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Secondary Education Teachers' Perspectives on School-Based Mental Health Resources

Madison Rose Litterell
Walden University

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Walden University

College of Education and Human Sciences

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Madison Rose Litterell

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University

2025

Abstract

Secondary Education Teachers' Perspectives on School-Based Mental Health Resources

by

Madison Rose Litterell

MPHIL, Walden University, 2024

MPH, George Washington University, 2022

BS, Concordia University Ann Arbor, 2020

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Education and Promotion

Walden University

February 2026

Abstract

Approximately one in six youth ages 6 to 17 years old in the United States have a mental health disorder, such as depression and anxiety. Out of the 119,000 youth in Michigan in that age group, roughly 57.8% are not receiving proper mental health support services. Students are at school for a large majority of their day, so it is important that they have access to school-based services. The purpose of this basic qualitative study was to understand the perceptions of secondary education teachers in Wayne County, Michigan, on school-based mental health support services. Using the community level and the institutional level of the socio-ecological model helped to provide a framework to understand the impact that teachers feel mental health support services have on their students, and the impact that schools have on these resources. Ten virtual interviews were conducted with teachers in schools across Wayne County, Michigan. Data collection concluded when data saturation was reached after the 10 interviews. Thematic analysis revealed three overarching themes. The data revealed that secondary teachers in Wayne County perceive that the school-based mental health resources available to students are adequate. It was also shown that mental health resources contracted by the secondary schools from outside agencies are helpful to students. Finally, the data showed that barriers exist in the accessibility and availability of school-based mental health resources in Wayne County secondary schools. Identifying teachers' perceptions of school-based mental health resources can lead to positive social change. Having teachers' perceptions can show schools where changes need to be made to current resources and what additional resources are necessary to support students' mental health needs.

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Dedication

This dissertation is dedicated to my mother Julia, who was always my number one supporter and biggest fan. My mother left this earth unexpectedly December 8th, 2024, before she could see me reach the finish line. When I first told her I wanted to get my PhD, she was enthusiastic from the get-go and always encouraged me. Her strength, passion, and positive attitude is what motivated me to pursue my passions. Mom- this one is for you. I promise to continue to make you proud.

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Chapter 1: Introduction to the Study

Introduction

The need for school-based mental health support services is at an all-time high due to the number of students that are experiencing a mental health condition (Green et al., 2023). Roughly 20% of youth ages 6 to 17 in the United States are dealing with a mental health condition, such as depression, anxiety, or bipolar disorder (Stark et al., 2020). Although students are in clear need of mental health support services, not all students are receiving them or have access to them (Stark et al., 2020). In Michigan specifically, 57.8% of youth with a mental health disorder are not receiving treatment and/or do not have access to mental health support services (Green et al., 2023). I explored school-based mental health resources and the accessibility and barriers that students face when trying to utilize these resources. Perspectives on this issue were collected from secondary education teachers.

This chapter will focus on the gap in student mental health treatment resources and why this research is important. Current research shows that there is little information regarding teachers perspectives on school-based mental health resources (Green et al., 2023; Stark et al., 2020), focusing on the perspectives on the resources themselves, as well as the accessibility, availability, and barriers to these resources. The chapter will also focus on the theoretical constructs behind the creation of this study, the study's research questions, the nature of the study, the significance, and any limitations in this study. Despite the growing crisis, little is known about how secondary teachers perceive the availability and adequacy of school-based mental health services.

Background

Current research shows the need for mental health treatment support services for students (Green et al., 2023; Stark et al., 2020). Studies have shown that since the start of the COVID-19 pandemic, the need for school-based mental health professionals (SBMHPs) has increased (Dale et al., 2023; Marraccini et al., 2023; Rusch et al. 2021). The increased need for SBMHPs since the COVID-19 pandemic is said to be due to increased feelings of loneliness, isolation, depression, absence of positive traits and abilities, and the lack of social support services (Kratt & Houdyshell, 2020; Munam & Hossain, 2024; Mzadi et al., 2022). Identifying the types of mental health support services that are currently available to students is important to understand the level of support that schools are providing. Common mental health support services in schools include resources such as individual based interventions, case management, group-based interventions, family-based interventions, telehealth interventions, and peer-based support interventions (Curtin et al., 2024; Green et al., 2023).

One in six youth ages 6 to 17 in the United States are suffering from a mental health disorder such as depression, anxiety, and bipolar disorder (Kratt & Houdyshell, 2020). Michigan alone has approximately 119,000 youth who have a mental health disorder such as depression, anxiety, and bipolar disorder (Kratt & Houdyshell. 2020). Kratt and Houdyshell (2020) exclaimed the importance of identifying the available mental health support services for students to determine any barriers students may face in receiving support. Over half of the affected youth in Michigan are not receiving mental health support services (Kratt & Houdyshell, 2020). Social determinants of health, such

as sex, race, ethnicity, socioeconomic status, and education level could affect whether or not students receive mental health support services. The mental health support services that are available for high school students have been identified in previous research, but limited research is available about secondary education teachers' perspectives on these support services (Addy et al., 2021; Berg et al., 2024; Flegge, 2023; Green et al., 2023; Greif Green et al., 2023; Harris & Holman Jones, 2024).

My research study was needed in order to highlight the perspectives of secondary education teachers on the mental health support services that are available to students during school hours. Students are at school for roughly a third of their day, so it is important that they have the chance to access mental health support services if they feel the need to utilize them (Green et al., 2023). With 57.8% of students in Michigan not receiving proper mental health support services, it is imperative to identify teachers' perspectives on these support services in order to see how schools can best support their students (Green et al., 2023). By identifying teachers' perspectives on current mental health support services, it was useful to identify potential gaps in student mental health support services. Teachers are uniquely positioned to observe and influence students' mental health outcomes as they are with students for a large portion of their day. Observing student behaviors throughout the day allows teachers to understand students' mental health needs in order to make recommendations on the services that are needed to best support students.

Problem Statement

In the United States, 16.67% of youth have been diagnosed with a type of mental health disorder such as anxiety, depression, and/or bipolar disorder (Stark et al., 2020). Wayne County Michigan is an area of interest to me as this is where I reside. Out of the roughly 1.4 million youth ages 6–17, 8% of these youth in Michigan have a diagnosed mental health disorder (Stark et al., 2020). Out of this population, approximately 57.8% of individuals are not receiving treatment for their mental health disorder (Stark et al., 2020). School-aged children are at school for a good portion of their day and often, the mental health support services that are available at schools lack the resources necessary to meet the mental health support needs of students (Green et al., 2023).

Previous research has shown that students may have limited access to mental health support services due to the following constraints: a lack of staff to supply the mental health support services, a lack of funding for mental health support services, and/or a lack of support from school administration to ensure that mental health support services are available to students (Mak et al., 2022). In Watson's (2022) study, teachers reported feeling unequipped to support students' mental health needs. Since youth ages 6 to 17 years old are at school for a majority of their day, it is important that adequate mental health support services are offered to students. It is also important that teachers receive the necessary training on how to support students' mental health needs (Watson, 2022). There is a gap in the literature regarding how secondary education teachers perceive the availability, adequacy, and barriers of mental health support services for students during school hours.

When students are in or nearing their high school (9th-12th grade) years, they are encountering increased periods of stress or changes in their lives (Erkan & Gumusdag, 2023; Eskandaripour & Sepehrianazar, 2021; Zhou et al., 2023). Increased stress levels can be due to added responsibility and increased independence as students are closer to adulthood (Erkan & Gumusdag, 2023; Zhou et al., 2023). During this time, students may also be experiencing symptoms of puberty, which can affect their mental health due to the hormonal changes students are going through (Erkan & Gumusdag, 2023; Eskandaripour & Sepehrianazar, 2021).

With a combination of added stressors, responsibilities, and hormonal changes, this could affect students' mental health needs (Erkan & Gumusdag, 2023; Eskandaripour & Sepehrianazar, 2021; Zhou et al., 2023). I chose this age group for my research study due to the important life changes that students in 9th-12th grade experience. For the purposes of my research study, 9th-12th grade students and teachers refer to secondary education students and teachers, respectively.

Current research offers limited information about the types of school-based mental health resources that are available to students during school hours (Erkan & Gumusdag, 2023; Eskandaripour & Sepehrianazar, 2021; Zhou et al., 2023). Research has also highlighted information about the quality of student mental health and the perspectives of students on school-based mental health resources (Erkan & Gumusdag, 2023; Eskandaripour & Sepehrianazar, 2021; Zhou et al., 2023). However, there is little information provided from the perspective of secondary education teachers. These perspectives include information on the overall mental health of students, with limited

information on the perspectives of the support services themselves (Greif Green et al., 2023; Stark et al., 2020). Basing my research on the perspectives of secondary education teachers about school-based mental health resources, including perspectives on accessibility and barriers, is meaningful in the field of health education and promotion.

Having collected information from the perspectives of secondary education teachers, it allowed me to see where schools can improve in terms of supporting students' mental health needs. Although schools may be limited on how they can improve services for students, they can at least be supplied with the necessary information that identifies the gap in school-based student mental health resources. Improving these resources could help to improve the accessibility of these resources so that more students are able to take part in the resources.

Purpose of the Study

This basic qualitative study explored how secondary teachers perceive the adequacy and accessibility of mental health support services, and what further resources they feel are necessary in order to support students' mental health. For this study, I used the basic qualitative research approach to understand the phenomena of interest: secondary education teachers' perspectives on the mental health resources that are available to their students during school hours. My primary concepts of interest are teachers' perspectives on the mental health support services that are offered to students during school hours, the types of mental health support services that are offered, and the types of additional mental health support services that teachers feel are necessary.

Research Questions

RQ: What are the perspectives of secondary education teachers in Wayne County, Michigan, on the mental health support services that are available to students during school hours?

Sub RQ 1: What are the types of resources that secondary education teachers in Wayne County, Michigan, feel are necessary in order to support the school-based mental health needs of their students?

Sub RQ 2: What are Wayne County, Michigan, secondary education teachers' perceptions of the adequacy and the accessibility of school-based student mental health support services?

Theoretical and/or Conceptual Framework for the Study

Theoretical Framework

Urie Bronfenbrenner originally introduced the socio-ecological model (SEM) in the 1970s as a type of theoretical framework that uses a multilevel design to understand the various internal and external factors that affect an individual's behavior (Ochs et al., 2024). Original construct levels of the SEM include the microsystem, mesosystem, exosystem, and macrosystem (Ochs et al., 2024). However, over time, these constructs have since been developed into what we know them to be today. Current constructs of the SEM include the following levels: individual, interpersonal, institutional, community, and societal (Ochs et al., 2024; Paat et al., 2024). These construct levels are defined as follows (Ochs et al., 2024; Paat et al., 2024):

- *Individual level:* The health knowledge, attitudes, skills, and beliefs of an individual (Ochs et al., 2024; Paat et al., 2024).
- *Interpersonal level:* An individuals' social network(s); family, friends, coworkers, etc. (Ochs et al., 2024; Paat et al., 2024).
- *Institutional level:* Organizations/institutions such as organization culture/rules, schools, or workplaces that influence an individual's health behaviors (Ochs et al., 2024; Paat et al., 2024).
- *Community level:* Factors such as culture, neighborhood, physical environment, and social environment that influence an individual's health behaviors (Ochs et al., 2024; Paat et al., 2024).
- *Societal level:* Policies, laws, regulations, and norms that influence an individual's health behaviors (Ochs et al., 2024; Paat et al., 2024).

My study addresses two out of the five constructs of the SEM. For the purposes of my research study, I focused on the community level construct of the SEM, and the institutional level construct of the SEM. The SEM can be used to expand upon the current topics/mental health research that is being done. Using the SEM in my research study helped me to understand and address the perspectives of secondary education teachers on the mental health support services that are available to students during school hours.

Basing my research study on the SEM helped me to form my research questions. Since I address both the institutional level and the community level of the SEM, this fits well with the types of questions I address through my research. Questions about the school as a whole were addressed through the institutional level. I addressed the

perspectives of teachers through the community level of the SEM. In Chapter 2, the theoretical framework will be expanded further through the literature review.

Conceptual Framework

Ochs et al. (2024) explained that the community level of the SEM includes social beliefs and norms, economic conditions, and community resources. The community level of the SEM also includes the knowledge and attitudes about an issue among community members (Ochs et al., 2024). Alongside these aspects of the community level of the SEM listed above, the community level also includes the sense of empowerment and efficacy in a community that impacts choices, decisions, and practices (Ochs et al., 2024). At this level of the SEM, the community level construct also deals with community-level violence, stigma/discrimination, and disruption of social networks (Ochs et al., 2024). Through my research study, the community level construct of the SEM addresses the impacts that secondary education teachers perceive that mental health support services have on their students.

At the community level of the SEM, this helped me to address the perspectives of secondary education teachers (Paat et al., 2024). By addressing this through the community level lens, it allowed me to understand the knowledge and attitudes of teachers as it relates to school-based mental health resources (Ochs et al., 2024; Paat et al., 2024). Understanding school-based mental health resources through the teachers' perspective is important as teachers are with students for a large portion of their day (Erkan & Gumusdag, 2023; Eskandaripour & Sepehrianazar, 2021; Zhou et al., 2023).

I also chose to use the institutional level of the SEM in my conceptual framework for my research study; I was able to address my research questions as it relates to the school. At the institutional level of the SEM, it deals with the following: conditions of a system (e.g., educational system, health care system) that affect inclusion and quality, such as specific institution policies, guidelines, access, geographical proximity, physical infrastructure, resource management, capacity, and safety (Ochs et al., 2024). In my research study, using the institutional level construct helped me to identify the impact that schools have on school-based mental health resources.

Ultimately, schools have the choice on what services are offered to students during school hours. These choices are often made in regard to the resources that they have available, and any bureaucratic restrictions that they may face. There are times when schools may want to offer more school-based mental health resources, but they did not have the capability or resources to do so. The institutional level of the SEM also helped me to identify what actions that secondary education teachers perceive are important for their school to take in regard to the mental health support services offered to students.

I chose to use the SEM for my research study so I could look at my research problem from multiple lenses. In my study I addressed my research problem through the community level and the institutional level of the SEM as they helped me to understand the organizations and physical environments that influence the perceptions of secondary education teachers on school-based mental health resources (Ochs et al., 2024; Paat et al., 2024). A combination of the community and institutional levels of the SEM allowed me

to format my interview guide questions in order to gather more information on the perceptions of secondary education teachers on school-based mental health resources, and the actions or other resources teachers feel are necessary in order to support students.

This conceptual framework relates to my research questions as it helps to address the different health behavior influence levels that can be used in mental health research. The SEM can help to expand the variety of mental health related research that is currently available. In Chapter 2, the conceptual framework will be expanded further through the literature review.

Nature of the Study

My research study is a basic qualitative thematic analysis investigation that identifies the perceptions of secondary education teachers in Wayne County, Michigan, on the mental health support services that are offered to students during school hours, which also identified the types of resources that secondary education teachers in Wayne County consider necessary to support the mental health needs of their students. I examined teachers' perceptions of the availability of these resources, and any barriers students may encounter when trying to utilize these resources. A basic qualitative design was appropriate because I sought to understand perceptions and meaning-making processes of educators without needing to explore lived experience in a phenomenological sense. Looking at the perceptions of secondary education teachers on the mental health support services that are available to students during school hours helped me identify the resources that schools are lacking to support their students. Since my study utilizes secondary education teachers' feelings, thoughts, and other emotions

that cannot be defined numerically, I deemed that a qualitative research approach would be appropriate for my research (Blake, 2024).

This research study uses qualitative methodology that has been used effectively in previous research in the field of health education and promotion (Blake, 2024). The qualitative methodology I used in my study includes individual interviews with secondary education teachers from schools in Wayne County, Michigan. Overall, the aim of my study was to collect research that can be used to help improve the mental health support services that are available to students during school hours.

The participants in my research study consist of secondary education teachers who teach at schools in Wayne County, Michigan. These teachers were not required to live in Wayne County, Michigan, but they were required to teach at a school within the county in order to participate. Participants were gathered by first compiling a list of secondary education teachers from each school surveyed in Wayne County, done so by looking at their schools' website in order to gather contact information. Once the contact information for these teachers was gathered, an introductory email was sent to each potential participant; these emails included information about myself, my research study, and what the participation requirements look like.

Primary data collection efforts included semi structured individual interviews; a method that has been used in previous health education and promotion research (Blake, 2024). In the individual interviews with secondary education teachers, I used a variety of open-ended questions in order to gather teachers' thoughts, feelings, and perceptions surrounding the mental health support services in their schools. Participants were made

aware of the interview topics ahead of time as these were addressed in their invitation email, and the confirmation email that was used to confirm their interview. My study used a combination of audio recording and handwritten notes to gather data from participants. Before the data collection and recruitment process began, I gained approval from the Walden University Institutional Review Board (IRB) to conduct my study. Once approval was received, before I conducted any of the individual interviews, I obtained consent from participants; this included consent to participate in the study, and the consent to utilize audio recording tools during the interview. Consent was distributed after interest in the study was obtained.

Definitions

COVID-19: The SARS-CoV-2 virus that became a global pandemic disease in 2020 (Jones et al., 2023).

Family-based interventions: Mental health interventions that occur at the family level; also, in the at home environment (Yang et al., 2022).

Individual counseling sessions: One-on-one sessions between a student and an SBMHP to address the mental health needs of the student (Teriba & Dawson, 2024).

Mental health: The state of an individual's psychological and emotional well-being (Reza et al., 2023).

Mental health education programs: Education programs that are used to improve an individual's mental health literacy levels (Zeidabadi et al., 2024).

Mental health literacy: An individual's level of knowledge surrounding mental health (Keeley et al., 2021).

Mental health support services: Services or programs that are offered to support the mental health needs of students (Zink & Anderson, 2025).

Peer support groups/mentoring: Group discussions or mentoring opportunities to support students' mental health that are run by fellow students/peers (Kondo & Kato, 2024).

Psychosocial support: Elements of mental health support that support the overall mental, emotional, social, and spiritual needs of individuals (Addy et al., 2021).

School mental health professionals: Qualified professionals in schools that are used to support the mental health needs of students (Marinucci et al., 2023).

Secondary education: Grades 9–12.

Secondary education students: Students who are in Grades 9–12.

Secondary education teachers: Teachers who teach students in Grades 9–12.

Assumptions

My basic qualitative study required me to establish a positive rapport with my potential study participants in order to gather sufficient data to achieve saturation as it relates to my research questions. Data obtained from participants were assumed to be from the lived experiences and observations of the individual participants (see Blake, 2024). Through the research study, it was also assumed that participants would answer questions honestly and that their responses reflect actual school experiences. I also assumed that individuals willingly participated in the study since they were required to grant informed consent before interviews were conducted (see Blake, 2024).

In my research study, it was also assumed that participants were being truthful and that they met the inclusion criteria. The primary inclusion criteria for my research study was that participants have to be a secondary education teacher at a school in Wayne County, Michigan. Participants are not required to live in Wayne County, but they were required to be teaching at a school within the county.

Scope and Delimitations

My research study addresses the perceptions of secondary education teachers on the school-based mental health resources that are offered to their students. I focused on this aspect as previous literature lacks information on the perspectives of teachers on the mental health resources available to students. Current literature primarily focuses on the perspectives surrounding overall student mental health, and teachers identifying what resources are available at their school (Erkan & Gumusdag, 2023; Eskandaripour & Sepehrianazar, 2021; Zhou et al., 2023). Participants in my research study were purposefully recruited from schools within Wayne County, Michigan. These participants were required to be secondary education teachers that teach at a school within Wayne County. Any teachers that teach outside of Wayne County, Michigan, were excluded from my study. Teachers with whom I have a previous relationship with were also excluded from the research study. The participants that were interviewed in my research study are participants who were fully willing to participate; this included signing consent forms, agreeing to an in-person or online interview via Zoom, consenting to audio recording, and have the understanding that no personal identifiers will be used in the research. Any participants who were unwilling to complete an in-person or virtual

interview weren't enrolled in my research study. Participants in my research study were also made aware that information regarding who participated in the study will not be shared with their school and/or school district. This research study aimed to identify the perceptions of secondary education teachers in Wayne County, Michigan, about the mental health support services that are offered to their students during school hours.

Due to my focus on secondary education teachers in public schools in Wayne County, Michigan, I excluded administrators and students. At their level of responsibility, administrators are not able to observe students' mental health needs as closely as teachers are able to do. Teachers are with students in classrooms throughout the day whereas administrators may see students from time to time in their office or other meeting spaces. Due to the vulnerability of my phenomena of interest, I decided to exclude students from my study. Mental health is a sensitive subject, and not all students may be comfortable divulging information about their mental health needs. Also, the majority of high school students are under the age of 18, so not only would students have to consent in study participation, but their parents would have had to consent as well.

Since my study only focused on the services offered by schools, and the perspectives of teachers, this is why I addressed my research question through the community and institutional level and am not including the other components of the SEM. While my current research is focused on high school aged students, this research can be applied to other populations. This could include students of different grade levels, as well as students in other counties and states.

Limitations

It was slightly challenging to gather the number of participants needed for my study as the discussion of mental health concerns is a vulnerable topic. To address the vulnerability of the data and the conversations I had with the secondary education teachers, specific guidelines from the Walden University IRB were closely followed to protect the staff that I interviewed in this study. Slight difficulties arose during the data collection process as completing individual interviews with each secondary education specialist were time-consuming (Blake, 2024). There were also difficulties in finding the time to schedule the interviews with these staff members due to the scheduling needs of each individual (Blake, 2024). To address any scheduling concerns, I attempted to schedule the individual interviews in the staff member's preferred format and location, either in person or through the videoconferencing platform Zoom. Protecting subject data and maintaining participant privacy was not a significant challenge in my study. An additional limitation that occurred in my research study is the convenience sampling method that I used for the recruitment of study participants.

Due to the limited nature of the recruitment sampling method, the participant population that I gathered may not be representative of a larger population scale. This could include that secondary education teachers of all racial/ethnic background may not have been represented as well as school districts of various socioeconomic status. However, with state funded mental health support programs, these are generally similar in nature to one another; giving schools of various backgrounds access to similar mental health support services. Accuracy of self-reported data did not appear to be a limitation to

the study. It is assumed that participants provided truthful and accurate data during the individual interviews.

Information gathered from study participants was done on a self-reporting basis. Due to relying on participants to relay their experiences with students' mental health, there could have been an issue of self-report bias. To address this, I interviewed multiple teachers from the same school in order to identify if I was receiving similar data points from each participant. Another limitation to my study is that I am not able to generalize the population beyond Michigan. However, my study design can be used and replicated in areas other than Michigan. The COVID-19 pandemic, while not currently considered a pandemic, could have had an influence on the study data that I collect. During the height of COVID-19, students were completing their studies through virtual classrooms, which limits the observations teachers can make on students' mental health. However, since students have been back in the classroom for almost 3+ years now, this has helped teachers to be able to observe students' mental health more closely.

Participants were informed before the individual interviews occur that the data collected in the interviews is kept confidential. Information on what staff members say in their individual interviews is not shared with school administration directly. IRB protocols and guidelines regarding storing participant data were followed strictly to protect the data gathered in the personal interviews. Establishing data security was not a significant challenge in my future research (Blake, 2024). In order to address this challenge, data were secured and stored in accordance with IRB guidelines. Another challenge I could have faced when conducting my study is gathering a sufficient number

of participants from whom to collect my data. This did not appear to be a significant problem in my research study.

Significance

The impact of mental health concerns on high school aged students has been well shown through previous research efforts (Dale et al., 2023; Gao et al., 2024; Marraccini et al., 2023; Rusch et al. 2021). High school students are in an important phase of their life due to the constraints of this critical cognitive development period (Gao et al., 2024). During this period of their lives, students may be experiencing high levels of stress due to life demands which can cause heightened levels of depression and anxiety (Gao et al., 2024). The need for adequate mental health support services for high school aged students is at an all-time high since the COVID-19 pandemic (Dale et al., 2023; Marraccini et al., 2023; Rusch et al. 2021). This is said to be due to the fact that during the peak times of the pandemic, students were experiencing increased periods of loneliness and isolation (Dale et al., 2023). It is important to understand the perceptions of secondary education teachers on the mental health support services that are offered to students in order to understand the adequacy of these services in supporting students' mental health needs. Having gathered this type of data through the secondary education teachers' point of view, it was useful to understand the issue at multiple theoretical framework levels.

My study is significant in that it highlights the mental health support programs that are available at schools in Wayne County, Michigan, and helped to identify what changes schools may need to make to their current mental health education and support

programs. Identifying the gaps in mental health education and support systems in Wayne County schools was useful in order to identify the ways that schools can better support their student populations. Improving the mental health support services that are offered to students during school hours can lead to more students seeking mental health support services.

Understanding the perceptions of secondary education teachers on the mental health support services offered to students during school hours is important to promote positive social change. By gathering teachers' perceptions on current mental health support services, it helped to identify what additional support services teachers feel are necessary to support the mental health needs of their students. This study can inform policy decisions on teacher training, resource allocation, and advocacy for embedded school-based mental health programs.

Summary

Mental health is an increasingly important topic to address in health education and promotion research as it is affecting a significant portion of youth in the United States. Roughly 1 in 6 youth ages 6 to 17 in the United States are affected by a mental health disorder such as anxiety or depression (Stark et al., 2020). In Michigan alone, over 119,000 youth are affected by a mental health disorder with over half of those youth not utilizing mental health support services (Kratt & Houdyshell, 2020). It is important to provide high school aged students with mental health support services during school hours as they are in school for roughly a third of their day (Green et al., 2023). In order for students to be able to utilize these resources, they need to be easily accessible and

available for students to use. Each type of mental health support options that are offered in schools may not be appropriate for each student. However, it is important to also ensure the quality of these resources to make sure they are able to address students' mental health needs (Harris & Holman Jones, 2024).

In my study, I used constructs of the SEM to address the perceptions of secondary education teachers on the mental health support services that are offered to students during school hours. Understanding these resources was important to help to address what additional support services may be needed to address the mental health of high school students. Chapter 1 addressed the following: background information surrounding mental health and mental health services, the theoretical and conceptual frameworks that I used, the problem and purpose of my research study, my research questions, the nature of my study, limitations of my research study, and assumptions for the study.

This study addresses a critical gap in understanding how secondary education teachers perceive the availability and adequacy of mental health support services within their schools. By exploring these perceptions, the study aimed to inform school-based mental health practices, teacher training, and resource allocation. Chapter 2 will present a comprehensive review of the literature related to adolescent mental health, school-based supports, and teacher perceptions, framed through the SEM. This includes an introduction, my literature search strategy, theoretical foundation, conceptual framework (community and institutional level), literature review related to key variables and/or concepts (mental health of high school students, psychosocial support, changes in mental health support needs since COVID-19, school mental health professionals, secondary

education teachers' role in student mental health, mental health support services (individual counseling sessions, peer support groups/mentoring, family-based interventions, and mental health education programs), and barriers to receiving mental health support services in schools), and summary/conclusions.

Chapter 2: Literature Review

Introduction

To ground my study in current scholarship, Chapter 2 reviews literature across five core areas: the mental health of high school students, psychosocial support needs, the impact of COVID-19 on mental health service delivery, the role of school-based professionals, and the contributions of secondary educators. This review is framed by the SEM, which informs both the research design and data analysis. Approximately 1 in 6 youth ages 6–17 in the United States are dealing with a type of mental health disorder (Stark et al., 2020). Roughly 119,000 youth ages 6–17 in Michigan suffer from a mental health disorder, and approximately 57.8% of this population are not receiving treatment for their mental health disorder (Stark et al., 2020). Receiving help includes receiving treatment for depression, anxiety, and bipolar disorder. Reports suggest that nearly 20% of youth in Wayne County, Michigan, suffer from a mental health condition (Stark et al., 2020). Wayne County includes some of the more well-known cities in Michigan such as Detroit, Dearborn, Wayne, and Garden City.

Children ages 6–17 years old are at school for a good portion of their day and often, the resources that are available at schools are lacking (Greif Green et al., 2023). Previous research has shown that students may have limited access to mental health support services (Mak et al., 2022). Teachers have also reported that while services may be offered at school, that they have not received the proper training to be able to support students' mental health needs (Watson, 2022). Youth ages 6–17 are in school for roughly 8 hours of their day and frequently interact with their teachers and other staff members

(Greif Green et al., 2023). To best support students, it is important that teachers receive proper mental health support training. This would include learning more about the different types of mental health support options available to students, and how to utilize these resources (Watson, 2022).

The purpose of this qualitative study was to understand the perceptions of secondary education teachers on the types of mental health support services that are offered to their students during school hours. This study looked at whether the secondary education teachers felt as though the mental health support services offered at their school are adequate. Additionally, this study also explored what further resources they felt are necessary to support students' mental health. For this study, a basic qualitative research approach was used to understand the phenomena of interest: secondary education teachers' perspectives on the mental health resources that are available to their students during school hours. My primary concepts of interest were teachers' perspectives on the mental health support services that are offered to students during school hours, the types of mental health support services that are offered, and the types of additional mental health support services that teachers felt are necessary for students.

Current literature shows the need for mental health research (Greif Green et al., 2023; Watson, 2022). This is due to the increasing number of youth and adolescents who are being diagnosed with a mental health disorder. Research also shows the applicability of different theoretical frameworks to various topics of research (Greif Green et al., 2023; Watson, 2022). It is shown through current literature that the SEM can be applied in the field of health education and promotion (Greif Green et al., 2023; Watson, 2022). There

is a lack of current literature on secondary education teachers' perspectives on school mental health support services for students, and teachers' opinions on what additional services they believe are necessary; also having a limited amount of research on the accessibility and availability of school-based mental health resources (Addy et al., 2021; Berg et al., 2024; Flegge, 2023; Green et al., 2023; Greif Green et al., 2023; Harris & Holman Jones, 2024).

This literature review focuses on the increasing prevalence of youth mental health disorders, lack of mental health support services in schools, and teacher-reported unpreparedness. In looking at the prevalence of youth mental health disorders, I focused on individual counseling sessions, peer support groups, family-based interventions, and mental health education programs. Current literature has also addressed the overall mental health of high school students, psychosocial support options, and how SBMHPs are being used in schools. The literature review also provided a focused review on how the COVID-19 pandemic affected students' mental health needs and the services being provided to the students. Finally, this literature review highlighted the importance of using the SEM in mental health and health education research.

In this chapter, I explore various concepts related to my research study. This chapter includes a review of the literature search strategy, theoretical and conceptual frameworks, and literature related to the key concepts of student mental health, support services, and teacher perspectives. During this chapter, I further explore the literature related to mental health support services by depicting the common mental health support services that are available to students.

Literature Search Strategy

In my search, I limited the search filters to only include full text publications, peer reviewed scholarly journals, and to only include publications between 2020 and 2025. During the literature search process, I utilized a multitude of search terms and combinations in order to find relevant literature. I utilized search terms such as *mental health of high school students* (1,268 results); *mental health support services* (5,213 results); *mental health literacy* (7,121 results); *mental health support* (42,467 results); *school mental health professionals* (776 results); *peer education project* (129 results); and *psychosocial support* (135,261 results).

I then added additional filters to those searches that yielded a large number of results, specifically mental health support, and psychosocial support. The search term of *mental health support* with the addition of the subject filter *mental health services* yielded 5,360 results instead of the previous 42,467 results. After adding the subject filters *mental health* and *qualitative research* to the *psychosocial support* search term, I narrowed the results down to 26,608 from 135,261. Changing my literature search process in areas where U.S.-based or teacher-focused studies were limited helped me to focus on research that aligns with my chosen research design. Seeing that there was limited research in U.S.-based or teacher-focused studies helped solidify my research design as there is a lack of current literature on teachers' perceptions on mental health support services available to students and what additional resources they believe are needed.

One last search through the Walden University Library database utilized the combination of different key search terms. Specific combinations were *mental health* and *high school students* (7,551 results); *mental health, high school students, teachers or educators, treatment or resources*, and *perceptions or viewpoints* (19 results); *mental health treatment* and *high school students* (293 results); *mental health treatment, high school students*, and *support services* (eight results); *mental health of high school students* and *COVID-19* (270 results); *mental health of high school students, COVID-19, and experiences* (66 results); *mental health, high school students, support services, barriers, and challenges* (two results); *mental health, support services, and bureaucratic* (13 results); *mental health, high school students, teachers or educators, perceptions or viewpoints*, and *qualitative study* (15 results); *mental health services, high school, barriers, and accessibility* (44); and *mental health, high school students, and racial discrimination* (59 results).

Searching the Walden University Library website allowed me to access various scientific literature databases, including the following: EBSCO Host, BMC Public Health, Science Direct, ERIC, IEEE Explore, PubMed, DOAJ, Medline, SAGE, Emerald Insight, and Taylor & Francis. Using the Walden University Library website to search for these databases made it easier for me to keep the search filters and terms that I wanted to use. In addition to these databases, I also used Google Scholar to find literature that is relevant to my study.

Through my literature search process, I was able to find a large number of articles that are relevant to my study. When I encountered search terms or combinations that

yielded a high number of results, I attempted to add additional filters and/or search terms in order to narrow down the results. This strategy made it easier to find articles that were relevant to my study. At times during the literature search process, I found it difficult to find articles that were relevant to the search term combinations that I used. Once I removed a search term or changed the wording slightly, I was able to find relevant journal articles. When searching for articles that best fit my study, I scrolled through the relevant results and chose the articles that stood out to me.

Theoretical Foundation

Originally introduced by Urie Bronfenbrenner in the 1970s, the SEM is a type of theoretical framework that uses a multilevel design to understand the various internal and external factors that affect an individual's behavior (Ochs et al., 2024). These internal and external factors include how individuals are influenced by their surrounding environment at different levels. This includes levels such as the microsystem, mesosystem, exosystem, and macrosystem (Ochs et al., 2024). Humans are complex individuals with many different underlying and outside factors that influence their behavior choices. Due to humans being complex individuals, there could be influential factors from multiple levels of the SEM that are influencing an individuals' behavior.

The SEM is still relevant for my education-based mental health study as it has been used in recent mental health and health education literature. Akoto et al. (2022) used the SEM in order to examine the psychosocial support services that are available to students; an approach that is related to what I address with my research study. I used the

SEM to understand mental health support services offered to students. However, my approach had more of a focus on the perspectives of teachers on these support services.

Paat et al. (2024) explores a socio-ecological approach to a community-based health promotion intervention on the U.S.-Mexico border. This study explored the implementation of a community-based initiative to address preventative health care needs in El Paso County, Texas; this is said to be one of the most economically and health-challenged areas on the U.S. side of the border (Paat et al., 2024). Preventative health care programs are necessary tools to try and limit the number of complications patients are having from their chronic health conditions. Due to the varying levels of need within the El Paso community, the SEM was implemented to adequately address these needs. The SEM was used to help address the community at each level of the model to create a comprehensive and well-designed prevention program (Paat et al., 2024).

Porter and Mercedes (2023) explored the association between socio-ecological factors and breastfeeding duration among obese mothers in Mississippi. The study primarily explored the socio-ecological factors that lead to obesity in southern states; specifically for breastfeeding mothers. To address their research questions, the authors assessed how influences could be applied to support women with their breastfeeding goals. This was also done in tandem with ensuring that these women achieve optimum levels of health for both themselves, and their children. With the use of the SEM, Porter and Mercedes were able to determine that there were no significant associations between breastfeeding duration and health.

Akoto et al. (2022) explored applying a SEM to understand the psychosocial support services available to students with disabilities in universities. It is important that these students receive the proper social supports so that they do not feel excluded by the university's social support services (Akoto et al., 2022). Through this study, Akoto et al. concluded that students with disabilities were able to receive the most psychosocial support through the interpersonal and intrapersonal levels. Having access to more "personal" psychosocial support services through the intrapersonal and interpersonal levels is said to help promote overall wellbeing (Akoto et al., 2022).

Across multiple studies, the SEM has demonstrated its utility in evaluating multilevel influences on health behavior (Akoto et al., 2022; Balogun-Katung et al., 2024; Porter & Mercedes, 2023). For example, Akoto et al. (2022) and Balogun-Katung et al. (2024) showed how interpersonal and institutional barriers affect students and youth, whereas Porter and Mercedes (2023) highlighted the limitations of the model in certain populations, suggesting contextual sensitivity is key. Previous literature also highlights the use of the SEM in supporting community-based health interventions. Paat et al. (2024) and Porter and Mercedes explored how various socio-ecological factors influence health behaviors in their respective studies.

I chose to use the SEM for my research study so I could look at my research problem from multiple lenses. This theory was selected because it supports analysis of individual, relational, and systemic contributors to teachers' perception of student mental health support services. One of the goals of my study was to explore the relationship that the secondary education teachers have with their students to determine what they felt are

the most appropriate mental health support resources for them. The SEM addressed this study goal at the community level. My other goal for my research study was to explore the mental health support services that are available to secondary education students during school hours. This was addressed through the institutional level of the SEM.

Although my research study did not address all five constructs in the SEM, I deemed this model the most appropriate for what I wanted to accomplish. Using the SEM helped me to address both goals that I had for my research. My research questions helped to build upon the SEM as they helped to explore the different ways that mental health support services can be explored. It helped to expand upon the different topics that can be explored through the SEM. RQ1 aligned with the community level (teacher-student relationships), and Sub RQs 1 and 2 with the institutional level (service access).

Conceptual Framework

Community Level

One construct of the SEM that I chose to use for my study is the community level. This construct was chosen as it helped me to address the relationship that the secondary education teachers have with their students. Through this examination, it was determined what secondary education teachers feel are the most appropriate mental health support resources for students. Olajubu et al. (2025) used constructs from the SEM to examine barriers to utilization of sexual and reproductive health services among young people in Nigeria. Through this study, Olajubu et al. was able to identify the community level indicators that influence their topic of interest. Olajubu et al. used the community level construct to represent the physical environment and the societal norms and customs that

govern individual beliefs and behaviors. Their study used a descriptive qualitative design to explore the challenges and barriers faced by young people in accessing and utilizing sexual reproductive health services in Osun State, Southwest Nigeria. This type of study design was useful in helping to gather adequate information with a limited number of resources. To collect the data, Olajubu et al. conducted six focus groups, having two in each of their three study sites. Using participants from multiple study locations helps to ensure that the data is representative of the entire study population. In the focus groups, interviewers asked the following questions: “What challenges do young people have in accessing sexual reproductive health information and services?” and “What are the barriers to using sexual reproductive health services among young people?” (Olajubu et al., 2025).

Data analysis methods included using NVivo 12 for coding and analysis of the audio recording from the focus group discussions (Olajubu et al., 2025). From their study, Olajubu et al. (2025) were able to find that through the community level construct, there is a large impact on sexual reproductive health. Due to sociocultural and religious norms surrounding sexual reproductive health, many participants did not feel comfortable having open discussions. These norms can create substantial barriers for youth to gain essential information and services surrounding sexual reproductive health (Olajubu et al., 2025).

Olajubu et al. (2025) used the information they collected to suggest ways to improve sexual reproductive health resource accessibility. Previous studies have shown that at the community level of the SEM, research is able to address the following: social

beliefs and norms, economic conditions, community resources, knowledge, and attitudes about an issue among community members, and the sense of empowerment and efficacy in a community that impacts choices, decisions, and practices (Ochs et al., 2024; Olajubu et al., 2025).

The community level construct of the SEM has been shown to be useful in previous health education related research. Huntington et al. (2024) explored the community level construct of the SEM; this is done through exploring the community level factors as positive and negative correlates of sexual aggression perpetration among adolescent boys. This shows the importance of using the community level construct of the SEM for health education related research. Huntington et al. used a geospatial coding approach to determine the density of different features of the built environment located within a one-mile radius of 27 Rhode Island High Schools. This was done to assess the community-level factors as positive and negative correlates of sexual aggression perpetration among adolescent boys. Participants of this study included tenth grade students who had to report their age, gender, and sexual orientation. Not all schools were able to provide data about race or ethnicity. During data collection, Huntington et al. reported an analytic sample of 904 of an original sample of 1164. The data analysis implicated that certain community level factors were associated with various rates of sexual aggression perpetration.

Through their study, Huntington et al. (2024) aimed to add to the limited research into predictors of sexual aggression by identifying aspects of the built environment that are associated with adolescent males' sexual aggression perpetration. Media exposure is

one community level factor that can influence sexual aggression perpetration; areas with lower social media exposure is associated with lower sexual aggression perpetration rates, and areas with higher social media exposure is associated with lower sexual aggression rates (Huntington et al., 2024). Huntington et al. also noted that rates of violence had a similar association. Cultural biases and norms were also identified as community level factors that influence sexual aggression perpetration rates. Data collected through this study were used to help make recommendations against sexual aggression perpetration among adolescent boys (Huntington et al., 2024).

At this level of the SEM, it helps to look at the experiences of study participants with the phenomena of interest (Huntington et al., 2024). My research study focused on the perceptions of secondary education teachers on the mental health resources that are available to their students. In my study, I also focused on the experiences of these teachers in exploring and observing their students' mental health needs. Previous research also shows how at the community level of the SEM, various internal and external factors can influence the personal experiences of study participants (Huntington et al., 2024; Olajubu et al., 2025).

Recent literature also examined how when using the community level construct of the SEM, researchers are able to understand where gaps in health education or healthcare may be apparent (McDermott et al., 2024; Olajubu et al., 2025). McDermott et al. (2024) used a qualitative research approach to understand medical staff and older adult patients' experience with chronic pain. The researchers examined this area of interest through the individual level, interpersonal level, and the community level of the SEM. There were

four focus groups, and two medical staff interviews that McDermott et al. conducted in their investigation. Recruitment efforts included using purposive sampling from an ethnically and economically diverse primary care clinic in the greater Boston community; transcription and thematic analysis were used to analyze the data.

The goal of this study was to understand the contributing socio-ecological factors that contribute to the experience of pain among older adults from underserved communities (McDermott et al., 2024). At the community level, McDermott et al. (2024) identified that there was a lack of resources for chronic pain and a lack of culturally informed care. Olajubu et al. (2025) and McDermott et al. highlighted through their research that while communities may need a certain level of health education resources, these may not always be readily available to them. This is not always due to a lack of desire to provide these resources, but a lack of tools necessary to provide communities with adequate health related resources.

Institutional Level

The other construct of the SEM that I chose for my research study is the institutional level construct. At the institutional level, this construct deals with the following: conditions of a system (e.g., educational system, health care system) that affect inclusion and quality, such as specific institution policies, guidelines, access, geographical proximity, physical infrastructure, resource management, capacity, and safety (Ochs et al., 2024). According to Ochs et al. (2024), this construct is highly important in acts of social mobilization. Acts of social mobilization involves encouraging

the members of a community to act against the apparent problem or phenomena of interest (Ochs et al., 2024).

Qiao et al. (2023) examined the impact of stigma against sexual minority men within and between various socio-ecological levels in Zambia. The aim of this study was to demonstrate how social stigma interactions can create a vicious cycle of barriers to the well-being of sexual minority men (Qiao et al., 2023). Understanding the structure of this article helped me to focus on how I could use multiple constructs of the SEM to support my research study. It also shows how the SEM can be applied to different research disciplines.

Leader et al. (2024) examined the adaptation of the SEM to address disparities in engagement of Black men in prostate cancer genetic testing. This study was conducted to develop strategies to overcome the disparities in engagement of Black men in prostate cancer genetic testing. The information presented by Leader et al. was useful to help me understand ways to apply the conclusions I made from the data collection process in my research study. McCarty (2023) published an article that applies to the SEM to help reduce racial disparities in the NICU. This article addresses all levels of the SEM. The information that I gathered from this article helped me to understand how impactful racial biases can be at the institutional level. Even though my research study did not focus on racial biases/disparities, these challenges are important to acknowledge.

In the article by Qiao et al. (2023), the authors mentioned that there is limited empirical evidence of the perceptions, experiences, and impacts of sexual minority stigma from the perspective of sexual minority men. Existing research focuses heavily on

the impact of human immunodeficiency virus (HIV) on sexual minority men (Qiao et al., 2023). Qiao et al. used a qualitative research design in order to examine the impacts of stigma against sexual minority men within and between various socio-ecological levels. In-depth interviews were conducted by four experienced social science research assistants; these interviews were recorded with participant consent (Qiao et al., 2023). Although the interviews were conducted in English, Qiao et al. encouraged participants to use their local verbiage to express their thoughts. After data collection occurred, the interviews were transcribed and then thematically coding using NVivo.

Qiao et al.'s (2023) research focused on the intrapersonal, interpersonal, and institutional level constructs of the SEM. Focusing on the institutional level, this includes the barriers to seeking and utilizing healthcare services for sexual minority men (Qiao et al., 2023). Sexual minority stigmas imposed by healthcare providers and healthcare institutions were reported to make sexual minority men to feel uncomfortable or despised (Qiao et al., 2023). Qiao et al. also stated that study participants reported that healthcare institutions felt hostile and stigmatized; ultimately leading them to choose not to receive healthcare.

Participants in Qiao et al.'s (2023) study reported that sexual reproductive health screenings in their community felt as though they were religion based. The research presented by Qiao et al. shows how, at the institutional level of the SEM, bias can greatly impact healthcare accessibility. Information gathered through this study was used to understand how bias can affect healthcare accessibility for sexual minority men and how a community can work together to combat this bias (Qiao et al., 2023).

Leader et al. (2024) used a mixed-methods approach to address disparities in the engagement of Black men in prostate cancer genetic testing. To gather study data, Leader et al. convened a stakeholder conference that included 23 participants across the following fields: medical oncology, radiation oncology, urology, genetics/genomics, basic science research, population science, clinical research, genetic counseling, community members, health communication, and policy/advocacy. After the data was collected, study participants were divided into two discussion groups; these groups were focused on the levels of the SEM and the impact on engagement of genetic testing for Black males (Leader et al., 2024).

All levels of the SEM were addressed through this study. At the institutional level, Leader et al. (2024) demonstrated the following strategies to overcome the disparities in engagement of Black men in prostate cancer genetic testing: diversifying clinical, research, and educational programs and integrating community liaisons into healthcare institutions. It is important to increase the engagement of Black men in prostate cancer genetic testing so that early detection and prevention methods can be utilized (Leader et al., 2024).

Previous research has used the institutional level of the SEM to address the institutional disparities and barriers that prevent patients from receiving proper healthcare resources (Leader et al., 2024; McCarty, 2023; Qiao et al., 2023). Healthcare related bias and stigmas have been identified in previous research as an impactful factor in patients receiving proper healthcare resources and options (Leader et al., 2024; Qiao et al., 2023). Common healthcare biases and stigmas are often related to racial factors, and sexual or

gender orientation factors (Qiao et al., 2023; Leader et al., 2024). Recent research has shown ways to overcome these stigmas and or biases. Ways to decrease biases and stigma include diversifying clinical research and education programs, adding clinical liaisons into healthcare institutions, and recognizing the internal and external factors that can influence an individual's health behaviors (Leader et al., 2024; McCarty, 2023).

Literature Review Related to Key Variables and/or Concepts

Mental Health of High School Students

Gao et al. (2024) explored how perceived social support impacts the mental health of senior high school students. In their study, the authors aimed to explore and verify the protective role of social support in the mental health and creative tendencies of senior high school students, as well as its mechanisms and boundary conditions. The following was found through Gao et al.'s study: (a) perceived social support significantly negatively predicts mental health problems and significantly positively predicts creative tendencies; (b) self-esteem mediates the impact of perceived social support on both mental health problems and creative tendencies; (c) perceived stress not only moderates the impact of self-esteem on mental health problems and creative tendencies, but also moderates the mediating effect of self-esteem. Although the insights found highlight recommendations for practitioners to provide increased support, they do not make recommendations for secondary education teachers.

High school students are in a critical phase of their life as this is a key cognitive development period for these students (Gao et al., 2024). In order to understand the mental health of high school students, it is important to know how support from external

environments impacts these students (Gao et al., 2024). Reza et al. (2023) explored high school students' (10–19 years old) mental health states and the most contributing factors that affect their mental health were assessed through a statistical and machine learning-based approach. This study found that academic concerns such as poor understanding of online classes, daily activities like sleep pattern disruption, and extended uses of electronic devices are the major causes of the deterioration of high school students' mental health (Reza et al., 2023). Although this study addressed students' mental health, it failed to address teachers' perspectives on student mental health. If students feel as though they have adequate social support, this can impact the overall quality of their mental health (Reza et al., 2023).

Zewude et al. (2025) explored the mediating roles of mindfulness and social capital in the relationship between social media addiction, internet addiction, and mental health among Ethiopian high school and university students, contributing to the Sustainable Development Goal 3 of good health and well-being. Results from the study showed that both SMA and IA had a direct negative effect on mindfulness, social capital, and mental health in both high school and university students (Zewude et al., 2025). While this study examined the factors that impact the mental health of students, it did not examine school-based mental health support services.

Pohl et al. (2024) aimed to understand how youth search for mental health information online. Through their study, Pohl et al. found that youth sought to find more information online about topics such as anxiety, depression, or personality disorders; aiming to understand how to navigate these disorders and how to navigate their feelings.

While this study navigates students' feelings regarding their mental health, it lacks information on school-based mental health resources and teachers' perspectives.

Social media can also have an influence on students' mental health (Zewude et al., 2025). Issues such as social media addiction and internet addiction have been found to negatively impact students' mental health (Zewude et al., 2025). This can be due to students comparing their lives to those of others on social media. Students may also be using social media to gather information about mental health if this is something they do not have readily accessible (Pohl et al., 2024). Youth will search for mental health information through the social media outlets that are most appealing to them (Pohl et al., 2024).

Giosan et al. (2024) aimed to understand mental health interventions that focus on addressing the development of psychopathology, as well as its associated consequences, such as a decrease in academic performance. From the study, it was concluded that these interventions have the potential of advancing the field of mental health literacy interventions for adolescents (Giosan et al., 2024). Although this study addressed mental health literacy interventions, it did not address other school-based mental health support services.

Even though students may be finding information about mental health online, their mental health literacy levels may still be lacking (Giosan et al., 2024; Pohl et al., 2024). To support students' mental health, it is important to consider how current mental health support services address students' mental health literacy. Support services should address students' mental health needs while also supporting students' mental health

literacy (Giosan et al., 2024). In my research study, I addressed students' mental health and their health literacy through individual interviews with secondary education teachers. I asked secondary education teachers questions about the quality of their students' mental health in order to address these concepts.

Psychosocial Support

Addy et al. (2021) examined the mental health difficulties faced by adolescent students in four senior high schools in Ghana, their coping strategies and support systems. Through the study, it was found that financial challenges, spiritual influences, intimate relationships, bullying, and domestic violence as the main themes attributed to mental health difficulties (Addy et al., 2021). While the study identifies mental health difficulties, it does not explore the mental health support services available to students (Addy et al., 2021).

Knipp and O'Connor (2025) examined how SBMHPs supported students with complex gender identities (e.g., transgender, or nonbinary students) in schools. They found that these professionals provide students with the following types of support: general student support, student information tracking, and proactive education efforts (Knipp & O'Connor, 2025). Even though they had these methods of support, it was identified that the following areas need improvement: practice, research, policy, leadership, and advocacy. Social workers must advance educational equity in schools by standing in unapologetic solidarity with youth with complex gender identities (Knipp & O'Connor, 2025).

Lundqvist et al. (2023) explored the perceived psychosocial needs that young, elite-striving lean sports athletes in sports high schools find essential for their sports careers and transition from junior-to-senior level sports. Through their study, Lundqvist et al. showed that these study athletes have needs related to psychosocial stress, protective psychosocial factors, and support needs junior-senior transition. The study identified that schools are lacking adequate mental health support services for high school athletes. Although my study aimed to identify additional mental health resources that are necessary for students, I did not focus solely on student athletes.

In school-based environments, psychosocial support is both an important and critical component of addressing adolescent mental health needs (Addy et al, 2021; Knipp & O'Connor, 2025; Lundqvist et al., 2023). Research studies highlight that in order to provide adolescents with adequate mental health support, their emotional, social, behavioral, and spiritual needs must be considered (Addy et al, 2021; Knipp & O'Connor, 2025; Lundqvist et al., 2023). Individual needs can be addressed on a case-by-case basis as they may be dependent on internal and external factors, including but not limited to identity factors, academic pressures, and access to mental health support services.

Multiple scholarly sources highlight the importance of tailoring psychosocial support services to the student population at hand (Addy et al, 2021; Knipp & O'Connor, 2025; Lundqvist et al., 2023). Student athletes may require different types of support services than the “average” student, or a student navigating complex gender identities. Due to their role in balancing the pressures of athletics and academics, student athletes

may experience pressures related to performance expectations and dual roles as scholars and competitors, often resulting in elevated levels of stress, anxiety, and burnout (Lundqvist et al., 2023). Students navigating complex gender identities often require more nuanced support systems, given the psychological toll of navigating non-affirming environments (Knipp & O'Connor, 2025). These findings suggest that a “one-size-fits-all” approach is inadequate and reinforces the need for school personnel to recognize layered psychosocial needs.

Wiedermann et al. (2023) explored evidence-based recommendations to bolster mental health support within educational systems, aiming to alleviate the psychological burden faced by students during COVID-19. The study showed that it is necessary to target mental health interventions through the use of stakeholders, and that interventions need to be continuously re-evaluated and adjusted accordingly, also highlighting the need for mental health education. Although my study did not focus on the effects of COVID-19 directly, it was assumed that changes in mental health needs would be identified through my individual interviews.

Flegge (2023) explored school mental health professionals' perceptions of the facilitators and the barriers to evidence-based professional practice when offering mental health services to students in schools and to identify any group differences of these perceptions. From the study, it was found that barriers included use of treatment plans and providing supervision to other professionals (Flegge, 2023). Although my study aimed to identify barriers to students receiving school-based mental health resources, I did so through the secondary education teacher lens.

Recent research highlights a common theme that school-based interventions remain limited in scope and execution due to institutional constraints (Flegge, 2023; Wiedermann et al., 2023). School-based professionals such as teachers and school-based mental health providers report a mismatch between student needs and what policies or district guidelines allow (Flegge, 2023; Wiedermann et al., 2023). Even though staff may recognize an urgent need for additional services, bureaucratic hurdles and funding gaps frequently limit what can be implemented. Addy et al. (2021) found this disconnect in Ghanaian high schools, where both teachers and students cited unmet mental health needs despite widespread recognition of the issues.

Recent literature highlights three primary themes: (a) the need to differentiate psychosocial services for diverse student identities and life experiences; (b) the systemic barriers within schools that hinder the provision of adequate support; and (c) the amplified need for support in post-pandemic recovery (Addy et al., 2021; Flegge, 2023; Knipp & O'Connor, 2025; Lundqvist et al., 2023; Wiedermann et al., 2023). The use of recent literature helped to identify the gap in literature that drives the need for my research study. My research study explored how secondary education teachers perceive both the adequacy and gaps in current mental health support services available during school hours.

Changes in Mental Health Support Needs Since COVID-19

Jones et al. (2023) examined the racial/ethnic and school poverty status differences in the relationship between parent job loss, experiences with hunger, and indicators of mental health problems among public high-school students nationwide

during the COVID-19 pandemic. They found that parent job loss and having gone hungry were associated with indicators of mental health problems overall and across racial/ethnic groups and school poverty status levels (Jones et al., 2023). While this study identifies the changes in mental health needs since COVID-19, my study focused on overall mental health support services for students during school hours.

Munam and Hussein (2024) explored how the COVID-19 pandemic affected the mental health of a representative sample of Bangladeshi youth and to identify the influencing factors. The study found that age, marital status, the risk of participants of their family members getting sick from COVID-19, impact on wages, physical and mental abuse, closed schools, etc., significantly predicted mental health outcomes (Munam & Hussein, 2024). My study focused on the mental health support services needs of high school students. While I did not focus on COVID-19 directly, COVID-19 helped explain the need for changes that teachers identified in school-based mental health resources.

Dale et al. (2023) assessed mental health in high school students 1.5 years after the pandemic began in Austria. It was found that young people have a need for more psychological support, both professional and informal, as well as increased mental health literacy (Dale et al., 2023). While I also addressed the need for increased mental health support services, I did that through the lens of secondary education teachers.

Mzadi et al. (2022) explored the impact of confinement because of the COVID-19 pandemic restrictions on the psychological distress of Moroccan adolescents and identify the risk and protective factors that could influence their mental health. It was found that

the experience of physical /psychological abuse during the pandemic worsened mental health, while moderate/frequent physical activity improved it (Mzadi et al., 2022). While this study aimed to focus on the stressors that were impacted during COVID-19, it does not focus on school-based mental health resources. This is something that I looked at in my research study.

Changes in family dynamics during the COVID-19 pandemic have been said to influence students' mental health support needs (Jones et al., 2023). Jones et al. explored the socioeconomic and health impacts that the COVID-19 pandemic had on the United States. Families may have endured parent job loss or experiences of hunger during the COVID-19 pandemic due to the economic burden the pandemic caused (Jones et al., 2023; Munam & Hussein, 2024). Job loss may have occurred due to parents being sick or hospitalized with the COVID-19 virus, or due to their job being forced to shut down during the periods of required quarantine (Munam & Hussein, 2024). While I did not ask direct questions about family dynamics in my individual interviews, it was something I kept in mind. Teachers may or may not be aware of changes in students' family dynamics.

During the COVID-19 pandemic, students experienced increased feelings of isolation and loneliness due to being forced to attend school online during periods of required quarantine (Dale et al., 2023). This was especially common during periods of prolonged physical isolation as students were unable to experience social connectedness (Dale et al., 2023; Mzadi et al., 2022). Having increased feelings of loneliness and isolation can change the need for mental health support for secondary education students

(Dale et al., 2023; Mzadi et al., 2022). Along with feelings of loneliness and isolation, Mzadi et al. (2022) reports that students have indicated increased symptoms of depression and paranoia. Because of these feelings, students may require more hands-on mental health support services than they have required in the past (Dale et al., 2023).

School Mental Health Professionals

The Youth Education and Support program on mental health literacy, help seeking, and resilience was examined in the study by Marinucci et al. (2024). Through the study, it was found that no significant interaction effect on mental health literacy from pre to post intervention was found between participants in the YES condition and control condition. In the study, Marinucci et al. also found that participants within the YES condition demonstrated significantly improved mental health literacy from pre-to-postintervention. While this study shows the importance of mental health literacy programs, it does not explore other types of school-based mental health resources.

Recent literature also explored the ways school professionals adapted school-based mental health supports and services for remote delivery during the coronavirus disease 2019 (COVID-19) pandemic (Maraccini et al., 2023). Through the study, Maraccini et al. found that qualitative findings point to facilitators (e.g., specific platforms for connecting with students and families) and barriers (e.g., limited communication) to successful service delivery during COVID-19. While the study does highlight the ways schools adopted mental health support services post COVID-19 pandemic, it does so through the SBMHP lens whereas my study focuses on the secondary education teacher lens.

A 2024 study published by Al Saadoon et al. explores the perspectives of SBMHPs on bullying in Omani schools, focusing on definitions, types, current practices, and future strategies. It was found through this study that challenges include resistance from students and parents and institutional barriers (Al Saadoon et al., 2024). Also, Al Saadoon et al. found that verbal bullying, physical bullying, and cyber bullying are common forms of bullying and can vary by the age of students. While the study focuses on bullying which is a common influential factor of student mental health, it does not focus on other influential factors of student mental health concerns. My study focused on secondary education teachers' perspectives on the school-based mental health resources that are available to students during school hours.

Examinations of mental health work in Norwegian schools from the perspective of frontline professionals namely, class teachers, social workers, and public health nurses was explored in recent literature (Berg et al., 2024). Through the study, Berg et al. found that school professionals view mental health work as an integral part of the school's mission and associate their work with promoting mental wellbeing, strengthening self-esteem, and building resilience among pupils. While SBMHPs noted that the mental health of students is an important aspect of their job, it is not a formal part of their job description and therefore, they do not feel as though they have the adequate training. While this study focuses on school-based mental health support services, it focuses on school professionals being a support system for students and not on how these services are affecting students.

A pivotal aspect of ensuring students' overall well-being and providing both direct services and indirect support through health literacy, program design, and crisis response are school mental health professionals. Recent scholarly literature highlights these professionals' complex roles: offering mental health interventions and equipping students with the knowledge to manage their own well-being (Al Saadoon et al., 2024; Marinucci et al., 2024). Even though these professionals are crucial in supporting students' overall well-being, their services may be limited. They often operate under significant constraints, including large caseloads, limited administrative support, and rigid district policies that restrict their scope of practice (Berg et al., 2024; Flegge, 2023).

The recurring theme that comes up in recent literature is the conflict between universal mental health promotion and the need for individualized mental health care (Berg et al., 2024; Marraccini et al., 2023). Professionals strive to create school-wide programs that raise awareness and reduce stigma, while also responding to acute student needs (Berg et al., 2024). Since the COVID-19 pandemic, school mental health professionals have notated an increased prevalence of post-pandemic anxiety, depression, and trauma- making it difficult to maintain balance especially when staffing levels and resources remain static (Marraccini et al., 2023).

Recent literature also noted that it is difficult for mental health professionals to work in isolation. SBMHPs shared that their effectiveness is significantly shaped by collaboration with teachers, administrators, families, and community partners (Flegge, 2023). Even though these professionals may have the necessary mental health expertise

and education, they may not have access to sufficient time, space, or trust from school leadership to fully implement evidence-based interventions (Flegge, 2023).

Effects from the COVID-19 pandemic further complicated the role of SBMHPs. These providers had to rapidly shift from in-person services to remote support models, often without adequate training or infrastructure (Marraccini et al., 2023). These shifts revealed the resilience of the profession but also highlighted enduring inequities in access— particularly for marginalized students.

Findings from recent literature illustrated the fragile infrastructure of school-based mental health support (Flegge, 2023; Marraccini et al., 2023). It also validates the focus of teacher perceptions in my research study. Because mental health professionals are often overburdened or under-resourced, teachers may serve as frontline observers and informal support providers, making their perspectives on service adequacy all the more critical.

Secondary Education Teachers' Role in Student Mental Health

In the study by Watson (2024), it explored secondary teachers' self-efficacy in supporting secondary education students' mental health and many teachers lack training and confidence in supporting secondary students' mental health needs. Through the study, it was found that teachers feel as though they lack the training in order to properly support students' mental health needs. While this study focused on teachers' self-efficacy, it lacked a focus on school-based mental health resources for students during school hours.

Fostering Chinese students' well-being was addressed in recent literature by focusing on assessing the role of teacher support and teacher care (Wang, 2023). Through this study, it was found that teacher support had a positive associate to student well-being and can contribute significantly to this matter. While this study focused on the impact that teachers can have on their students' well-being, it did not address school-based mental health resources. This is something that I addressed in my research.

Teachers' views and experiences of mental health and well-being intervention programs developed to promote and protect student mental health have been explored in recent literature (Goodwin et al., 2023). Through this study, it was shown that mental health and well-being are viewed as central to schools' ethos and that teachers are adequately prepared to implement programs. While this study showed that these programs are essential to provide in schools, the article does not address the different types of school-based mental health support services that can be offered to students during school.

Due to teachers being with students for a majority of their day, teachers are often the first line of support for students facing mental health challenges, especially in schools with limited professional counseling resources. Secondary education teachers are often trusted adults who play a critical but often under-supported role in identifying, responding to, and sometimes even managing students' emotional and psychological needs (Watson, 2024; Wang, 2023). Literature consistently emphasizes the dual reality teachers face; being expected to support student mental health while lacking the

necessary training, resources, and institutional support to do so effectively (Goodwin et al., 2023).

Literature by Bilz et al. (2022) focused on analyzing the relationship between teachers' well-being and students' well-being. Through this study it showed that there is a relationship between teachers' emotional exhaustion and students' subjective health complaints, also a relationship between teachers' psychological well-being and students' satisfaction with school. While this study showed a relationship between students and teachers, it did not examine the mental health support services that are offered to students during school hours. Even though the teacher/student relationship is important, this is not something that my research focused on.

Research showed that teachers recognize their influence on student well-being, but many report feeling underprepared for this responsibility (Bilz et al., 2022; Goodwin et al., 2023). Often times, teachers report that mental health training is delivered inconsistently, and when available, often lacks the depth needed to equip them with actionable strategies. Teachers, even those who have good intentions, may struggle with how best to intervene, particularly when students present with complex or high-risk symptoms.

Difficult student mental health interactions are explored through the educator experience and how it manifested in positions, storylines, and speech acts (Marias, 2024). Through the study, it was found that in relationship to the positioning theory lens, participants adopted nearing, weighted, ambivalent, and distancing positions, each informed by multiple storylines and manifested in their speech acts (Marias, 2024). While

this research focused on how teachers position themselves in interactions with students having mental health difficulties, it does not highlight how teachers' positioning can affect students. Also, this study did not highlight school-based mental health support services that are offered to students during school hours.

Recent literature also highlighted the significant challenge of managing the tension between desire and capacity. Even though teachers often want to do more to support their students, they are constrained by time, curricular demands, and their own emotional limits (Bilz et al., 2022; Marias, 2024). For instance, teachers balancing high workloads may experience compassion fatigue or burnout, which in turn reduces their ability to offer consistent mental health support. There is also an increasing call for boundaries—acknowledging that teachers are not clinicians and should not be expected to take on therapeutic roles without adequate resources or supervision (Marias, 2024).

The literature highlighted here addresses and confirms the central role teachers play in school-based mental health and underscores the value of investigating their perceptions. Understanding how they experience, evaluate, and navigate mental health responsibilities offers critical insights into how schools might better support both educators and the students they serve. This is something that I addressed in my research study.

Mental Health Support Services

Schools across the U.S. are increasingly tasked with meeting the growing mental health needs of students, yet the scope and quality of services vary significantly depending on institutional capacity and local resources (Greif Green et al., 2023; Zink &

Anderson, 2025). The literature identified four main types of support commonly offered during school hours: individual counseling, peer support or mentoring, family-based interventions, and mental health education programs (Greif Green et al., 2023; Zink & Anderson, 2025). These services are often unevenly implemented and may not reach the students who need them most.

Access to SBMHPs across the United States is explored in recent literature; also assessing the school- and district-level factors associated with the presence and prevalence of these service providers using the Civil Rights Data Collection from 2017–2018 (Zink and Anderson, 2025). Through this study, it was found that there is a limited accessibility to these professionals across the United States which can affect students' mental health needs. Although this study addresses SBMHPs, it did not address school-based mental health support services. My study addressed school-based mental health support services.

It is important to explore the challenges to measuring the type and quantity of mental health programs, practices, and resources that schools provide to students, as well as variation in these resources (Greif Green et al., 2023). Through this study, it was found that challenges include having a wide variation in the programs, services, and resources that school staff described providing to students, as well as specific challenges in systematically collecting these data. While this study identified the challenges in identifying school-based mental health resources, it did not discuss the efficacy of these resources. My study identified secondary education teachers' perspectives on school-based mental health support services.

Individual Counseling Sessions

Individual counseling sessions are a crucial aspect of providing students with direct mental health support. This form of mental health support services allows mental health professionals to personalize care and build rapport (Siregar & Syarqawi, 2023; Teriba & Dawson, 2024). During individualized counseling sessions, mental health professionals are able to uncover underlying issues and offer tailored strategies, but they are often limited by staff availability and time constraints. For example, in under-resourced schools, a single counselor may be responsible for hundreds of students, making frequent one-on-one sessions nearly impossible.

Strategies for fostering high school students' mental health through counseling guidance services were explored in recent literature (Siregar & Syarqawi, 2023). From this study, it was found that guidance and counseling teachers are knowledgeable about and understand what mental health is. It was also found that these teachers offer students guidance and information on understanding the importance of mental health treatment for themselves. While this study focuses on the importance of guidance and counseling services, it does not examine how these services can or need to be improved.

A past research study by Teriba and Dawson (2024) highlighted the review of the nature of modern social comparison that is fueled by social media, mental health help-seeking stigma that prevents individuals from seeking services and provide mental health advances to remedy the severity of mental health concerns in a social media society . Through this study, it was found that exposure to counseling can enable students to engage with social media and manage relationships with increased self-esteem. In this

study, it was found that while these services are important, it is necessary to improve these services in order to better address students' mental health needs.

Peer Support Groups/Mentoring

Peer support groups and mentoring are a form of supplemental psychosocial care that is important in promoting empathy, leadership, and belonging among students (Kondo & Kato, 2024). These types of services have the potential to benefit both the mentor and the mentee, but the effectiveness of these services depends on training, supervision, and the overall school culture. Schools with strict policies or inadequate infrastructure may struggle with implementing these types of mental health support services.

The influence peer support groups had on technical high school pupils in Japan was explored in previous literature (Kondo & Kato, 2024). From this study, it was found that the peer support program gave positive influences on the intervention group (the peer supporters) in terms of interpersonal relationship level, self-esteem, mental health, and school environmental adaptation states. While this study focused on peer support groups, it did not give suggestions on how these groups can be improved, or better support students' mental health needs.

Family-Based Interventions

Due to the fact that mental health needs are not confined to the school setting, family-based interventions are another form of mental health support services that can be offered to students. Recent literature showed that family dynamics—including conflict, support, and parenting style—have a significant impact on students' emotional well-

being (Bilan et al., 2021; Yang et al., 2022). Offering these types of services can be further complicated by privacy laws, stigma, or lack of caregiver engagement. Teachers and counselors frequently report challenges involving families consistently and meaningfully.

Family environment characteristics of senior high school students with psychological problems, and to provide references for realizing management of senior high school students' mental health is shown in recent literature (Bilan et al., 2021). Through this study, it was found that the detection rate of psychological problems demonstrated significant difference among senior high school students with different status of companionship, household finance, parental rearing style, and kinship (Bilan et al., 2021). While this study focuses on the familial influences that can affect students' mental health, it does not provide much information on how schools can support students in this aspect.

Research on the quality of life (QoL) status of senior high school students in the Shaanxi Province and the relationship of the QoL with systemic family dynamics and mental health was seen in recent years (Yang et al., 2022). Through this study, it was found that by improving and enhancing systemic family dynamics, the QOL of high school students will improve and discovering and addressing their mental health problems will be easier. While this study focuses on family aspects that affects the QoL of high school students, it does not address how the schools can help to support students.

Mental Health Education Programs

Mental health education programs are programs that are designed and used to increase students' knowledge and reduce stigma, enhancing their ability to recognize and respond to mental health challenges (Kelley et al., 2021; Marinucci et al., 2024). While evidence suggested these programs can improve mental health literacy, their impact on actual mental health outcomes remains mixed (Zeidabadi et al., 2024). These types of programs may not be the focus of schools focused heavily on academic performance, which can lead to inconsistent program implementation.

Overall, recent literature emphasized that while these service types are promising, their success hinges on systemic support, adequate funding, and strong implementation structures (Kelley et al., 2021; Marinucci et al., 2024; Zeidabadi et al., 2024). These types of support and structure are not always apparent in all schools. This aligned with the aims of the present study, which explored how teachers perceive the reach, relevance, and sufficiency of these mental health resources during the school day.

Barriers to Receiving Mental Health Support Services in Schools

Recent literature showed that even the smallest barrier to receiving mental health support services can greatly impact if students are receiving mental health support services (Baldofski et al., 2024; Hardin et al., 2021). Often times, those students who would benefit most from mental health support services are the ones that are experiencing the most types of barriers (Baldofski et al., 2024). Common barriers that students may face are reluctance to ask for help, anxiety, parenting issues, and services not being available (Baldofski et al., 2024; Hardin et al., 2021). While the research highlighted

some common barriers to school-based mental health support services, it did not explore in depth the types of barriers that are specific to secondary education students.

Intentions and barriers to help-seeking in adolescents and young adults differing in depression severity was explored in the study by Baldolfski et al. (2024). Through this study, it was found that youth with higher levels of depressive symptoms are more reluctant to seek professional help and perceive higher barriers. The study also identified the need for effective and low-threshold interventions to tackle barriers, increase help-seeking, and lower depressive symptoms in adolescents and young adults differing in depression severity; a gap that is shown through current research.

Unmet health needs and perceived barriers to health care among adolescents living in a rural area were explored in a recent study (Hardin et al., 2021). Through this study, it was found that the most common barriers to health care were related to access, apathy, anxiety, and parenting issues. While this study addressed the barriers to healthcare access, it does not address these barriers as they relate to mental health care.

Summary and Conclusions

Previous literature that has been discussed above presented a broad variety of information and research regarding the following concepts: the mental health of high school students, psychosocial support, changes in mental health support need since COVID-19, school mental health professionals, secondary education teachers' role in student mental health, and mental health support services. Diving deeper into the literature, the above research articles touched on mental health support services such as individual counseling sessions, peer support groups/mentoring, family-based

interventions, and mental health education programs. Information presented in these articles is presented by professionals in disciplines such as medical researchers, mental health professionals, physicians, mental health experts, and educational professionals. While the articles discussed above in previous sections did not encompass all of the key concepts or professional disciplines, they express the need for further mental health research. Current literature encompassed information regarding the mental health of high school students.

The literature also demonstrated changes in the need for improved mental health support services in schools for high school students. Since the COVID-19 pandemic, the data shows that students are having increased symptoms of depression and anxiety (Dale et al., 2023; Mzadi et al., 2022). Increased symptoms of depression and anxiety were said to stem from increased periods of isolation, confinement, and quarantine (Dale et al., 2023; Mzadi et al., 2022). Despite the large depth of literature on the mental health of high school students, there is limited research regarding the perceptions of secondary education teachers on the mental health support services that are available to students during school hours. It is known that there is an increase in student mental health needs, and it is unknown on the teacher perspective of the adequacy of mental health support services.

Current literature paints more of a focus on the perceptions of secondary education teachers on the mental health of their students rather than the resources available to students. Also, the current literature lacks a depth of information regarding the efficacy of current mental health support services that are offered to high school aged

students during school hours (Baldofski et al., 2024; Dale et al., 2023; Hardin et al., 2021; Mzadi et al., 2022). The literature reveals three main themes: (a) increasing student mental health needs; (b) gaps in school-based services; (c) limited teacher training in mental health support. From my extensive literature search, I chose my research design due to the inability to locate current research surrounding the perceptions of secondary education teachers on the mental health support services that are offered in their schools. The next chapter will discuss the research design/rationale, role of the researcher, methodology, and issues of trustworthiness.

Chapter 3: Research Method

Introduction

This research study was conducted to help understand the perceptions of secondary education teachers on the types of mental health support services that are offered to their students during school hours. The study explored whether the secondary education teachers feel as though the mental health support services are adequate, and what further resources they feel are necessary in order to support students' mental health. For this study, a basic qualitative research approach was used in order to understand the phenomena of interest. A qualitative research design was deemed to be appropriate as my research focused on data that is unable to be quantified (Blake, 2024). The data collected in my research study focused on thoughts, feelings, and perceptions of secondary education teachers as it relates to the mental health support services available to students during school hours (Blake, 2024).

My primary concepts of interest were teachers' perspectives on the student mental health support services that are offered during school, the types of mental health support services that are offered, and the types of additional mental health support services that teachers feel are necessary. I was also interested in understanding the accessibility of school-based mental health resources and determining what barriers teachers feel are preventing students from utilizing these support services. The purpose of my basic qualitative study was to explore secondary education teachers' perceptions of mental health support services provided to students during the school day. This chapter describes the research design, role of the researcher, participant recruitment and selection, data

collection procedures, data analysis strategies, trustworthiness criteria, and ethical considerations.

Research Design and Rationale

My research study had one primary research question and two sub research questions:

RQ 1: What are the perspectives of secondary education teachers in Wayne County, Michigan, on the mental health support services that are available to students during school hours?

Sub RQ 1: What are the types of resources that secondary education teachers in Wayne County, Michigan, feel are necessary in order to support the school-based mental health needs of their students?

Sub RQ 2: What are Wayne County, Michigan, secondary education teachers' perceptions of the adequacy and the accessibility of school-based student mental health support services?

My research study used a mixture of individual interviews and thematic analysis in order to gain the perceptions of secondary education teachers on the mental health support services that are available to their students during school hours. Qualitative research designs have been shown to be useful in mental health research that focuses on the thoughts, perspectives, and feelings of the study participants (Blake, 2024). This study employed a basic qualitative design to understand how teachers interpret, assess, and respond to the availability and adequacy of mental health services within their schools. A basic qualitative approach is suitable for studies focused on participants'

perspectives and meaning making, rather than lived experiences (phenomenology), specific contexts or systems (case study), or the development of a theory (grounded theory).

Previous research studies focused on mental health research have utilized a qualitative research design in order to gather the lived experiences of their program participants surrounding the phenomena of interest (Stoll & McLeod, 2020). Stoll and McLeod (2020) used a qualitative research approach to explore the experiences of school staff working with pupils with mental health difficulties. With a qualitative research approach, Stoll and McLeod found that guidance teachers and support staff are affected by working with pupils with mental health difficulties. From the study, researchers were also able to determine that guidance teachers and support staff feel as though they need more time, training, and to implement a whole-school approach (Stoll & McLeod, 2020).

By implementing a qualitative research approach that utilizes individual interviews, I was able to gather information about school-based mental health support services and what changes that secondary education teachers feel are necessary. These changes included changing the current mental health support services that are in place, and it can also include additional resources that teachers feel are necessary to be able to adequately support students' mental health needs. With the use of a qualitative research approach along with the use of the SEM, I was able to combine a theoretical and conceptual framework with a solid foundation in literature (Blake, 2024). Utilizing constructs from the SEM to address the perceptions of secondary education teachers on

the phenomena of interest will allow for me to see the different levels of influence on human health behaviors (Savolainen et al., 2021).

In my research study, I utilized two of the five constructs of the SEM: the institutional level and the community level. Utilizing these constructs of the SEM allowed me to identify the influence that the schools in Wayne County, Michigan, have on students' mental health and how the schools' influence and environment affects students' utilization of mental health support services at school (Ochs et al., 2024; Paat et al., 2024). Understanding the levels of influence of the SEM allowed me to help identify how secondary education teachers in Wayne County, Michigan, feel about the mental health support services that are offered to students. Once these perceptions were gathered, recommendations were able to be made to schools on how to advocate for a change in mental health support services moving forward. This included tweaking current resources or adding additional mental health support services that are realistic for the schools to be able to run.

Role of the Researcher

In order to facilitate a well-designed qualitative research design, as the researcher, I maintained an active and well-defined role in my research (Hewitt et al., 2024). Since I have assumed the role as the principal investigator, I took charge of designing my research study. By doing so, I designed my research study including the foundation, methodology, and data analysis methods. As I designed my research study, I focused on designing a framework with research questions that would help me to reach the objectives of my research study. I also designed a set of interview questions that I utilized

in my research study. This can be seen in Appendix A. These interview questions were focused on gathering the perceptions of secondary education teachers on the mental health support services that are available to students during school hours. Another aspect of my role as the primary investigator is that I recruited participants for my research study. In my recruitment process, I recruited participants that meet the eligibility criteria that I have established and recruited those participants who consented to providing me with information that aided me in my research efforts (Lockett et al., 2024).

As the principal investigator, I needed to consider the ethical implications behind my research study. Being a former student who attended a secondary education school in my area of interest, I acknowledged the potential for bias when interpreting participant responses. To help mitigate this, I maintained a reflexive journal throughout the research process and engaged in bracketing to acknowledge and minimize the influence of my assumptions. I did not have any supervisory or collegial relationships with participants. It was important as the researcher to assure that my research study was designed in an ethical manner that protects potential study participants; protecting them intellectually and protecting their privacy (Bartholomew et al., 2024).

When I conducted my participant recruitment for my research study, I made sure to only collect participants that fit the needs of my research study. As it became time for me to start the data collection process in my research study, I made sure to establish a good rapport with my study participants. Establishing a positive rapport with study participants help participants to feel more comfortable during the individual interview process (Johnson et al., 2025). During the individual interview process, I maintained an

active listening style and made sure to have an open ear. After data was collected in my research study, I conducted a thematic analysis on the data I collected.

To mitigate bias and other ethical issues, I did not recruit participants in which I have any personal or professional relationships with. This was crucial to ensure that the data that I collected in my research efforts was done so in an ethical manner (Bartholomew et al., 2024). I aimed to make sure that in my research study, there were no obvious power dynamic differences between me in my role as the principal investigator, and the study participants. If any ethical concerns came up in my research study, I looked to see what ethical standards were not being met and changed my protocol in order to meet all ethical standards. There were no obvious ethical concerns that came up in my research study.

Methodology

Participant Selection Logic

My target population in my research study was secondary education teachers teaching at schools in Wayne County, Michigan. There are many youth in the state of Michigan suffering from a mental health disorder such as depression or anxiety; roughly 119,000 youth ages 6–16 (Stark et al., 2020). Social determinants of health such as sex, race, ethnicity, socioeconomic status, and education level can influence an individual's health behaviors (Harris & Holman Jones, 2024). Major cities in Wayne County include Detroit, Dearborn, Garden City, Grosse Pointe, and Livonia. The county houses a diverse population of individuals from different races, ethnicities, socioeconomic status levels, and educational levels (Green et al., 2023).

Since Wayne County is home to such a diverse population, I decided that focusing on secondary education teachers that teach in Wayne County was the most beneficial for my research study. Participants were selected through purposeful sampling, focusing on certified secondary education teachers who are currently employed in public high schools in Michigan. The rationale for purposeful sampling was to recruit individuals who have direct experience with the mental health support services provided in schools. A sample size of 10 participants was used, as this is consistent with qualitative research practices aimed at achieving data saturation. Once teachers expressed interest in the study, I confirmed that they met eligibility requirements and gathered consent from participants through email. Another way that I gathered participants was through snowball sampling; meaning that secondary education teachers in Wayne County were invited to participate in the research study by someone that is close to them. A change in procedures to include Monroe County, Michigan, was submitted and approved by the IRB, but no Monroe County teachers were utilized in the final study.

When gathering participants for my study, I used a purposeful sampling technique to get the “exact type” of participants that I was looking for. This sampling format uses the selection of cases that provide rich information for the study of interest (Bouncken et al., 2025). The primary eligibility requirement for my research study was that participants must be teaching at a secondary education institution in Wayne County, Michigan. Another eligibility requirement is that there must be no personal relationship with the participant as this could lead to bias in my research. Other criteria included consenting to

an audio recording of the individual interview and having scheduled the individual interview itself.

In my research study, I used 10 secondary education teachers teaching in Wayne County, Michigan, to help me to collect my data. Due to the specificity of my research questions and the nature of qualitative research study, this number of participants was deemed to be appropriate for my research (Blake, 2024). To identify my participants, I used staff contact data from the schools' website in order to gather my participants. From there, I sent each teacher a formal interview invitation; describing what the study was about and what was hoped to be accomplished in this study.

I primarily used email to communicate with participants, except for the individual interviews. However, if the participant was not comfortable with email, I asked if they would rather communicate through text or phone call. My research utilized 10 participants and participants was gathered from two different schools. A sample size of 10 participants allowed me to understand secondary education teachers' perceptions of the mental health support services that are available to students at school.

Instrumentation

The semi structured interview guide was developed by the researcher and aligned with the SEM, ensuring coverage of both institutional and community-level influences on student mental health services. Questions were reviewed by two qualitative research experts for clarity and relevance and were piloted with one educator to refine the wording before data collection began. This interview guide can be seen in Appendix A. These questions were created to help understand the perspectives of secondary education

teachers in Wayne County, Michigan, about the mental health support services that are available to students during school hours; also addressing what additional mental health support services teachers feel are necessary to support students' mental health.

Tjokrowijoto et al. (2024) asserted that individual interviews are beneficial in qualitative research as it helps to gather exhaustive information from study participants about the research problem at hand.

In my research study, I used the individual interview process to understand the perspectives of secondary education teachers on the mental health resources that are available to students during school hours. These interviews were conducted in person or virtually through Zoom; whatever method was more convenient for the study participant. The interview was split into three chunks that will focus on questions of the same nature. This was done to provide the interviews with structure and a clear direction.

Section one of the interview guide for my research study was focused on the demographic information of the secondary education teachers across Wayne County, Michigan, that have consented to be study participants. Participants were asked questions that relate to their teaching history/background. These questions were focused on how long they have been a teacher, how long they have been teaching at the secondary education level, and how long they have been teaching at their current school. The questions are not pertinent towards the research questions but rather used to gather demographic information on the participants. Other questions included gathering information regarding the subject matter that they teach, and if they feel as though they are hands-on in the lives of their students. By asking questions about teachers'

involvement in the lives of their students, it helped me to gather how close these teachers are to these students. This was important in understanding how much teachers understand about the efficiency of the mental health support services for students during school hours.

For section two of the interview guide, these questions focused on the types of mental health support services that are available to students during school hours. Questions were focused on what the support services are and what types of things are available to students in these support services. Some mental health support services may offer more outside resources to students than other support services. Study participants were also encouraged to share information regarding any programs or any mental health education efforts that are led by the staff at their respective schools. Asking questions of this nature assisted me in understanding how involved schools are in supporting their students' mental health needs. Questions regarding the barriers to receiving these services were also asked.

The questions in the third section of the interview guide focused on the suggestions that secondary education teachers have regarding the mental health support services that are available to students during school hours. For this section, teachers were asked questions about what mental health support services they believe would benefit the students at their school. They were then asked if they believe that their schools would be able to initiate these services. If they believed that their school would be able to support these services, participants were asked about the necessary steps that their school would need to take to establish these support services. On the other hand, if participants did not

believe that their school would be able to manage these support services, they were asked questions about any barriers to initiating these services. At the end of this section of the interview guide, teachers were invited to share any other thoughts they may have about mental health support services in schools. By asking participants about any additional thoughts that they may have, it gave participants the opportunity to share information that they may not have shared during other sections of the interview.

Another data collection instrument I used to collect study data is an audio recording device. For my research study, I used the memos app that is available to users of Apple devices. While recording and conducting the interview, I also took notes about the interview. In the current version of this app, Apple not only offers the ability to record audio, but it also can transcribe users' audio recordings into text (Apple Store, 2025). Otter.ai was also used to help with the audio transcription process.

Researcher-Developed Instruments

Individual interviews were conducted in my research study in order to gather data on the perceptions of secondary education teachers in Wayne County, Michigan, on the mental health support services that are available to students during school hours. The use of individual interviews in qualitative research helps to gather insight on the thoughts and lived experiences of the study population (Berry et al., 2025). When using individual interview guides, these can be created using interview questions from previous research (with the author's permission), or they can be created by the researcher themselves. Creating an interview guide with questions specific to answering the research problems allows for a more tailored research approach (Kratt & Houdyshell, 2020).

Previous mental health research has used individual interviews in combination with cognitive interviewing in order to gather data from study participants (Lundstrom et al., 2025). Lundstrom et al. (2025) used a cognitive interviewing approach which consists of using thinking aloud techniques that used probing questions; this was done in order to gather young people's experiences of resources and strategies for promoting their mental health (Lundstrom et al., 2025). In research study, I used a similar approach in my interviews with Wayne County secondary education teachers. During my individual interviews, I asked participants questions that invoked a reflection on their experiences with the mental health support services that are available to students during school hours. The interview guide I used in my research study is one that I created (see Appendix A). Creating my own interview guide allowed me to structure the interview in a way that I believed would best fit my research topic and questions.

Content validity was established by using a shorter interview guide in order to test sample questions with participants. These participants were not used in my research study. The questions in the interview guide were also vetted through my dissertation committee, and various mental health and education experts. Data collection methods that were used in my research study were sufficient to answer my research questions as they were focused on the research problem at hand. Using a group of test-participants was useful to help determine if the questions in the individual interviews would elicit the type of response that my study aimed to gain from participants. In order to gain the thoughts, perceptions, and lived experiences of study participants, it is important to structure the

individual interviews in a way that participants will feel comfortable in being fully honest and transparent (Lundstrom et al., 2025).

Procedures for Recruitment, Participation, and Data Collection

It was important to have a strong recruitment, participation, and data collection process in order to ensure the quality and integrity of study data. The research study focused on the perceptions of secondary education teachers in Wayne County, Michigan, on the mental health support services that are offered to students during school hours.

Participants in my research study were required to meet the following requirements:

- is a secondary education teacher at a school in Wayne County, Michigan
- does not have a previous relationship with the researcher

Participants were recruited via email invitations distributed to school staff in Wayne County public school districts. Interested individuals were sent a consent form electronically. Once consent was obtained, participants selected a preferred interview time via Calendly. All interviews were conducted via Zoom, audio recorded only with participant permission, and transcribed verbatim. Transcripts were de-identified and stored on a password-protected computer.

Individual interviews were scheduled at the study participant's convenience. In person interviews were conducted in a private room at the library, or other public institutions. With the confirmation of participation email, participants were given information on what they could expect from the individual interviews. Interviews lasted 15–30 minutes and were audio-recorded with participant consent as the transcribed recordings helped to ensure the accuracy of data recollection in the analysis process. No

follow-up interviews occurred. Participants were offered a copy of their personal individual-interview audio recording and transcript.

If a participant chose to exit the study, they notified me through email. Once I received an email that the participant would like to exit the study, I sent a follow-up email to that participant. In the follow-up email, I confirmed their exit and assured them that no data collected from them was used in my research study. No participants chose to exit my study.

Data Analysis Plan

Data collected through the individual interviews was collected in a format that aligned with the study's purpose, and the research questions (Blake, 2024). The perceptions of secondary education teachers on the mental health support services that are available during school hours was gathered through the individual interviews. The goal of the individual interviews was to gather the lived experiences/perceptions of study participants as they relate to the mental health support services in their respective school. Once all of the data had been collected, the interviews were transcribed using Otter.ai; with the accuracy of the transcription checked by hand.

After the audio recordings were transcribed, they were coded using the qualitative coding software MAXQDA. Data analysis followed Braun and Clarke's (2006) six-phase thematic analysis process: (a) familiarization with data, (b) generation of initial codes, (c) identification of themes, (d) review of themes, (e) definition and naming of themes, and (f) reporting of results. MAXQDA software was used to assist in the organization and coding of qualitative data. Themes were compared across cases and mapped to the levels

of the SEM. MAXQDA is a qualitative coding software that has the ability to code data formats such as text, audio, and video (MAXQDA, n.d.).

Even though I used a qualitative coding software in my research study, I also hand coded the data using Microsoft Word. In hand coding, I looked for any common words or phrases that came up in the interviews. I looked through the interview transcripts to find common words or phrases that were used in order to develop my codes. A combination of hand coding and a coding software were useful in making sure that codes and/or common themes are not missed. For the codes or themes that did not appear in both processes, I notated in my coding tables which process they came from. Common codes and themes were documented through Microsoft Word; I used tables to document the common themes that came up in my research, and the words or phrases associated with them.

Issues of Trustworthiness

In qualitative research, it is imperative to ensure the trustworthiness of the data in order to establish credibility and ensure the quality of the research study that is being published. Trustworthiness is important in making sure that the study data that is being published is both reliable and accurate before the audience consumes the data (Gunawan et al., 2025). Within research, it is necessary to maintain credibility, transferability, dependability, and confirmability. Data needs to be able to be plausible to research participants, comparability of constructs, account for factors of instability, and be able to confirm data (Gunawan et al., 2025; Walden University, n.d.).

Credibility

My research study established credibility through achieving data saturation through individual interviews. I achieved data saturation through interviewing 8 secondary education teachers in order to gather substantial data to make conclusions on teachers' perceptions on school-based mental health resources. I kept a step-by-step log of the procedures that I used in my research study; that way if another research investigator chooses to replicate my study design, they will be able to do so. In order to reduce bias in my research study, I limited my study participants to Wayne County, Michigan, teachers I did not have a previous relationship with. With the use of triangulation, I also established credibility by using member checking and peer debriefing.

Transferability

To establish transferability, my research was set up in a way that can be replicated with other sample populations. My study focused on participants in Wayne County, Michigan. However- my study design could be used for populations in other counties in Michigan, or even in other states. The study design could also be used for different age groups as well; meaning that this research design could be transferred to address elementary, middle school, or even college level students and teachers. Although the participants recruited for those types of studies would differ, my research design could be applied.

Dependability

The dependability of my research was established throughout the duration of my study. In my interview guide, the interview questions that I created were formatted to be open ended in order to make sure that I did not steer participants to respond in a particular way. Using member checking and peer debriefing (triangulation) is another way I used to establish dependability as it ensures the accuracy of the data being recorded. Dependability was also established through the assumption that the information that participants provided is truthful and accurate; this has to deal with self-reporting bias. Finally, through the use of hand coding techniques and coding software, common themes and words were found and established. This way, conclusions that were made from the study were based on the study data alone.

Confirmability

When dealing with confirmability, I established reflexivity in my research. Due to the fact that I live in Wayne County, Michigan, I understood the influence that it could have on my research process and the conclusions that I made. In order to address this issue, a criterion that I established is that the participants I interviewed in my study were individuals in which I had no previous relationship with. Also, I kept an audit trail during my research study; in doing so, I documented the data collection, data analysis, and interpretation process.

Ethical Procedures

Following proper ethical procedures was important in the creation of my research study that focused on the perceptions of secondary education teachers on the mental

health support services available to students during school hours. Ethical procedures are an important part of research as they are utilized to help protect the data and study participants. Before consenting to participate in my research study, participants were provided with an introductory email that outlined my research study. This email included information on what my study aims to accomplish, and it also included information on why my research is important for enacting social change. Participants were invited to participate in the study if the study is of interest to them.

In participants' responses to my initial email, this included participants being required to respond with "I am interested in participating in this research study." After participants confirmed their interest in the study, they were sent a consent form. The consent form outlined rights, risks, and voluntary participation. Before individual interviews were conducted, I confirmed consent with participants by having them sign a consent form. All participants signed the consent form by replying to my email containing the consent form with the words "I Consent." After consent had been obtained, participants scheduled their interview through Calendly, and a confirmation email was sent to participants once the interview had been scheduled. This included the date, time, and location of the interview. If this was being done through Zoom, the meeting link/information was provided.

To ensure the anonymity of data that was collected from participants through the individual interviews, all data was deidentified. Names of teachers and the locations of their schools was not used in my research study. Study participants were assigned a participant code which was their participant number, and a letter that represented the code

for their school. Participants were informed before the interviews of these conditions and were reminded not to mention the name of their school during the individual interviews. If I recruited from a school that I am familiar with, I avoided dual relationships or coercion to ensure participation was completely voluntary. All data recordings, transcripts, notes, and so forth were stored on password-protected devices; this includes a laptop and an iPad that were be used during individual interviews. Data collected through my research study were not used for any other reason other than for my research study. All data will be destroyed after 5 years, in accordance with IRB policy. Since my study discussed the mental health of students, I ensured that I paid a close eye to the emotional well-being of study participants.

During my individual interviews with study participants, I ensured that I actively listened to participants in order to be both respectful and empathetic towards participants experiences. Participants were given a list of mental health resources that are available in Wayne County, Michigan, as the discussion of mental health concerns has the ability to evoke emotions and strong feelings. This list was included with the consent form.

Before conducting my research study, my study was reviewed and approved by the Walden University IRB. Any suggestions made by the Walden University IRB were addressed in my study and followed closely. IRB approval was obtained from Walden University prior to data collection. The approval number is 09-09-25-1182621. I did not provide participants with any incentives for participating in my research study.

Summary

The purpose of this basic qualitative study was to explore secondary education teachers' perceptions regarding the adequacy and availability of mental health support services provided to students during the school day. A basic qualitative design was chosen because it allowed for the exploration of participants' perceptions and meaning-making processes in real-world educational contexts. This chapter highlighted the importance of my theoretical and conceptual frameworks which delved further into the constructs of the SEM. Within the methodology section of this chapter, I focused on the following sections: participant selection logic; instrumentation; researcher-developed instruments; procedure for recruitment, participation, and data collection, and data analysis plan. There was also a section in this chapter that highlighted issues of trustworthiness, and the ethical procedures that I followed in my research study.

In the instrumentation portion of this chapter, it outlined the semi structured interview guide that I used in my individual interviews. I also included information on requirements for participation, and the email contact guidelines that I used to recruit study participants. Participants were selected using purposive sampling from public high schools in Wayne County, Michigan, ensuring that all individuals have direct experience with student mental health resources. Data was collected through semi structured individual interviews conducted via Zoom using an interview guide developed by the researcher and aligned with the SEM.

In the data analysis portion of this chapter, I discussed my use of coding methods which included the following: hand coding through Microsoft Word, and the use of the

qualitative coding software MAXQDA. Thematic analysis was used to analyze transcribed interview data, supported by MAXQDA software for coding and categorization of themes. Data inputted into the coding software included audio transcriptions done by Otter.ai and were checked before utilizing them in the study. The ethical portion of this chapter highlighted the ethical procedures that I used in order to protect the data and participants privacy. Credibility was established through member checking and peer debriefing, while ethical protections included informed consent, secure data storage, and adherence to IRB procedures.

Chapter 4 will present the findings of this study, organized by emergent themes that reflect the lived experiences and perspectives of participating educators. In this chapter, I will describe the setting of my research study and the demographics of my participants. During this chapter, I will also go into detail on the data collection process, the data analysis process, evidence of trustworthiness, results, and a summary of the information that I found through my study.

Chapter 4: Results

Introduction

The purpose of this basic qualitative study was to explore the perceptions of secondary education teachers in Wayne County, Michigan, on school-based mental health resources. This study explored educators' perspectives on current resources, what additional resources are needed to support students' mental health, and the adequacy and accessibility of the current resources. Thematic analysis was completed through a combination of the software MAXQDA, and hand-coding methods. MAXQDA was used to create suggested codes, and hand coding was done meticulously to find these codes within the audio transcripts. Through this data analysis, the purpose was to see what mental health support services schools have in place, what additional resources are thought to be needed to support students' mental health concerns, and what barriers are present in the accessibility/availability of these mental health resources.

This research study shows that school-based mental health support services are crucial in supporting students' mental health needs as they provide students with a sense of regularity and feeling heard and/or seen. Individual interviews with secondary education teachers across Wayne County provided information about the types of resources, their barriers, and what additional resources they believe are needed for their students. The primary research question for this research study was "What are the perspectives of secondary education teachers in Wayne County, Michigan on the mental health support services that are available to students during school hours?" There were two sub-research questions: (a) "What are the types of resources that secondary education

teachers in Wayne County, Michigan, feel are necessary in order to support the school-based mental health needs of their students?” and (b) “What are Wayne County, Michigan, secondary education teachers perceptions of the adequacy and the accessibility of school-based student mental health support services?”

In this chapter, I will first discuss the setting and demographics of my research study. I will also discuss the data collection process, the data analysis process, and evidence of trustworthiness (credibility, transferability, dependability, and confirmability). Finally, I will present the results and a summary of the findings.

Setting

This study was conducted in Wayne County, Michigan, and all the individual interviews with research participants were conducted through Zoom. Each interview was audio recorded only with expressed consent of the research participants. Consent for audio recording was collected during the recruitment process and confirmed before the start/recording of the individual interview. In order to maintain the privacy and confidentiality of participants, the Zoom interviews were conducted in a private setting in which no one besides myself and the participant could hear what was being discussed. Interviews were conducted on the date and time that worked best for the participant. Using open-ended questions helped provoke the thoughts of participants and allowed them to share information or details that they believe are relevant to school-based mental health support services.

Demographics

Ten secondary education teachers across Wayne County, Michigan, participated in this research, each with various levels of experience in teaching. Years as a teacher in general ranged from 10 to 37; years as a secondary education teacher ranged from 10 to 22; and years at their current school ranged from 3 to 17. Participants self-reported that they met the inclusion criteria, being both a secondary teacher from a Wayne County, Michigan, school and not having a previous relationship with the researcher. For confidentiality and privacy purposes, participants were referred to and references as PA48, PC3, PC41, PC54, PR3, PS9, PS11, PC13, PF21, and PT2. Interviews with participants were conducted via Zoom and were audio recorded only; a separate recording device was used so that Zoom did not record the meeting video. Participants were asked questions about their teaching experience in order not only to build rapport with research participants but also to understand their teaching experience at the high school level, and teaching experience at their current school. Table 1 shows the participant demographics.

Table 1

Demographics of Participants

Participants	Years as a Teacher	Years as a Secondary Education Teacher	Years at their Current School
Participant A48 (PA48)	15	11	3
Participant C3 (PC3)	37	17	17
Participant C41 (PC41)	32	16	11
Participant C54 (PC54)	22	16	16
Participant R3 (PR3)	25	11	10
Participant S9 (PS9)	30	17	6
Participant S11 (PS11)	24	12	12
Participant C13 (PC13)	10	10	10
Participant F21 (PF21)	20	20	8
Participant T2 (PT2)	22	22	7

Data Collection

Data collection for this research study commenced after Walden University IRB approval was obtained. Participants' emails were obtained from their district's public website. After the email addresses were obtained, potential participants were sent a recruitment email. Initially, there was little response to the recruitment email. However, once a follow-up email was sent and emails were sent as a high priority message, more responses were obtained. Since teachers' school emails were used and may have spam filters on them, the recruitment email may have initially been sent to teachers' junk folders. The use of snowball sampling also helped in receiving the number of participants needed for this research study.

Seventeen individuals responded to the initial recruitment email; 16 of those individuals consented to participating in the study and were sent the interview scheduling link. Potential participants were required to respond to the consent email with the words "I Consent," and once consent was received, they were sent the scheduling information. Out of these 16 individuals, only 10 individuals were used as participants as the other participants did not respond to schedule their individual interview. Each participant was interviewed in a private/secure location through Zoom, with only the audio being recorded on an external device.

A researcher-developed semi structured interview guide was used to help collect data from study participants. The questions were underpinned by the SEM with the community and institutional constructs. At the community level construct, this addresses the demographic questions, and the mental health support services questions; also

addressing my primary research question. For the institutional level construct, this addresses the barriers and accessibility questions, and the suggestions questions; also addressing my sub RQ1 and sub RQ2. In the individual interviews, participants were asked five demographic questions, three questions about mental health support services, two questions about barriers and accessibility, and five questions regarding participants' suggestions. The full interview guide can be found in Appendix A.

Study data were collected from participants until data saturation was achieved. Data saturation is defined as the point in which additional data collection no longer yields new insights or information (Ahmed, 2025). I knew I had reached data saturation because when I reached my 10th research participant, I was not yielding new insights or information from the individual interviews. Interviews were conducted on a date and time that worked best for the participants' schedule. After consent for audio recording was confirmed, the interview recording began, and informed consent was confirmed for each participant. Participants were also notified of their right to revoke their consent to participating at any time. The audio recording was completed using the Apple Memos app on a password-protected device. Audio transcription was done using Otter.ai and was hand checked/verified for accuracy.

Asking semi structured open-ended questions allowed each participant to reflect on their experiences and share stories and examples to illustrate their points. I summarized what I heard the participant say when needed to ensure clarity. I asked follow-up questions that intuitively came up during the discussion. At the conclusion of the interview, I asked participants if there was anything else that they felt was relevant to

share that I did not ask. I then thanked the participants for their time participating in my study.

There were two data variations that occurred during the data collection process. First of all, only three schools were emailed initially: totaling seventy-two potential participants. However, when a low response rate started occurring, more schools in the area were added. In total, there were 241 secondary education teachers that were emailed. The second data variation that occurred was the addition of Monroe County, Michigan, secondary education teachers as potential research participants. Approval for changes in procedure was approved by the Walden University IRB before emailing secondary education teachers in Monroe County. Even though approval was obtained to use teachers from Monroe County, only participants from Wayne County completed their individual interview.

Data Analysis

After the audio recordings were transcribed using Otter.ai and then verified manually, the data analysis process began. Initially, the audio transcribes were uploaded into MAXQDA to determine suggested codes for the data. These suggested codes were then used to code the audio transcriptions manually by using hand coding methods. I combined the interview transcripts into one document in Microsoft Word and reviewed the transcripts to find common words or phrases: also known as codes. After all of the codes were found, each audio transcript was read to determine if additional codes were necessary. Four different categories emerged: (a) school-based mental health services, (b)

resources outside of school, (c) barriers to students receiving proper mental health support services, and (d) mental health awareness.

Each category had multiple codes that it was built upon: (a) counselor/resource officer, social worker, Zen den/quiet room, contracted outside agencies, and number of resources available, (b) care solace, school contracted, and outside of school, (c) schedule/time/busy, parents/home life, stigma, services not matching the need, funding, and training, and (d) mental health awareness day, posters/flyers, and peer-led groups. There were codes such as counselor/resource officer, social worker, and number of resources available that were used by all 10 research participants. The code number of resources available refers to participants stating that the number of different resources offered at their school is adequate for students. Codes such as Zen den/quiet room, stigma, training, mental health awareness day, posters/flyers, and peer-led groups were used by less than 50% of research participants. However, the participants that used these codes talked about the topic in great detail. There were no cases that suggested a major discrepancy in the data. A detailed code chart can be seen in Appendix B.

Evidence of Trustworthiness

Credibility

When establishing credibility within qualitative research, this entails “building trust and rapport with participants over time... It helps in capturing rich data that might not be immediately evident during brief interactions” (Tariq, 2025). Strategies within establishing credibility have been described as prolonged, reflexivity, and triangulation by Ahmed (2024). Credibility was achieved in this research study by interviewing 10

research participants to make a conclusion on their perspectives regarding school-based mental health resources. A step-by-step log was kept to keep track of procedures so that future researchers can use my research design to conduct their research. In order to be aware of my potential biases with participants I knew personally, I limited my participant pool to only being those individuals with whom I did not have a previous relationship with. Participants were offered a copy of the audio recording and transcript to review for accuracy. However, none of my participants indicated that they would like a copy of either the audio recording or the interview transcript.

Transferability

According to Tariq (2025), transferability using thick descriptions is done by “thoroughly describing the research context participants, and methods allows research to evaluate the similarities between their context and the study, enabling them to judge the applicability and relevance of findings to their own settings or situations.” Transferability with the use of sampling strategies includes “describing sampling methods used and the criteria for participant selection assists in determining whether the findings might be applicable or transferable to similar populations or settings outside the study context” (Ahmed, 2024). I set up my research in a way that can be replicated with other populations. My study demonstrates transferability as it can be replicated to be used for evaluating other Michigan counties, and different age groups.

Dependability

Dependability is described as “thoroughly documenting each step of the research process to help ensure transparency and allows others to replicate the study or assess the

dependability of the findings by following the same procedures and understanding the rationale behind the decisions made” (Ahmed, 2024). With dependability, Ahmed (2024) and Tariq (2025) also described this as keeping audit trails in order to keep a record of any changes or decisions that are being made during a research study. My research study shows dependability as I thoroughly documented the different steps I was taking during the research process and keeping track of any changes to procedures that I made. All changes in procedures were approved by the Walden University IRB before being implemented in my research. During my research process, I discussed my data collection with my dissertation committee. My transcripts and audio recordings were reviewed by my dissertation chair.

Confirmability

Confirmability in research deals with peer debriefing, member checking, and reflexive journaling (Ahmed, 2024; Tariq, 2025). By introducing alternate perspectives, involving participants in the verification process, and by keeping a journal, Ahmed (2024) explained that doing these activities helps to promote confirmability. Doing so helps to ensure that the findings are being presented from the data itself, rather than researcher bias (Ahmed, 2024; Tariq, 2025). Confirmability was achieved by debriefing with my committee members to ensure that I was looking at all potential angles of my research. Additionally, I allowed participants to check the audio file transcripts for accuracy if they chose to do so; however, I did not have any participants that chose to do this. Finally, I kept track and documented any personal thoughts, biases, or reflections that came up through my research study. In order to limit any potential biases, before

conducting my research, one of my criteria was that participants could not be a teacher with whom I have had a previous relationship with. I made this a top priority in my research since I was interviewing teachers around the area in which I live.

Results

My research study had the primary research question of “What are the perspectives of secondary education teachers in Wayne County, Michigan, on the mental health support services that are available to students during school hours?” Branching off of that, I had two sub research questions that helped me to dive further into my primary research question: “What are the types of resources that secondary education teachers in Wayne County, Michigan, feel are necessary in order to support the school-based mental health needs of their students?” and “What are Wayne County, Michigan, secondary education teachers perceptions of the adequacy and the accessibility of school-based student mental health support services?” Through my individual interviews, I received responses that addressed each of these research questions, and provided codes, categories, and themes relevant to my research.

The following three themes emerged through my data analysis:

1. Secondary teachers in Wayne County, Michigan, perceive the school-based mental health resources available to students are adequate.
2. Mental health resources contracted by the secondary schools from outside agencies are helpful to students.
3. Barriers exist in the accessibility and availability of school-based mental health resources in Wayne County, Michigan, secondary schools.

A breakdown of the themes with the research questions can be seen in Appendix C, and a breakdown of the codes and how often they came up can be seen in Appendix B.

Theme 1: Secondary Teachers in Wayne County, Michigan, Perceive the School-Based Mental Health Resources Available to Students as Adequate

The first theme that emerged from the data collection process was that secondary teachers in Wayne County, Michigan, perceive the school-based mental health resources available to students are adequate. This theme addressed my first two research questions:

(a) What are the perspectives of secondary education teachers in Wayne County, Michigan, on the mental health support services that are available to students during school hours? and (b) What are the types of resources that secondary education teachers in Wayne County, Michigan, feel are necessary in order to support the school-based mental health needs of their students? Interview topics that were used to address these research questions included demographic questions, mental health support services questions, and participant suggestions question. Questions included asking for details about their time as a teacher, the types of school-based mental health resources that participants are aware of, and what additional thoughts and/or suggestions participants may have. A detailed record of specific interview questions can be seen in Appendix A.

Common codes or phrases that were found and helped to build theme one included: Counselor/Resource Officer, Social Worker, Zen Den/Quiet Room, Contracted Outside Agencies, Number of Resources Available, Mental Health Awareness Day, Posters/Flyers, and Peer-Led Groups. Participant T2 noted that students “Usually check in with a social worker or counselor to see what is going on,” or that “students have

access to the school counselor or resource officer.” Regarding the school counselor/resource officer, Participant A48 said, “I think our SRO is top notch. I think he really is a fantastic resource for the students. He is very approachable, which is hard to do, considering the fact that you wear a gun and a badge.” Other participants just noted that there was the opportunity for students to talk to the school counselor/resource officer.

Participants A48, S9, and S11 all noted that their school had a “Zen Den” or some form of a quiet room. This room was described by participants as a place where students can go to reset and to help address the issue that is bothering the student. When asked about the “Zen Den,” participant A48 highlighted that “places like the Zen Den...can take 10 minutes to relax...never punitive.” While the “Zen Den” or quiet room was only brought up by 30% of research participants, when this resource was being described by participants, it was described in great length or detail. Participants C54, S9, C41, C13, F21, and T2 mentioned that there were contracted outside agencies that provided school-based mental health support services to students. When describing these contracted outside agencies, Participant C54 and Participant S9 specifically mentioned the guidance center as being one of these contracted outside agencies. Other participants mentioned the use of contracted outside agencies but did not identify specific agencies.

When interviewing Participant R3 (PR3), they mentioned that their school hosted a mental health awareness day in the springtime. Participant R3 described the mental health awareness day as giving students the opportunity to go outside and participate in activities that helped to promote overall mental health and wellness. It was noted that students are given the time to talk to each other, do activities with chalk, and also get to

play with therapy dogs that are brought in. Along with Participant R3, Participant C13 also identified that their schools have posters/flyers in the halls surrounding mental health and wellbeing. These posters/flyers were described as having information for the suicide hotline, and other mental health resources.

Peer-led groups were identified by participants C3, C54, S11, and T2 as being a type of mental health support service that is adequate in supporting student mental health needs/concerns. Participant C3 and Participant T2 did not mention specific peer-led groups; rather, they identified that these groups were available to students. In their individual interview, Participant C54 mentioned a peer-led group called teen task force being available at their school and Participant S11 mentioned a group called women of tomorrow. Both of these peers led groups were identified as groups that helped to promote student mental health and wellness.

Theme 2: Mental Health Resources Contracted by the Secondary Schools From Outside Agencies Are Helpful to Students

The second theme that emerged from the data collection process is mental health resources contracted by the secondary schools from outside agencies are helpful to students. Similar to Theme 1, Theme 2 also answered my first two research questions: What are the perspectives of secondary education teachers in Wayne County, Michigan, on the mental health support services that are available to students during school hours?, and What are the types of resources that secondary education teachers in Wayne County, Michigan, feel are necessary in order to support the school-based mental health needs of their students? During the individual interviews, participants were asked questions about

mental health support service in order to identify what resources are available to students. An example of this type of question includes the following: “What mental health support services or programs that are offered to students during school hours are available at your school of which you are aware?”

When asked these types of questions, participants C54, S9, C41, C13, F21, and T2 mentioned that there were school contracted outside resources that are available to students. These resources, while contracted by the school, were identified as resources that are available to students outside of school hours. Research participants specifically mentioned the school-contracted agency Care Solace as being an outside mental health support service for students.

Participants C54, F21, and T2 mentioned that Care Solace is used to help match students with the mental health support services that best meet their needs. Participant F21 mentioned that this resource is used outside of school hours, and is typically a virtual counseling option, with the possibility of having in-person counseling session. During the individual interview with participant T2, they mentioned that Care Solace is not only used at their school to provide students with appropriate mental health support services, but also to provide teachers with these resources for themselves.

Theme 3: Barriers Exist in the Accessibility and Availability of School-Based Mental Health Resources in Wayne County Secondary Schools

In addition to themes one and two, the third and final theme that emerged from the data collection process was barriers exist in the accessibility and availability of school-based mental health resources in Wayne County, Michigan, secondary schools.

This theme was addressed by my third research question, or sub RQ2: “What are Wayne County, Michigan, secondary education teachers’ perceptions of the adequacy and the accessibility of school-based student mental health support services?”. The types of questions asked to help answer this research question were focused specifically on barriers and accessibility issues for school-based mental health support services.

There were only two questions asked in this section: “Do you believe that the mental health support services that are offered at your school are accessible to students? Why or Why Not?” and “What barriers do you believe are present for students who are trying to access the mental health support services at your school?” During the suggestion(s) questions portion of the individual interview, participants were also asked questions about improvements their schools can make; commonly tying these improvements in with the accessibility and barriers issues. An example of this type of question from my interview guided included the open-ended question “What types of improvements, if any, do you believe could be made to the current mental health resources that are available to students during school hours at your school?”

Participants identified common barriers to receiving proper mental health support services as including the following: schedule/time/busy, parents/home life, stigma, services not matching the need, funding, and training. When talking about services not matching the need, participants A48, C3, C54, R3, and S9 identified this as the level of mental health support that students are now requiring is not satisfied by the current level of mental health support services. Participants A48, C3, C41, R3, S9, and S11 identified schedule/time/busy as being a barrier to receiving proper mental health support services.

During their interview, Participant S9 described the problem as while students are able to see the school counselor/resource officer or social worker at any time, it all depends on if the professional has the time to see the student at the exact time that the student needs. It was also identified by participants A48, C3, C54, and S9 that parents/homelife can be a large barrier to students receiving proper mental health services. Participant A48 noted that parents may not approve of students receiving mental health support services; with this sometimes being related to the students' religion/faith. Multiple research participants also identified stigma as being a barrier to students receiving mental health services. Stigmas were noted by participants as including a negative connotation of students who receive mental health support services as they may be labeled as weak for needing mental health help.

Finally, funding and training were noted as being other barriers to students receiving mental health support services. Participant T2 mentioned that there is not enough funding for schools to be able to provide all of the resources necessary to support students' mental health needs. They also mentioned that the government should be providing the schools with various resources in order for the schools to provide students with proper mental health support services. Participants C54 and R3 noted that they do not believe that teachers receive the proper training in how to deal with the different mental health situations students may be experiencing. In specific, Participant R3 mentioned that they wished teachers received more on the job training regarding how to manage student mental health needs but also mentioned that this information would be useful in a college course.

Summary

Through the individual interviews, I was able to obtain data that helped me answer my research questions: “What are the perspectives of secondary education teachers in Wayne County, Michigan, on the mental health support services that are available to students during school hours?”, “What are the types of resources that secondary education teachers in Wayne County, Michigan, feel are necessary in order to support the school-based mental health needs of their students?”, and “What are Wayne County, Michigan, secondary education teachers perceptions of the adequacy and the accessibility of school-based student mental health support services?” A large number of participants provided similar responses when asked about the mental health resources that are offered to their students. However, there were some participants who indicated in more depth about the resources that their school offers.

Overall, research participants elicited positive responses when asked questions surrounding the research question “What are the perspectives of secondary education teachers in Wayne County, Michigan, on the mental health support services that are available to students during school hours?” Participants showed that they feel as though students are utilizing the mental health support services that are offered to them, and that schools are doing a good job at offering the types of resources to students of which they are capable. Research participants mentioned that resources like the Zen den/quiet room, peer-led groups/school activities, school resource officers, counselors, and social workers are what contribute to positively impacting students’ mental health.

When asked questions regarding the research question “What are the types of resources that secondary education teachers in Wayne County, Michigan, feel are necessary in order to support the school-based mental health needs of their students?,” participants did not elicit much of a response with suggestions on what additional resources would be beneficial to students. Many participants indicated that they believe the current resources that are offered to students are efficient, they just wish they had more time and training on providing these resources to students. It was indicated that while current resources are available to students, they are not always available at the time that they need. There were multiple research participants that indicated that they wish that secondary education teachers were provided with more training on how to handle students’ mental health needs; that way they can expand the number of individuals who are able to provide these mental health support services to students.

Finally, when research participants were asked questions surrounding the final research question “What are Wayne County, Michigan, secondary education teachers’ perceptions of the adequacy and the accessibility of school-based student mental health support services?” they provided numerous suggestions. Overall, research participants indicated that the resources were readily accessible to students. Resources like the Zen den/quiet room were some of the resources that students could go to at any time, without fearing punitive action. It was also shown that students had access to counselors and social workers at any time, it was more of whether the individual had time at that specific moment to see them, or if the student would have to wait. Issues like schedule/time, parents/home life, stigma, bigger demand, and funding were brought up as some of the

barriers that affect the adequacy and accessibility of school-based mental health support services.

Chapter 4 of this study covered the introduction, setting, demographics, data collection, data analysis, issues of trustworthiness (credibility, transferability, dependability, and confirmability), results, and a summary. Chapter 5 will provide an introduction surrounding the nature of my research study, and its key findings. Then it will go through an interpretation of the findings, the limitations of the study, any recommendations that can be made from the study, and any implications of this research study. The chapter will close with a conclusion that provides the overall take-home message of the research study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of my basic qualitative study was to explore the adequacy and accessibility of current secondary education level school-based mental health resources from the teacher perspective, and what additional resources may be necessary for students. A basic qualitative study was deemed appropriate to understand my phenomena of interest: secondary education teachers' perspectives on the mental health support services that are offered, and the types of additional mental health support services that teachers feel are necessary for students. My primary concepts of interest that were explored through this study were teachers' perspectives on the mental health support services that are offered to students during school hours, the types of mental health support services that are offered to students, the adequacy and accessibility of these resources, and the types of additional mental health support services that teachers feel are necessary.

All three of my research questions were answered through individual interviews with my research participants. Participants expressed that common school-based mental health resources included the counselor/resource officer, social worker, Zen den/quiet room, and contracted outside agencies. There were few additional resources that were suggested by participants than what schools already had available. Roughly 60% of participants did mention that there are school contracted outside agencies such as Care Solace that provide mental health support services to students outside of school hours.

Participants expressed that they felt they needed more in-depth training on how to navigate students' mental health concerns. Teachers also expressed that although there are resources available to students, the individuals providing the resources do not always have the time to see the student at the exact time the student wants to be seen. Common barriers to students receiving proper mental health support services have been identified as schedule/time/busy, parents/home life, stigma, services not matching the need, training, and funding. When asked about other mental health support services, participants expressed that their schools hold things such as mental health awareness days, have posters/flyers on the walls, and have peer-led groups.

Interpretation of the Findings

The findings from my research study confirm and further extend current knowledge regarding school-based mental health resources. While current literature explores school-based mental health resources, there is a lack of current research regarding secondary education teachers' perspectives on school-based mental health resources; with little research being available on the adequacy and availability of these resources (Addy et al., 2021; Berg et al., 2024; Flegge, 2023; Green et al., 2023; Greif Green et al., 2023; Harris & Holman Jones, 2024). Throughout my study, one of the current school-based mental health resources that are available to students are counselors and social workers; also known as school mental health professionals.

School mental health professionals have been shown through previous research to be an asset in supporting students' mental health concerns (Al Saadoon et al., 2024; Berg et al., 2024; Maraccini et al., 2023). Both my research and previous research indicated

that school mental health professionals are crucial in supporting students' mental health, but do not always have the time to properly do so. Recent literature explains that school mental health professionals feel as though they lack the time necessary to properly support students' mental health needs (Berg et al., 2024; Flegge, 2023); while this study further expands on current literature by showing this concern through the teacher perspective. Unlike previous literature, my research study highlighted that school resource officers can be seen as a type of school mental health professional at school.

Through my individual interviews, it was shown that other school-based mental health support services include a counselor/resource officer, a social worker, a Zen den/quiet room, and contracted outside agencies. Previous research indicated that other common forms of support services offered to students during school hours include peer support or mentoring, family-based interventions, and mental health education programs (Greif Green et al., 2023; Zink & Anderson, 2025). Although my research did not indicate any specific family-based interventions, it did highlight that teachers felt there is more of a need for family involvement in students' mental health needs/concerns.

Participants in my research study indicated that their schools facilitate other activities for student mental health support such as peer-led groups and a school sponsored mental health and wellness day. Recent literature shows the need for mental health education programs as they are designed and used to increase students' knowledge and reduce stigma, enhancing their ability to recognize and respond to mental health challenges (Kelley et al., 2021; Marinucci et al., 2024). Although the programs and activities identified by research participants are not mental health education specific, they

are used to promote overall mental health and well-being. Some participants also indicated that their schools have mental health awareness posters and flyers throughout their school.

In this research study, I utilized the SEM to help build a foundation for my research, and to answer the two goals that I have for the study: (a) to explore the relationship that the secondary education teachers have with their students to determine what they felt are the most appropriate mental health support resources for them and (b) to explore the mental health support services that are available to secondary education students during school hours. My first goal was viewed through the community level construct of the SEM. The community level of the SEM is used to understand how participants lived experiences affect the phenomena of interest (Huntington et al., 2024).

The community level of the SEM helped me to understand how secondary education teachers' experiences with student mental health support services affected their perceptions of these resources. With the close relationship that teachers reported having with students due to being with them for a large majority of their day, they were able to identify what mental health resources they believe are necessary for students, and any barriers to these resources. By looking at the school-based mental health resources that participants identified, it shows that there are a number of various resources available to students during school hours. The barriers to access that teachers identified shows that while these resources are available to students, they are not always readily available. If students do not have readily accessible mental health support services, the number of students who are utilizing these resources will decrease.

The second goal of my research study was to explore the mental health support services that are available to secondary education students during school hours. Using the SEM as a foundation, the data was analyzed through the lens of the teacher-student relationship. The institutional level of the SEM addresses the influences on behavior such as specific institution policies, guidelines, access, geographical proximity, physical infrastructure, resource management, capacity, and safety (Ochs et al., 2024). The institutional level of the SEM allowed me to view the importance of mental health policies with the need for mental health support services.

Limitations of the Study

Despite being able to gather the data necessary to answer my research questions, there were some limitations that could have had an effect on the credibility and transferability of the results from my data collection. When recruiting participants through email, I relied on participants to self-report that they met my inclusion criteria. I operated under the assumption that participants fully met my research requirements when consenting to participate in my study. During my data collection process, I conducted individual interviews with my research participants during which I asked open-ended questions related to my research questions. Utilizing open-ended interview questions allowed participants to share their personal perspectives on how they believed they should answer the questions.

A limiting element of my research study was the unique perspectives and expressions of research participants. This can affect or influence the way they answer research questions. For example, if someone has personal connections to mental health,

they may answer in a different way than someone who does not have previous experiences with mental health. Technology also posed a challenge due to the lack of guarantee that my email ends up in the participants inbox instead of their spam folder. There could have been a filter on participants' inboxes due to using participants' public-school emails. The filters could have been a factor in the delay or lack of response by some research participants.

Recommendations

The mental health of high school students continues to be a growing concern. Given that 57.8% of youth in Michigan are not receiving proper mental health support services, it is important to promote continued research on mental health support services (Stark et al., 2020). Students are at school for a large majority of their day; therefore, it is important that they have access to school-based mental health resources (Green et al., 2023). My research focused on teachers' perceptions of school-based mental health resources in Wayne County, Michigan. Although current mental health support services have been identified, there is room for further research on additional types of mental health resources. Using the teachers' perspective, future research opportunities could include exploring in more depth how each type of mental health resources impact students' mental health.

Other areas for future research could include looking further into the barriers to accessibility of school-based mental health resources. In my research study, some of the common barriers were identified as time, stigma, and parents/home life. Future research could focus on how these barriers affect student mental health and receiving school-based

mental health resources. During my individual interviews, multiple participants mentioned in depth how there needs to be more parental involvement in student mental health concerns. Research efforts could focus on what modalities could be used to help parents become involved in their student's mental health needs-

Implications

The adequacy and accessibility of school-based mental health resources continue to be an increasing issue across the United States, not just in Wayne County, Michigan. My study aimed to explore the perceptions of secondary education teachers in Wayne County, Michigan, on the school-based mental health resources that are available to students during school hours.

By using the SEM, I was able to understand how teachers' experiences with student mental health support services affected their perceptions of these resources, and it helped me to connect the importance of mental health policies with the need for mental health support services. Through my interviews with research participants, I was able to identify the types of school-based mental health support services available to students in Wayne County, Michigan. I was also able to gain the understanding that while teachers think positively about current resources, they do not believe that they are readily accessible to students at all times.

Data collected through my research study highlighted the lived experiences of secondary education teachers in Wayne County, Michigan, in regard to school-based mental health resources that are available to students. Due to the fact that over half of the youth diagnosed with a mental health disorder in Michigan do not receive proper

treatment, it is important to promote access to various support services (Kratt & Houdyshell, 2020). Research on school-based mental health support services for students should be continued in order to promote overall student mental health and wellness. Educators and researchers in the health education and promotion field can use this to provide schools with resources that will positively impact students' mental health needs. Future research can further explore how the different types of mental health resources affect students' overall mental health, and how the barriers to accessibility affect students' mental health needs. By applying this research to the field of health education and promotion, it will help educators in adjusting and adding additional school-based mental health resources that would have a positive impact on students' mental health needs.

Through the utilization of the data collected during my research study, positive social change could be achieved by providing educators with an insight on the benefits of various mental health support services for students. Providing schools with insights into the benefits of various resources could help schools improve current mental health support services or add additional support when necessary. Looking at school-based mental health resources from the teacher lens is beneficial as teachers are with students for a large portion of their day. This personal connection allows teachers to notice more subtle changes in students' behaviors.

Conclusion

My research study addressed a gap in current literature regarding the perceptions of secondary education teachers in Wayne County, Michigan, on school-based mental

health resources. These perceptions addressed the types of resources available to students during school hours, what teachers thought of these resources, what additional resources teachers feel are necessary for students, and any issues with barriers or accessibility of these resources. The research was guided by the community and institutional levels of the SEM. Participants highlighted that the types of current school-based mental health resources were adequate enough for students. However, they did identify that students are not always able to access someone that provides these resources at the exact time the student wants to utilize the resource.

Data gathered from my research aligned with previous literature as it highlighted some of the more common school-based mental health resources that are available to students. Through this study, it also highlighted the more specific resources that different schools in Wayne County, Michigan, have available to their students. Participants emphasized the importance of providing students with school-based mental health resources, and the need to address the barriers to the accessibility of these resources. While participants all highlighted similar resources, a percentage of research participants identified mental health support services that were more specific to their school.

Additional research is needed in order to address the impact on positive social change that school-based mental health support services can have. Although the data collected was from a specific subset of the population, my research could be used to frame future research with other counties in Michigan or even with different age groups. Doing so could help to highlight the different mental health support services that are available to students of all ages. The purpose of my research study was to understand the

perceptions of secondary education teachers on the mental health support services that are available to students during school hours. Findings from my research should be shared with fellow health educators and with schools to address the gaps in care and barriers to access when providing students with school-based mental health support services.

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Appendix A: Interview Guide

Interview Guide

Introduction Statement: Thank you for agreeing to participate in this individual interview today. I want to remind you that you are able to revoke your consent to participate at any time. As previously discussed, this interview serves to collect data and information on the perceptions of secondary education teachers in Wayne County, Michigan on the mental health support services that are available to students during school hours. The questions that will be asked in this individual interview will be focused on answering the research questions for my research study. As a reminder, all data will be de-identified and stored on a password-protected device. Our interview today will also be audio recorded. Do you still wish to proceed with this interview today?

Demographic Questions:

1. How long have you been a teacher at any level?
2. How long have you been teaching at the secondary education level?
3. How long have you been teaching at your current school?
4. What subject and/or grade do you teach with primarily?
5. Do you feel as though you are hands on in the lives of your students? Why or Why Not?

Mental Health Support Services Questions:

1. What mental health support services or programs that are offered to students during school hours are available at your school of which you are aware?

2. What are your feelings or thoughts about the mental health support services that are currently being offered to students during school hours at your school?
3. Do you believe that students at your school are utilizing the mental health support services that are available to them? Why or Why Not?

Barriers and Accessibility Questions

1. Do you believe that the mental health support services that are offered at your school are accessible to students? Why or Why Not?
2. What barriers do you believe are present for students who are trying to access the mental health support services at your school?

Suggestion(s) Questions:

1. What types of improvements, if any, do you believe could be made to the current mental health resources that are available to students during school hours at your school?
2. What additional mental health support services do you believe should be offered to students at your school during school hours?
3. Do you believe that your school would be able to initiate these additional resources?
4. What steps do you believe that your school would need to take to initiate these additional resources? If you don't believe that your school is capable of initiating the additional resources you have outlined, what barriers do you believe the school faces?

5. Do you have any additional thoughts about mental health support services that are available to students during school hours?

Closing Statement: Thank you for your time and participation today. The data and information that you provided me with will help me to answer my research questions for my research study; focusing on the perceptions of secondary education teachers in Wayne County, Michigan on the mental health support services that are available to students during school hours. A copy of this interview audio recording and transcript is available at your request.

Interview Guide Key:

Demographic Questions-

- Addressed through the community level construct of the SEM and through RQ1.
 - Used to gain basic demographic information on participants.

Mental Health Support Services Questions-

- Addressed through the community level construct of the SEM and through RQ1.
 - Used to explore how teachers describe their connection to students, their observations of student well-being, and perceived support gaps.

Barriers and Accessibility Questions-

- Addressed through the institutional level of the SEM and through Sub RQ1 and Sub RQ2.
 - Used to explore how teachers evaluate current services, barriers to access, and needed improvements or additional resources.

Suggestion(s) Questions:

- Addressed through the institutional level of the SEM and through Sub RQ1 and Sub RQ2.
 - Used to explore how teachers evaluate current services, barriers to access, and needed improvements or additional resources.

Appendix B: Code Chart

Category	Codes	Number of Participants	Participant Numbers	Number Total
School-Based Mental Health Services	Counselor/Resource Officer	10	A48, C3, C41, C54, R3, S9, S11, C13, F21, T2	45
	Social Worker	10	A48, C3, C41, C54, R3, S9, S11, C13, F21, T2	40
	Zen Den/Quiet Room	3	A48, S9, S11	8
	Contracted Outside Agencies	6	C54, S9, C41, C13, F21, T2	24
	Number of Resources Available	10	A48, C3, C41, C54, R3, S9, S11, C13, F21, T2	10
Resources Outside of School	Care Solace	6	C54, S9, C41, C13, F21, T2	10
	School Contracted	6	C54, S9, C41, C13, F21, T2	6
	Outside of School	6	C54, S9, C41, C13, F21, T2	6
Barriers to Students Receiving Proper Mental Health Support Services	Schedule/Time/Busy	6	A48, C3, C41, R3, S9, S11	17
	Parents/Home Life	4	A48, C3, C54, S9	12
	Stigma	4	C13, C41, S9, F21	5
	Services Not Matching the Need	5	A48, C3, C54, R3, S9	9
	Funding	5	R3, S9, C13, F21, T2	7
	Training	2	C54, R3	3
Mental Health Awareness	Mental Health Awareness Day	1	R3	2
	Posters/Flyer	2	C13, R3	4
	Peer Led Groups	4	C3, C54, S11, T2	5

Appendix C: Themes Chart

Theme(s)	Research Question	Code(s)/Phrases
Secondary teachers in Wayne County, Michigan perceive the school based mental health resources available to students are adequate	<p>“What are the perspectives of secondary education teachers in Wayne County, Michigan on the mental health support services that are available to students during school hours?”</p> <p>“What are the types of resources that secondary education teachers in Wayne County, Michigan feel are necessary in order to support the school-based mental health needs of their students?”</p>	<p>Counselor/Resource Officer, Social Worker, Zen Den/Quiet Room, Contracted Outside Agencies, Number of Resources Available, Mental Health Awareness Day, Posters/Flyers, Peer Led Groups</p> <p>“...Usually check in with a social worker or counselor to see what is going on...”</p> <p>“...I think our SRO is top notch. I think he really is a fantastic resource for the students. He’s very approachable, which is hard to do, considering the fact that you wear a gun and a badge...”</p> <p>“...we get the Downriver Guidance Center comes in. They do peer to peer groups and lunch groups...”</p> <p>“...places like the Zen Den...can take 10 minutes to relax...never punitive...”</p> <p>“...mental health day...go outside...activities...therapy dogs...”</p> <p>“...posters in the hallways...811...suicide hotline...resources?”</p>
Mental health resources contracted by the secondary schools from outside agencies are helpful to students	<p>“What are the perspectives of secondary education teachers in Wayne County, Michigan on the mental health support services that are available to students during school hours?”</p> <p>“What are the types of resources that secondary education teachers in Wayne County, Michigan feel are necessary in order to support the school-based mental health needs of their students?”</p>	<p>Care Solace, School Contracted, Outside of School,</p> <p>“...Care Solace is used to provide mental health resources to students...”</p> <p>“...matches students with the appropriate resources...”</p> <p>“...teachers have the option to be matched with mental health resources...”</p> <p>“...little to no cost counseling...”</p> <p>“...based on insurance...”</p>
Barriers exist in the accessibility and availability of school-based mental health resources in Wayne County, Michigan secondary schools.	<p>“What are Wayne County, Michigan secondary education teachers perceptions of the adequacy and the accessibility of school-based student mental health support services?”</p>	<p>Schedule/Time/Busy, Parents/Home Life, Stigma, Services Not Matching the Need, Funding, Training,</p> <p>“...not able to see the counselor or social worker exactly when they want to...”</p> <p>“...may not feel like they can go to their parents...”</p> <p>“...bigger behaviors that are requiring students to need more services...”</p> <p>“...need more funding to provide resources...stipulations on money...money per student is not always worth it...”</p> <p>“...need more training on how to support students mental health...brought up in a college course...”</p>