the MTSS model (Romer et al., 2017). Moreover, investing in these practices has a high return on investment for schools (National Conference of State Legislatures, 2009). While this model is promising, teachers still have a need for more role clarification to specify what it looks like to successfully support student mental health (Humphrey & Wigelsworth, 2016; Ohrt et al., 2020). This is especially important at the secondary level as this is when many psychiatric issues begin to show in students (Whitley et al., 2012). Additionally, it is necessary policy makers, administrators, teachers, and teacher preparation programs understand the role teachers play in supporting student mental health.

METHODS

DATA COLLECTION INSTRUMENT

I designed a 45-question survey to gather insight on secondary teachers' self-efficacy in supporting student mental health. Due to the dearth of surveys in the field of secondary teachers' self-efficacy in supporting student mental health, some questions from the survey were adapted from Frame (2017), while the remaining questions were informed by the literature that highlight important skill teachers should have and school-based mental health professionals teachers interact with to support student mental health (Reinke et al., 2011). Frame's (2017) work examined teacher self-efficacy supporting different intervention strategies within the classroom such as changing seating or using verbal queues. This survey was adapted to include teachers' perceived self-efficacy in supporting students of different mental health needs, their familiarity with school-based mental health professionals, and their interactions with school-based mental health professionals. I selected these themes as a focal point for the development of the instrument as previous work

from Watson (2023) reflects that they are key aspects of teacher's perceived self-efficacy in supporting student mental health. Moreover, I adapted Frame's exploration of teachers' familiarity with individualized education plans (IEP) processes, ways to provide accommodations for students with emotional and behavioral disabilities, and teacher familiarity with crisis intervention plans (Frame, 2017) as these are all parts of supporting student mental health. Additionally, I expanded Frame's (2017) survey was adapted to specifically probe for teachers' belief if mental health was a barrier to learning to construct a dependent variable, and solicited demographic questions from teachers to examine the effects of these latent variables on teachers' beliefs. Moreover, the Frame (2017) did not examine the influence of professional development on teachers perceived self-efficacy, so I added questions regarding professional development to the survey so this could be examined as a covariate.

PARTICIPANTS

Participants for this survey were recruited via convenience sampling of secondary teachers across a nationwide sample. Participants were invited to participate via an email invitation. The email invitation invited teachers to pass the survey along to other secondary teachers. There were no incentives offered to participate in the study. Between March 2021 and January 2022, 386 participants responded to the survey. However, 23.6% of respondents did not complete a majority of the survey, and therefore were omitted from any analysis. Therefore, 295 participant responses were included in the analysis. Any missing entries were addressed by using the mean value of the question for all non-demographic questions.

MEASURES

From the results of the factor analysis, three constructs and six demographic factors were included in the analysis. The variables in this study were
- *Confidence,* a measure of teacher confidence in supporting student mental health
- *SupportPersonnel*, a measure of the amount of school-based mental health professionals at a given school
- *InteractionwSupport*, a measure of the frequency of teacher interaction with support
- *Age*, an age of a given teacher
- *YearsTeach*, a measure of the number of years a participant had been teaching
- *Gender*, a measure of the gender of a teacher
- *EdLevel*, a measure of the highest education level of a participant
- *SchoolType*, a measure of a school's demographics, between rural, urban, and suburban schools
- *Ethnicity*, a measure of the ethnic identity of participants.

STATISTICAL ANALYSIS

The statistical models used to answer the research questions are addressed below. To answer the first research question, a logistical regression was conducted to determine if teachers believed they had a role in supporting student mental health. The equation for this analysis was:
$IN(Odds) = \beta_0 + \beta_1 (Age) + \beta_2 (Gender) + \beta_3 (YearsTeach) + \beta_4 (Ethnicity) + \beta_5 (EdLevel) + \beta_6 (SchoolType) + \beta_7 (Confidence) + \beta_8 (SupportPersonnel) + \beta_9 (InteractwSupport)$ (1)
The second and third questions were answered with a linear regression. The equation used for this analysis was:

*Confidence = β₀ + β₁ (Age) + β₂ **(Gender)** + β₃ (YearsTeach) + β₄ (Ethnicity) + β₅ (EdLevel) + +
β₆ (SupportPersonnel) + β₇ (InteractwSupport) + β₈ (EdLevel).* $\qquad$ (2)

$$Confidence = \beta_0 + \beta_1 (Age) + \beta_2 (Gender) + \beta_3 (YearsTeach) + \beta_4 (Ethnicity) + \beta_5 (EdLevel) + + \beta_6 (SupportPersonnel) + \beta_7 (InteractwSupport) + \beta_8 (EdLevel). \tag{2}$$

A frequency table of the demographics or participants can be found in Table 1. Not all participants answered each demographic question and missing data was not filled in or averaged for demographics. The response rates were n = 271 for ethnicity, n = 291 for highest level of education and n = 290 for school setting.

Table 1
Participant Demographic Frequency Table

Demographic	Frequency	Percent
Ethnicity		
Black	8	2.7%
Asian	7	2.4%
Latinx	9	3.1%
Native American	2	0.7%
Middle Eastern	0	0%
White	233	79%
Other	5	1.7%
Mixed	25	8.5%
Highest Level of Education		
High School Diploma	0	0%
Some Post-Secondary	2	0.7%
Associate's	0	0%
Bachelor's	46	5.2%
Some Graduate	32	11%
Master's	199	68.4%
Doctorate	12	4.1%
School Setting		
Rural	60	20.7%
Suburban	116	40%
Urban	114	39.3%

RELIABILITY

An exploratory factor analysis (EFA) was conducted to examine which questions loaded onto certain factors. The results of the EFA are in Table 2. All questions were rated on a Likert scale of 1-5. The scales ranged from 1 being very uncertain/ confident in abilities, or infrequent contact with school-based mental health professionals, to 5 being very confident in teacher abilities to support student needs, or frequent contact with school-based mental health professionals.

Table 2
Teacher School-Based Mental Health EFA Results

Survey Item	1	2	3
Factor 1- Confidence			
How confident are you:			
3. in identifying student mental health needs.	**0.63**	-0.14	0.08
4.in incorporating mental health support and/or social emotional learning into class curriculum.	**0.67**	-0.07	0.01
5.in referring students to the appropriate mental health professionals at your school.	**0.46**	0.2	-0.06
6. working with ADAD in class?	**0.65**	-0.13	0.1
7. working with addiction in class?	**0.62**	-0.2	0.23
8. working with anxiety in class?	**0.75**	-0.28	-0.01
9. working with depression in class?	**0.75**	-0.31	0.26
10. working with eating disorders in class?	**0.54**	-0.35	0.26
11. with insomnia in class?	**0.54**	-0.27	0.21
12. working with schizophrenia in class?	**0.49**	-0.19	0.27
13. working with suicidal ideation in class?	**0.57**	-0.29	0.29
Rate how effectively you use the following:			
14. Approaches for helping students to solve social/interpersonal problems.	**0.77**	-0.13	-0.1
15. Methods for encouraging and reinforcing the use of expectations/social skills.	**0.74**	-0.06	-0.14
16. Modifying curriculum to meet individual performance levels.	**0.65**	-0.05	-0.18
17. Methods for diffusing or deescalating students social/emotional problems.	**0.76**	-0.06	-0.06
18. Establishing and maintaining a positive and consistent classroom environment.	**0.45**	0	-0.31
19. Identifying the function of a student's behavior problems.	**0.68**	-0.08	-0.16
Survey Item	**1**	**2**	**3**
20. Using self-monitoring approaches to help students demonstrate behavior expectations.	**0.74**	-0.15	-0.12
21. Using alternative settings or methods to resolve student's social/emotional problems.	**0.72**	-0.07	0.04
22. Methods for enhancing interpersonal relationships of students.	**0.61**	-0.19	-0.22
Please rate your familiarity/understanding of the following school-based mental health personnel and management strategies:			
28. School SAP	**0.44**	0.37	0.45
29. Universal Supports for Students	**0.57**	0.22	-0.06
Factor 2- Support Personnel			

23. School Counselors	0.49	**0.49**	-0.26
24.School Social Workers	0.52	**0.53**	-0.13
25.School Psychologist	0.49	**0.51**	-0.12
26. School Nurse	0.48	**0.49**	-0.06
Factor 3- Interaction with Support			
27. School SAP	0.21	0.32	**0.47**
33. School Psychiatrist	0.2	0.12	**0.4**
34.How many times in the past 30 days have you interacted with the following school personnel on behalf of a student: School SAP	0.07	0.26	**0.64**

RELIABILITY

A reliability analysis was conducted on each construct from the EFA. The Cronbach's alpha was 0.92 for C*onfidence*, 0.81 for *SupportPersonnel*, and 0.68 for *InteractwSupport*. No items were deleted from the factors as they all had high Cronbach's alphas. Descriptive statistics for the variables included in the analysis after conducting the EFA are in Table 3.

Table 3
Teacher School-Based Mental Health Variable Descriptive Statistics

Variable	Mean	SD	Minimum	Maximum
Confidence	81.51	15.6	33	120
SupportPersonnel	18.1	4.4	5	25
InteractionwSupport	3.35	1.83	1	10
Age	31.35	7.6	20	56
YearsTeach	14.86	10.36	1	55

Next, a test for multicollinearity was conducted to ensure variables were not highly correlated. All VIF values ranged between 1.02 and 2.8, therefore there were no issues with multicollinearity.

Results

The results of the logistical regression and the linear regression are found below. A logistic regression was conducted with the aim of helping answer the first research question of "Do teachers believe they have a role in supporting student mental health?" The ethnicity and school setting were dummy coded. White and rural were used as reference variables respectively. The results of the logistic regression can be found in Table 4.

Table 4
Logistic Regression Coefficient Table for Teacher Supporting Mental Health

Variable	B	SE	p	Exp(B)	95% CI
Age	0.03	0.28	0.92	1	[0.95, 1.06]
Gender	0.49	0.42	0.24	1.63	[0.72, 3.69]
YearsTeach	0.02	0.03	0.64	1.02	[0.95, 1.08]
Black	-0.61	0.98	0.53	0.54	[0.8, 3.69]

Asian	-1.4	1	0.17	0.26	[0.04, 1.82]
Latinx	-0.38	1.14	0.74	0.69	[0.07, 6.36]
Native American	19.7	26758.52	1	357480255	[0.00, -]
Other	-0.89	1.24	0.47	0.41	[0.04, 4.67]
Mixed	0.45	0.83	0.59	1.56	[0.31, 7.87]
LevelofEd	0	0.26	0.89	1	[0.61, 1.65]
Suburban	0.21	0.54	0.7	2.23	[0.43, 3.51]
Urban	0.71	0.56	0.21	2.03	[0.68, 6.08]
Confidence	0.98	0.45	0.03	2.63	[1.1, 6.41]
SupportPersonnel	0.21	0.24	0.39	1.23	[0.77, 1.96]
InteractwSupport	-0.05	0.36	0.89	0.95	[0.47, 1.93]
Constant	-2.49	1.68	0.14	0.08	

Note: The dependent variable was question one, which measured if teachers believed they should be involved in supporting student mental health or not.

While the model was statistically significant, $p < .001$, only *confidence* was statistically significant predictor of teacher belief that they are responsible for supporting student mental health at a confidence interval of 95%. The analysis revealed those with higher rates of confidence in supporting students were 162% more likely to believe teachers had a role in supporting student mental health. The Cox and Snell R Square us 0.07, meaning this model explains 7% of the variance in teachers' belief they play a role in supporting student mental health needs or not. The Nagelkerke R square states the model explains 14% of the variance.

To address the second research question to see if teachers' self-efficacy in supporting student mental health varied across urban, suburban, and rural settings, and the third question, what is the relationship between teacher interaction with support personnel and their confidence in supporting secondary student mental health needs, a linear regression was conducted. The model was statistically significant with a p-value < 0.001. The results of the linear regression can be found in Table 5.

The R square value for the regression was 0.48, meaning the model explains 48% of the variance. The results reveal that gender is a significant predictor of teacher confidence and that females have slightly higher confidence in supporting student mental health needs than males. School setting was not a significant predictor of teacher confidence in supporting student mental health. Additionally, teachers who are familiar with student support personnel, and those that interact more with student support personnel have slightly higher confidence in supporting secondary teacher mental health. Moreover, there were no statistically significant differences between ethnicity and education levels in teacher confidence to support student mental health.

Table 5
Linear Regression Coefficients of Secondary Teachers' Confidence in Supporting Student Mental Health

Variable	B	SE	SCB	t	p	95% CI
Constant	1.49	0.24		5.9	*0.01	[0.94, 1.88]
Age	-0.05	0	-0.1	-1.3	0.18	[-0.01, 0.0]
Gender	0.18	0.06	0.13	2.92	*0.01	[0.06, 0.29]
YearsTeach	0	0.0	0.05	0.65	0.52	[-0.01, 0.01]
Black	0.05	0.17	0.01	0.31	0.76	[-0.29, 0.39]

Asian	-0.83	0.18	-0.02	-0.45	0.65	[-0.45, 0.28]
Latinx	0.01	0.17	0	0.03	0.97	[-0.33, 0.34]
Native American	0.45	0.34	0.06	1.33	0.19	[-0.22, 1.14]
Other	0.06	0.24	0.01	0.26	0.8	[-0.41, 0.53]
Mixed	-0.51	0.1	-0.02	-0.5	0.62	[-0.25, 0.15]
LevelofEd	-0.01	0.4	-0.01	-0.3	0.76	[-0.08, 0.06]
SupportPersonnel	0.27	0.03	0.41	8.5	*0.01	[0.21, 0.33]
InteractwSupport	0.42	0.04	0.49	10.65	*0.01	[0.34, 0.5]
Suburban	-0.03	0.08	-0.02	-0.38	0.7	[-0.19, 0.13]
Urban	-0.05	0.08	-0.04	-0.61	0.55	[-0.2, 0.11]

Note. * indicates a p-value < 0.001.

DISCUSSION

The results of the logistic and linear regression were able to help answer the research questions. In response to the first research question, teachers believe they have a role in supporting student mental health, however there were no factors that could specifically influence or help predict the likelihood that teachers believe they have a role in supporting student mental health or not, except for confidence. This finding was disappointing, yet it may be influenced by some of the limitations addressed below. While there is qualitative research that reflects teachers' conflicting perceptions of their role in supporting student mental health (Mazzer & Rickwood, 2015), to the best of my knowledge, at time of publication, there were no quantitative studies measuring the phenomenon. However, studies have shown that professional development increases teacher self-efficacy and confidence in supporting student mental health (Romer et al., 2017). It is not surprising however that teachers with higher confidence, or perceived self-efficacy would be more likely to feel teachers have a role in supporting student mental health. Similarly, another study revealed when students have higher perceptions of teacher support, there are fewer externalizing problems in the classroom, showing teacher interventions can support student mental health (Stewart & Suldo, 2011). Also, trainings can help improve community perception of mental health and reduce stigma (Jorm, 2012).

The findings of the linear regression help to answer the second and third research question. According to this analysis, there is no significant difference between teacher confidence in supporting student mental health needs across rural, urban, and suburban schools. This finding is interesting, as existing research shows there is a difference in access to services across these three school types (Nichols et al., 2017). Historically, rural areas have had much more limited access to mental health services, and rural schools struggle to fill school-based mental health professional roles and establish strong community partnerships (Mental Health Colorado, 2018). Therefore, these findings raise questions about whether teachers are confident in supporting students' mental health needs and fulfilling the role of mental health professionals in rural schools. Also, most of the participants for this study were recruited from Colorado and North Carolina. Colorado provides resources to help alleviate the inequity students in rural parts of the state experience with the Mental Health Toolkit (Mental Health Colorado, 2018). Also, North Carolina passed a school-based mental health policy that required all districts, no matter the demographics, train faculty on school-based mental health identification and referral, therefore, this may have created some sampling bias (School-Based Mental Health Policy, 2020).

The third research question sought to explain the relationship between the presence of school-based mental health professionals and teacher confidence in supporting secondary students' mental health needs. The result of the regression reveals that teacher confidence in supporting student mental health needs increases with the presence of school-based mental health professionals, and higher rates of interaction between teachers and school-based mental health professionals. This is not surprising considering part of school-based mental health professional roles are helping to train and support teachers (Dekruyf et al., 2015). Additionally, school-based mental health professionals provide guidance with MTSS interventions, and other programs such as social emotional learning to help promote healthy schools and increase teacher self-efficacy with universal support (Russo, 2017). This is important to consider as increased collaboration between student care team professionals creates and expands opportunities for care and thus provides more extensive treatment (Nichols et al., 2017). What is more, a study by Warren (2013) discovered that collaboration between teachers and counselors helps to reduce teacher burnout by mitigating teacher stress. However, collaboration can be challenging as schools frequently do not have enough counselors, psychologists, social workers, and other school-based mental health professionals to ensure a robust and supportive approach to student problems (West et al., 2012).

IMPLICATIONS FOR PRACTICE

Considering teachers are responsible for providing universal, tier one interventions to students, and are responsible for identifying and referring students with mental health needs to school-based mental health professionals, it is important to consider that teacher confidence in supporting student mental health needs increases with the presence of school-based mental health professionals, and more frequent interaction with these professionals, yet most schools remain understaffed, unjustly overburdening teachers with responsibilities they do not feel trained to support (Henkel, 2022; Hopeful Future Campaigns, 2022). These findings highlight the importance of collaboration between these professionals. School districts and administrations should consider the influence the presence of school-based mental health professionals have on teachers' self-efficacy in supporting student mental health. It is important districts hire these professionals, as their reach extends beyond that of their primary role and increases the efficacy of those around them. Additionally, policy makers, and those who design school-based mental health interventions need to be intentional when specifying different educator roles in providing support and intervention and establishing clear role boundaries (Anvik & Waldahl, 2018). Moreover, the results of this study clearly reveal that teachers are willing to support student mental health at the secondary level and do not perceive this as outside of their role, which challenges antiquated perceptions of secondary teachers as simply vessels of content delivery (Boulton-Lewis et al., 2001). Thus, there is a notable shift at the secondary level, prioritizing the needs of students and recognizing that mental health acts as a barrier to academic success (Ormiston et al., 2021).

FUTURE RESEARCH

Future research should further examine teachers' self-efficacy in supporting secondary students' mental health needs, as it is the role of teachers to provide basic interventions and make referrals, especially as interventions have proven to reduce the severity and longevity of mental health issues (Daly et al., 2006). Moreover, it would be worthwhile to employ the same study using random sampling to reduce sampling bias. Additionally, future research should examine what forms of school-based mental health professional and teacher partnerships are most effective at increasing teacher confidence. Moreover, an examination between public and private schools'

teachers would also expand the literature, as there currently is no known study that examines secondary teachers' self-efficacy by school sectors. Finally, a comparison of secondary teacher's self-efficacy between states that do not have school-based mental health policies, and states that do would be useful in identifying additional factors that expand teacher confidence in supporting student mental health needs.

LIMITATIONS

Just like any study, there are limitations to this scholarship. First, convenience sampling was used, which could influence the findings of the study as a result of sampling bias. Additionally, many participants were recruited from North Carolina and while this study was being conducted the state passed Senate Bill 476, which required teachers be trained in mental health identification (School-Based Mental Health Policy, 2020). The survey was designed before the legislation was passed and largely administered in states that did not require school-based mental health training. This could potentially sway tendencies of the data. Moreover, while the survey instrument has strong Cronbach's alphas, this is the first study conducted with the instrument and a different design might yield different results.

CONCLUSION

While mental health is a barrier to learning, early intervention and prevention can reduce the longevity and severity of mental health issues, thus reducing or removing the barrier to learning (Daly et al., 2006). The variety and depth of services that schools can offer students is increasing, however it is vital teachers be trained to identify, refer, and support students with mental health issues. Providing appropriate pre- and in-service training is essential for teachers to support students with efficacy and fidelity. Additionally, it is important teachers understand their role in supporting student mental health to ensure equity and access to education.

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