

Supporting Children's Mental Health in Schools: Teacher Perceptions of Needs, Roles, and Barriers

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There is a significant research to practice gap in the area of mental health practices and interventions in schools. Understanding the teacher perspective can provide important information about contextual influences that can be used to bridge the research to practice gap in school-based mental health practices. The purpose of this study was to examine teachers' perceptions of current mental health needs in their schools; their knowledge, skills, training experiences and training needs; their roles for supporting children's mental health; and barriers to supporting mental health needs in their school settings. Participants included 292 teachers from 5 school districts. Teachers reported viewing school psychologists as having a primary role in most aspects of mental health service delivery in the school including conducting screening and behavioral assessments, monitoring student progress, and referring children to school-based or community services. Teachers perceived themselves as having primary responsibility for implementing classroom-based behavioral interventions but believed school psychologists had a greater role in teaching social emotional lessons. Teachers also reported a global lack of experience and training for supporting children's mental health needs. Implications of the findings are discussed.

Keywords: school-based intervention, evidence-based, mental health, children

School-based prevention and intervention practices have become essential for reducing the incidence of mental health problems that interfere with learning and social development (Dwyer, 2004). The vast majority of individuals who receive any mental health services receive them in school (Rones & Hoagwood, 2000; U.S. Department of Health & Human Services, 1999). The need for providing these services is clear. Prevalence estimates indicate that 20% of children younger than 18 years of age have mental health concerns and the percentage increases to 25% for children in adverse environments (World Health Organization, 2004). Of

the 5% to 9% of children and youth who meet the criteria for severe emotional disorder, only a small percentage are served (Kauffman, 2005; Walker, 2004).

In response to the need for expanded mental health services for children, research on the use of universal (i.e., targeting all students) and selective (i.e., targeting students at risk) school-based interventions for mental, emotional, and behavior problems has grown considerably over the past decade (Hoagwood et al., 2007; Stormont, Reinke, & Herman, 2010; Weissberg, Kumpfer, & Seligman, 2003). Schools provide excellent settings for targeting children's mental health, their academic performance, and the important connection between them (Greenwood, Kratochwill, & Clements, 2008). Despite the increased availability of evidence-based interventions and the importance of targeting the school setting, the widespread adoption and implementation of evidence-based practices and interventions to both promote children's mental health and intervene with children with specific issues has not occurred (DuPaul, 2003; Kratochwill, 2007; Schaughency & Ervin, 2006). This research to practice gap appears to be very pronounced in the mental health field

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(Walker, 2004). One group of school personnel in particular, classroom teachers, play a key role in understanding this gap regarding school-based mental health. For instance, teachers are often the individuals in the school asked to implement school-based universal interventions, as well as to refer students in need of additional supports.

Understanding the perspective of teachers can be useful for researchers and school psychologists advocating for increased implementation of evidence-based interventions in school settings. Therefore, this study evaluated teachers' attitudes and perceptions of mental health needs in their schools including most common concerns, barriers for addressing mental health needs, and issues related to their experience, knowledge, training, and adoption of interventions. Further, teacher perceptions of their roles in comparison to school psychologists' roles for specific activities (e.g., delivering social emotional curriculum) were explored to determine if teachers feel they play a role in some aspects, but not others of school-based mental health.

The individual and system level factors that influence whether evidence-based practices are utilized in school have been the topics of recent research. For instance, researchers have recently evaluated teacher perceptions (individual level factors) of classroom interventions for children with ADHD toward gaining important insights into strategies for effective consultation (Curtis, Pisecco, Hamilton, & Moore, 2006). If teachers are reluctant to implement recommended school-based programs and practices (e.g., Graczyk et al., 2005) efforts to understand the attitudes and perceptions causing the reluctance will be important, especially for school psychologists consulting with teachers. Other research has focused on system level mechanisms for promoting the use of evidence-based practices in schools, including expert and peer social influences on implementation (Atkins et al., 2008), collaboration between research and policy or practice communities (Frazier, Formoso, Birman, & Atkins, 2008), and the interactions between individual characteristics, the intervention, and systems (Graczyk, Domitrovich, Small, & Zins, 2006). Ringeisen and colleagues (2003) argued that effective school-based mental health services will result from the marriage of systems reform efforts, capacity building, and the delivery of evidence-based intervention

strategies. School psychologists operate at the individual level, consulting with teachers and providing student services, and at the system level by advocating for the adoption and use of evidence-based interventions and practices for supporting student mental health in schools. Therefore, insights into the attitudes and perceptions of teachers can help school psychologists address important issues for reform and capacity building.

There are a number of challenges in successfully implementing and maintaining mental health practices in schools. For instance, while educators and policymakers recognize that good mental health is essential to achieving success in life, schools are not primarily organized to facilitate the provision of mental health services (Cunningham & Cunningham, 2001; Adelman & Taylor, 1998). Furthermore, teachers, the professionals who are most likely to be able to impact behavior and mental health needs in children on a daily basis, may neither have the resources nor knowledge to do so (Kratochwill, & Shernoff, 2004). A critical factor affecting how individuals within the school successfully use a new program is the type of professional training and support that is available (Ringeisen et al., 2003). Understanding the needs for training and current knowledge of teachers regarding school-based mental health will provide insights into how we train and support current and future teachers.

The need for more attention to the disconnect between efficacious practices (practices that have been determined to be effective in research trials), and effective practices (practices that are adopted and used in the desired contexts), is evident (Schaughency & Ervin, 2006; Walker, 2004). School personnel operate within a system of multiple, and sometimes competing, demands. In order to build capacity for utilizing evidence-based practices within school contexts, the exchange of information about dissemination needs to be bidirectional (Schaughency & Ervin, 2006). Researchers need to explore the use of practices within context in order to determine factors that can support the actual implementation of evidence-based practices within school settings. As such both implementer/provider level and organization level factors need attention. Within the schools, teachers are natural implementers who can significantly influence mental health outcomes in children through the use of evidence-

based practices. Many of the evidence-based universal interventions for school-based mental health require teacher implementation and selective or indicated interventions often involve teacher referral (see Greenberg et al., 1999). However, teachers may perceive some of these practices as falling within the expertise of another professional, such as a school psychologist. If universal interventions are to be effective in the classroom, teachers must accept this role and feel they are adequately trained to be successful. Therefore, understanding the teacher perspective can provide important information about contextual influences that can be leveraged to bridge the research to practice gap in school-based mental health practices.

Thus, in order to build capacity and inform system level needs it is important to know the educational and training requirements of teachers regarding implementation of effective mental health practices in schools and/or if schools need to focus their efforts on overcoming specific barriers for providing services. However, few studies have assessed teachers' perceptions of mental health needs in schools or their preparedness and roles for supporting children with mental health needs. At the most fundamental level, it is important to determine if teachers see the relevance of supporting children with mental health needs (Ringelisen et al., 2003; Schaughency & Ervin, 2006). More specifically, do teachers believe it is a role of schools and teachers to support mental health needs in children, and, if they do, do they feel they have the knowledge and skills to be successful? Also, what specific roles for supporting children's mental health do teachers affirm and how do these compare to their perceptions of roles for school psychologists? School psychologists are often viewed as mental health professionals in the school and may be seen as more responsible for supporting the mental health of children in schools.

Accordingly, the purposes of this study were twofold. First, we examined teacher perceptions of mental health concerns for children in their school, barriers to providing services, and perceived gaps in services and training. Second, we examined teacher perceptions of their role in supporting children's mental health in comparison to school psychologists. Given the large research to practice gap noted above, we expected teachers to indicate lack of knowledge in

selecting and implementing evidence-based intervention, as well as a need for more training. We also expected that teachers would identify a lack of resources and training to be key barriers to supporting children's mental health. Further, we hypothesized that teachers would rate the school psychologist as having primary responsibility for most of the roles in supporting children's mental health, particularly with regard to conducting assessments, screening, implementing interventions, and monitoring outcomes.

Method

Participants

A total of 292 early childhood and elementary school teachers from five schools districts (rural, suburban, and urban) completed the survey online. The majority of participants were European American (97.3%) and female (97%). A small percentage of participants were African American (1.5%), multiracial (.8%), or Asian American (.4%). The participants' years of experience ranged from 1 year to 37 years with an overall mean average of 13 years. While the mean average of years of experience reported by teachers was representative of the state overall, two of the school districts had a slightly higher mean compared to the years experience represented by teachers in their specific district (15 years vs. 9 years for both). However, teachers with 5 or fewer years of experience were represented in the overall sample (26%) and across districts (range 17–33%). The sample included classroom teachers (91.1%) and special education teachers (8.9%). Paraprofessional and other nonclassroom-based teachers were excluded from the sample. Forty percent of respondents were from rural school districts, 31.8% were from urban school districts, and 27.7% were from suburban school districts. Of the five school districts only one district, a large urban district, had schools, and therefore teachers, who did not participate in the survey. The demographics of students attending schools that did not participate in the survey were twice as likely to be predominantly African American with high rates of free and reduced lunch.

Measures

Mental health needs and practices in schools survey. The survey included items across three main categories: (1) demographic information related to the participants and their schools; (2) participants' perceptions and attitudes toward the role of schools in children's mental health; and (3) participants' perceptions, knowledge, and attitudes toward evidence-based practices in schools. Terms were defined for participants throughout the survey to ensure understanding of the questions. Mental health issues/needs was defined as "any psychological, social, emotional, or behavioral problem that interferes with the students' ability to function." Mental health intervention/practice was defined as "any type of support or service provided to students who are at risk for or have been identified as having psychological, social, emotional, and/or behavior problems, or to prevent these problems." In the case of the term evidence-based, an initial question in the survey asked if respondents had heard of the term. The next section asking about their use of evidence-based interventions, including the following definition: "treatment approaches, interventions and services, which have been systematically researched and shown to make a positive difference in children" (Association for Children's Mental Health, p. 4).

The survey items were based on an extensive review of related surveys and literature (Aarons, 2004; Chorpita, Becker, & Daleiden, 2007; Elliot & Van Brock, 1991; National Center for Education Evaluation & Regional Assistance, 2003; White & Kratochwill, 2005). The final items were developed based on an iterative review process that included feedback from a range of constituent groups with expertise on the topic. Content validity was established in the first draft of the survey; this draft was reviewed and revised based on input solicited from five expert scholars in the field of mental health practices in schools. Experts provided feedback about all aspects of the survey. In particular, we requested their feedback about the coverage of survey domains, relevance of each domain, and any missing aspects of the survey that could inform understanding of school professionals' roles and attitudes toward mental health practices in schools. In addition to expert scholars, the survey was administered to

a group of 10 teachers, school counselors, school psychologists, special education teachers, and school administrators. These practitioners were asked to complete the survey and provide feedback about the questions, language, and content of the survey. The authors discussed the feedback from this group and edited the survey accordingly.

The revised survey was converted to an electronic version on Survey Monkey. The online version of the survey was then piloted among members of the research team ($n = 25$). The members include faculty and graduate students with experience in school-based mental health. Their feedback was incorporated into the survey before dissemination to schools. The focus of this study was on items pertaining to teacher reported mental health concerns in their schools, report of knowledge, skills, and training, barriers and gaps in services, and perceived roles of teachers and school psychologists.

Mental health concerns. Teacher reported on whether they had taught a student in the past year with a mental health concern across 14 domains such as having aggressive behavior, depression, peer problems, and inattention. In addition, teachers provided in open format the top five mental health concerns they encounter in schools.

Knowledge, skills, and training. Teachers were asked a series of questions to determine their current knowledge, skills, and training in school-based mental health practices. First, they were asked to rate the amount of training and experience they had in using behavioral interventions by indicating none, minimal, moderate, or substantial amounts of training or experience. Additionally, they were asked to report what type of training, if any, they had received in behavioral interventions. Teachers were also asked if they felt they had the knowledge or skills required to meet the mental health needs of the children with whom they work on a 5-point Likert-type scale ranging from strongly disagree to strongly agree. Teachers were also asked to answer a yes or no question about if they had heard the term evidence-based. Lastly, teachers provided open answers to areas they would like additional training.

Barriers. Teachers were asked to rate their perception of barriers to providing mental health services in schools on a 5-point

Likert-type scale, ranging from strongly disagree to strongly agree for 12 items, including lack of training, lack of funding for school-based mental health services, and the belief that mental health problems do not exist. The internal consistency of the scale was adequate (Cronbach's $\alpha = .82$).

Reasons children fall through cracks. Teachers were asked to rate their perception of the reasons that children with mental health needs "fall between the cracks." A total of 10 items were rated on a 5-point Likert scale, ranging from strongly disagree to strongly agree. Items included lack of parenting programs, lack of prevention programs, and lack of administrator support. The internal consistency of the scale was adequate (Cronbach's $\alpha = .86$).

Roles of school personnel. Teachers were also asked using a 5-point Likert scale ranging from strongly disagrees to strongly agree if they felt supporting the mental health needs of children was a role of the school. Additionally, teachers were asked to rate the extent to which they felt teachers and school psychologists should be involved in addressing mental health needs of students across eight domains, including screening, referring to community-based providers, implementing classroom interventions, and conducting assessments. Answers were provided using a 5-point Likert scale, ranging from strongly disagree to strongly agree. Both scales had high internal consistency as indicated by Cronbach's α of 0.78 for the teacher scale and 0.86 for questions pertaining to the role of the school psychologist.

To provide further evidence of the distinctiveness of these latter four subscales, we submitted all 44 items from the Barriers, Cracks, Teacher Roles, and School Psychology Roles subscales to a confirmatory factor analysis using MPlus 6.0. The model fit for the four factor solution was in the acceptable range by conventional standards: the Root Mean Square Error of Approximation (RMSEA) value was 0.08 (90% confidence interval = .078-.085) and the Standardized Root Mean Square Residual (SRMSR) was 0.06 (Browne & Cudeck, 1993). All items had acceptable loadings on their respective scales (.30 or higher) with the vast majority of loadings exceeding .60.

Procedures

Two of the authors attended a meeting with a large group of superintendents from the state of Missouri and invited school districts to take part in the study. Superintendents were told that the purpose of the study was to survey staff from early childhood programs and elementary schools on their perceptions of mental health needs and practices in schools. Eleven superintendents indicated they were interested in the study and gave permission for a follow up contact. Of these 11 districts, 5 agreed to participate by soliciting the survey to their primary and elementary education personnel (45% response rate). School districts who decided not to participate indicated that other priorities took precedence at that time.

Interested district superintendents were contacted over the phone or through email, depending on their communication preferences, to confirm participation. The district-level officials were then asked to provide contact information for the elementary and primary schools in the district and encouraged to inform the school administrators in their district about the research project. School administrators were contacted by telephone or electronic correspondence, and 21 schools from the five districts agreed to participate and provided information on their staff for recruitment purposes. A total of 590 teachers were solicited to participate in the survey for a response rate of 50%. Recent research documented that a response rate of 40% or more in survey research was acceptable for accurate reliable data (Kramer, Schmalenberg, Brewer, Verran, & Keller-Unger, 2009). In other research on online survey response rates, the average rate across 63 studies was 40% (Cook, Heath, & Thompson, 2000). Thus, our response rate is acceptable and even above average for online surveys. The survey took, on average, 15 to 20 minutes to complete. Responses were collected during a 1-month window from mid-March to mid-April in 2008.

As an incentive for participating, administrators and teachers were told their school would be entered into a lottery for a chance to win \$500 for their school if 85% of staff completed the survey. Those schools that qualified ($n = 8$) were entered into a lottery with one school winning. Also, individual participants who

completed the survey were entered into a lottery for a chance to win a \$25 gift card.

Coding of Open-Ended Items

Two open-ended items were coded using the following process. Two coders worked together to code the open-ended questions of the survey. During the first review of the data, broad themes were identified and codes were assigned to them. Then, the data were systematically evaluated and coded. Over the course of the coding process, when the coders noticed new responses in large numbers that did not fit with the original themes, additional codes and categories were added to the original list. A consensus was required between both the coders for a response to be assigned a certain code. A third coder reviewed the broad codes developed and entered the codes into SPSS accordingly.

Missing Data

Results were reported using listwise deletion for missing data on all variables. Missing responses were more likely for questions that occurred later into the survey, most likely due to participant fatigue. However, over 91% of respondents completed all items.

Chi-square tests revealed no significant differences between individuals who completed all items versus those who did not with regard to their role (special education vs. general education) or being from a particular school or school district ($ps > .05$).

Results

Types of Mental Health Issues

Teachers indicated whether they had taught or worked with a student in the past year with specific mental health and behavioral concerns (listed in Table 1). Additionally, using an open response format, teachers were also asked to indicate what they felt to be the most concerning mental health issues in their schools. The top five student mental health concerns were as follows in order from most concerning: (1) Behavior problems, including disruptive, defiant, aggressive, and conduct problems, (2) Hyperactivity and inattention problems, (3) Students with significant family stressors, (e.g., di-

Table 1
Teacher Reported Mental Health Concerns in Children From Past Year (n = 292)

Concern	% of teachers
Disruptive behaviors/acting out	97%
Problems with inattention	96%
Hyperactivity	96%
Defiant behavior	91%
Family stressors (e.g., parent death, divorce)	91%
Peer problems	87%
Aggressive behavior	78%
Anxiety problems	76%
Bullying	75%
Victims of bullying	69%
Depression	54%
Immigration and cultural adjustment issues	29%
School phobia	18%

vorced parents, parents in prison, parents with mental health concerns), (4) Social skills deficits, and (5) Depression. A large number of teachers also reported peer-related problems such as bullying and student victims of bullying as major concerns.

Teachers' and School Psychologists' Roles in Supporting Children With Mental Health Needs

In response to the question "I feel that schools should be involved in addressing the mental health issues of students," an overwhelming majority agreed that schools should be involved (38% of teachers indicated that they strongly agreed, 51% indicated they agreed) with only 6% of teacher disagreeing with this statement (1% disagreed and 5% strongly disagreed).

Paired *t* tests were conducted for seven roles for supporting children's mental health in schools; paired tests included teachers' agreement with performing different roles for supporting children's mental health paired with their perceptions of school psychologists' roles for the same items (see Table 2). To control for Type I error given the number of tests run, Bonferroni correction was used (.05/7 tests run), which resulted in an adjusted alpha of .007 required for results to be considered significant (Myers & Well, 1995). Six of the 7 *t* tests yielded significant results and effect sizes were

Table 2
Results of T-Tests and Means (SD) For Teachers' Perceptions of Their Roles and School Psychologists' Roles for Supporting Children's Mental Health Needs (n = 280)

Role	School		T	p	d
	Teacher	psychologist			
Screening for mental health problems	3.07 (1.1)	4.63 (.62)	-21.00	.000	1.77
Implementing classroom behavioral interventions	4.50 (.64)	3.98 (.94)	7.32	.000	.66
Teaching social-emotional lessons	3.87 (.97)	4.09 (.92)	-2.91	.000	.23
Conducting behavioral assessments	3.47 (.99)	4.53 (.65)	-15.77	.000	1.29
Monitoring student progress	4.23 (.75)	4.36 (.72)	-2.25	.025	.18
Referring children and families to school-based services	3.92 (.89)	4.59 (.70)	-10.96	.000	.84
Referring children and families to community-based services	3.46 (1.0)	4.63 (.63)	-17.87	.000	1.41

Note. Likert scale for mean ratings: 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

calculated to determine the magnitude of effect (Cohen, 1988). Cohen's (1988) guidelines for interpreting scores include: small effects range from 0.20 to 0.49, medium from 0.50 to 0.79, and large above 0.80.

Teacher Knowledge, Training, and Experience in Supporting Mental Health

Teachers were asked whether they had heard of the term "evidence-based practices," 55.5% of teachers indicated they had, while 44.5% indicated they had not or were unsure. More specific questions were included on involvement, knowledge, and skills in relation to supporting children's mental health needs in schools. In response to the question "I feel that I have the level of knowledge required to meet the mental health needs of the children with whom I work," 4% of teachers indicated that they strongly agreed, 24% indicated they agreed, 31% were neutral, 36% disagreed, and 5% strongly disagreed.

Teachers also responded to the question "I feel that I have the skills required to meet the mental health needs of the children with whom I work," and 4% of teachers indicated that they strongly agreed, 30% indicated they agreed, 29% were neutral, 32% disagreed, and 4% strongly disagreed. Teachers were also asked to respond to a question on their cultural knowledge and skills. In response to the question "I feel that I have adequate cultural knowledge and communication/interpersonal skills to meet the mental health needs of the culturally diverse children with whom I work," 6% of teachers indicated that they strongly agreed, 35% indi-

cated they agreed, 37% were neutral, 20% disagreed, and 2% strongly disagreed.

Teachers' perceptions of experience, level and type of training related to behavioral interventions were also solicited. Teachers indicated their most common experiences learning about behavioral interventions occurred through workshops and inservices (68%), staff development (53%), independent study (36%), undergraduate course work (33%), and graduate course work (29%). Some teachers reported having no training experience in behavioral interventions (9%). Teachers also rated their overall education or training on behavioral interventions with 21% rating their education or training as none or minimal, 62% reported moderate, and 17% reported substantial education or training. In terms of experience using behavioral interventions, 20% rated their experience as none or minimal, 48% reported moderate, and 32% reported having substantial experience.

Teachers were asked to provide the top three areas in which they felt they needed additional knowledge or skills training. This was asked in an open format with responses coded utilizing the same procedures as described previously. From these data the top three areas identified for additional training were as follows: (1) Strategies for working with children with externalizing behavior problems, (2) recognizing and understanding mental health issues in children, and (3) training in classroom management and behavioral interventions. A large number of teachers also reported the need for training in engaging and working effectively with families.

Barriers to Services

Teachers' also reported on the reasons they felt children needing mental health support fall through the cracks (see Table 3). The top four reasons, which were supported by more than half of teachers, included the lack of: (1) adequate parent support programs, (2) prevention programs for students with externalizing behavior, (3) prevention programs for internalizing programs, and (4) staff training and coaching. In addition, teachers provided their opinions regarding whether certain factors were barriers to supporting children with mental health needs in schools (see Table 4). The top three barriers were insufficient number of school mental health professionals, lack of training for dealing with children's mental health needs, and lack of funding for school-based mental health.

Discussion

School professionals are under increased pressure to be accountable for the practices they implement with current legislation directing teachers to use evidence-based practices (Yell & Drasgow, 2003). Factors that influence adoption of evidence-based practices are the focus of extensive research as researchers try to bridge the research to practice gap by understanding more about what makes an intervention transportable (Walker, 2004). To add to the literature in this area, the purpose of this study was to determine teachers' perceptions of current mental health needs and issues in their schools and their perceived role as well as school psychol-

ogists' roles in supporting the mental health needs of children. Our hypotheses related to teachers' knowledge of evidence-based practices, need for additional training, and barriers for supporting mental health were validated in our descriptive analyses, which will be discussed first.

Several findings emerged from the descriptive analyses. First, 75% of all of the participating teachers reported either working with or referring students with mental health issues over the past year. A large percentage of teachers reported working with children with disruptive and acting out behavior, children with attention problems and children with hyperactivity. Further, results indicated that nine out of 10 teachers reported working with children with defiant behavior and children who were experiencing family stressors. This coincides with the reports of teachers feeling they need additional training in the areas of working with children exhibiting externalizing problems, effective classroom management and behavioral interventions, and engaging and effectively working with families. These findings provide us with important information about the types of issues faces by teachers on a regular basis as well as a guide on how to effectively train both inservice and preservice teachers. Given the robust literature about effective classroom management practices, it is disconcerting that so many teachers feel unprepared to manage challenging student behaviors. Teacher education programs that fail to equip future educators with effective classroom management and behavior support planning skills

Table 3
Reasons Students With Mental Health Needs Fall Through the Cracks (n = 276)

Because of a lack of:	A/SA	N	D/SD
Adequate parent support programs	67%	23%	10%
Prevention programs for students with externalizing behavior	62%	20%	18%
Prevention programs for students with internalizing behavior	61%	23%	16%
Staff training and coaching	51%	25%	23%
Early screening and prereferral programs	46%	26%	28%
Ongoing monitoring for students with mental health needs	45%	30%	25%
Early intervention programs	44%	27%	29%
Implementation of existing programs as intended	44%	32%	24%
Adequate crisis planning and support	41%	38%	21%
Bullying programs	34%	26%	40%
Administrative support	34%	24%	42%

Note. A/SA = 4 (agree) or 5 (strongly agree); N = 3 (neutral); D/SD = 2 (disagree) or 1 (strongly disagree).

Table 4
Teacher Reported Barriers for Supporting Mental Health Needs (n = 266)

Barrier	A/SA	N	D/SD
Insufficient number of school mental health professionals	82%	12%	6%
Lack of adequate training for dealing with children’s mental health needs	78%	16%	6%
Lack of funding for school-based mental health services	66%	27%	7%
Stigma associated with receiving mental health services	63%	27%	10%
Competing priorities taking precedence over mental health	59%	30%	11%
Difficulty identifying children with mental health needs	51%	18%	31%
Lack of coordinated services between schools and community	41%	39%	20%
Lack of referral options in the community	37%	40%	23%
Language and cultural barriers with culturally diverse students	29%	32%	39%
Mental health issues are not considered a role of the school	27%	35%	38%
Mental health problems do not exist and are just an excuse	19%	26%	55%

Note. A/SA = 4 (agree) or 5 (strongly agree); N = 3 (neutral); D/SD = 2 (disagree) or 1 (strongly disagree).

are doing a disservice to the field. The profession of teaching is an incredibly important and challenging career. The results of this survey indicate the need for training, strategies, and attention toward supporting teachers faced with students displaying significant behavioral, social, and emotional difficulties.

Second, teachers reported that they felt it is the schools’ responsibility to support children’s mental health needs and that teachers should play a specific role in doing so. In particular, 89% of teachers agreed that schools should be involved in addressing the mental health needs of children. However, only 34% of teacher reported that they felt they had the skills necessary to support these needs in children. This is important information in regard to the research to practice gap. If teachers believe they should play a role in addressing the mental health needs of children, but lack adequate knowledge or skills to do so, transporting effective practice to schools will require intervention developers to include effective training and ongoing consultation/coaching as part of dissemination practices. Further, school psychologists working within school districts wanting to utilize evidence-based practices could serve as consultants or coaches supporting teacher-implemented programs and practices.

We also hypothesized that teachers would rate school psychologists as having primary responsibility for most of the roles in supporting children’s mental health; we found that teachers regarded the role of school psychologist to be more expansive than their role in supporting mental health services. For instance, teachers

felt that school psychologists should play a greater role in screening, conducting assessments, and teaching social emotional lessons in the classroom. However, teachers indicated that the role of implementing behavioral interventions in the classroom was a teacher role. This is promising in that it indicates openness for teachers to implement behavioral interventions in their classroom. Thus, school psychologists can play a more supportive role through consultation with teachers to develop and implement these interventions. However, it is interesting that teachers indicated the role of teaching social emotional lessons as being more appropriate for school psychologists. Teachers clearly distinguish between teaching academics and teaching social competence. This is an area that researchers and school psychologists may target by making the important connection between academics and mental health evident. Children who struggle socially or emotionally are less likely to benefit from academic instruction (McClelland, Morrison, & Holmes, 2000). Supporting teachers to integrate evidence-based social emotional curriculum into their classroom could produce positive outcomes for children while bridging the gap between research and practice. Furthermore, making the connection between the primary purpose of our schools, improving academic performance, with the mental health of children may help to bridge the communication gap between the educational and mental health systems, and increase the likelihood that activities are integrated into the existing school organization and structure (see Capella, Frazier, Atkins, Schoenwalk, &

Glisson, 2008). It is important to also stress that if school psychologists take on this supportive role, they need to have time and training in order for efforts to be successful.

Another interesting finding was the lack of knowledge regarding what is considered evidence-based practice. Nearly half of teachers indicated that they had never even heard the term "evidence-based." This seems surprising given the expansion of the term in research literature over the past decade. For instance, when conducting a search in PsycInfo of manuscripts using the term "evidence-based" in the title for the year 1999, only 49 articles are identified, but for the year 2009, a total of 245 articles are identified. Further, many organizations have attempted to systematically identify and document programs that are considered "evidence-based" (e.g., Blueprints for Violence Prevention, Office of Juvenile Justice and Delinquency Prevention, What Works Clearinghouse). The data from this survey clearly point to the lack of dissemination of this information to teachers. If we hope to close the research to practice gap, we as researchers will need to become better at communicating the common language that is developing around these practices. An important first step toward increased dissemination is making teachers aware of evidence-based practices. Further, teachers as natural implementers of evidence-based programs and practices will need access to information about correctly identifying these programs and practices. School psychologists, who often receive more specialized training in the area of student mental health, evidence-based practice, and research, can be a resource to their school districts and teachers in understanding and identifying effective practice. Additionally, school psychologists can provide inservice trainings on what it means to be evidence-based, where to locate information about these practices and programs, and how to implement them effectively.

Limitations

While the findings from this survey are informative to the field, it is important to note that the sample is limited to teachers from within one state. Many of the teachers were most likely trained by teacher education programs within this state. Therefore, their training and per-

ceived needs may not be representative of teachers from other regions of the country. Additionally, while the response rate was fairly high for survey research, only 50% of teachers solicited actually responded to the survey. It is possible that teachers who did not respond may have views that were not adequately represented. For instance, you might expect that individuals who chose not to take the survey on school-based mental health practices may not feel that this issue is a priority for them or they may have less positive views about the involvement of schools in student mental health. Additionally, teachers working with students from diverse low-income backgrounds may not have been adequately represented in the current sample. Therefore, these findings may not generalize to teachers working in schools with high numbers of diverse students from low-income backgrounds. Further, survey data only provides a glimpse into the perspective of respondents. The use of focus groups or individual interviews would potentially add richer information on the topic. We also did not ask teachers about their willingness to participate in trainings to improve their practices. Lastly, the survey was only conducted with teachers from preschool and elementary classrooms. Therefore, the results are not representative of teachers of students from higher grade levels. Middle school and high school teachers may express different mental health concerns, barriers, and training needs.

Implications

The process for selecting and implementing school-based mental health practices by school personnel does not typically occur in a systematic manner, nor are the training needs, resources needed to implement, fidelity of implementation, and evaluation of outcomes associated with daily practice routinely assessed (Ringelsen, Henderson, & Hoagwood, 2003; Walker, 2004). The findings of this study indicate the complex nature of the research to practice gap. For instance, although teachers perceive the need to promote the mental health of students many feel inadequately prepared to identify or implement practices to do so. Models for granting access to information, skills, and resources will be required to increase the use of evidence-based practice. Nutley, Walter,

and Davies (2009) outline several helpful mechanisms for supporting this notion, stating that interactive approaches, such as partnerships that encourage communication and links between researchers, policymakers, and practitioners can promote adoption of evidence-based practices. This model fits nicely with several findings in that improving communication and links between researchers and practitioners could support teachers in being able to identify and apply evidence-based practices within school settings. Further, school psychologists can interface between teachers and research in a way that supports use of effective practices in local contexts.

In efforts to bridge the gap between what researchers have shown to be effective in reducing mental health issues in children and what practitioners select to implement, it is important to understand issues related to this gap. The survey pinpoints a clear need for connecting teacher training to the specific areas of challenges that they encounter in working with students. In this case, the major concerns connected to training were externalizing problems, engaging families, supporting social development, and children showing signs of depression. Additionally, providing training to preservice and inservice teachers that promotes the use of evidence-based practice and programs is needed. Teachers understand that they can play a role in supporting students with behavioral, emotional, and social difficulties, but need the training and support to implement effective practices. School psychologists can work toward filling some of these gaps by acting as resources to teachers in identifying evidence-based programs and practices, training and providing ongoing consultation in these practices, and supporting the ongoing evaluation of these practices within the real world. Next, effective dissemination will require researchers to develop systematic plans for training, consultation and coaching, and supervision to ensure that evidence-based programs and practices can be transported to real world practice. While teachers are natural implementers of many universal prevention and intervention programs, school psychologists may serve as natural disseminators and consultants, providing the supports necessary for teachers to implement these programs and practices with high fidelity.

Lastly, barriers to provision of mental health services included training, but also, the lack of

funding and presence of mental health personnel in schools. School psychologists need to advocate their role in supporting the implementation of evidence-based practices in school-based mental health. While school psychologists can provide training and ongoing support for implementation of universal strategies by teachers, they can also provide the much needed evidence-based selective and indicative programs and practices. School psychologists need to inform school district administrators and policy leaders of the need for promoting and implementing school-based mental health practices, pushing for expansion of funding and practitioners to meet the need for these practices. Further, teachers can play important roles in screening, monitoring progress, and teaching social emotional lessons in their classroom. Helping teachers identify these components to supporting mental health in children as roles they can integrate into practice may begin to remove barriers to services.

Future research should explore connections between teacher characteristics (e.g., training) and their perceptions of school mental health. Past research has documented that position (teacher vs. aid) and educational level (graduate vs. undergraduate) are associated with teachers' ratings of importance of behavioral supports for preschoolers with behavior problems (Stormont & Stebbins, 2005). Further research on this topic can help inform specific training needs for subgroups of teachers. Additionally, prepost assessments of implementation and maintenance of skills, as well as acceptability of the training and program or practice, following trainings for teachers focused on school-based mental health would provide information on whether teachers find the information useful and if they transfer it to practice. Furthermore, collecting data on potential mediators of teacher implementation, including teacher self-efficacy, burnout, and school organizational health following trainings could provide important information about factors that can impede or promote evidence-based practices in schools.

Overall, our findings suggest that despite the growing popularity of the concept of evidence-based practices many teachers have never heard the term. Further, most teachers did not feel they had the knowledge, skills, or resources to make sound decisions about selecting and implementing appropriate mental health supports

for children. On a positive note, most teachers believe schools and educators should play a role in supporting the mental health among students in their schools. Although researchers have not regularly invited educators to be part of the dissemination conversation, it is clear from this survey that teachers would make great partners in the process, particularly if the goal is to transport evidence-based practices and interventions into real world school settings. Without the key players at the table, including those who would be implementing evidence-based interventions (i.e., teachers), the research to practice gap is likely to remain.

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