Slipping Through the Cracks: Addressing Mental Health Needs of Students in the K-12 Classroom

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Abstract

Mental health illnesses have become more prevalent over the past 20 years. With this

increase in mental health disorders, schools have failed to provide students with the

necessary support and resources needed for them to be successful in the classroom. The

objective of this study is to highlight the prevalence of mental health illnesses and give

insight to strategies that can be implemented by the school system in order to give every

child the opportunity to be successful. This study focuses on adolescents with anxiety

and/or depression. Research has been conducted to identify the increase in cases of

mental health disorders since the year 2000. This research revealed possible causes of

mental health illnesses, identified symptoms of such illnesses, and proposed possible

strategies for helping students be successful in spite of their challenges. There is much

discussion in the education field as to how much responsibility teachers have for the

mental needs of their students. The findings of this study argue that teachers must address

the mental needs of their students if they want to ever teach them academic content. This

idea expands upon Abraham Maslow's hierarchy of needs where he suggested that a

person's physical needs must be met before a person can ever reach his/her full potential.

This study explores Maslow's theory and concludes that mental health needs belong

inside his model for human necessities. The findings conclude that there needs to be

reform inside the education system in order to properly address mental health needs of students.

Keywords and phrases: mental health, anxiety, depression, hierarchy, education

Table of Contents

List of Figures

List of Tables

Acknowledgments

Slipping Through the Cracks: Addressing Mental Health Needs of Students in the K-12 Classroom

In high schools in the United States, three students attempt suicide each year (Meadows, J., & Ramirez, T., 16–19). While this number may not alarm some people, it represents three young people who make a decision every year that affects themselves, families, friends, and communities. The most heart-wrenching part is that, most of the time, these attempts could be prevented. Suicide is the result of a person who feels unloved, unwanted, hopeless, depressed, anxious, and many other similar feelings of despair. These emotions and feelings can often be labeled as mental health disorders, or mental illnesses. The World Health Organization (WHO) defines mental health as, "…a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." In other words, mental health is all about human emotions, feelings, thoughts, and behavior; it can affect physical health, social behavior, and emotional well-being.

The National Comorbidity Survey-Adolescent Supplement (NCS-A) is a face-to-face survey among adolescents nationwide; it surveyed 10,123 people ages 13-18 in the continental United States. The results concluded that anxiety disorders were the most common at 31.9% of the adolescent group, with mood disorders (depression) ranked the third most common at 14.3% (Merikangas et al., 2010, p. 980). According to the 2011-2012 National Survey of Children's Health, anxiety and depression were the second and third most commonly reported disorders among adolescents ages 12-17. The survey showed 4.8% of adolescents reported having anxiety, while 4.0% reported having depression. ADD (Attention Deficit Disorder) or ADHD (Attention Deficit Hyperactive Disorder) was the only disorder ranked higher than depression and anxiety. This report emphasizes the prevalence of anxiety and depression among adolescents today. Therefore, in response to these findings, this thesis will highlight the prevalence of mental health illnesses in adolescents and provide insight to effective strategies schools can use to address specific mental health needs of their students. Mental health illnesses are a real threat to students' education and strategies must be implemented by schools and classroom teachers to reduce the effect that such illnesses have on student learning.

First, it is imperative to state that this study in no means resulted in the end all solution for teaching students with mental health illnesses. There will never be one easy fix for helping students who struggle in the classroom due to mental obstacles. This thesis does not attempt to tell teachers how to diagnose students who have not officially reported having a pre-existing mental disorder. Teachers are not doctors, and while this study does stress the importance of teachers being active in looking for signs of possible anxiety and depression in students, it does not claim that teachers should try to diagnose

their students. The purpose of this study is to help teachers identify symptoms displayed

by students that are commonly associated with anxiety and depression. After identifying

possible signs or symptoms of these mental health disorders, teachers then differentiate

their instruction in order to better meet the needs of their students. Regardless of whether

a student is officially diagnosed with having anxiety or depression, teachers can still be

proactive by altering instruction. The strategies described in this thesis are not exclusive

to only the students who have the mental illness; every student can benefit from them.

Anxiety and Depression

Definitions

Anxiety and depression are two of the most common mental health illnesses.

Anxiety is intense, excessive, and continuous worry and fear about everyday situations.

Anxiety can be normal in situations such as public speaking or test-taking. It becomes a

mental health disorder when the anxiety is persistent, all-consuming, and affects daily

living. Generally, anxiety needs to be diagnosed by a doctor in order to receive treatment.

Depression is a mood disorder that causes a loss of interest in activities due to

persistent feelings of sadness. Severe depression can lead to thoughts of suicide.

Depression requires a medical diagnosis to obtain treatment.

Symptoms

Anxiety symptoms differ from person to person. In general, anxiety symptoms

can include disproportionate worry that disrupts everyday living, restlessness, fatigue,

tense muscles, and interrupted sleep. Anxiety can be triggered by an experience or can

onset without any trigger or reason at all (Felman, 2020). Anxiety can cause severe

sweat, panic attacks, constant worry, and paranoia. Anxiety can affect people differently, but when someone is constantly worried about what is going to happen next, they can become paranoid. For example, someone living with anxiety may be worried about how they should dress for an event hosted by their place of work. If the person dresses professionally and then arrives at the event to realize that everyone is dressed in casual attire, then an anxiety attack could occur. This person now feels that everyone in the room is looking at them and judging what he/she is wearing. This person feels that every conversation they are not a part of is full of negative comments about them. The worst-case scenario immediately starts running through their mind and they must get away to calm down. This is just one example of how anxiety could affect someone's life. For a student, this situation could be going to a sporting event, going to a dance, or simply showing up to school every day.

Depression symptoms can also differ from person to person. Authors of the article *School Engagement and the Role of Peer Victimization, Depressive Symptoms, and Rumination* state, "Depressive symptoms include depressed or irritable mood, reduced interest or pleasure in activities, significant changes in weight, changes in sleep patterns, feeling slow, fatigue, feeling worthless, reduced ability to concentrate, and recurrent thoughts of death and suicide (American Psychiatric Association, 2013)." Medical News Today says, "People with depressive disorders have significant changes in mood, experience a constant low mood, and lose interest in activities and events they previously enjoyed" (Felman, 2020). Depression is serious, and it affects many students. Students who have depression can become distant and start isolating from friends and family. If left untreated, students can become suicidal and take their own life.

How They Can Be Seen in the Classroom

Academic performance can be affected by having anxiety and/or depression. The impact on academics can be seen through focus issues, changes in school attendance, lack of extracurriculars, and reduced engagement in the classroom (Atkins, M.-A., & Rodger, S., 2016). More so, the authors of *School Engagement and the Role of Peer Victimization, Depressive Symptoms, and Rumination*, state "Adolescents who report symptoms of depression tend to exhibit less motivation to participate in school activities (Garvik, Idsoe, & Bru, 2014), lower levels of school satisfaction and motivation, and less connection with teachers and school (Humensky et al., 2010; Li & Lerner, 2011). Chow, Tan, Buhrmester (2015) found adolescent depressive symptoms were negatively related to school involvement, which was then associated with lower academic performance" (Dorio, N. B., Secord Fredrick, S., & Demaray, M. K., 2019**,** p. 966-967).

Academics are not always affected by the presence of mental illnesses; students can be highly successful but still struggling with mental illness (Atkins, M.-A., & Rodger, S., 2016). This is of high importance when educational leaders are trying to identify signs and symptoms of mental illness in their students. Academic struggles cannot be the sole factor in determining the existence of a mental disorder. Things to look for that might suggest a person has developed a mental illness are

- withdrawing from friends, family, and colleagues
- avoiding activities they would normally enjoy
- sleeping too much or too little
- eating too much or too little
- feeling hopeless

- having consistently low energy

- using mood-altering substances, including alcohol and nicotine more frequently

- displaying negative emotions

- being confused

- being unable to complete daily tasks

- having persistent thoughts or memories that reappear regularly

- thinking of causing physical harm to one's self or others

(Felman, 2020).

Early identification can be important in order to prevent further difficulties and more severe conditions. The article *Transactional Associations between Adolescants' Emotion Dysregulation and Symptoms of Social Anxiety and Depression: A Longitudinal Study* says, "Early identification of difficulties in emotion regulation may be particularly important during early adolescence, as emotion dysregulation appears to predict internalizing symptoms. Whereas once these problems have developed, symptoms further increase difficulties in emotion regulation, which in turn exacerbate depressive symptoms" (Masters, Zimmer-Gembeck, Farrell, 2019, p 1104-1105).

Prevalence

Suicide is the second leading cause of death among young people (ages 10-24), and adolescent suicide rates have tripled over the past 60 years. Additionally, research explains that three students attempt suicide each year in high schools in the United States (Atkins, M.-A., & Rodger, S., 2016). The California Healthy Kids Survey collected data from almost 14,000 eleventh grade students in more than 40 different school districts.

This survey reports that almost 34 percent of eleventh grade students (in California) experience feelings of sadness and hopelessness (Atkins, M.-A., & Rodger, S., 2016). Additionally, in 2015, 12.5% of adolescents between the ages of 12 and 17 experienced at least one major depression episode (Dorio, N. B., Secord Fredrick, S., & Demaray, M. K., 2019**,** p. 966). In *Assessing anxiety disorders in children and adolescents,* the authors state, "Anxiety disorders are among the most common mental health problems of childhood and adolescence, with are cent meta-analysis from 41 studies, 27 countries and 63,130 young people suggesting a prevalence rate of 6.5%... If left untreated, young people with anxiety disorders are at increased risk for continued mental health problems in adulthood, including other anxiety disorders, depression and substance misuse, and the majority of anxious adults report onset of anxiety prior to the age of 15" (Spence, 2018, p 266). It is not a stretch to say that anxiety and depression are prevalent and, if left untreated, they can be detrimental to the health of students.

Identifying the Need

Over the years, it appears that mental health has become more prevalent. However, author Humphrey suggests that, "changes in prevalence rates over time may not reflect a genuine increase in mental ill health, but rather an increased willingness to disclose the experience of symptoms among children and young people" (2018, p 6). A study was done to determine if the 12-item version of General Health Questionnaire (GHQ12) had the ability to estimate the prevalence of anxiety and mood disorders (AMD) in adolescents. This study was written about in the article *Estimating the Prevalence of Anxiety and Mood Disorders in an Adolescent General Population: An*

Evaluation of the GHQ12 by Mann, Paglia-Boak, Adlaf, Beitchman, Wolfe, Wekerle,

and Hamilton. The authors of this article state that depressive disorder, generalized

anxiety disorder, separation anxiety disorder, and social anxiety disorder are among the

most prevalent mental disorders in adolescence and childhood. For this study, over 3,300

students from Ontario were administered the questionnaire, which is designed to detect

symptoms of depression, anxiety, and social dysfunction among the general population

using surveys. This survey used students from grades seven through twelve in order to

get an adequate range of adolescent students. The GHQ12 asks students to rate the level

to which they have experienced the following symptoms over the past few weeks:

- problems with concentration and decision-making

- feeling worthless and useless

- inability to enjoy normal activities and to face and over-come problems

- feeling unhappy and depressed

- losing sleep over worry

- feeling constant stress

- losing self-confidence.

The results revealed that students who reported a history of family involvement with

Child Protective Services, partaking in harmful/hazardous drinking, a drug use problem,

or a gambling problem had significantly higher odds of scoring 5 or above compared with

those who did not report such problems. A 5 or above on the GHQ12 was an indicator

that a child might develop an AMD. The results proved to be valid for assigning possible

diagnosis of AMD in adolescents based on their GHQ12 score. The results also stated

that since the survey relies on students being honest about their answers, there is a

possibility of underreporting and/or overreporting of mental health indicators. Even so, the results still support the usefulness of the GHQ12 in assessing probable anxiety and mood disorders in adolescents. With this tool, identifying prevalence of these mental disorders may become more accurate and helpful in determining future need.

Receiving Services
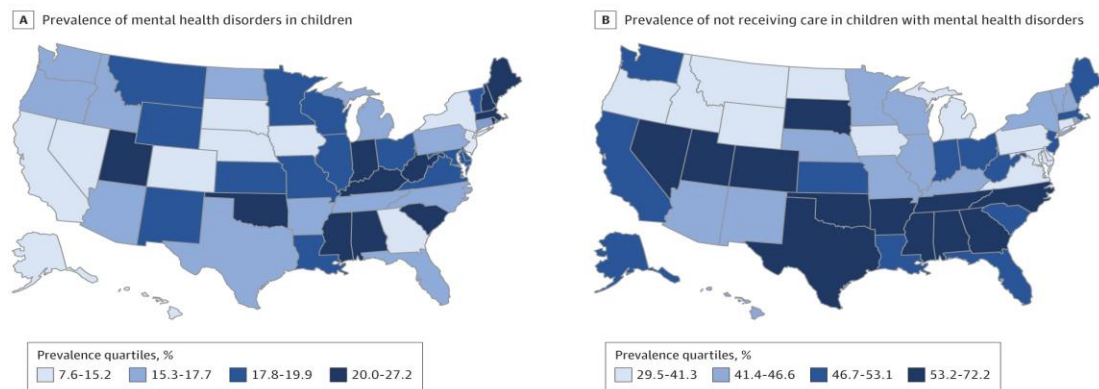
Image courtesy of JAMA Network®
© 2019 American Medical Association

Figure 1: Prevalence quartiles in the United States

This image shows the prevalence of mental health disorders in children in the United States and the prevalence of those children who do not receive care for their mental illness. It is important to note that the prevalence could be higher. These percentages are based only on the people who have actually been diagnosed by a health professional. The most alarming part is that all across the United States, as little as 28% of people with a

diagnosed mental disorder could be receiving care specifically for that mental illness.

Some states are higher, reporting that up to 70% of people are receiving the appropriate

care needed. On average, less than 50% of children with a mental illness are receiving the

necessary care for their disorder. One article states, "The lifetime and current prevalence

of mental disorders was 21% and 14.8%, respectively. Overall, 7,819 children needed

mental health care, representing 9.5% of the total sample; only 61% of them received

treatment or counseling" (Wenhua, 2017, p 988). There are many reasons why this could

be the case, some are as follows:

- Families might not have access to affordable health care.

- Children could be embarrassed to disclose their struggles.

- People choose other means of care such as daily exercise and meditation.

- Children/parents might not think the disorder is severe enough for professional
  help.

Authors, Jenkins and Stone, conducted a study and stated, "Over the course of the study,

it became apparent that access to mental health services for low-income families, already

scarce, was becoming even more significantly difficult to obtain. Changes to state and

local health resources greatly affected the experiences of the adolescents and their

families in terms of options for care, medications, and treatment. Increasing barriers and

limited access to health services influenced the long-term recovery plans of the families.

Many participants and their kin discussed being unable to afford the quality of care they

required. The scarcity of healthcare resources is a global issue is a global health issue

affecting all societies" (2017, p 624). In the Jenkins and Stone study, the authors explored

the inadequate health care available to low-income and different ethnicity families. They

reiterate the point that some people simply do not have access to affordable care, which is

why they do not get help. This idea is also supported in *Predictors of Initial Engagement*

in Child Anxiety Mental Health Specialty Services when the authors write, "Knowledge

of factors that predict engagement in child mental health services can help identify

avenues to promote service utilization, especially among ethnic minority children and

families. Our culturally tailored approach to serving families appears to be promising in

bridging the cross-ethnic services gap and therefore has implications for practice" (Zerr,

Pina, 2014). There is clearly a gap between Caucasians and minorities for services being

provided. These authors indicate there is a bridge to help reduce the gap that exists.

   Another research article revealed that of children and adolescents currently in

schools, over 20% of them have mental health disorders. The article went on to say that

over 70% of those children do not receive the treatment they need, which can have

emotional, educational, and social implications (Searcey van Vulpen, Habegar, Simmons,

2018, p 104). The table below shows more possible reasons why children with mental

illnesses are not receiving care for their disorder.

Falling through Cracks Due to Lack of . . .	SD	D	N	A	SA
Parent support (*n* = 503)	6.96	10.34	19.09	34.19	29.42
School mental health professionals working in school (*n* = 507)	4.54	13.21	25.05	34.32	22.88
Prevention programs for students (*n* = 506)	3.95	12.06	28.46	36.36	19.17
Bullying programs (*n* = 507)	8.09	26.82	27.42	23.67	14.00
Early intervention programs (*n* = 507)	5.33	18.34	30.57	30.18	15.58
Supportive programs available to parents (*n* = 505)	3.17	11.09	28.12	36.04	21.58
Early screening and pre-referral programs (*n* = 507)	3.55	13.21	31.56	33.93	17.75
Ongoing monitoring for students with mental health needs (*n* = 506)	3.56	10.87	28.26	34.39	22.92
Awareness that mental health problems even exist in children and adolescents (*n* = 503)	5.77	15.11	17.69	34.79	26.64

Note: Values represent percentage of respondents. SD = strongly disagree, D = disagree, N = neutral, A = agree, SA = strongly agree. The value of *n* changes based on response rates.

Table 1: Note. Barriers for Not Receiving Services. Adapted from "Rural School-Based Mental Health Services: Parent Perceptions of Needs and Barriers. *Children & Schools*, *40*(2), 108.

Whatever the reason, it is evident that mental health disorders are prevalent and need to be addressed. It is evident that there is much research that indicates that not only are there high levels of prevalence of mental health disorders, but there is a high percentage of those people who do not receive care.

Maslow's Hierarchy of Needs

Abraham Maslow was an American psychologist and philosopher. He is best known for developing Maslow's Hierarchy of Needs, which is based on his self-actualization theory of psychology. In this hierarchy, Maslow suggests that people must achieve self-actualization by achieving different levels of the hierarchy based on priority. He also theorized that a person could not recognize or pursue the next higher need in the hierarchy until her or his currently recognized need was substantially or completely satisfied, a concept called prepotency (Gawel, 1997, p 2). Maslow's Hierarchy of Needs is shown in the following figure:.
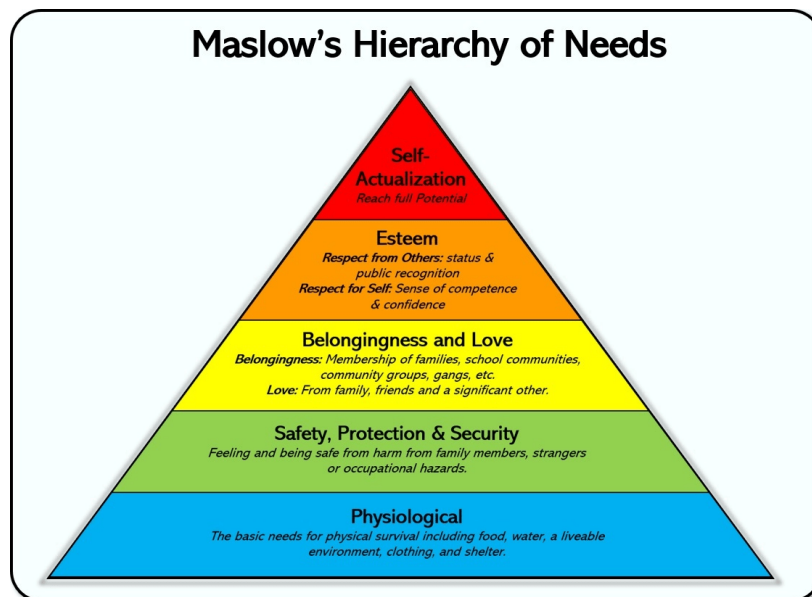
Figure 2: Maslow's Hierarchy of Needs. Adapted from "4 Holistic Classroom Ideas Inspired by Maslow's Humanist Approach", Image author: Chris Drew

Maslow's theory has been adopted by many school systems in order to improve education. This adoption has focused on the physical needs of students, which is why many schools now offer a free or reduced lunch for students from lower income families. Schools recognize that students who are hungry will be less likely to reach their full potential in the classroom. Additionally, there are programs available to clothe students who do not have the means for new clothes. Programs also exist for providing students with a backpack and school supplies at the beginning of the year for students who cannot afford the basic needs required for their education. These programs are wonderful and help students become more successful in the classroom by providing them with physical needs.

The next step for schools is to take Maslow's Hierarchy of Needs and apply it to the mental health needs of students. Mental health can be applied in every level of Maslow's theory beyond the physical one. Once physical needs are met, Maslow stated that students need safety, protection and security. A student struggling with anxiety or depression needs to feel safe in their classroom. For example, a teacher decides to give a pop quiz in her class. A student with anxiety might automatically feel attacked by this simple task. Even if the student has paid attention and knows the material, the unexpected quiz could send this student into an anxiety attack. As a result, the student fails the quiz and leaves class feeling betrayed by the teacher. Not only did this hurt the student's confidence, but the results are skewed because the student did not perform to his or her full potential. More so, the student has lost trust in the teacher. However, if given notice about the upcoming quiz, the student has time to mentally prepare for the task. The student can study and have confidence in his or her learning. More so, the student feels

safe in the class because the teacher gave him/her time to prepare for the assessment. This

helps develop a trusting classroom environment where the student feels secure. Another

way teachers can lower student anxiety is by offering re-takes for quizzes and tests. This

takes the pressure off of students when taking the test/quiz the first time. With less

pressure to perform, students should relax and score higher the first time.

Additionally, students then need to feel belongingness and love. Teachers should

do everything they can to make their students feel like they belong in the classroom.

Teachers need to create an environment of acceptance and love. Love, in the classroom,

is expressed by teachers through genuine care and the desire to see every student succeed.

Esteem is the last level students must achieve before they reach self-actualization.

Students dealing with anxiety and depression tend to have low self-esteem. Teachers

must work hard to build up students' confidence and help them believe in themselves.

The first way teachers can start to build this confidence in students is by reassuring

students that the teacher believes in them. Sometimes, students just need to know that

someone is on their side and believes in them. Teachers should be their students' number

one fan. Overtime, students can develop high self-esteem.

Finally, students become self-actualizers. Authors, Gialamas, Pelonis, and

Kazantzakis, state, "Alfred Adler describes self-actualizers as having deep feelings of

identification, sympathy and affection, despite negative feelings such as anger,

occasionally… For Adler, Social Interest or 'Gemeinschaftsgefuhl', translated from

German as 'community feeling' is closely associated with mental health. To have social

interest means to healthily engage with the world" (p 2-3). From this, one can conclude

that having good mental health is crucial in having a productive community and

achieving self-actualization. This level is when students reach their full potential, and they need to develop good mental health to achieve it. This is not to say that students with mental health illnesses cannot achieve their full potential. This simply means that students need to have support from teachers and schools, families, friends, and their community as they cope with their mental health and learn to be successful despite their challenges.

Responsibility

It is important to briefly address the opinion that it is not the responsibility of schools and teachers to deal with the mental health needs of students. Some people might think that the job of the school is simply to provide students with an education. In response to this idea, I would direct people back to Maslow's theory. The ultimate goal of schools is to provide students with an adequate education. As Maslow's theory suggests, before students can reach their full potential, other needs have to first be met; one of these needs includes mental health. Simply put, if schools want to give their students a quality education, then it is, in fact, their responsibility to do everything they can to help students struggling with mental health disorders. To take it a step further, authors of *Transforming K-12 Educational Institutions: The Global Morfosis Paradigm* emphasize the role of schools when they said, "K-12 academic institutions hold the power to transform the world. They can play a leading role in shaping and preparing young people to cope with and be productive members of an increasingly global society. Assuming such a role requires continuous attention to being aware of the tremendous influence institutions have on students and the responsibility that accompanies the relevant

mindset" (Gialamas, Pelonis, Kazantzakis, 2017, p 1). More so, author of *Are the kids*

alright? Examining the intersection between education and mental health says:

> There are a number of reasons why schools could quite logically be expected to
>
> play a central role in preventing the onset, maintenance and progression of mental
>
> health difficulties (and the promotion of wellbeing). They have extremely broad
>
> reach, a period of prolonged engagement with young people (approximately
>
> 15,000 hours; Rutter et al., 1979), and are a central hub in most communities
>
> (Greenberg, 2010). School is a primary developmental context after the family
>
> (Bronfenbrenner, 2005), in which socialisation of emotions, behaviour and
>
> relationships occurs; thus, they are clearly more than, 'merely convenient sites for
>
> prevention and intervention' (O'Toole, 2017, p.455). (Humphrey, 2018, p 9)

These words reiterate the impact that schools and teachers have on students. Stating that

schools have the chance to create productive members of society implies that they do

more than educate students; they educate, empower, support, challenge, and grow their

students in academic, physical, and mental area of life.

Literature Review

I find that it is important to note some of the many scholarly articles written about

the prevalence of mental illness and some of the researched strategies developed to

measure said illnesses in people, along with tools beneficial in helping schools address

this topic of concern. Many studies have been conducted concerning the matter of mental

disease. These studies often attempt to correlate reasons of onset with symptoms

displayed along with strategies of coping with the illness. In many cases, a specific

intervention strategy or tool is tested to determine if it is effective in helping relieve

students of possible symptoms they may experience.

    One such article, *Evidence-Based Assessment Tools for Common Mental Health*

Problems: A Practical Guide for School Settings, provided a guide to free, validated

measurement tools that are feasible for daily use in schools for common mental health

problems such as anxiety, depression, and disruptive behavior. Properties of 37 different

measurement tools were reviewed followed by an explanation of how each could be

beneficial in helping school educators address the needs of students dealing with mental

health concerns. The authors, Andrews, J. H., Cho, E., Tugendrajch, S. K., Marriott, B.

R., & Hawley, K. M**.,** added to research of Evidence-based assessment (EBA), which

uses reliable and valid measurement tools to survey mental health concerns in

adolescents. The authors of this article realize that many programs are costly and difficult

to implement, which lead to a decrease in effective classroom instruction. Thus, they

wanted to provide a guide to instruments that were both valid and free. The goal of this

article was to highlight tools to assess common mental health concerns and allow for

immediate implementation of these tools in schools. Some tools that were identified are:

Generalized Anxiety Disorder, Revised Children's Anxiety and Depression Scale,

Depression Self-Rating Scale for Children, Mood and Feelings Questionnaire, and

Student Risk Screening Scale. The authors developed a table which included the name of

the tool, where to obtain the tool and training for the tool, form of the tool and ages or

grade where best used, function, diverse population, time, training, and additional

features. This article provides a good reference of resources that schools can use to

identify and evaluate students struggling with mental health. With 37 different tools

reviewed, it is recommended that schools look into this research to find which one may

best suite their learning environment.

      The article, *Shaping healthy habits in children with neurodevelopmental and*

mental health disorders: parent perceptions of barriers, facilitators and promising

strategies, by Bowling, A., Blaine, R. E., Davison, K. K., & Kaur, R. is also worth

mentioning. The objective of this article was to describe barriers to parenting healthy

lifestyle habits in children and teens with neurodevelopmental and mental health

disorders (ND/MHD). More so, the article explains facilitators of these lifestyle habits

and practical strategies for applying healthy habits in adolescents. A study was conducted

using interviews of parents who have a child diagnosed with ND/MHD enrolled in a

Boston-area therapeutic day school for grades K-10. The topics of the interview focused

on diet, screen habits, physical activity, and sleep. Results revealed that barriers for

developing healthy habits were depleted resources, child dysregulation, lack of

supportive programming, and medication side effects. Facilitators included therapy,

community programs, helpful schools, and parents' social standings. The results also

revealed that helpful strategies included having structure and boundaries, giving positive

reinforcement, displaying healthy choices, having healthy role models, and possibly

using a therapy pet. The authors collected their data and outlined the reality of factors that

play a role in a child living with a mental health disorder.

      Another article, *Smooth Sailing: A Pilot Study of an Online, School-Based,*

Mental Health Service for Depression and Anxiety schools-based, discusses an online

mental health service called Smooth Sailing, developed by the Black Dog Institute. The

service was designed to identify mental health needs of students and send them to a "next

step" module to ensure they got the appropriate help. The next step depended on the

students' self-reports. Depending on what the student reported, the website would then

determine symptoms and the required level of care. The goal was to reduce depressive

and anxiety symptoms among secondary school youth (O'Dea, B., King, C., Subotic-

Kerry, M., Achilles, M. R., Cockayne, N., & Christensen, H., 2019). The service was

determined to have positive results, but modifications still needed to be made. While this

could become a potential recommended tool in the future, at this time, it still needs to be

modified before it is used by schools.

Authors Ripski, LoCasale-Crouch, and Decker wrote an article to determine what

makes an effective teacher. The authors acknowledge the *No Child Left Behind Act*,

which requires every American classroom to have a certified and content-trained teacher.

However, they further point out that just because a teacher is content certified does not

mean that they bring about student success. The study aims to understand the

dispositional and emotional states of pre-service teachers and how this may affect their

teaching; they examined personality, adult attachment style, depression, anxiety, and

stress. Additionally, the authors of this article note that previous research has shown that

a significant proportion of variance in elementary and secondary students' learning

occurs at the classroom level, and changes in academics occur with experiences in

specific teacher classrooms. For the effective teacher-student interactions study, the

Classroom Assessment Scoring System (CLASS) was used. CLASS is a reliable and

valid measure conducted through observation that assesses social/emotional,

organizational, and instructional teacher-student interactions. The authors of this article

conducted a study that observed pre-service teachers enrolled in the education program in

a mid-Atlantic university. The study followed them through the different stages of the

education program. The results concluded that pre-service teachers in this study had

positive interactions with students. Overall, they concluded that pre-service teachers'

dispositional traits and emotional traits affected how effective they were in the classroom.

This emphasizes the need for teachers to do more than be able to teach content to their

students. In other words, they need to be able to create positive relationships with their

students which allows them to help their students become successful.

These are just some of the many literature items that have been written about

mental health disorders, how they affect adolescents, and what schools can do about it.

There is still more research that needs to be done, but there is enough information already

available that can be used to start making reformations now.

Tips/Strategies for Schools and Teachers

Identifying a prevalence in mental illnesses and a need for intervention would be

less than sufficient, if strategies for improvement were not also addressed. What appears

clear is the need for schools to accept their important role in affecting the mental wellness

of their students. A survey of 56 high school principals, assistant principals, and school

counselors highlighted a number of strategies for schools to implement in order to

improve overall student mental wellness. Four key take-aways are the importance of

professional development, staffing, budgeting, and providing services (Atkins, M.-A., &

Rodger, S., 2016). Authors of this study also suggest that research shows a delay from the

time a mental disorder occurs and the time an individual gets treatment. With this in

mind, the authors propose that schools provide programs to help students develop self-

efficacy, coping strategies, and mental health wellness literacy. Next, are several

highlighted tips and strategies that, if implemented, are shown to benefit students with

anxiety and depression.

Encourage Healthy Life Choices

Students who make healthy life choices are less likely to experience the

symptoms caused by anxiety and depression. Even when symptoms occur, students who

choose to live healthy lives often have less severe cases and are better able to cope with

depressive or anxious situations. Healthy life choices can be

- Eating healthy foods

- Getting plenty of exercise

- Developing a healthy body image

- Going outside to get natural light and vitamin D

- Using less technology (i.e. social media)

- Refraining from drug and alcohol use

- Meditating

- Embracing religion/faith practices

- Developing healthy communication with friends and family

These are just some ways that students can combat the effects of anxiety and depression.

These are all things that students much choose for themselves, but they are shown to have

positive impacts on mental health. The research in the article *The longitudinal*

relationship between flourishing mental health and incident mood, anxiety, and substance

use disorders addressed that among those at high risk for any mental disorder, the ones

with flourishing mental health were younger, higher educated, physically active (in sports), experiencing a positive life-event, and received more social support (Schotanus-Dijkstra, ten Have, Lamers, de Graaf, Bohlmeijer, 2017, p 564). This suggests that being physically active and having good social relationships are beneficial to having a healthy mind. Another way to develop good mental health is by helping students develop a positive body image. By encouraging all body types, students can feel comfortable and confident in their body which has an effect on mental health. "While research on the health-related outcomes and positive body image is still limited, early findings suggest that it may significantly influence the mental health and well-being for women. Research suggests body appreciation is related to a number of factors associated with psychological well-being, including self-esteem, healthy coping mechanisms, positive affect, and optimism (Avalos et al., 2005; Swami et al., 2009; Tylka and Kroon Van Diest, 2015; Tylka and Wood-Barcalow, 2015a). In a cross-sectional study on the association between body appreciation and mental health indicators among a diverse sample of college students, those with higher body appreciation reported fewer depressive symptoms and higher self-esteem" (Gillen, 2015, p 2). While there is still research being conducted on the link between mental health and body image, it is still recommended to encourage positive body image among students.

Additionally, writer of *Religiousness on mental health in older adults: the mediating role of social support and healthy behaviours* stated that initial regression models revealed a significant direct effect between religion and mental health (higher religiousness = less depression and less anxiety). For depressive symptoms, both individual mediators rendered the effect of religiousness non-significant, with HB

explaining more variance (36% vs. 27%); in the combined model, both demonstrated independent, additive effects (SS = −.18, p = .006; HB = −.34, p < .0001). For anxiety, only SS emerged as a significant mediator and predicted anxiety in the combined model (SS = −.25, p = .005). The results help inform those working with religious older adults facing depression and anxiety by highlighting key aspect(s) of the person's faith experience that will be most effective in helping to improve his or her mental health (Whitehead, 2018). This is not to say that teachers should force their faith or religion onto any students. However, if a student reveals that he/she has a religious affiliation, a teacher can suggest that they turn to their religion to see what it says about finding peace in a higher power. This can help students to become less anxious or depressed by helping them feel less alone and hopeless.

The article *Anxiety at Teenagers' Fingertips* highlights one possible cause of the high levels of anxiety experienced by students: technology. Media education programs presented in school settings can help teenagers become more aware of their online activities and create strategies for reducing their anxiety. Tomoniki, author of this article, highlights four main ways that technology affects students: comparing oneself with others, cyberbullying, social isolation, and addiction. She explores each component and how technology allows anxiety to become prevalent in students' lives. She further goes on to give strategies for improving this negative trend. The main ways this author points out that schools can help students is by encouraging the development of a healthy body image, balancing life choices with media in mind, practicing mindfulness, strengthening school-home communication, teaching digital citizenship, and monitoring digital consumption (2019). Students do not realize the major impact that technology has on

their mental health. People with problematic smartphone usage have an increased risk for poor mental health, wellbeing, and day-to-day function (Sohn, Rees, Wildridge, Kalk, Carter, 2019, p 6). With this being said, teachers and schools can educate students how to be good digital citizens and encourage that they monitor their technology use. If students are having a bad mental health day, it is not unreasonable to suggest that a student limits their time on technology, especially social media.

Create a Safe Learning Environment

   The idea of creating a safe learning environment goes back to Maslow's Hierarchy of Needs. Students simply will not reach their full potential until they have basic needs met. Maslow identified Safety, Protection, and Security as the second step in needs that need to be met before students reach their full potential; a safe learning environment falls under this category. The best possible way that teachers can create a safe learning environment is through open communication. Disclosing mental health issues, specifically in people ages 10-18, has more benefits than costs to the overall lives of those affected (Buchholz, B., Aylward, S., McKenzie, S., & Corrigan, P., 2015). The Wisconsin Initiative for Stigma Elimination (WISE) is a collection of advocacy groups and people who have experiences with mental illnesses from the state of Wisconsin. They gathered data from students, parents, and teachers about their own personal opinions on disclosing mental health. The following questions were generated:

- How are mental health challenges discussed at home and at school?
- Given this discussion, what are the benefits and risks for students disclosing their mental health challenges?

- What strategies might make disclosure safer?

Researchers concluded that disclosure can leave students feeling empowered and courageous. Because students often meet people who are dealing with similar situations,WISE researchers emphasized how students can become an inspiration for other students who are too scared to come out about their own personal struggles with mental health. There are clear costs and benefits of disclosure that were identified by people who have experience with mental illnesses. The article reviews the costs as follows: possible peer bullying, peers suggesting "quick fixes", being defined by their diagnosis, and impact on their friends and family. The article also reveals that more participants agreed there were more benefits than costs to disclosing their mental health problems. The study further presents some benefits as follows: decreases the effects of stigma, replaces shame with sense of victory, helps others too afraid to "come out", develops sense of community, educates on safe ways to disclose personal struggles, promotes discussion of mental health and corresponding treatment, and creates a sense of relief.

Teachers can also get the parents involved by encouraging good communication between the parents, student, and teacher. A study was conducted by Sharp, Hargrove, Johnson, and Deal. This study attempted to determine if college students exposed to a classroom-based mental health intervention would experience an increase in help-seeking attitudes and positive expectations about psychotherapy and report more accurate opinions about mental illness compared to control participants. The results suggest that a mental health education program may improve attitudes toward seeking professional psychological help, as well as modify some opinions about mental illness. Participants in

the classroom condition experienced a significant decrease in the view that the mentally

ill are dangerous and should be controlled. This suggests that the intervention was

successful in addressing some important aspects of the stigma associated with mental

illness, such as fear and distrust (2006, p 435). By talking about mental health in the

classroom, teachers are creating a safe learning environment for their students.

Eliminating the stigma around mental illness helps encourage students struggling with

mental illness to feel as if they still belong in the classroom.

Another article addresses students who have parents with mental illness. The

article suggests that children might benefit from healthy parent-child communication.

The authors went further to write that it is important for parents to know what is going on

in the life of their child, just as it is important for the child to tell their parent what is on

their mind (Loon, Ven, Doesum, Hosman, Witteman, 2015, p 795). This approach also

applies when it is the student who has the mental illness. Teachers can open this door by

encouraging positive, open conversation through parent meetings. By creating a safe

environment, teachers give students the opportunity to open up about their mental health

challenges and get the appropriate help they need.

Another way to create a safe learning environment is by having students identify

with their school. Intervention and programs that encourage adolescents to identify with

their school enhances mental health, such interventions would likely have social,

educational, and behavioral benefits (Miller, Wakefield, Sani, 2018, p 27). This

embracing of school identity is beneficial to both the students and the staff. By embracing

the school, students gain a sense of belonging and safety. Sulkowski and Simmons,

authors of *The protective role of teacher-student relationships against peer victimization*

and psychosocial distress wrote, "Study results highlight the importance of teacher–

student relationships as a protective factor against peer victimization (PV) and its

negative psychosocial effects. Students who reported having high and moderate levels of

teacher–student relationships (or positive overall relationships) were less likely to report

experiencing distress associated with being victimized" (2018, p 145). This is important

because it suggests that one way teachers can create a safe learning environment is

simply by having positive relationships with their students. As simple as this may seem, it

can be challenging, especially if the students are less inclined to build a relationship with

their teacher. Teachers can try to create these positive relationships by taking an interest

in their students' lives and making an effort to show they care about the students, both

inside and outside the classroom. Teachers can do this by making time to go to school

events such as sporting events, recitals, plays, concerts, or academic events with which

their students are involved. This act can show students that the teacher cares for them and

opens conversation and develops trust.

Professional Development

The classroom teachers play an important role in getting students the help they

need to deal with their mental health struggles in the classroom. Teachers cannot help

their students unless they have been prepared to do so through professional development.

Professional development can be used to help equip teachers with the knowledge and

resources they need to help their students. While it is a responsibility of teachers to

ensure they are helping every student, including students with mental health disorders,

they cannot be held to these expectations if they have not been adequately trained by their

schools. Schools have to give students a class in helping identify students who might have a mental illness and then strategies they can use to help them. Schools have to be proactive and provide these development opportunities to their teachers and faculty.

Staffing/Budgeting/Services

It is imperative that schools are staffing and budgeting for the needs of students with mental health illnesses. Staffing includes having necessary positions, such as a school psychologist or therapist, available for students who might want to take advantage of seeing a professional. These professionals do not have to be in the schools every day; they can have a set schedule that is made known to students. Staffing also refers to pre-existing teachers and new hires. The school staff should be aware of possible mental health needs of the students and should have an open mind when it comes to adequately providing for the needs of their students. With limited teacher candidates, it can be easy to hire teachers who do the bare minimum for students. Schools need to do everything in their power to have a staff that is willing to go above and beyond for their students in order for them to be successful in the classroom and beyond it.

Budgeting is also important for schools. Budgets are already tight, but having resources and staff available to students struggling with mental disorders is important. They can really make a difference in the lives of students. If possible, schools should budget in the resources and health professionals that could help students dealing with anxiety and depression.

Students need services. Services can include professionals, programs, clubs, individualized education plans, and techniques that deal with helping alleviate the effects and symptoms of depression and anxiety.

Autogenic Training (AT)

A study was conducted to explore the impact of autogenic training (AT) relaxation intervention among groups of students aged 14-15 in a school setting. This study was written about in the article, *Evaluating the impact of an autogenic training relaxation intervention on levels of anxiety amongst adolescents in school*, by authors Atkins and Hayes. It is important to note that autogenic training is a relaxation technique focusing on promoting feelings of calm and relaxation in the body to help reduce stress and anxieties. This article first wanted to emphasize the need for a reduction in anxiety among adolescents. This article noted that the World Health Organization (WHO) reported that in half of all mental health condition cases, onset occurred by the age of 14, suicide is the third leading cause of death in 15-19 year-old adolescants, and the second leading cause of death in females. They also noted that one in ten people aged 5-16 years old have a diagnosable mental health disorder in the UK alone. In this study, the authors used groups of students and wait-listed students to test if autogenic training helped reduce anxiety in high school students. AT uses observant and passive attitudes towards one's own cognitive, emotional, and physical state. Through a series of taught exercises over a period of five to ten weeks, a deep state of relaxation can be achieved. After the initial training time, AT can be used as often as necessary by the student without any outside help. One possible error to the study is that it was based on self-reported data. The

students used in the study could have lied about their results. However, assuming the

results were reliable, there was a reduction in anxiety levels of students who took place in

the autogenic training relaxation intervention. Students from the wait-list group also

reported that acknowledgement and validation of feelings and raised awareness in pupil

wellbeing amongst school staff could also be beneficial in lowering stress. With such

positive results, AT could be a potential strategy used in schools to help students dealing

with anxiety.

FRIENDS Program

The FRIENDS Programs aim to increase social and emotional skills, promote

resilience, and prevent anxiety and depression over a lifetime span. The programs use a

series of resilience tools developed by Professor Paula Barrett and is conducted by

holding several sessions with students where techniques are used that are proven to

prevent depression and anxiety. In the article *Effect of a universal anxiety prevention*

program (FRIENDS) on children's academic performance: results from a randomized

controlled trial, authors reviewed the effect of such programs and concluded, "In terms

of anxiety, systematic reviews have demonstrated that school-based anxiety prevention

programmes are effective in reducing symptoms of anxiety (Fisak, Richard, &Mann,

2011; Neil & Christensen, 2009). One particular programme, FRIENDS for life (Barrett,

2004), has been more extensively evaluated (Fisak et al.,2011) with a recent randomized

controlled trial confirming the programme's effectiveness as a universal intervention

when delivered under everyday conditions in UK schools (Stallard et al., 2014)"

(Skryabina, Taylor, Stallard, 2016, p 1297). The article states that the FRIENDS program is effective in preventing anxiety and depression in children.

Another article was written about an analysis of universal school-based prevention programs for children with anxiety and depression, one of which was the FRIENDS Program. Some results suggest that the number of sessions conducted during a program may affect long-term outcomes; researchers believe that more sessions lead to more positive results (Johnstone, Kemps, Chen, 2018). Also, previous reviews indicate that the FRIENDS Program developed by Barrett and Turner (2001) is effective in preventing anxiety symptoms. Another possible conclusion was that the type of program used is more important than the number of sessions conducted. One possible error that is addressed by the authors is the age of students who participated in the study. A combination of children and adolescents were tested; however, onset of anxiety and/or depression typically occurs at about age 11. With this in mind, a preventative program may not be affective in adolescents who might already be experiencing symptoms of mental illnesses. For more effective results, this study suggests that preventative programs be implemented in early childhood. The authors also suggest that future research should focus on improving the content of prevention programs to attain stronger outcomes for both depression and anxiety. Additionally, since symptoms of anxiety and depression overlap, this study concluded that programs used to prevent anxiety could be used to prevent depression and vice versa. Overall, this analysis proposes that current anxiety and depression prevention programs may be effective in preventing symptoms of depression at post-prevention and at long-term periods. There is currently no evidence to assume that such programs have an effect on anxiety symptoms. However, program type

did impact anxiety outcomes over a period of time; this is evident with the use of the

FRIENDS Program (Johnstone, Kemps, Chen).

      Based on research from these articles, the FRIENDS Program may be effective in

preventing anxiety and depression in people later in life. In order to be beneficial, the

program should be implemented in grade school, starting as early as Kindergarten. This is

not to say that with this program all anxiety and depression will be prevented. However,

the use of this program could make the impact of anxiety and depression less severe and

reduce the number of cases diagnosed.

Pyramid Club

      The article *Improving socio-emotional health for pupils in early secondary

education with Pyramid: A school-based, early intervention model best explains the

pyramid club as, "…a school-based intervention, developed, and delivered in the United

Kingdom: it supports socio-emotional well-being (SEWB), which comprises emotional,

psychological, and social aspects of well-being (NICE, 2009). Pyramid Club is targeted

at shy, withdrawn or anxious children (aged 7-14) who internalize their difficulties and

aims to improve recipients' socio-emotional competencies: social skills, confidence, self-

esteem, and emotional regulation, thus strengthening resilience" (Jayman, Ohl, Hughes,

Fox, p 112).

Week	Focus	Therapeutic activities	A typical club
Weeks one and two	Forming the group: ownership and belonging Developing group identity and cohesion, and building trust	Circle time Arts/crafts activity Games Food preparation/ snack time	Club members agree on a name for their club and decide on a set of rules *Example of an art activity: designing a club poster*
Weeks one to ten	Encouraging friendship/ social skills development Building confidence and self-esteem Regulating emotions and strengthening resilience	Circle time Arts/crafts activity Games Food preparation/ snack time	Social and task-based skills are practised, working co-operatively with adults and peers *Example of a games activity: team or paired construction of newspaper towers*
Week ten	Closing the group: reflection and moving on	Circle time Arts/crafts activity Games Food preparation/ snack time	A celebration of Pyramid club with a party; young people and club leaders say 'thank you' and 'goodbye' *Example of a circle time activity: rounds of 'What I'll take away from Pyramid Club'*

Notes. Circle time: facilitates talking, listening, and turn-taking; encourages expression of feelings.
Arts/crafts activity: allows self-expression and fosters sense of achievement.
Games: a fun way to practise social skills and cooperation with others.
Food preparation/snack time: nurturing; encourages sharing; prompts spontaneous conversation

Table 2: Note. Pyramid club. Adapted from "Improving socio-emotional health for
pupils in early secondary education with Pyramid: A school-based, early intervention model. *British Journal of Educational Psychology*, *89*(1), 113.

Conclusion

The evidence clearly shows that there is a desperate need for reform in schools regarding how they address students with mental health disorders, specifically anxiety and depression. Without this reform, students will suffer. A large part of education is teaching students how to be good citizens. Since it plays a huge role in developing how they cope with life experiences, addressing student mental health must be included. Students need more than academics, and teachers must approach educating with the understanding that a child will not learn until they are physically and mentally stable.

The first step to reform is to remove the stigma surrounding mental health disorders. All members of society need to start talking about these real challenges that face our students every day. Teachers need to acknowledge the need for change and actively make changes in their own classrooms in order to further decrease the effects

that mental illnesses have on their students. Only then will students start getting the help they need while at school. Every student has worth and should be given the opportunity to succeed in the classroom. It is time to put the judgement aside and work together to support the needs of students.

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