Perception of School Staff Regarding the Effectiveness of a Youth Mental Health Program in Schools

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Perception of School Staff Regarding the Effectiveness of a Youth Mental Health Program in Schools

by

Hiba Chehaib

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Curriculum and Instruction with an Emphasis in Counseling Education

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Keywords: mental health program, school environment, evaluation, logic model

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DEDICATION

First and foremost, I dedicate this dissertation and express a lot of love to my remarkable husband, Ramzi, who has provided me with unwavering support from the very moment I decided to pursue this Ph.D. You held me up in times of stress and celebrated the successes with me. I have been humbled by your genuine love. Thank you for instilling confidence in me and encouraging me to achieve my personal goals.

To my very special children, Sami and Joelle. You are forever my Sunshine and my Princess! It is my wish for both of you to realize your highest achievements so I can encourage you the same way you encouraged me. Thank you for your unconditional love throughout this journey. I love you both with all my heart.

To my mom, Dr. Abed, who taught me the value of education and has been my inspiration since childhood. In Memory of my dad, whose wisdom had inspired many people. To my sisters and brothers, Wafaa, Nada, Salam, Imad, Wael and Alaa, for being influential role models who have always motivated me. Thank you for being the people I most admire. You have directed my path in your own ways.

I thank my close friends for their loyalty, and friendship throughout the years.
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ABSTRACT

There is an ongoing debate about how to serve the number of students that are affected by mental health problems. Some schools have moved toward implementing whole school programs. The purpose of these programs is to teach adults who directly interact with school age children, such as parents, family members, caregivers, teachers, school staff, and caring citizens how to respond to an adolescent that is facing a crisis or a mental health challenge. The purpose of this study is to evaluate the perceived effectiveness of such a program. The goals of this study are to (a) determine the short-term outcomes of this initiative from school staff perspective, and (b) determine new directions for improving the program based on school staff’s recommendations. Survey questionnaires will be used to collect data from staff members. Descriptive statistics will be used to inform recommendations for the next steps in the development of the program. Staff surveyed endorsed the satisfaction of the implementation of the mental health program in their schools.
CHAPTER ONE
INTRODUCTION

Many students struggle with mental health issues on a daily basis. According to the National Council for Behavioral Health (2015), more than one in five persons experience signs and symptoms of mental health illness. The National Alliance of Mental Illness reports that 20% of young children live with a mental health condition; and around 50% percent of the students with a mental illness at age 14 or older do not graduate from high school.

Students who face academic, behavioral and emotional challenges may qualify for special educational services, but schools are going beyond the scope of academics and behaviors, that is to promote mental health services. Schools have been identified as one key sector in the socialization and promoting mental health in children (Fazel et al., 2014). Over the last fifteen years, a new paradigm has developed in the youth mental health field, to encourage the school systems to intervene in early in adolescents’ mental health.

Mental health has become a significant concern in schools, given the large amount of time children spend there (Brenner et al., 2007). In our time, many students struggle with mental health issues on a daily basis. The American Psychiatry Association (2013) confirms that problems in mental health such as learning disorders and disruptive behaviors can occur as early as childhood and adolescence.

Promoting mental health in children is the responsibility of many sectors. Schools, homes, and community have a role to contribute to the positive impact of mental health in
children. Programs that address mental health in youth became part of the movement towards prevention and intervention. Awareness on to how to provide appropriate care when students experience a mental health issue or face a crisis is the main goal of many whole school mental health programs.

**Statement of the Problem:**

Atkins et al., (1998) viewed that schools are the most influential setting for children and are accessible and convenient. Educators who support the delivery of mental health programs in schools, point to the fact that students’ well-being is essential for successful academic, behavioral and social interaction outcomes. Adelman and Taylor (1999) found that regardless of the academic and behavioral interventions applied in schools, students who suffer from mental health issues continue to have academic and behavioral difficulties if the mental health problem is not addressed.

Educators who believe that school is not responsible for the delivery of mental health programs, tend to believe that parents should address socio-emotional welfare and argue that there are many barriers to implementing mental health in schools. Alderman and Taylor (1999) state the need for mental health programs in schools is obvious and that opponents of the provision of mental health find that funding for such program is the biggest barrier. Another argument is that reading, writing and math should be the focus of the schools. Schools that choose to implement mental health programs for their students need to be informed about the outcome of such initiative. Research regarding the impact of the implementation of whole school mental programs is relatively scarce. This study seeks to add to the body of literature in this area by evaluating the initial effectiveness of such a program from the perspective of school staff.
Significance of the study

Although there is ample research in the field of child development and mental health programs and their impact on the school environment and students in schools, the perspective from school staff is limited. It is important to study the outcomes of the implementation of mental health programs from the staff perspective, because professional school staff members have the training and the expertise to communicate with school age children.

Mixed findings exist in regards to the impact of mental health programs in schools. Dinkmeyer & Dinkmeyer (1984) noted that the entire school is concerned with primary prevention to reduce developmental problems in students’ lives at school. Climie (2015) proposes innovative methods to improve the access to mental health programs for the children in schools with the increasing numbers of children coping with mental health issues; the author suggested that such an effort requires training for all school teachers and staff to make them aware of the mental health issues and educate them with the main factors to support the students.

In a study that aimed to investigate the impact of intergroup contact along with education in reducing stigma for mental health illness, Chisholm et al., (2016) recruited 769 adolescents and compared groups who had contact with mental health professional staff and students who did not have interactive sessions with mental health professional staff. Results revealed that contacts with adolescents were less effective on reducing the impact of mental health stigma when paired with the education about mental health. The researchers cautioned to use intergroup contact, but concluded that larger trials are necessary to confirm the results.

Milovancevic and Jovicic (2013) advised that several ways are possible for reaching children that suffer from mental health problems in a school setting in Serbian schools, such as individual or school consultations. The authors proposed that that mental health services for
children should be expanded and attained in schools as well as in the community based on the need of the increasing numbers of children with mental health problems. In order to achieve easier access, the role of staff in the wider school environment, and other organizations such as police, social welfare and parents’ associations need to be defined into mental health services (Milovancevic & Jovicic, 2013).

Based on the evidence of the positive impact of mental health services on children, Weist & Lewis (2006) proposed a framework to expend school mental health services that could be achieved through collaboration of all staff and families of the children, as well as mental health professionals in the community. Such framework is expected to increase school attendance and promote the quality of students’ lives (Weist & Lewis, 2006).

Unfortunately, however, there may be barriers for school staff that get in the way to implementing interventions that are meant to address the mental health issues in schools. For example, the many demands that are required from staff members within their work schedule (Weist & Lewis, 2006), or the absence of support from school administrations (Nassar-McMillan, Karvonen, Perez, & Abrams, 2009). Another major obstacle is the absence of sufficient funds to allow for additional resources (Weist and Lewis, 2006).

**Purpose of the study**

The primary purpose of this study is to determine the perception of school staff regarding the implementation and the effectiveness of a program designed to promote mental health in the school environment. This program was designed to help young people to deal with the early stages of mental health problems. Given that school staff has a significant role in communicating with the students at varied capacities, and some staff members play a role in collaborating with many more professionals in creating an environment that support students’ well-being, it is
important that the impact of the implementation of this program be viewed from the perspective of school staff that are in direct contact with the children.

Although data collected monthly from trainees of the program reflects the number of times that the training components were used every month, this study will be the first one to review the results of the implementation in the school under study from the staff perspective since the implementation of the program in 2015-2016 school year. Using an evaluation method research, this study will determine the extent to which the program has improved the mental health environment of the schools from the school personnel perspective.

Research Questions

The following primary questions were addressed in this evaluation:

1. How do school staff perceive the effectiveness of the program?
2. What aspects of the training were most beneficial to help the students with mental health issues?
3. To what extent do school staff use the five elements learned at the training to support students?
4. How does the program impact the school environment to support students emotionally?
5. What factors supported the implementation of the program at your school?
Conceptual Framework

A logic model will guide the program evaluation. A logic model is a visual representation that shows the desired outcomes for a particular intervention or a particular program. Outcomes are projected for short term, intermediate, and long-term. Short-term outcomes are considered the results in the mental health in the first two years following the implementation of the program for the purpose of this study, the intermediate outcomes are considered the results that are expected in the year or two following the short-term period of implementation, such as improved mental health signs and symptoms in schools. The long-term outcome could be those that are anticipated to improve the school environment.

Figure 1: Conceptual Framework
Assumptions Regarding Mental Health Among Children

Theories that explain child development constitute an essential framework to understand the processes involved in the best practices of teaching and learning in the schools (Eun, 2010).

The sociocultural theory of child development founded by Lev Vygotsky, provides the view of the importance of the social aspect in the development of the child. Within this context, communication using language becomes one of the most effective means in the social bidirectional and dynamic interaction (Eun, 2010).

Urie Bronfenbrenner (1979) Ecological System’s Theory (EST) is based on the evidence that a person lives within multiple settings, starting with the individual level and going outward to broader settings such as environmental and cultural systems (Duerden & Witt, 2010).

While the sociocultural theory differs from the ecological systems theory in that the sociocultural theory asserts that the cognitive development takes place in the “zone of proximal development” (ZPD); this is the range of abilities where the child explores and becomes cognitively prepared, when assisted and guided by an adult. This interaction has to happen in a socially rich environment for a healthy child development; therefore, the importance of the social aspect for cognitive development of the child is well articulated in the sociocultural theory. The ecological systems theory, on the other hand, confirms the importance of the environment factors for the development of the child; it is based on the evidence that the child lives within multiple settings, therefore, the connection to the world is multileveled; the ecological system consists of five systems that help to study the relationship of the child with his environment, these include the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem.
Some common aspects to the two theories lies in the fact that both perceived the interpersonal relationships to be bi-directional and dynamic between the child and the environment. Both theorists viewed that the social interactions facilitate the child’s learning. Both theories also highlighted the importance of the help and support for the child from adults, peers, caregivers. Research pertaining to teaching and learning in the schools found a positive relationship between a supportive learning and social-emotional environment and management of mental health issues. Research also found evidence that the sociocultural & ecological systems guide implementation of mental health programs. Within these systems, staff working side by side with children in the schools have a duty to manage and care for the students’ well-being, therefore, their perspective into the effectiveness of mental health program in schools could be regarded as important.
Figure 2: Theoretical Framework
Scope and Delimitation

Ecological and sociocultural models are closely connected with the study of delivering services in schools such as teaching and learning. These models explain the action of the human on the individual level and on the social level, mediated by tools such as language. Vygotsky (1979) viewed that learning “awakens a variety of internal developmental processes that function only when the child interacts with his environment and the people around him”. Given the comprehensive nature of Vygotsky’s theory, the educational field had integrated new methods of teaching, such as dynamic and collaborative teaching methods to support students and maximize their potential (Scott, 2013). The Wisconsin Center for Education Research (Scott, 2013) confirmed that early English language development for dual language learners embraces Vygotsky’s sociocultural theory which emphasizes that the development of the child occurs best in the interaction within the social and cultural settings. Most sociocultural theory researchers draw their research from education and schools. There is an abundant body of research that marks the positive educational outcomes of Vygotsky’s sociocultural theory and the Zone of Proximal Development perspective (Scott, 2013).

Bronfenbrenner’s ecological system theory (1979) is important for understanding quality as well as the context of the human social environment. Bronfenbrenner has been considered a pioneer in the study of the ecological system and have influenced many researchers to study the ecology of human development (Derksen, 2010). The ecological systems theory addresses the increasing complexity in the interaction within the layers as the child’s cognitive abilities and physical structure develop. The environment that surrounds the child could influence him by helping or delaying his development. This theory considered key aspects that individuals exist within a large environmental setting and need the interaction to fulfill a healthy development
(Tudge, et al., 2010). According to the ecological theory, children need to have a constant and mutual interaction with primary givers and peers for a healthy development.

These assumptions could be tested in schools, and can generate new ideas and produce new knowledge. Given that this study is intended to investigate the impact of the mental health program on school environment, and therefore, the improvement of the mental health of students, an interest of understanding the influence of the mental health program understudy from an ecological and a sociocultural model framework developed. The collaboration of the school staff, including teachers, paraprofessionals, school support staff collaborate to provide an environment that fosters mental health service delivery. An ecological and sociocultural model is believed to be appropriate for this study.

The study intends to evaluate the effectiveness of the mental health program on the school environment, and the most applied components of the program from the school staff perspective. The study further intends to examine the perceived factors that supported the implementing the programs, as determined by the school staff. The results of the study will be used to make recommendations for future implementation of the mental health program in the schools. What the study doesn’t intend to do is look at the extent to which school staff collaborate to provide support, nor the study intends to look at the way mental health services effect the school environment.

**Definition of the Terms**

*Mental Health.* Mental health could be defined as the state of well-being that comprises the psychological, biological, or social factors that allow an individual to deal with daily normal stressors, and provide him the ability to function within the environment (Manwell, et al., 2015).
School mental health. Positive models that are used in the schools that promote mental health to the whole body of students in the school, then provides more specific help to targeted students that have special needs (Weare and Markham, 2005). Promoting mental health in school effectively prevents mental health disorders (Weare and Markham, 2005). A common language among school staff and school faculty establishes this effective environment and helps to provide the initial support for students with mental health.

School based Mental Health Services. Effective delivery of mental health services in schools requires that school professionals, from the individual staff or faculty members to the leadership team at the school agree to provide mental health support to students, and therefore to establish a school environment that is set and ready for the implementation of such services. An understanding of the social and environmental interaction in the student’s emotional and cognitive growth helps school personnel to facilitate the supportive environment. Mental health programs that are based in schools provide interventions and prevention toward establishing a school environment that support the behavioral, emotional and mental health of the children.

Public School. An educational institution that is operated by an educational agency and receives public funds. A public school provides free public education to grade groups, facilitated by teachers, staff, assigned administrators (U. S. School System, 2014).

School Staff. Persons that provide services at the school and are in direct contact with the students. Educational staff ensure that instructional needs for students to achieve better academically are met; school support staff have different duties at the schools. All staff members ensure that students have a safe and supportive environment. They model positive behaviors and help children to develop socially, to ensure that today’s youth become future productive citizens.
Chapter Summary

With the growing demands for mental health services for children, schools are trying to find ways to promote mental health services. Schools are found to be a convenient setting to apply interventions and services; school staff collaborate to foster a positive school environment.

This evaluation study is based on the theoretical framework of the ecological systems theory on child development (Bronfenbrenner, 1979), and sociocultural theory of child development (Vygotsky, 1978). It will look at the effectiveness of the program in improving the environment of the school. It will address the factors that supported the implementation of the program.

Chapter two contains a historical background and an overview of the mental health program. A large portion of this chapter is devoted to literature review related to the effect of the environmental factors on children learning, based on the Sociocultural theory of child development by Lev Vygotsky (1978) and the Ecological Systems Theory by Urie Bronfenbrenner (1979). The highlights of the research focus on the findings that promoting school-wide mental health programs helps the children to build social skills and teaches them stress reduction.

Chapter three describes the method for conducting the program evaluation. It contains the design, methods and procedures that were selected to conduct this study, and gives the reasons why these methods were selected. This chapter lists the evaluation questions, describes the dissemination of the outcomes. This chapter also includes a description of data collection.

Chapter four will report the results of this study, based on the data collected from the school staff. Chapter five will address the recommendations to future implementation of the program, based on the outcome of the research.
CHAPTER TWO
LITERATURE REVIEW

The purpose of this chapter is to outline the theoretical framework that guides the study. This chapter further presents an overview and a history of the program that the study intends to evaluate. To better understand the process of delivering mental health services in the school system, this study reviews current literature related to the effect of the mental health programs on children in the school setting and explains why schools are an appropriate place to deliver mental health services. This chapter also addresses the mental health program that is being evaluated and includes a section about the limitations of the literature review and concludes with an introduction to the next chapter.

In order to understand the outcomes of this research, review of literature in the child development and child interaction with his environment provides a foundation for background knowledge. Teaching and learning are also considered major factors, as teaching students how to learn and practice mental health strategies in the schools requires adult interaction with school aged children. When provided with background information about teaching and learning, educators are better able to help children how to learn ways to think mindfully and ways to organize their thoughts when faced with challenges that come from the environment. Adults also help students learn ways to use the information presented to them, as they grow cognitively and psychologically.
On the social and emotional side, educators and school staff are facilitators in the children's social and emotional growth; they teach students to become independent individuals, to build their self-esteem, act and interact, express their feelings, starting with the close relationships that encompass family, caregivers, classmates, teachers, to the broader relationships that are not directly related to them, but are affected by them. School staff have a big part in this role of facilitators in lending support to the students they serve in schools.

Theoretical Framework

Theories of child development provide valuable understanding of how and why children develop the way they do. Those theories can support and decisions in the school for the care of children. Knowledge of how children develop helps school stakeholders to help the children in schools to promote conditions in which they succeed academically and socially.

The need for an ecological and sociocultural approach is essential to examine how social proximity to the interaction of the child with his immediate environment relates to mental health services in schools. Sociocultural approaches to teaching and learning emphasize the important role of social and cultural context, as learning occurs within the interaction between multiple individuals (Brown and Kraehe, 2010). Cultural tools such as examples from real life facilitate the learning for students when they engage in the learning process (Brown & Kraehe, 2010). Mental health services in schools from an ecological systems perspective relate to the notion that ecological variables such as interactions with adults, including teachers and staff members may help or hinder a child’s academic and behavioral development.

The key to Vygotsky’s (1978) approach is corresponding the instructional methods to child’s development (White, 2011). The focus is on the individual learner that builds learning
and understanding within the social context in the school and classroom settings. The process of learning is mediated by tools such as language, and is dependent of the adult’s support and guidance (White, 2011). School staff are able to provide this optimal emotional support as experts in the field of education. The outcome of this research will demonstrate how adults that work with students view whether the programs help to improve the school environment and lends support to students with emotional needs, leading to social and emotional benefits to students within a collaborative environment (Morcom, 2014). The evaluation will also highlight the factors that support an effective implementation from the staff perspective.

The theoretical framework guiding this study are the ecological systems theory on child development (Bronfenbrenner, 1979), and sociocultural theory of child development (Vygotsky, 1978). This theoretical framework reflects the fact that environmental contexts influence child’s development.

Program Overview and History

Youth Mental Health First Aid USA is a public education program initiative to teach parents, family members, caregivers, teachers, school staff and other citizens ways to help adolescents (age 12-18) that are facing a mental health issue or an addiction, or facing a crisis (Youth mental health first aid USA: For adults assisting young people, 2012). As defined by the National Council for Behavioral Health (2013), Mental Health First Aid is an eight-hour course that give the trainees the tools and skills through a five-step action plan to identify and respond to initial signs of mental illness disorders, to provide initial support to a young person who may be facing a crisis or in need for mental health support. This program was created by Betty Kitchener, a nurse specializing in health education, and Professor Anthony Jorm, a mental health professor in Australia. The two authors managed a charity campaign that was based on research.
The U.S. is one of the countries that adapted the First Aid program from Australia. Today, the program is operated, managed, and distributed by the National Council for Behavioral Health. The Mental Health Association in New York trained more than 10,000 Mental Health First Aid Instructors by July 2016 (Poole, D, 2016).

According to national Council of Behavioral Health (2015), Mental Health First-Aid Act authorized a grant of twenty million dollars to fund training around the U.S. to train responders to recognize the signs and the symptoms of mental issues in adolescents, to safely de-escalate a crisis situation, and to refer to mental health professionals in the community in a timely manner. The goal of this initiative is to improve the mental health of American adolescents and to help those at risk of self-harm. Responders in the community represent emergency service personnel, police officers, school staff, teachers and school administrators, primary care professionals.

**Schools as a Place to Implement Mental Health Programs.**

A number of studies that link mental health and academic achievement have generated findings asserting that improved mental health is strongly correlated with positive self-concept and school success (Mann, Hosman, Schaalma, & de Vries, 2004). On the other hand, mental health issues are strongly correlated with low academic achievement (Ogle et al., 2015).

Research suggest that the school setting is an appropriate place for treating children with mental health symptoms. Beidas and Kendall (2010) found that as few as eight therapy sessions in schools, delivered by mental health professionals, school counselors and school psychologists using a flexible treatment program, reduced children anxiety.

Haggard et. al., (2007) found that schools are prime providers of mental health support in the United States. Those services include many practices, that range from interventions such as
prevention, to applying interventions with students; however, these services are based on funding rather than on the need, and become interrupted and less effective when funding is not available.

In a longitudinal study that examined the relationship between social and behavioral self-concept, academic success, and mental health issues, Ogle and his colleges (2015) found in elementary school students from 36 classrooms (n= 364) that positive self-concept correlated positively with academic success and negatively with mental health symptoms. The researchers concluded that every learning opportunity helps students not only to know about the outside world, but also to learn about themselves in relation with the world around them, integrating new learning, when support is provided.

Morcom (2014) concluded that when teachers take the role of a facilitator, it empowers students and creates a collaborative learning environment, that, in turn, creates an effective environment for students’ emotional well-being, where they feel safe to integrate emotions in their learnings.

The present study has important implications on the mental health practice in schools; it will help stakeholders to learn about the effectiveness to implementing mental health programs in schools. Addressing mental health in schools could pose some challenges to school staff: the pressure about the way to address the issue could come from lack of time among all other duties that every academic and support staff member is asked to cover, from bus duty, to lunch periods, to lending support to teachers in the classrooms. It is anticipated that the question for participants about elements that support implementation of the mental health program will provide insight into the staff perspective about what works well in the process of implementing the program at their schools.
Literature Review in child’s development

Sociocultural Theory

Vygotsky’s Sociocultural theory of learning highlights the importance of children’s interaction; it provides the knowledge that children learn best when they interact with others and their culture, and that they learn more when provided with help from adults and peers. This theory also has its implications in the field of education. It views the role of a teacher as a mentor and a facilitator. Facilitating learning help the child to attain true knowledge.

Ecological Systems Theory

Bronfenbrenner’s theory of Ecological System focuses on the environmental aspects of youth development. It gives a clear understanding that external factors affect child psychological development. The theory highlights many important concepts such as the systems that provide the connectedness between the child and the environment. This theory is applied in schools, where actions and interactions can be studied; it provides a valuable tool for practitioners in the schools to better understand the positive and negative impacts of the school environment

Brown and Kraehe (2010) conducted a qualitative study to investigate the benefits of using an eclectic case pedagogy with college students that are preparing for becoming teachers. The authors’ goal was to teach their students about the complex, critical sociocultural knowledge of the role of society, cultural and historical setting, as well as to demonstrate how interaction with peers and teacher affect the student learning; they found that integrating sociocultural knowledge and visual culture approach into teacher preparation has many benefits: teachers were better able to manage the classroom with diverse students, teachers learned how their own life and schooling affected the way they viewed the world; teachers were able to understand the
sociocultural factors impact the students’ academic success, and teachers become aware that every student has potential regardless of the family, community and cultural background the student belongs to. The findings of this study revealed that activities and methods used in the teacher preparation course made future teacher aware of the sociocultural effect; it made them realize the injustices they went through in their own academic experiences. Teachers in training also reported that viewing cases taught them to have better perception about racial and ethnic biases they may have in their career towards their students. Class activities seemed to have created understanding for guided participation, building connections, and introspection of schooling. Students reported that they would use these teaching methods and use the knowledge acquired into their practice.

The study of Brown and Kraehe (2010) offered insight into the eclectic use of the redesigned course that future teachers can acquire better understanding of their students and teaching methods when they gain knowledge about the sociocultural theoretical approach. Future teachers can also reflect on their own past experiences to acknowledge differences in schooling experiences for each individual student they teach. The theoretical knowledge encouraged the students to ensure their responsibilities into helping students use their maximum potential and not attribute any of their failures to families, communities or backgrounds.

Limitations of this study include students who participated in the study may have been actively engaged for interview purpose at the end of the semester. The study would benefit from a longer longitudinal examination. While this study offers a great deal of understanding of future teachers’ perspectives in collaboration, interaction and activity-oriented as part of the instructional principles, founded on Vygotsky’s sociocultural framework, it focuses on one aspect of the theory. The study could have extended to the bring together more than these
aspects; for example, it could have connected this knowledge to practical activities in the classrooms. There are many factors that need consideration such as the lack of practice for the novice teachers and the school culture toward applying some of the newly acquired methods of instruction in the classrooms.

Morcom (2014), conducted a qualitative study with 57 students aged between 8 and 11 from two different schools located in the metropolitan areas in Australia to identify the outcomes of the scaffolding of students’ emotional and social learning in two elementary classrooms when they are taught values education. The researcher, who is also the teacher conducting this study, hypothesized that a positive effect would occur when educators integrate the teaching of expressing feelings and ideas on values education into the academic curriculum. This approach helps students to build positive relationships and to become engaged learners. The study was based on the sociocultural theory, in particular, the zone of proximal development concept by Vygotsky (1978) that describes learning as a social process. ZPD is the area of exploration for which the student is prepared to learn on a cognitive level, but develops with help from social interaction. Classroom routines with attention to social focus through the use of concepts such as “looks like”, “feels like”, “sounds like” were established. These charts were linked to the observation of student change in behaviors through the research period. Data from the interviews was coded and analyzed. Scaffolding proved to be affective through students’ discussions; social and emotional skills development, as well as motivation, were obvious to the researcher as the students learned to use mutual respect and actively listened to instructions.

The author concluded that each social practice in the classroom allowed opportunities for students to give attention to emotions and helped students to appreciate the appropriate ways of participating in group activities. The author argued that teacher positive interaction with students
as well as positive interaction within the classroom lead to academic success. Therefore, responding to emotional and social needs is a major component in helping students become successful learners.

Morcom (2014) research findings provide an insight for educators who wish to advance their teaching practices. In today’s schools where multicultural and multilingual are increasingly taking place, educators need to incorporate effective social and emotional discussions in their classrooms to promote students’ prosocial behaviors. When students feel safe to express the issues and use dialogue to communicate their idea, positive academic outcomes are achieved.

Morcom (2014) explored the benefits that constructive social interaction has in increasing students’ healthy relationships and building a sense of safety and community. Information reported through this research is of great value; information such as that safe and engaging classroom activities like daily circle, group logo creation, and continuous use of social practices positively affect the mental health school outcome for students.

In a study that examined the effect on students’ communication after they were taught cooperative and pro-social skills, White (2011) used as framework the sociocultural theory by Vygotsky (1978) to find that once trust has been established, students who are taught cooperative and pro-social skills affectively, show a higher level of communication as they engage in a task; in particular, a mediated activity-based cooperative learning (MACL) among students increases communication when students are working on a problem solving task. Forty-four students from a suburban school in England, average age 13, were randomly selected and divided into two groups: control and experimental. Students in each group were provided with ropes, blocks, balls, balloons and other materials for collectively solving the task of building an “electric fence”. Three sessions, one hour each, were planned to teach the experimental group trust-
building activities and communication skills. Guided discussions were used as the means to facilitate the sessions. Data was collected and coded by two observers for pre and post-test activities about participants’ interaction. This data included baseline information of on and off-task communication in both groups. Agreements between the two observers were calculated with Kappa statistic (.82). Results of this study showed the on and off-task communication among the participants was not strong between experimental group and control group during pre-test. Results for the experimental group, however, differed significantly in post-test, where communication was high. Students in the experimental group showed willingness to support each other to complete the activity. According to White (2011), this was due to the fact that students engaged in more constructive interaction, which extended to the on-task activity.

These results reflect that activities designed to create cooperative skills as a part of the academic experience help the students to develop a cooperative behavior. The researcher ends the article with a recommendation that the next step in research should emphasize on predicting the positive effect on children mental health as a result of teaching from a holistic method to facilitate pro-social development in schools. Results further reflect that effective peer relationship in schools affect the social and emotional growth of the students in the school environment. White (2011) viewed that the instructor as a facilitator promotes social interactions, such as the scaffolding process, mediated learning, and adult support. The article explained the mediation between educational activities and developmental cognitive processes. Results also showed that instruction paired with activities based on mediated learning can positively affect the development of pro-social cooperative conduct in the school setting. Mediated learning is a major concept in the sociocultural theory. It helped to understand the facilitated action that
changed the entire process of the child’s mental health function. This study, therefore, highlights the practicality of the Sociocultural Theory by Vygotsky (1978).

This study provides information about the importance of constructing knowledge in the educational field. The activity that incorporated cooperative learning (MACL) was able to improve the collaborative learning and higher level engagement in pro-social activities.

Based on the theoretical framework of the ecological systems theory of human development (Bronfenbrenner, 1979), that suggests that the connection between the ecological systems of micro-system, mesosystem and exosystem is important in child development, Shohel and Howes (2008) aimed to determine what features that are specific to the nonformal learning environment supported the innovative learning methods. Skills such as health and sanitation, and basic literacy skills that can be applied in everyday life guided the nonformal educational program that is different than governmental educational programs in Bangladesh. In these schools, there is only one-room, described as neat and clean, with one teacher, usually female figure, that teaches around 30 students, between the ages of 6 and 14.

Data used in the study was drawn on a five-year longitudinal project about transition from nonformal to formal education sector. This qualitative research was conducted in two schools: one nonformal rural primary school, and one formal secondary school. It was divided into two phases: a total of 86 students were observed and interviewed for 30 minutes in both phases. Questions revolved around the quality of informal education, and the dimensions of nonformal institutional influence on students’ development. The child is the focus in this study and the life event of school transition that the study focuses on is a major step in the child’s development. Data generated from phase one and two were compared; the analysis revealed that students talked about the social contexts in their experiences in the transitions; they used words
that connected the teacher to the family such as kind, caring, and affectionate. This finding agrees with the view of the ecological theory that children develop their identities in the social environment, including the school, home, and community. Non-formal school was valued by its students. The activities such as storytelling, music, recitals and dancing evoked more emotions and contributed to the understanding of the challenges that these students face.

Despite the fact that this study did not have rich data, it highlighted the important interactions that influence the experience of students’ transition from non-formal to formal education. The results suggest that nonformal education has values for students: clean schools, attitude toward the teaching and learning were seen as fair and a good alternative to formal school.

In developing countries like Bangladesh where dropouts are not reduced by any interventions, and education is not considered one of the basic human rights, this study helps to raise awareness about the need for more informal schools as a critical action and reflection for the practice in the educational system in Bangladesh. The study also builds awareness and understanding about challenges that students face, especially in the transition period from primary to secondary school that is usually marked with stressors and anxiety as major factors.

DeSantis, Huebner, Suldo, & Valois, (2006) identified the degree of interconnectedness between adolescents’ problem behaviors and their school satisfaction and social support. They used the theory of Bronfenbrenner’s ecological theory (1979) as a framework to guide their study. Bronfenbrenner’s theory explains the influence of interrelation among different environmental contexts on the growth and development of the child. School being the place where they spend a significant amount of their time, this study hypothesizes that the degree to which adolescents perceive their school satisfaction may affect their development. School
satisfaction comprised of personality, behavioral patterns, and cognition processes. The study aim was to investigate the relationship between school satisfaction, and the many components in Bronfenbrenner’s system. This study looked at the levels of Bronfenbrenner’s ecological systems. Data was used from an existing longitudinal study. 974 students ages between 11 and 19 in three middle schools and in two separate high schools in the United States participated. Measures were applied to the second year of the existing data because it comprised school satisfaction and social support variables in five areas, school, family, peers, environment and self-satisfaction. The social support measures were taken from the Child and Adolescents Social Support Scale (Malecki and Demaray, 2002). Students’ self-report about school satisfaction measures were taken from the Youth Report (YSR form of the Achenbach Assessment, 1991). Descriptive statistics (mean and standard deviation) for school satisfaction, for internalizing and externalizing behaviors, from social support, teacher support, parents, classmates and close friends were calculated. The correlation was found among demographics, perceived social support and school satisfaction, as well as internalizing and externalizing behaviors. Overall results revealed that as hypothesized at the macrosystem level, and as previous research found, the age and grade level were modestly correlated with the school satisfaction variable. Students in primary grades reported somewhat higher level of school satisfaction when compared to students in higher grade levels. Females reported a slightly higher school satisfaction than boys, as expected in the hypothesis. Race was also correlated with school ease, minority students reported being more satisfied than Caucasian students. SES did not correlate with school satisfaction. Overall, results reveal that demographic variables had minor correlation with school satisfaction.
At the macrosystem level, results showed a strong negative correlation between school satisfaction and problem behaviors: students who reported feeling satisfied with their school experience did not have as many incidents and behavior trouble. At the microsystem level, as expected, results showed a positive correlation between school satisfaction and all support variables. Students that felt more supported by their teachers and parents reported higher satisfaction with their school. On the mesosystem level, results showed that satisfaction acted as a “mediator” between the social support and disruptive behaviors; it played a protective role for behaviors. Students who were satisfied with their school experiences perceived higher levels of support.

This study provided understanding into the adolescents’ satisfaction with their school from an environmental viewpoint. The researchers concluded that students who perceived dissatisfaction with their school experience may engage in negative behaviors to avoid school responsibilities. Consistent with the ecological perspective, teacher support and parents support are capable to affect the school experience of adolescents. The role of peers was found to be significant. Despite some limitations, the study is of value for practical application in schools. It gives insight about the environmental influences and child school satisfaction. According to the results, support from teachers and parents play a positive role in the school satisfaction in the life of adolescent students. Schools should promote social support networks. Social emotional factors proved to be important in school satisfaction, therefore, in the academic positive impact on students’ achievement. Teachers and school counselors could benefit from this research in giving more attention to students’ well-being and applying interventions that increase adolescents’ school satisfaction experiences.
In a longitudinal study that evaluated teachers-students’ relationships, as well as peer acceptance and popularity effect on the behavioral engagement in late elementary school years, in grades 4, 5 and 6, De Laet, et al., (2015) measured behavioral engagement using three variables, on-task behavior, homework attitude, and concentration in the classroom; the study determined engagement using four variables, teacher-student support, teacher student conflict, peer acceptance and popularity. The theoretical framework used for this study is the ecological theory of Bronfenbrenner (1979), specifically the two proximal connections in the microsystem of the child within the school environmental, teacher-child and peer relationships.

586 students from 24 different elementary schools, and 32 classes in Belgium participated in the study. Graduate students collected data annually during regular school days. Dutch School Questionnaire was used to assess behavioral engagement, Child Relationship Questionnaire Revised (Hughes, 2011) was used to assess teacher-child conflict/ support, peer ratings and peer nomination (Putallaz, 1983) were used to assess peer acceptance/ popularity.

Based on previous findings, it was hypothesized that there is a strong association between peer relationship, teacher support and positive behavior engagement. Results of the means and standard deviation of the study variables revealed that, as hypothesized, there was a positive relationship between behavioral engagement and peer acceptance and teacher support; with teacher support being the most influential. As expected, children who expressed higher levels of support in grade 4 were declined less behaviorally in grade 5 and 6. Students who had more support from teachers in grade 4 had less behavior problems in grades 5 and 6. Results also showed that decrease of teacher support and increase in conflict lead to a decline in behaviors. This finding was in line with previous research and suggests that teacher’s support has a long term effect on behavioral engagement (De Laet, et al., 2015). There was a negative correlation
between peer popularity and teacher conflict. Boys were less accepted by peers compared to girls. Peers also were found to have an effect on the behavioral engagement; students who reported being accepted from their peers in fourth grade showed less declines in the two following grades. Popularity didn’t seem to affect the behavioral engagement; however, it affected academic engagement: students who were considered more popular in grade 5 were less engaged in school in grade 6.

Despite its complexity, this study is applicable in the field of education. Behavioral engagement has always been considered an important component in students’ academic achievement. Upper elementary school years are critical in transitional period where emotional connectedness and identity formation is important for child development. Teachers and schools can benefit from this study by learning that peer relationship and teacher-child relationship jointly affect the behaviors of a child at school. The outcomes of the research also help to realize the benefit of promoting positive support in classrooms and schools an applying interventions towards positive interaction.

**Research in First-Aid Program Effectiveness.**

One in five children have emotional problems (Brenner et al., 2007). Due to the high number of students impacted by mental problems, it is important to identify research conducted on the effectiveness of the mental health programs that are applied in the school environment, given the importance of practices and outcomes.

Aakre, Lucksted, & Browning-McNee (2016), conducted an evaluation study of the Youth Mental Health First Aid USA program. They assessed the social service employees’ ability to apply strategies learned towards youth in distress by comparing a pre and post-test to the eight-hour training. The trainees reported significant improvement in their confidence and
ability to help youth in crisis or distress situations. They felt more knowledgeable about assessing for risk of suicide, listening to young people they served nonjudgmentally, encouraging appropriate professional help, and encouraging the youth to practice self-help strategies.

Together, these studies lend support to the importance of the sociocultural impact on child’s development. Several studies have also documented the need of adult support in school to foster a learning outcome; also considering that existing research confirms that school-based mental health programs are successful when they are implemented with fidelity; it is likely that school staff will have a positive attitude about the effectiveness of the program on the school environment. Staff may also find that the main barrier to implement the components of the training is the lack of time caused by the many duties they have to carry.

**Limitations of the Literature Review**

This literature review is intended to establish a summary of available literature and to provide an overview of the effectiveness of mental health programs in schools; however, this research is not exhaustive in nature. There is large amount of research in child development and mental health services in schools. This review allows school professionals for knowledge to make decisions about better implementation and overcoming the barriers. The results from this study will serve as a contribution to the literature related to the development and implementation of mental health programs in schools. The results of this study are intended to be beneficial to stakeholders who invest in the success of the programs in providing for the students to become successful citizens and productive contributors to the society.

**Chapter Summary**

The review of the literature attempted to highlight the best practices in teaching and learning, to identify the impact of the environmental factors on the students’ learning process. It
is important to relate findings on the teaching methods and best teaching practices to the importance of implementing best practices when it comes to teaching students ways to overcome mental health challenges.

Chapter three will review the methods of the proposed evaluation for the program under study. It will describe the design, the research setting, the evaluation approach, limitations, participants, data collection procedures, data analysis, and ends with the timeline of the evaluation.
CHAPTER THREE

METHODS

Preliminary Research

Setting and Background

The purpose of this evaluation was to examine the implementation and outcomes from school staff perspective of a school based mental health program. The primary goal of the program is to train school staff and faculty, and other adults who are in contact with school age children in identifying and responding to initial signs of mental health illness and providing appropriate initial help to children in need. Professional training has been made available by the program to promote this initiative.

A program evaluation design was selected for this study. The evaluation design was used to determine the value of the program (perspective of school staff about the effectiveness of the program), and to facilitate decision making based on data collection.

A logic model guided the program evaluation. A logic model is defined as a visual representation of the activities or interventions of a particular program as they relate to desired short term outcomes, intermediate outcomes, and long-term outcomes.

For the purpose of this study, short-term outcomes are the improvement in the mental health in the first two years following the implementation of the program, the intermediate outcomes are those that are expected in the next two to three years of implementation, such as improved mental health signs and symptoms in schools. The long-term outcome could be those that are anticipated to improve the mental health awareness in the schools.
This program evaluation was conducted in an effort to examine the impact of a mental health program on the environment of the schools. In particular, this study aimed to address the effect of a mental health program on the school environment, from the school staff perspective within one school district in Florida. The program under study is part of the Mindful Schools Project/Florida AWARE that is committed to assisting schools in developing safer environments and increasing awareness of issues related to school age children mental health in the community (Substance Abuse and mental Health Services Administration, 2016). In the 2015-2016 school year, the school district under study received a grant through the Substance Abuse and Mental Health Services Administrations (SAMHSA) Mental Health Transformation State Incentive Grant to improve the knowledge in responding to youth mental health crises in the early stages. The grant was awarded for five years. The purpose was to train adults that interact with children on a regular basis about the risk factors associated with mental health illnesses. Participants are sought from schools and from the community. While school staff were not mandated to take the training, they were highly encouraged to attend one of the sessions that were set by the trainers. School staff were made aware of the training through e-mails sent by the trainers with the schedules for upcoming training. The trainers are employed by the school district; they are trained on how to provide the training in different states through the grant funds.

The school system understudy is interested in delivering the program to many participants in the community such as parents, grandparents, caregivers, police officers, and school staff and faculty members. The community is made aware of the program and are invited by the program trainers. The training is offered at different times and in different locations in the schools and the community. The focus of this study is to determine the effectiveness of the
program in the school environment. Therefore, for the purpose of this study, the school staff were surveyed about the effectiveness of this program.

The training is an eight-hour public education program that aims to teach the participants about the warning signs of mental health in school-aged children. The course trained the participants on the ways to provide the initial help for children when they display those signs. It further provided information about the importance of early intervention and teaches participants the initial steps to support an adolescent in need, by applying a five-step action plan. It is important to note, that although this program is targeted towards helping the adolescents between the ages 12 and 18, it is offered for elementary school staff. The reason could be aiming at a prevention measure for giving help to students who are approaching the age of 12. Another reason could be that there are students that are overage who near the age of 12 in fifth grade.

**The Five Action Plan**

As described in the Youth Mental Health First Aid USA manual (2012), the five action plan serves as steps to be followed by the adult helper when working with a child or adolescent who is experiencing symptoms of mental illness. The action plan is meant for an effective way to provide help to a child in need. The five steps are listed in order of actions A, L, G, E, E, and is given the name of ALGEE plan.

- **Action A: Assess for risk of harm or risk of suicide.** The first aider should give support to any possible crises that may occur. Crises can display in the form of harm to self, such as finding the helpee to be in a high anxiety state, showing signs of non-suicidal harm or injury, or are found in a more elevated need for help, such as having a panic attack, going through a traumatic event, becoming aggressive, or attempting suicide.
- **Action L: Listen nonjudgmentally.** Empathic listening is required when working with young persons who are dealing with mental health problems. The first aider needs to allow the helpee to express thoughts freely and listen to those thoughts nonjudgmentally; this attitude shows respect and understanding towards the helpee.

- **Action G: Give reassurance and information.** This support includes emotional help and offers help with actions on how to deal with everyday tasks that are perceived stressful to the young person. Information requires knowledge in mental health and giving hope.

- **Action E: Encourage appropriate professional help.** In some cases, young persons are not aware that professional help is available to them. Encouraging such support may lead the person in need to ask the parents to provide this help through their support or through professional help.

- **Action E: Encourage self-help and other support strategies.** Helping the youth to find a system of support within the social environment or with a trusted adult at school could be a valuable resource to the child in need.

The steps don’t need to be followed in any particular order by the first aider to insure proper and effective implementation. The Youth Mental Health First Aid USA manual (2012) notes that flexibility is a key in providing help: sometimes also not all five steps may be necessary in the process of first aid. The first aider should make a good judgment to whether to follow all the steps and what order the individual’s situation requires, depending on the condition of the helpee.
Evaluation Design

Scriven (1967) defines evaluation as a tool that determines the merit, worth, or value of an evaluand, or things that are measured. Similarly, Stake (2004) defines evaluation as the finding of “merit and shortcoming”, regardless of the fact anyone works on improving the program evaluated. He further defines the role of the evaluator as a facilitator who communicates the findings and shares the information with the stakeholders. According to Stake (2004) stakeholders are the people that have some sort of investment or benefit in the program being evaluated.

Program evaluation is commonly applied in the educational field to study the outcomes of a program, to determine the value of a specific educational program. For this reason, the method of evaluation that was thought of as appropriate for the aim of this study was selected for this particular study, to identify the worth of the YMHFA-USA program from school staff perspective, learn the extent to which it improves the school environment, determine the factors that support the implementation of the program, and then gather the school staff responses to make decisions about improving the implementation of YMHFA-USA program in school system understudy.

Evaluations are divided into two categories: summative and formative. Summative (Scriven, 1967) is the method used for evaluating a program while it is still active and forming. The focus in this type of evaluation is on the process. Evaluators can inform where the deficiencies exist so the program can have optimal outcomes. This study does not employ summative method, as it doesn’t intend to determine the overall merit of the YMHFA-USA program. Formative method is useful in analyzing materials, students’ learning and achievement, teachers’ effective methods of teaching. A formative method is used to judge the merit of the
program at the time the program has ended. The focus in this type of evaluation is the outcome of the program. For the purpose of this study, the evaluation used a formative method because it seeks to find information that could be used to improve future implementation of the program, from the school staff perspective.

Another distinction is made is about the evaluator. An internal evaluator is identified as a member working from within the actual program or project being evaluated, an external evaluator is someone who is not professionally related to the program being evaluated. For the purpose of this study, although the researcher had worked for the school district for a number of previous years, at the time of this evaluation, is considered an external evaluator.

Worthen, Sanders, and Fitzpatrick (1997) identified many different approaches to serve the specific needs of each evaluation and the end result the evaluation addresses. For example, the expertise-oriented approach relies solely on the expert to judge and make decisions about judging the value of a program being reviewed. The consumer-oriented approach is commonly used to allow agencies to inform consumers about the ratings of the products. The management-oriented approach is designed to help managers and administrators to identify the needs and decisions about the program evaluated. For this reason, the management-oriented approach this method had been identified as most appropriate for the purpose of this study.

Recognizing standards is essential for program evaluation (Stake, 2004). standards are considered essential for evaluating a program (Scriven, 1994). The first basic task for a successful program evaluation is measuring the program performance and comparing the results with the standards (Scriven, 1994). The term standard-based evaluation includes statistical information. According to Stake (2004), when we evaluate a program, we are answering
questions about the strength and weaknesses of the program, the extent to which the program works as it is intended to, and whether the program meets professional standards.

**Study Phases**

The first step of the study was to meet with the school system stakeholders. An email was sent by the researcher to the Director of Student Services and to the Senior Manager of Psychological Services for the school system in order to arrange for an initial meeting. The director and the manager both agreed to the meeting and they invited the Senior Coordinator of the Mindful Schools Program for the school system, who was in charge of the program. During this initial meeting, the researcher was informed in depth about the new program. The discussion lasted one hour; the researcher explained the interest in conducting an evaluation and gathering information about the way the program is being implemented. The inquiry from researcher was about the possibility of conducting a study for a dissertation requirement. The researcher explained the benefits of the research findings to the stakeholders. It was made clear to the researcher by the director that an institutional review application will be conducted and approved by the school system if any study was to take place. Suggestions to ideas were made on different methods to conduct a research. The meeting was conducted in a supportive, respectful environment. The purpose of the meeting and the policies and procedures were clearly communicated. Following the meeting, the researcher signed up to take the course for the Youth Mental Health First Aid USA training.

A request for a second meeting was sent by the researcher to the director, the manager and the trainer. The manager and the trainer agreed to the meeting; the trainer was no longer working for the program. The researcher presented a proposal indicating the steps, method used, and a timeline for conducting the evaluation. The researcher had participated in the YMHFA-
USA eight-hour training prior to this meeting, and had obtained a manual through the training. Throughout this meeting, the researcher and stakeholders agreed that the survey questions will be sent to the main stakeholders for their review; if stakeholders have any comments, these will be sent to the researcher, prior to applying for the school system review board. An application will be submitted to the research and measurement department in the school system for the review of the methods and process of the study. The director suggested that the survey be sent to his e-mail with a link connected to the survey; the link will be sent to participants directly from his work e-mail in order to protect the school staff identities and to avoid distribution of e-mail addresses. It was also agreed that any changes in regards to the method will be communicated to the stakeholders.

A survey was created and sent to the director and manager. The application was sent to the appropriate department at the school district office. The research proposal was also submitted to the reviewer of the research studies at the school board to determine the protection of human subjects’ research at the school district. A letter approving the study was sent back to the researcher.

An application to conduct the study was submitted to the Institutional Review Board at the University of South Florida to determine the research integrity and compliance of the human research subjects prior to conducting the study. A notice through the USF IRB site was sent to the researcher that the study was exempt from the review because program evaluation did not require IRB approval.

Participants in the survey were informed of the voluntary nature of the questionnaire and their right to skip any items or to stop taking the survey if they wish to do so. Participants were provided with an electronic copy of the consent to participate in the study prior
to starting the survey questionnaire. The director of student services sent the questionnaire in an e-mail that provided the link (See Appendix E). a week later, the researcher drafted a reminder email and requested its delivery from the director of student services. (See Appendix F)

**Stakeholders**

A stakeholder is defined as a person who has invested in the company by either sharing ownership of the firm, or by being assigned duties and responsibilities, requiring him to act in the best interests of the firm (Zimmer, 2015). Although there no decisions about to what extent a stakeholder should be part of the evaluation, the stakeholders have to be involved in the evaluation process to a certain degree (Carr, & Bradley-Levine, 2016). Taut (2008) finds that the extent to which a stakeholder is involved in the evaluation depends on the desired outcome of the study, and the nature of the evaluation. For the purpose of this evaluation, the key stakeholder identified is school system; the stakeholders identified are: key stakeholder, director of student services, senior manager of psychological services, and school staff.

**Research Questions**

The present study evaluated the effectiveness of a mental health program in schools, as reported by the staff in schools that participated in the training for the program. This study also examined the extent to which the program improved the school environment in supporting the emotional aspect of the students. The factors that supported implementation implementing of the program were addressed. The study aimed to answer the following questions:

1. How do school staff perceive the effectiveness of the program?

2. What aspects of the training were most beneficial to help the students with mental health issues?
3. To what extent do school staff use the five elements learned at the training to support students?

4. How does the program impact the school environment to support students emotionally?

5. What factors supported the implementation of the YMHFA at your school?

Participants

Participants for this study were school staff in elementary schools, middle schools and high schools, who are employed by the school system, who participated in the eight-hour training of the program, and who wished to participate in the study. This sample was selected to reflect the perspective of school staff that are in contact with the school age children. Participants were selected from the database for school staff who attended the training for the program. In order to maintain confidentiality and protect the staff identity and e-mail addresses, the director of student services sent the link to participants directly from the school district office. The study was expected to have a sample size of 150 participants. A consent to participate in the study preceded the questionnaire.

Instrument

This evaluation study employed a survey that was developed by the researcher to gather data about the effectiveness of the program from school staff perspective. The questionnaire was sent to school staff electronically, using Survey Monkey, directly from the district office. Delivery of the link to the survey was facilitated by the director of student services, to school staff e-mail addresses to ensure anonymity. School staff that participated in the study were given four weeks to respond to the questions. After that time frame, the survey was closed and data was collected. The survey used a total of 12 questions that addressed the effectiveness of the program on the school environment. Prior to being submitted to participants, the survey was pilot
tested for improvement purposes. It was anticipated that the survey takes approximately 7-10 minutes to be completed.

**Cognitive Interviewing**

Cognitive Interviewing was initiated in the field of experimental psychology in the 1980s. Willis and Artino (2013) define cognitive interviewing as an evidence-based method used to test whether the questions in a survey achieve the researcher’s intended purpose.

Specific individuals are recruited and presented with the survey questions. The main purpose of the cognitive interviewing was to determine whether the participants selected for the pilot study understand every question on the survey the way the researcher has intended to ask it. It further demonstrates whether the questions are clear from any ambiguity, and rated as easy, medium or hard by the pilot study participants.

There are two types of cognitive interviewing: think aloud and verbal probing (Willis, 2013). The think-aloud interview method asks the volunteer subjects to think aloud as they answer each question on the survey and the thought process that the participants used to arrive to the answer. The researcher evaluates each question based on the confidence and perception of what is included or excluded from each question. Unlike the think aloud method, the verbal probing asks the volunteer subjects to answer specific questions pertaining to each question. These questions include paraphrasing, comprehension and interpretation, specific to each probe. (Willis, 2013). For the purpose of the survey questions attached to this study, the verbal probing technique was used. Five volunteer subjects were interviewed individually. The twelve questions survey questions were read to each subject one by one and each participant was asked to reflect on the comprehension of each question. Specifically, for each of the questions presented to the participants were asked to a) repeat the questions in their own words, b) what do terms and
phrases in the questions mean to them c) if they found the question to be easy, medium or hard.

By combining the answers to the probes from all five participants, it was concluded by the researcher that none of the questions needed to be revisited or reworded. For the first probe, repeat the question in your own words, all participants could easily rephrase each one of the questions. For the second probe, what particular terms meant to each one of the items on the survey, each of the participants could define the terms with interpretations that reflected what the researcher had intended for each of the questions. One of the participant rated question #1 “what is your school level?” medium for the level of difficulty because the participant perceived that “the question could suggest what school level have you worked with”. The question was intended to mean what level school do you work at. One of the participants rated the question #3 “How many years of experience in your position as a school staff?” medium for the level of difficulty because it was not clear to the participant whether the researcher is asking about the years of experience working for the school system or the years of experience in the current position. Another participant perceived question #11 “To what degree do you believe the skills that students acquired through the program have extended to the school setting?” to be medium for the level of difficulty because the participant perceived it as being long. Another participant rated this question easy but suggested that it could be shorter.
Survey Questions

1. What is your school level?
   - Elementary school
   - Middle school
   - High school

2. What is your position at the school?
   - Teacher
   - School Social worker
   - Paraprofessional
   - Lunchroom Services staff
   - Custodial Services staff
   - School counselor
   - School Psychologist
   - School Administrator
   - School Resource Officer
   - School Nurse
   - Other

3. How many years of experience in your position as a school staff?
   - Less than 1 year
   - 1 year - 2 years
   - 2 years - 5 years
   - 5 years - 8 years
   - 8 years - 10 years
   - Greater than 10 years

4. You attended the training because (check all that apply)
   - Your employer asked you to attend
   - Personal interest
   - Professional Development
5. Please indicate your level of agreement regarding the effectiveness of the Youth Mental Health First Aid USA training

<table>
<thead>
<tr>
<th>I received useful training during the Youth Mental Health First Aid USA program</th>
<th>Completely Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Very Much Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, the information I received helped me become better prepared to address students' emotional needs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am more likely to try to respond to a student with emotional distress or crisis after receiving training in YMHFA-USA</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I am more confident in my ability to refer a student to specialized mental health services as a result of YMHFA-USA training</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Overall, I perceive the YMHFA-USA as a positive addition to the school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Overall, YMHFA-USA Promotes positive school climate</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

6. Please indicate your level of agreement regarding the five elements of the Youth Mental Health First Aid USA action plan

<table>
<thead>
<tr>
<th>As a result of this training, I am able to assess the risk of suicide or harm for a student in distress</th>
<th>Completely Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Very Much Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of this training, I am able to listen nonjudgmentally</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As a result of this training, I am able to give reassurance and confirmation to a student in distress</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As a result of this training, I am able to encourage appropriate professional help to a student in distress</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As a result of this training, I am able to encourage self-help and other support strategies to a student in distress</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

7. How often do you use skills you learned in the Youth Mental Health First Aid USA training in your direct contact with students during a typical week?

- □ Once a week
- □ Between 2 and five times a week
- □ Once a month
- □ Don’t keep track
8. To what extent do the components of Youth Mental Health First Aid USA improve the school environment?
   - Not at all
   - Very little
   - Somewhat
   - A lot
   - Don’t know

9. Overall, I am provided with adequate resources for referring a student in need for professional mental health services
   - Strongly disagree
   - Disagree
   - Neutral
   - Agree
   - Strongly agree

10. For which of these topics, if any, would you like to receive further staff development? Choose all that apply
    - Crisis intervention for personal problems
    - Violence prevention, such as bullying and fighting
    - Physical activity and wellness counseling
    - Assessing and evaluating students in emotional well-being
    - Teaching mindfulness to students in the classrooms
    - Encouraging families and community involvement in education
    - None of the above

11. To what degree do you believe the skills that students acquired through the Youth Mental Health First Aid USA have extended to their school setting?
    - Not at all
    - Very little
    - Somewhat
    - A lot
    - Don’t know
Thank you for taking the time to complete this survey! Your response and observations are valued.

Figure 3: Survey Questions
Data Collection and Analysis

Data collected through SurveyMonkey was gathered by the evaluator electronically through the site. As part of the evaluation process that often uses scientific methods to collect data, to analyze the quality of the program. For this study, descriptive statistics, including percentages were employed to analyze data and responses of the staff. Data analysis and conclusion determined the effectiveness as well as the strength and quality of the program. Recommendations were made by the researcher based on data analysis, and will be presented to the stakeholders.

Logic Model

A logic model format was presented to stakeholders (see appendix A: Logic Model of the Program Evaluation Initiative). A logic model is defined as a visual representation of how the activities or interventions of a particular program relate to desired short term outcomes, intermediate outcomes, and long-term outcomes. For the purpose of this study, only short -term outcomes were considered. Short-term outcomes are the improvement in the mental health in the first two years following the implementation of YMHFA-USA program, the intermediate outcomes are those that are expected in the next two to three years of implementation, such as improved mental health signs and symptoms in schools. The long-term outcome could be those that are anticipated to improve the mental health awareness in the schools.

Reporting and Dissemination

The final evaluation report was authored and edited by the evaluator. It includes an executive summary, an introduction, and an evaluation plan. The external evaluator provided a
report that addressed the need for the school system. The report was short and direct, and communicated the results of the findings with the designated stakeholders.

The stakeholders will judge the quality and relevance of the report provided by the external evaluator, and as a result, may or may not choose to endorse the report.

**Deliverables**

To ensure a good evaluation process, including accountability and transparency, the researcher provided a one-page status summary via e-mail to stakeholders every four weeks to communicate the progress of the evaluation. Any delays or obstacles that could delay the final report of the evaluation would have been communicated with the school system stakeholders and would have been included in the status report.

Stakeholders will receive a written draft report by the end of April, 2017. The draft report is intended to allow stakeholders to review the evaluation results and check on the accuracy of the content and data, and suggest whether any revisions have to be made before submitting the final report. A final report will be submitted around one week after the stakeholder had received the draft. An oral presentation will be scheduled with stakeholders to display the final draft of the evaluation.

**Limitations**

A potential limitation of the evaluation is the difficulty in evaluating all aspects of a program with absolute objectivity, due to rationalizing, and constructive activity of the evaluator’s analyses. Another limitation to consider is the constrained time frame of the data collection. The evaluator is only collected data from February to March of 2017.
Delivery Schedule

The following table represents the timeline for the study.

Table 1: Title

<table>
<thead>
<tr>
<th>Timeline for Youth Mental Health First Aid USA Evaluation: Description of Timeline Activities</th>
<th>May 2016</th>
<th>October 2016</th>
<th>November 2016</th>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
<th>April 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Contact and Preliminary Planning with Key Stakeholder:</strong> To meet with Polk County School key stakeholders; to gather information regarding the Youth Mental Health First Aid USA program, and to define the evaluation purpose.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Initial Planning: To Propose the Evaluation Plan:</strong> To review the evaluation proposal and define the timeline.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Questionnaire Preparation and data collection:</strong> To develop a 10-20 item questionnaire in consultation with Polk County Schools key stakeholder; to pilot test the instrument; to e-mail the survey to Polk County Schools director of student services; director will send survey to staff via e-mail.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Analysis:</strong> To transcribe the questionnaire data and to analyze the questionnaire data.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Progress Report Submitted:</strong> To submit a one page progress report to Polk County Schools key stakeholder. This one page memo will reflect the current status of data collected and the general progress of the evaluation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prepare Draft Final Report:</strong> To work on preparation of the draft of the final report.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Draft Final Report Submission:</strong> To submit a draft of the final report to Polk County Schools key stakeholder for feedback. The feedback is expected to be received no later than one week after submission, in order to be incorporated in the final version of the evaluation report.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Report Submission:</strong> To submit and present final report to Polk County Schools key stakeholder(s).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 4: Delivery Schedule
CHAPTER FOUR

RESULTS

The purpose of the current study was to analyze and to evaluate the effectiveness of a mental health program on the school environment, and to determine to what extent the program was successful in improving the environment of the school. The study focused on the perception of the staff members that participated in an eight-hour training to implement the program in their schools. Five research questions were addressed (1) How do school staff perceive the effectiveness of the program, (2) what aspects of the training were most beneficial to help the students with mental health issues, (3) to what extent do school staff use the five elements learned at the training to support students, (4) how does the program impact the school environment to support students emotionally, and (5) what factors supported the implementation of the program at the participants’ schools.

Twelve questions were identified to meet the purpose of the study. The questions were developed through a process that involved the stakeholders that are engaged in the delivery of the program. A questionnaire was made available through the SurveyMonkey website; it was used as a source of data for this evaluation. The survey was sent to 414 recipients who participated in the eight-hour training. Seventy-three surveys were completed and returned (18%), which is expected for an electronic survey. The results of this survey are displayed below. They are analyzed in the way they answer the purpose of this study. This chapter gives a brief overview about the district student population, it includes the quantitative data collected through the survey questions. Chapter five discusses the results of the data and suggests next steps in the implementation of the program.
School District Student Population

The school district is one of the ten largest districts in Florida and one of the fifteen largest in the United States. Its mission is to provide a high quality education for all students. “Providing effective environments perceived as safe and healthy” is listed among the district goals for desired students’ outcome. Students are described as guided in student-centered activities that promote a total physical, mental, and emotional development. The district comprises more than 150 schools and more than 13,000 employees. It has a diverse student body of more than 100,000. Among the students, 42.3% are White, 20.9% are Black, 31.8% are Hispanics, 1.6% are Asian, 0.4 % are American Indian/Alaska Native and 2.9% are Multi-Racial; 0.1% are Pacific Islanders. More than 10,600 students have a primary language other than English.

Evaluation Questions

The questions in the survey relate to the implementation of the program. The first four questions served as demographics to identifying the school level, position and years of experience of participants. Question five on the survey addressed the first research question: “How do school staff perceive the effectiveness of the program?”. Questions 7 and 9 addressed the second research question: “What aspects of the training were most beneficial to help the students with mental health issues”. Question 6 on the survey addresses the third research question: “To what extent do school staff use the five elements learned at the training to support students?”. Questions 8, 10 and 11 answer the forth research question: “How does the program impact the school environment to support students?”. Question 12 on the survey addresses the last research question: “What factors supported the implementation of the program at your school?”. 
The questions and results of the survey questions are reported below.

**Question 1. What is your school level?**

The first question asked what school level staff worked at. Results indicate that 48% of the respondents work in elementary schools, 26% work in middle schools and 26% work in high schools. The distribution of participants is presented in Table 1.

Table 1.

*Distribution of Participants*

<table>
<thead>
<tr>
<th>School level</th>
<th>Number of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary School</td>
<td>35</td>
<td>48</td>
</tr>
<tr>
<td>Middle School</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>High School</td>
<td>19</td>
<td>26</td>
</tr>
</tbody>
</table>

Figure 5. Distribution of Participants

**Question 2. What is your position at your school?**

Answers to this question show that the highest percentage (30%) of the participants were teachers, followed by school psychologists who participated at a rate of (22%). School
counselors ranked next at (20%). 10% of the participants were school social workers.

Paraprofessional and school nurses had the least participants with 1% each, and no participation was made from the lunchroom services staff, custodial Services staff, and school officers. School administrators, school resource officers, school nurses. Other participants included 8%. It is not clear what other positions the 8% occupied at their schools. Table 2 represents this data.

Table 2

*Positions Occupied by Participants*

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>22</td>
<td>30.14</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>16</td>
<td>21.92</td>
</tr>
<tr>
<td>School counselor</td>
<td>14</td>
<td>19.18</td>
</tr>
<tr>
<td>School Social worker</td>
<td>7</td>
<td>9.59</td>
</tr>
<tr>
<td>School Administrator</td>
<td>6</td>
<td>8.22</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>8.22</td>
</tr>
<tr>
<td>School Nurse</td>
<td>1</td>
<td>1.37</td>
</tr>
<tr>
<td>Paraprofessional</td>
<td>1</td>
<td>1.37</td>
</tr>
<tr>
<td>Lunchroom Services staff</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Custodial Services staff</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School Resource Officer</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 6. Positions Occupied by Participants
Question 3. How many years of experience in your position as a school staff?

The third question asked the participants how many years of experience they acquired in their position as school staff. Based on the responses, among the participants, 4% had less than one year experience in their position, 7% of the participants had between one and two years of experience, 18% had between two and five years of experience, 15% had between five and eight years of experience, 11% had between eight and ten years, and 44% had been for more than 10 years working with the school system. The distinction of participants’ years of experience positions is presented in Table 3.

Table 3

Participants’ Years of Experience in their Jobs

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>Number of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 10 years</td>
<td>31</td>
<td>43</td>
</tr>
<tr>
<td>2 years - 5 years</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>5 years - 8 years</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>8 years - 10 years</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>1 year - 2 years</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Less than one year</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Figure 7. Participants’ Years of Experience in their Jobs
Question 4. You attended the training because your employer asked you to, personal interest, and/or professional development?

The fourth question asked the participants to choose the reason why they attended the eight-hour training. They were given three choices. Among the respondents, 45% checked that they attended the training because their employer asked them to, 53% checked that they attended because they were interested in the training, and 67% said that they attended to earn professional development credits. This question allowed for more than one answer. It is clear from the data that participants have checked more than one answer to this question. Table four represents the answers to this question.

Table 4
Participants’ Reasons to Attend the Training

<table>
<thead>
<tr>
<th>Reasons to attend the training</th>
<th>Number of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Development</td>
<td>49</td>
<td>67.12</td>
</tr>
<tr>
<td>Personal interest</td>
<td>39</td>
<td>53.42</td>
</tr>
<tr>
<td>Employer asked you to</td>
<td>33</td>
<td>45.21</td>
</tr>
</tbody>
</table>

Figure 8. Participants’ Reasons to Attend the Training
Question 5. Please indicate your level of agreement regarding the effectiveness of the program?

Question five asked the participants to indicate their level of agreement about the effectiveness of the eight-hour training. 64% completely agreed that they received useful training, while 29% somewhat agreed that the training was useful to them. Three percent were neutral about the usefulness of the training, and only 1% reported that they somewhat disagree or completely disagree that they received useful training. Fifty-eight percent of the participants checked that the information they received helped them become better prepared to address students’ emotional needs. Thirty-three somewhat agreed that the training helped them be better prepared to address students’ emotional needs; seven percent were neutral and only 1% somewhat agreed, another 1% completely disagreed that the training was helpful in taking care of students’ emotional needs. Fifty-five percent of the participants perceived that they were more likely to respond to students when they show signs of distress. Twenty-five percent somewhat agreed that the training allowed them to become more likely to respond. Fifteen percent were neutral about responding to students in distress as a result of the training. A very small percentage of participants (1% and 3%) respectively somewhat disagreed or completely disagreed that they are more likely to respond to a student in distress. Forty percent of the participants perceived that they are confident about referring a student to mental health services after receiving the eight-hour training. Twenty percent somewhat agreed to this statement, while 10% remained neutral about their ability to refer. Only 1% and 2% respectively somewhat disagreed or completely disagreed that they are able to refer a student in need to specialized mental health services as a result of the training. Fifty percent of the staff who participated perceived that the training was a positive addition to their school, 17% somewhat agreed to the statement, where as 4% remained neutral; only 1% somewhat disagreed and only
another 1% completely disagreed that the program made a positive influence in their school. For whether the participants perceived that the program promoted a positive environment at their school, 46% agreed, 19% somewhat agreed, six percent were neutral. Only 1% somewhat disagreed and only 1% completely disagreed. Table 5 represents the participants’ answers on the level of agreement per the participants’ responses.

Table 5

*Participants’ Perceived Effectiveness of the Eight-hour Training*

<table>
<thead>
<tr>
<th></th>
<th>Completely disagree</th>
<th>Somewhat disagree</th>
<th>Neutral</th>
<th>Somewhat agree</th>
<th>Very Much agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received useful Training</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>21</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>1.37%</td>
<td>1.37%</td>
<td>4.11%</td>
<td>28.77%</td>
<td>64.38%</td>
</tr>
<tr>
<td>training helped me become better prepared to help students emotionally</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>24</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>1.37%</td>
<td>1.37%</td>
<td>6.85%</td>
<td>32.88%</td>
<td>57.53%</td>
</tr>
<tr>
<td>I am more likely to respond to a student in distress</td>
<td>3</td>
<td>1</td>
<td>11</td>
<td>18</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>4.11%</td>
<td>1.37%</td>
<td>15.07%</td>
<td>24.66%</td>
<td>54.79%</td>
</tr>
<tr>
<td>I am more confident in the ability to refer a student to specialized Services</td>
<td>2</td>
<td>1</td>
<td>10</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>2.74%</td>
<td>1.37%</td>
<td>13.70%</td>
<td>27.40%</td>
<td>54.79%</td>
</tr>
<tr>
<td>I perceive that the program is a Positive addition to my school</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>17</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>1.37%</td>
<td>1.37%</td>
<td>5.48%</td>
<td>23.29%</td>
<td>68.49%</td>
</tr>
<tr>
<td>The program helped to promote a positive school environment</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>19</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>1.37%</td>
<td>1.37%</td>
<td>8.22%</td>
<td>26.03%</td>
<td>63.01%</td>
</tr>
</tbody>
</table>
Figure 9: Participants’ Perceived Effectiveness of the Eight-hour Training

**Question 6. Please indicate your level of agreement regarding the five elements of the action plan**

Question six asked about the participants’ level of agreement regarding the five elements that are an essential to the program. Out of the 73 participants, 47% completely agreed that they are able to assess the risk of the student suicide or the risk of harm for a student in distress. Thirty-six percent of the participants somewhat agreed that the training allowed them to assess the risk. Twelve percent were neutral, and only a small percentage of 3% and 1% perceived that the training did not help them to assess the risk of suicide or harm for students they serve. Fifty-five percent of the participants agreed and 20% somewhat agreed that they are able to listen to the students nonjudgmentally as a result of the eight-hour training; while 10% remained neutral. These could be presenting the participants who were asked to participate by their employer. Only 1% and 2% did not perceive that the training prepared them to listen nonjudgmentally. For
giving reassurance, 53% of the participants agreed that the training helped, 32% somewhat agreed, 8% remained neutral, and only 1% did not agree that the training was effective in teaching them to give the students reassurance. For the subs question to seek professional help, 54% agreed that the training prepared them to encourage students, while 29% somewhat agreed and 10% were neutral. Only 1% disagreed to the effectiveness of the training in this regard. In seeking self-help, 53% of the participants agreed that the training helped them to encourage their students to seek self-help, while 27% somewhat agreed, and 16% neither agreed or disagreed, while only a small percentage of 1% did not agree with the fact that the training helped them address seeking self-help with the students they work with. Table 6 represents the data of the participants about the five components of the program.

Table 6

*Perceived Effectiveness of the Components of the Program by Participants*

<table>
<thead>
<tr>
<th></th>
<th>Completely Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Very Much Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of this training, I am able to assess the risk of suicide or harm for a student in distress</td>
<td>1.37%</td>
<td>4.11%</td>
<td>12.33%</td>
<td>5.62%</td>
<td>46.58%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>26</td>
<td>34</td>
</tr>
<tr>
<td>As a result of this training, I am able to listen nonjudgmentally</td>
<td>2.74%</td>
<td>1.37%</td>
<td>13.70%</td>
<td>27.4%</td>
<td>54.79%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>10</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>As a result of this training, I am able to give reassurance and confirmation to a student in distress</td>
<td>1.37%</td>
<td>2.74%</td>
<td>10.96%</td>
<td>31.51%</td>
<td>53.42%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>23</td>
<td>39</td>
</tr>
<tr>
<td>As a result of this training, I am able to encourage appropriate professional help to a student in distress</td>
<td>1.37%</td>
<td>1.37%</td>
<td>13.70%</td>
<td>28.77%</td>
<td>54.79%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>21</td>
<td>40</td>
</tr>
<tr>
<td>As a result of this training, I am able to encourage self-help and other support strategies to a student in distress</td>
<td>1.37%</td>
<td>1.37%</td>
<td>16.44%</td>
<td>27.4%</td>
<td>53.42%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>20</td>
<td>39</td>
</tr>
</tbody>
</table>
Figure 10: Perceived Effectiveness of the Components of the Program by Participants

**Question 7. How often do you use skills you learned in the training in your direct contact with students during a typical week? (Once a week, between 2 and five times a week, once a month, or don’t keep track)**

Question seven asked how many times do the participants use the skills they learned in the training with the students they serve. A high percentage of 33% of the respondents marked that they do not keep track of many times they use the skills they learned to help the students and 32% said they use the skills between 2 and five times a week; 21% marked that they use the skills once a week; while 15% of the participants said that they use the skills once a month. Table 7 represents answers of the participants about the frequency of use of the skills.
Table 7

Frequency of use of the five Elements of the program by Participants

<table>
<thead>
<tr>
<th>Number of times You use the skills with the students</th>
<th>2 to 5 times a week</th>
<th>Once a week</th>
<th>Once a month</th>
<th>Don’t keep track</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23</td>
<td>15</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>31.51%</td>
<td>20.55%</td>
<td>15.07%</td>
<td>32.88%</td>
</tr>
</tbody>
</table>

Figure 11: Frequency of use of the five Elements of the program by Participants

Question 8. To what extent do the components of the training improve the school environment? (not at all, very little, somewhat, a lot and don’t know)

Question eight asked the participants the extent to which the components of the program improve the school environment. one participant seemed to have skipped this question. Out of 72 who participated in the survey, 42% perceived that the program affected the school environment a lot, followed by 36% who perceived the program as somewhat made a difference in the environment of their school. Ten participants responded that the program made very little difference in the school environment, while another 10% did not know whether the program has
made a difference in the school environment. Only 3% of the participants said that they did not agree at all that the program made a difference in the school environment. Table eight represents the respondents’ answers to the difference in the school environment.

Table 8

*Perception of Participants about Effect of the Program on the School Environment*

<table>
<thead>
<tr>
<th>To what extent the Program improved The school environment</th>
<th>Not at all</th>
<th>Very little</th>
<th>Somewhat</th>
<th>A lot</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>7</td>
<td>26</td>
<td>30</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>2.78%</td>
<td>9.72%</td>
<td>36.11%</td>
<td>41.67%</td>
<td>9.72%</td>
</tr>
</tbody>
</table>

Figure 12: Perception of Participants about Effect of the Program on the School Environment
Question 9. Overall, I am provided with adequate resources for referring a student in need for professional mental health services (strongly disagree, disagree, neutral, agree and strongly agree)

Question nine asked the participants their opinion to whether they were provided with adequate resources for referring a student in need for professional mental health services. Out of 73 respondents, 23% strongly agreed that they had enough mental health resources for students in need, and almost half of the participants (48%) agreed that they are provided with enough resources to refer. Eleven percent responded by neutral, not agreeing or disagreeing whether they have enough mental health resources, while another 11% disagreed that they had enough resources. Only 7% completely disagreed to the availability of adequate resources to refer a student in need to professional mental health services. Table nine is a representation to the question about the adequate resources for referring the students in need to mental health services.

Table 9

Perception of Participants about Resources of Mental Health Services

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you provided with enough resources to refer students in need to mental health programs</td>
<td>5</td>
<td>8</td>
<td>8</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>6.85%</td>
<td>10.96%</td>
<td>10.96%</td>
<td>47.95%</td>
</tr>
</tbody>
</table>
Question 10. For which of these topics, if any, would you like to receive further staff development? Choose all that apply (crisis intervention for personal problems, violence prevention, such as bullying and fighting, physical activity and wellness counseling, assessing and evaluating students in emotional well-being, teaching mindfulness to students in the classrooms, and encouraging families and community involvement in education, or none of the above)

Question ten asked the participants to choose among a list of staff development the area for which they are interested in receiving further training. Crisis intervention for personal problems, violence prevention, such as bullying and fighting, physical activity and wellness counseling, assessing and evaluating students in emotional well-being, teaching mindfulness to students in the classrooms, encouraging families and community involvement in education were the topics that were listed. Going from the training that received the most interest, 62% out of the 73 participants were interested in receiving training in teaching mindfulness to students in the classroom, 50% were interested in training that involves encouraging families and communities in education; 45% expressed interest in violence prevention training, such as bullying and fighting and 33% were interested in assessing and evaluating students in emotional being.
training. Physical activity and wellness counseling was next in the interest of the participants with 30%. Crisis intervention for personal problems was rated as interesting to 22% of the participants. Only 5% responded that they were not interested in any of the proposed topics.

Table ten represents the responses for the question of staff development interest.

Table 10

Perceived Staff Development Interest topics

<table>
<thead>
<tr>
<th></th>
<th>Number of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis intervention for personal problems</td>
<td>16</td>
<td>21.92</td>
</tr>
<tr>
<td>Violence prevention, such as bullying and fighting</td>
<td>33</td>
<td>45.21</td>
</tr>
<tr>
<td>Physical activity and wellness counseling</td>
<td>22</td>
<td>30.14</td>
</tr>
<tr>
<td>Assessing and evaluating students in emotional well-being</td>
<td>24</td>
<td>32.88</td>
</tr>
<tr>
<td>Teaching mindfulness to students in the classrooms</td>
<td>45</td>
<td>61.64</td>
</tr>
<tr>
<td>Encouraging families and community involvement in education</td>
<td>36</td>
<td>49.32</td>
</tr>
<tr>
<td>None of the above</td>
<td>4</td>
<td>5.48</td>
</tr>
</tbody>
</table>
Figure 14: Perceived Staff Development Interest Topics by Participants

*Question 11. To what degree do you believe the skills that students acquired through the Youth Mental Health First Aid USA have extended to their school setting? (not at all, very little, somewhat, a lot and don’t know)*

Question eleven asked the degree to which the participants believed that the skills that the students acquired through the program have been applied in their school setting. Sixteen percent of the 73 participants who took the survey believed that the skills extended significantly to the school setting, while 42% believed that the skills somewhat extended to school. Five percent thought that the skills extended very little, while another 5% thought they did not think that the skills have extended to the school setting at all. Table eleven is a representation of the respondents’ answers to this question.
Table 11

Staff Perception of Students Acquired Skills Extension to School Setting

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Very little</th>
<th>Some what</th>
<th>A lot</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are using the skills that they acquired through the program in the school setting</td>
<td>4</td>
<td>4</td>
<td>31</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>5.48%</td>
<td>5.48%</td>
<td>42.47%</td>
<td></td>
<td>16.44%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30.14%</td>
</tr>
</tbody>
</table>

Figure 15: Staff Perception of Students Acquired Skills Extension to School Setting

*Question 12. Please indicate your level of agreement regarding the extent to which these factors play a part in implementing the Youth Mental Health First Aid USA at your school*

The last question (question twelve) asked the participants to indicate their level of agreement regarding the extent to which each of the following factors played a part in implementing the program at their school. The factors were such as support from school
administration, effective partnership with community mental health local agencies, positive
climate at the school, involvement of faculty and parents, active communication with teachers,
private counseling rooms and time. The participants were also asked about their perspective to
whether they believe that concern about stigma related to receiving mental health support, or the
staff members that the students are comfortable talking to regardless if they had the training are
beliefs that constitute a barrier to implementing the program. Another sub-question asked the
participants that the belief that school is the appropriate setting to implementing mental health
constitutes a barrier for the implementation of the program.

79% out the 73 participants completely agreed that the implementation of the program
requires support from the administration, while 19% somewhat agreed. Only 1% remained
neutral and another 1% completely disagreed that administrative support is needed to implement
the program. 67% agreed and 30% somewhat agreed that implementation of the program
requires effective partnership with community mental health local agencies, only 1% remained
neutral and 1% completely disagreed. 68% completely agreed and 23% somewhat agreed that
implementation of the program requires a positive climate at the school where students feel safe
and supported; while 4% remained neutral for this question, only 2% somewhat disagreed and
1% completely disagreed about the need of a positive environment for implementation of the
program. 66% of the respondents completely agreed and 25% somewhat greed that
implementation of the program requires assurance strategies such as faculty and parent
involvement in the process, while 7% neither agreed or disagreed, only 1% did not agree at all;
32% of the participants perceived that the belief that students are hesitant to seek help because of
stigma constitutes a barrier to implementing the program, and 42% somewhat agreed. 17% of the
respondents did not agree nor disagree, and only 1% either somewhat disagreed a strongly
agreed that stigma attached to receiving mental health constitutes a barrier to implementing the program. 37% somewhat agreed and 33% strongly agreed that the belief that students would rather talk to adults they feel comfortable with regardless of the adult training constitutes a barrier to implementing the program. 14% did not agree or disagree, only 5% respectively disagreed or strongly disagreed about the students’ choice of staff in addressing their emotional needs. A high percentage of staff strongly agreed (56%) and another 37% agreed or agreed that implementation of the mental health program requires active communication or referrals from teachers; and while 5% did not agree, or disagree, none of the participants disagreed to communication with teacher as a factor to successful implementation. 47% and 38% of the participants strongly agreed and somewhat agreed that implementation of the program requires physical space such as a private room at the school site; and while 8% responded by neutral, only 1% and 2% disagreed and strongly disagreed about privacy when it comes to helping the students in need. 41% of the participants said that the implementation of the mental health program requires time from staff members who have a full schedule of duties throughout the school day; 36% somewhat agreed and 17% of the responses were neutral. 33% of the participants agreed that the belief that school is not an appropriate sector to implementing mental health programs constitutes a barrier to implementing the program, 18% somewhat agreed and 25% were neutral. 8% somewhat disagreed and 14% strongly disagreed that the belief that school is not the place to implement mental health program affects implementation of the program. 54% agreed, 25% somewhat agreed to the sub-question that the belief that emphasis in the school environment is on academic achievement rather than on mental health and wellness of the students constitutes a barrier to implementing the mental health program; and while 15% neither agreed or disagreed, only 7% somewhat disagreed that this belief affects the
implementation of the program. Table 12 represents the participants’ responses to this question.

Table 12

Factors that Affects Implementation of the Mental Health Program in Schools

<table>
<thead>
<tr>
<th>Factor</th>
<th>Completely Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Very Much Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of the program requires support from school administration</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>1.37%</td>
<td>0</td>
<td>1.37%</td>
<td>19.18%</td>
<td>78.08%</td>
</tr>
<tr>
<td>barrier to implementing the program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation of the program requires active communication or referrals from teachers</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>27</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>6.85%</td>
<td>36.99%</td>
<td>56.16%</td>
</tr>
<tr>
<td>Implementation of the program requires physical space such as a private room at the school site</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>2.74%</td>
<td>1.37%</td>
<td>10.96%</td>
<td>38.36%</td>
<td>46.58%</td>
</tr>
<tr>
<td>Implementation of the program requires time to implement the program within a full schedule</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>26</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>23.29%</td>
<td>35.62%</td>
<td>41.10%</td>
</tr>
<tr>
<td>The belief that school is not an appropriate sector to implementing mental health programs constitutes a barrier to implementing the program</td>
<td>10</td>
<td>8</td>
<td>18</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>13.70%</td>
<td>10.96%</td>
<td>24.66%</td>
<td>17.81%</td>
<td>32.88%</td>
</tr>
<tr>
<td>The belief that emphasis in the school environment is on academic achievement rather than on mental health and wellness of the students constitutes a barrier to implementing the program</td>
<td>0</td>
<td>5</td>
<td>11</td>
<td>18</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>6.85%</td>
<td>15.07%</td>
<td>24.66%</td>
<td>53.42%</td>
</tr>
</tbody>
</table>
Implementation of the program requires effective partnership with community mental health local agencies

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>0</th>
<th>1</th>
<th>22</th>
<th>49</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.37%</td>
<td>0</td>
<td>1.37%</td>
<td>30.14%</td>
<td>67.12%</td>
</tr>
</tbody>
</table>

Implementation of the program requires a positive climate at the school where students feel safe and supported

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>17</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.37%</td>
<td>2.74%</td>
<td>4.11%</td>
<td>23.29%</td>
<td>68.49%</td>
</tr>
</tbody>
</table>

Implementation of the program requires quality assurance strategies such as faculty and parent involvement in the process

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>1</th>
<th>5</th>
<th>18</th>
<th>48</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.37%</td>
<td>1.37%</td>
<td>6.85%</td>
<td>24.66%</td>
<td>65.75%</td>
</tr>
</tbody>
</table>

The belief that students are hesitant to seek help because of stigma related to receiving mental health support constitutes a barrier to implementing the program

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>6</th>
<th>12</th>
<th>31</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.37%</td>
<td>8.22%</td>
<td>16.44%</td>
<td>42.47%</td>
<td>31.51%</td>
</tr>
</tbody>
</table>

Figure 16: Factors that Affect Implementation of the mental Health in Schools
Chapter Summary

This chapter provided an overview of the school district under study and presented the results of the program evaluation survey questions. The first three questions were designed to collect demographic information, and the other questions on the survey were outcome questions, that were intended to answer the five research questions of the evaluation study: to seek the perception of school staff about the effect of the mental health program on the school environment. Chapter five will consist of a discussion of the findings and will list the recommendation of the evaluation.
CHAPTER FIVE

DISCUSSION

This chapter outlines the discussion of the results of a program evaluation study that examined the short-term outcomes of a mental health program initiative on the school environment. First, the purpose of the study and the method used in the evaluation process are reviewed; dissemination of information is included. Second, the results of the short-term outcomes and next steps in the implementation of the program are discussed. Next, a reflection on the conceptual framework is examined. A description of the limitations, as well as the future research in the mental health program effect on the school environment are stated. The chapter concludes with a summary of recommendations for the next steps in the implementation of the mental health program in the school district.

Purpose of the Study

This evaluation study sought to determine the perception of school staff in a Florida school district regarding the short-term outcomes of the implementation and the participants’ perceptions of the effectiveness of an eight-hour public education program designed to promote mental health in the school environment. The program is a part of a mindfulness project that aims to increase the awareness of issues related to school age children mental health in the community (Substance Abuse and mental Health Services Administration, 2016). It consists of training school staff members and other adults who interact with children to respond to the initial
signs of youth mental health crises in the early stages. This school year 2016-2017 marks the second consecutive year in the implementation of the program in that district.

**Overview of Method**

This study is a program evaluation. The management-oriented approach was used to evaluate the short-term outcomes of the implementation of the training and to give recommendations for future implementation based on the data collected. Stakeholders in the school district were identified and consulted twice in group meetings prior to starting the evaluation study. The purpose of the first meeting was to find out more information about the program, to identify the study goals, and to define the study research questions. A logic model for the study was developed based on the information identified by the stakeholders (see Appendix A). A logic model is a visual representation that identifies the program under study, the inputs or resources used in the program, the activities that took place in the program, and the outcomes or the results of the program as they were intended to happen. The logic model also served as a conceptual framework for this study. The second meeting consisted of the presentation of the evaluation proposal and a request for feedback.

**Dissemination of Information**

The results and recommendations of this study have not been presented to or discussed with the identified key stakeholders at the time of this writing. As stated in the research proposal, stakeholders will be provided with a final report to check the accuracy of the content and suggest edits if needed. As part of the program evaluation progress, the stakeholders of the program are asked to give their comments about the validity of the results of this evaluation. Additional
feedback from the stakeholders will be considered, in regards to the recommendations and the next steps in the implementation of the program. Dissemination of the results will follow that step of the program evaluation process.

**Discussion of Results of Short-Term Outcomes and Next Steps**

This section provides an overview of the survey, as well as a discussion of the results and suggestions to the next steps for implementation of the mental health program. The discussion of the findings is organized according to the first four demographic questions, followed by an interpretation of each of the research questions. Each of the research questions is presented by the survey question(s) that answer it directly or indirectly. An interpretation of the results is included for each item of the survey. The implications and suggestions for each of the survey questions relate to the short-term outcomes. This section ends with a reflection on the implications of the short-term outcomes, and the next steps in implementing the program.

The survey questions were created by the evaluator. The purpose of the survey was explained through an e-mail that was sent to the participants; delivered along with the survey questions. Responses to the survey were made anonymous; respondents were made aware of the voluntary nature and the anonymity of their answers. A reminder e-mail was sent to the participants to complete the survey.

**Demographic Questions**

_Survey Question 1_. The first four questions on the survey were demographic questions. They provided the researcher with relevant information needed to identify the respondents’ school level, the age groups they serve, whether they were novice staff and faculty members, and the reasons that brought them to the training. These questions provided the evaluator with a
better insight about the respondents. For the first question on the survey “What is your school level. Given that the program targets adolescents between the ages of 12 and 18, it was expected that the highest rates of responses would come from middle and high school staff. Interestingly however, the highest rate of responses (48%) came from staff working in elementary schools. Twenty six percent of the respondents were from middle school and 26% from high school. This rate may indicate that large numbers of middle school and high school staff did not participate in this study. It is recommended that the school district promotes and encourages the middle and high school staff to attend the training in greater numbers if they are not participating as expected.

Survey Question 2. The second survey question states: “What is your position at the school”. Among the total of 11 positions that were listed in the survey, the highest number of participation in the survey came from school teachers (30%), followed by school psychologists (22%) and school counselors (20%), then school social workers (10%). Eight percent of the participants were school administrators, another 8% marked other. One percent of the participants was a nurse, and another 1% was a paraprofessional. Participants such as school psychologists, counselors and social workers address mental health help to students as part of their job duties and trainings. Since the program was directed towards adults who did not have formal training related to the identification and treatment of mental disorders, it was assumed that majority of the participants (over 50%) would be teachers, administrators, and other staff who do not directly provide mental health services for the students. Thirty percent for teachers and 8% of administrators and other staff participate in this program. This result reflects a good participation of teachers in the training, which, in turn, suggests their interest in the topic and also could suggest the need for mental health support of their students inside the classrooms. It is
recommended that stakeholders find appropriate ways to increase participation of teachers and administrators in the training.

**Survey Question 3.** “How many years of experience in your position as school staff”. The highest percentage of participants had more than ten years of experience as staff members (44%) followed by two to five years (18%), then five to eight years (15%) and eight to ten years (11%). Seven percent had between one and two years and four percent had less than one year. The number of years of experience working directly or indirectly with the school age children could be an indication that staff members who had been working in the schools for a long time may have greater interest in children’s mental health issues than newer employees in their first two years and would be more likely to attend the trainings. They also could be more likely to respond to a survey related to mental health in the schools. The number of years of experience might give staff confidence and reassurance to participate in a survey related to mental health, based on cumulated knowledge in topics that revolve around school environment. It is recommended that stakeholders encourage the novice teachers and staff members to attend the mental health training.

**Survey Question 4.** “You attended the training because your employer asked you to do so, for personal interest, or for professional development”. Data showed that the highest percentage was that staff members attended to meet a requirement for professional development (67%). The percentage of respondents that selected “personal interest” was also high (53%). Considering that participation in the eight-hour training was optional for all employees, this result could be interpreted as staff members being concerned with the mental health of the students they serve. The high percentage of staff interested in mental health training could also mean that there is a perceived need for mental health knowledge and services in the schools.
Forty-six percent of participants said they attended the training because their employer asked them to. This relatively high rate suggests that some supervisors at the county level or some administrators at the schools actively encouraged their employees to attend the training; this may have been based on a perceived need for the employees to learn about mental health issues so that they could support students in need for such services. It is recommended that administrators and supervisors continue to encourage staff members to attend these trainings.

Discussion of Research Questions

This section discusses the research questions relative to the findings. As mentioned above, each of the research questions is followed by the survey question(s) that answer it directly or indirectly. An interpretation of the results is included for each item of the survey.

Research Question 1. “How do school staff perceive the effectiveness of the program?”

Survey question 5 directly answers this research question.

Survey Question 5. “Please indicate your level of agreement regarding the effectiveness of the training”. This question included the following statements: I received useful training. Overall, the information I received helped me become better prepared to address students’ emotional needs. I am more likely to try to respond to a student with emotional distress or crisis after receiving the training, I am more confident in my ability to refer a student to specialized mental health services as a result of the training. Overall, I perceive the training as a positive addition to the school and Overall, the training promotes positive school climate (See Appendix B)

In regard to the information received in the training, the rate of responses could suggest that the information received by the trainees was perceived as being valuable. The greater percentage (64%) strongly agreed and 28% somewhat agreed that they received valuable information. These percentages combined establish a positive indication that the program was perceived as informative and helpful for the trainees. Given that many of the respondents were psychologists, counselors, or social workers, this finding suggests that even these professionals
may have either developed new skills in meeting the emotional needs for the children, or found the information relevant to assisting students in distress. In either case, the answers suggest a positive effect of the training on the participants.

Similarly, the data suggest that a high percentage of the staff who participated (58%) strongly agreed and another 33% somewhat agreed that the information helped them to become more prepared to address the students’ emotional needs as a result of attending the training. The positive impact is therefore remarked in this sub question. It could have derived from increased awareness of the mental health issues and the difficulties associated with it. Other staff members could have perceived the information valuable in the way it impacted their level of commitment to help the students, or could have impacted their perception in recognizing the benefits of the outcomes on the students’ social and emotional life. Another high level of agreement was found within this answer that shows the positive impact; the training seemed to have facilitated the communication of the students’ emotional needs. Fifty five percent strongly agreed and 25% agreed that are more likely to respond to the student in distress. Fifteen percent may or not; this could reflect that they are not yet confident about their abilities in addressing the issue directly with the students, even when they received a good training, or they may have felt that they are prepared to address the students’ need in general, but not ready to directly offer services. Only very few (4%) or less somewhat disagreed or somewhat agreed to any of the sub question, which could be interpreted as very few participants did not perceive the effectiveness of the training.

In regard to referring to specialized mental health services, a high percentage (55%) of respondents strongly agreed and 27% somewhat agreed that the training helped them become more confident in their ability to refer a student to specialized mental health services. The training seems to have a positive outcome in referring to mental health services when needed,
although 13% responded by being neutral to this sub question. This could be interpreted as some of the trainees could remain hesitant to assessing the need of the student for more specialized services, or the referral process itself.

The program seemed to have positively affected the school climate. Data from the study indicated that most of the trainees (63% strongly agree and 26% somewhat agree) perceived that the program was a positive addition to their school. They seem to believe that it promoted a positive school climate. The training seemed to have achieved its goal in promoting a positive school environment.

**Summary of information for Research Question 1.** Answers to research question one reveal that school staff seem to have perceived the training as useful; they seem to be confident about their ability to address and respond to the students’ emotional needs; the training from the school staff perspective seemed to have been perceived as a positive addition to the school and as promoted a positive school climate. It is recommended that administrators, stakeholders, and school staff that received the training encourage other school staff members to attend, and that stakeholders encourage the increase of appropriate use of the strategies that foster good implementation.

*Lessons learned:* Next steps should include more specific questions; or define the terms that could be interpreted differently by the participants. For example, in the statement “I received useful training”, such as what useful means to the participants. On the same line, 15% said they were neutral about responding to a student in distress, what aspects would be helpful to increase confidence. For the question about the ability to generate referrals, a more specific question or an open-ended question could have asked the reason why they selected their answer. For the
positive environment, what aspect of the environment the training supported most, safety, learning, academic, behavioral or adult caring, or respect.

**Research Question 2.** “What aspects of the training were most beneficial to help the students with mental health issues?” Survey question 7 and 9 indirectly answer this research question.

**Survey Question 7.** “How often do you use skills you learned in the Youth Mental Health First Aid USA training in your direct contact with students during a typical week”. This question has the following choices: Once a week, between 2 and five times a week, once a month, and don’t keep track. (See Appendix B).

**Survey Question 9.** “Overall, I am provided with adequate resources for referring a student in need for professional mental health services”. Choices were: strongly disagree, disagree, neutral, agree and strongly agree (See Appendix B).

Although this research question asks about the aspects of the training in general and could be indirectly answered by the survey sub questions that relate to the aspects of the program, the number of times that a staff members used the skills they learned from the program to help a student in need could be a good fit to answer this research question. When asked about the number of times participants used the skills learned in the training, twenty-one respondents marked that they use the skills once a week. This high percentage of the use of the components of the program could be an indicator of the increased awareness of the mental health issues among the staff members. Thirty two percent said they use the skills between 2 and five times a week, while 15% of the participants said that they use the skills once a month. The high percentage of use of the components of the program could be interpreted as a positive effect of the program. The high use of the elements of the program is an indicator of the usefulness and the impact of the program on the students. A high percentage of the participants with 33% marked that they do not keep track of how many times they use the skills they learned to help the students. This finding could suggest that the school staff use the components more than a few times
during the week; reason why they could not recall exact numbers. Given that the program collects monthly data about the number of use, the percentage of staff that do not keep track seems high. Findings from other sub questions that were reviewed under different research questions also suggest that the staff perceived many aspects of the training to be beneficial; for example, findings such as becoming more prepared to in their ability to address the mental health issues of the students, and to recognize the early signs of mental illness.

Question nine asked the participants their opinion to whether they were provided with adequate resources for referring a student in need for professional mental health services. Out of 73 respondents, a rate of 23% strongly agreed that they had enough mental health resources for students in need, and almost half of the participants (48%) agreed that they are provided with enough resources to refer. Eleven percent responded by neutral, not agreeing or disagreeing whether they have enough mental health resources, while another 11% disagreed that they had enough resources. Only 7% completely disagreed to the availability of adequate resources to refer a student in need to professional mental health services. These findings suggest that, with the greater percentage being on the agree and strongly agree side, resources seem to be adequately provided for referring the students in need to mental health services. The respondents who agreed to the availability of resources may be counselors, school psychologists, or social workers as referring is part of their jobs; this finding could also mean that a successful partnership is established between schools and mental health agencies.

*Summary of information for Research Question 2.* Answers to the survey reflect that, in general, aspects of the training such as the frequency of the use of its components
and the availability of the resources to refer a student in need seem to have a good outcome. Other aspects such as the usefulness and positive impact also were highlighted through answers to different questions on the survey. It is recommended that the stakeholders encourage the staff members to record the number of times they use the survey so they can keep good track for their data collection. It is also recommended that stakeholders continue to establish effective relationships with mental health agencies if it is already taking place and increase the use of referrals from schools.

Lesson learned: Research question two could possibly have benefited from a survey question that directly relate to aspects of the training, rather than answered indirectly, through other questions on the survey.

Research Question 3. To what extent do school staff use the five elements learned at the training to support students? Research question six directly answers this question.

Survey Question 6. “Please indicate your level of agreement regarding the five elements of the action plan that are essential to the program”. This question included the following sub questions. As a result of this training, I am able to: Assess the risk of suicide or harm for a student in distress, listen nonjudgmentally, able to give reassurance and confirmation to a student in distress, able to encourage appropriate professional help to a student in distress, able to encourage self-help and other support strategies to a student in distress (See Appendix B).

In regard to using the five elements of the program, out of the 73 participants, 46% perceived that they were able to assess the risk of suicide or harm for a student in distress, and 36% reported that they somewhat agreed that they are able to assess the risk. Only 12% were neutral and a total of 5% somewhat or completely disagreed. These percentages establish a positive indication that the training helped the participants to learn how to assess the risk of suicide for a student in distress. A high percentage of 55%
strongly agreed that they are able to listen judgmentally, another 27% somewhat agreed; while 13% of the participants were neutral about this element, only 3% somewhat or completely disagreed; given that this skill could be presented as a repetition for skilled counselors, psychologists or social workers, the high percentages indicate that the training was effective in teaching the trainees how to listen nonjudgmentally. The greater percentage (54%) strongly and 32% somewhat agreed that thought that they could give reassurance and confirmation to a student in distress. Eleven percent were neutral; and only a total 4% either disagreed or somewhat disagreed that they are not able to give reassurance. This could indicate that this skill was not well learned by these participants. Similarly, a high percentage (54%) strongly agreed and (23%) agreed that they were able to encourage appropriate professional help to a student in distress after receiving the training. While 13% neither agreed, or disagreed, only 2% did not think they learned this skill through the training. This finding could indicate the effectiveness of the training in this element. A high percentage of 53% strongly agreed and 27% agreed that they were able to encourage self-help and other support strategies to a student in distress. Although 16% were neutral, only 2% did not agree or strongly disagreed that this element was met in the training, the higher rate of agreement indicate a positive outcome for this item.

Summary of information for Research Question 3. The training seemed to have had a good outcome in regard to the effectiveness of the five elements. According to the responses, in general, participants seemed to have acquired all five elements of the training. More participants agreed that they were able to assess the risk of suicide or harm for a student in distress, to listen nonjudgmentally, give reassurance and confirmation to a student in distress, encourage appropriate professional help to a student in distress and
encourage self-help and other support strategies to a student in distress. Some of these elements may have been already acquired by some of the respondents such as school psychologists, counselors or social workers. It is recommended that these elements be revisited with the school staff, and their application to be encouraged in the schools.

*Lesson Learned*: this survey question gave a clear picture about the training effect on the respondents. Next steps, however, could include a follow-up question about what element seems to be the most used by the participants among the five.

**Research Question 4.** “How does the program impact the school environment to support students emotionally?” Survey Question 8 directly answers this question. Questions 10 and 11 indirectly answer this survey question.

**Survey Question 8.** “To what extent do the components of program improve the school environment?”. Choices to this question were: not at all, very little, somewhat, a lot and don’t know (See Appendix B)

**Survey Question 10.** “For which of these topics, if any, would you like to receive further staff development? Choose all that apply”. Choices to this question were: crisis intervention for personal problems, violence prevention, such as bullying and fighting, physical activity and wellness counseling, assessing and evaluating students in emotional well-being, teaching mindfulness to students in the classrooms, encouraging families and community involvement in education or none of the above (See Appendix B)

**Survey Question 11.** “To what degree do you believe the skills that students acquired through the training have extended to their school setting”. Choices to this question included: not at all, very little, somewhat, a lot, don’t know (See Appendix B)

The program seemed to have positively affected the school environment. Forty-two percent perceived that the program affected the school environment a lot, followed by 36% who perceived the program as somewhat made a difference in the environment of their school. These percentages combined establish a positive indication that the program was perceived as having a positive impact on the school environment. Ten percent of the participants responded that the program made very little difference in the school environment, while another 10% did not know
whether the program has made a difference in the school environment. Only 3% of the participants said that they did not agree at all that the program made a difference in the school environment. These responses could suggest professionals whose positions involve being around different parts of the school such as administrators, counselors, psychologists and others are more informed about the effect of the program on the entire school than staff like teachers who spend most of their day in the classroom, they are not informed about the entire school environment.

Question ten looked at the areas of interest of the participants in different trainings for staff development. Going from the training that received the most interest, 62% out of the 73 participants were interested in receiving training in teaching mindfulness to students in the classroom, 50% were interested in training that involves encouraging families and communities in education; 45% expressed interest in violence prevention training, such as bullying and fighting and 33% were interested in assessing and evaluating students in emotional being training. Physical activity and wellness counseling was next in the interest of the participants with 30%. Crisis intervention for personal problems was rated as interesting to 22% of the participants. Only 5% responded that they were not interested in any of the proposed topics. This finding seems important for next steps in implementation. It was interesting to learn that a high percentage of the participants were interested in teaching mindfulness in the classroom, a topic that is closely related to mental health. Trainings related to assessing and evaluating the emotional need for students was also rated high (33%). One possible reason for this interest could be that this is a strong indicator about the need for such programs in the schools.

Involving families and communities in the students’ education could also be interpreted as a pressing need for the schools and staff members. Although safety and bullying training, as
well as crisis intervention are offered in the school system, the high percentage of interest in such training could be interpreted as a need for more focused trainings in these areas or more frequent ones to fulfill the need for schools.

Question eleven asked the degree to which the participants believed that the skills that the students acquired through the program have been applied in their school setting. Sixteen percent out of the 73 participants believed that the skills extended significantly to the school setting, while 42% believed that the skills somewhat extended to school. These findings could be a good indicator about the effect of the program to the school setting. The remaining 10% either somewhat or completely disagreed to the extension of the skills to school; this could be due to staff who are not aware of the environment of the school for different reasons.

Summary of information for Research Question 4. Responses to the research question four suggest that the staff perceived that the training had a positive effect on the school environment. Participants seemed to be interested in more trainings related to mental health. It is recommended that all school staff be informed about the program impact on the environment of the school to encourage more use of its components. Informing staff members about the positive outcomes could generate more interest from the staff members to attend the training, or to apply the components of the program if they had attended the training. Another recommendation could be that staff collaborate to implement the components; coming together may strengthen the desired outcomes. It is also recommended that stakeholders offer trainings in the areas of interest to the staff such as teaching mindfulness, community involvement, and prevention trainings.

Lesson Learned: Next steps could narrow down the scope of question number 10. It could be asked in a way to find out which aspects of the school environment did the training support most, safety, learning, or academic and behavioral.
Research Question 5. “What factors supported the implementation of the program at your school?” Survey Question 12 directly answers this question.

Survey Question 12. “Please indicate your level of agreement regarding the extent to which these factors play a part in implementing the training at your school”.

Elements included: support from school administration, effective partnership with community mental health local agencies, positive climate at the school, quality assurance strategies, barriers include the belief that students are hesitant to seek help because of stigma related to receiving mental health support, the belief that students would rather talk to adults they feel comfortable with regardless of training, active communication or referrals from teachers, physical space such as a private room, time to implement the program within a full schedule, belief that school is not an appropriate sector to implementing mental health programs, the belief that emphasis is on academic achievement rather than on mental health and wellness, (See Appendix B)

The last question (question twelve) asked the participants to indicate their level of agreement regarding the extent to which each of the factors played a part in implementing the program at their school. The factors were such as support from school administration, effective partnership with community mental health local agencies, positive climate at the school, involvement of faculty and parents, active communication with teachers, private counseling rooms and time. The participants were also asked about their perspective to whether they believe that concern about stigma related to receiving mental health support, or the staff members that the students are comfortable talking to regardless if they had the training are beliefs that constitute a barrier to implementing the program. Another sub-question asked the participants that the belief that school is the appropriate setting to implementing mental health constitutes a barrier for the implementation of the program.

Seventy nine percent out the 73 participants completely agreed that the implementation of the program requires support from the administration, while 19% somewhat agreed. Only 1% remained neutral and another 1% completely disagreed that administrative support is needed to implement the program. The high rating on this item may lead to the conclusion that the program
has better outcomes when supported by the administration. Students’ academic and behavioral outcomes may be affected by the staff receiving this support.

Sixty seven percent agreed and 30% somewhat agreed that implementation requires effective partnership with community mental health local agencies, only 1% remained neutral and 1% completely disagreed. The high percentage of responses to this question could be an indicator on the importance of a sound and coordinated partnership with the local agencies.

Sixty eight percent completely agreed and 23% somewhat agreed that implementation of the program requires a positive climate at the school where students feel safe and supported; while 4% remained neutral for this question, only 2% somewhat disagreed and 1% completely disagreed about the need of a positive environment for implementation of the program. The high rate of agreement on this sub question could suggest that positive school climate is an essential element for the success of the implementation of the program. The response could also suggest that when school staff work together to foster a supportive environment, the training could be applied easier in the school and could have better outcomes.

Sixty six percent of the respondents completely agreed and 25% somewhat greed that implementation of the program requires assurance strategies such as faculty and parent involvement in the process, while 7% neither agreed or disagreed, only 1% did not agree at all; similar to the support from the administration, the support of the community and parents seems to be equally important. Building a partnership between families and schools seems to improve the implementation of the program. This could further educate the parents about the program and encourage the extension for its implementation at home.

Thirty two percent of the participants perceived that the belief that students are hesitant to seek help because of stigma constitutes a barrier to implementing the program, and 42%
somewhat agreed. Seventeen percent of the respondents did not agree nor disagree, and only 1% either somewhat disagreed. For the high rate of staff agreeing and somewhat agreeing, the responses could be interpreted as the staff perception that stigma related to mental health seems to be regarded as affecting the student population. For the responses that were neutral (17%) is relatively high, this rate could be interpreted as a need for awareness and better knowledge of how mental stigma affects the students and help students build a positive belief about themselves; it is important that school psychologists and school counselors educate the students about stigma and encourage them to attend to their well-being, as well as make themselves available to help the students if they need to address any issues. It is also important that the schools educate the parents about stigma related issues.

Thirty seven percent somewhat agreed and 33% strongly agreed that the belief that students would rather talk to adults they feel comfortable with regardless of the adult training constitutes a barrier to implementing the program. Fourteen percent did not agree or disagree, only 5% respectively disagreed or strongly disagreed about the students’ choice of staff in addressing their emotional needs. This high percentage of responses could be a reflection on the belief about the students’ rapport with adults, or it could have come from the respondents’ own experiences with the students. In either case, this response could be an indicator that all staff at the school should be ready to respond to a student in distress. Attending the training should help their readiness to help students emotionally. Responses to neutral in this question could imply that 17% of the participating staff who were neutral may not have had a related experience with the students.

A high percentage of staff strongly agreed (56%) and another 37% agreed or agreed that implementation of the mental health program requires active communication or referrals from
teachers; and while 5% did not agree, or disagree, none of the participants disagreed to communication with teacher as a factor to successful implementation. It seems from the high ratings of agreement that effective communication with teachers positively affects the implementation of the program. Teachers could be encouraged by their administrators to be a vital part of the implementation process because they are the main support for students.

Forty-seven and 38% of the participants strongly agreed and somewhat agreed that implementation of the program requires physical space such as a private room at the school site; and while 8% responded by neutral, only 1% and 2% disagreed and strongly disagreed about privacy when it comes to helping the students in need. The high rating for this item could suggest that most participants perceive confidentiality as important and should be assured for students. The 8% of responses as neutral could be interpreted that those respondents may have thought about the implementation of the program as a school wide intervention, not cases where individual help is needed. Similarly, respondents that did not agree to the fact that implementing the program needed private spaces, may have thought about school wide implementation.

Forty-one percent of the participants said that the implementation of the mental health program requires time from staff members who have a full schedule of duties throughout the school day; thirty six percent somewhat agreed and 25% of the responses were neutral. Answers to this question suggest that finding the time to implement the mental health program in the school could present as a barrier. The implementation of the program in the schools could be affected by the high demands and school duties required from every staff member. When schools divide duties among staff, they should account for the time needed to implement the program.

Thirty-three percent of the participants agreed that the belief that school is not an appropriate sector to implementing mental health programs constitutes a barrier to implementing
the program, 18% somewhat agreed and 25% were neutral. Eight percent somewhat disagreed and 14% strongly disagreed that the belief that school is not the place to implement mental health program affects implementation of the program. The high rate of agreement on this item could be interpreted as the need for staff members to learn about the effective outcome of mental health in schools, so that this barrier is eliminated. The high percentage (25%) who responded neutral could have had mixed thoughts about implementation in the schools and the belief that schools are appropriate or not; the other 25% that disagreed may not have perceived the belief to be affecting the implementation in schools. Those findings suggest that answers were varied for this item, they ranged from strongly agreeing to strongly disagreeing, suggesting that there may be a variation in knowledge about the effect of the mental health programs in schools, depending on the position of the staff members.

Fifty four percent agreed, 25% somewhat agreed that the belief that emphasis in the school environment is on academic achievement rather than on mental health and wellness of the students constitutes a barrier to implementing the mental health program; and while 15% neither agreed or disagreed, only 7% somewhat disagreed that this belief affects implementation of the program. The high ratings on this question were found on the side of agree or strongly agree, suggesting that there could be lack of awareness in regards to the benefits of the outcomes of the implementation of the program. The relatively high rate in the neutral response could suggest that the respondents on this category may not be sure whether to consider this belief to be a barrier. Only a total of 6% did not agree that this is a barrier. This suggests that the belief that school should focus only on academics and address mental health could present as a barrier to implementing the program. Better awareness could be needed to convey the positive results of the outcomes to overcome this perceived barrier.
Summary of information for Research Question 5. Overall responses to this research question reflect that more participants perceived that there are important factors that play a role in the implementation of the program, and others that can constitute a barrier to implementation. A few recommendations were thought of based on the responses to this research question. It is recommended that administrative faculty be informed about the difference they are able to make to the school environment if they support and encourage staff members at their schools to apply the components of the training; they could encourage the staff who has not taken the training to attend; they could support this step by providing substitute teachers and facilitating the registration process of many staff members at once. Another way they could encourage attendance at the training by scheduling a day at their school with the trainees.

For connecting with mental health agencies, it is recommended that one staff member from each school could be designated to represent the school to communicate and coordinate the needs for the school for students’ referrals to local mental health professionals.

In regards to positive atmosphere, it is recommended that school staff work hand-in-hand to foster a positive atmosphere at the school, or improve the climate if this effort has been met; to help the implementation of the training. School administrators and stakeholders could encourage parents, guardians and volunteers to become either involved or more involved in the process of implementation. It is recommended that the conversations be generated in regards to stigma be generated among staff members and planned for to be addressed with students to educate them about advocating for themselves. As it was previously stated, staff could be encouraged to attend the training, to become prepared to help if students chose to come to them with mental health needs. It is also recommended that teachers be involved in the process, and kept informed about the implementation and outcomes of the program. Availability of a private space at every school
for helping the students with emotional needs when one-on-one sessions could be perceived as needed. Collaborating and engaging all staff members, as well as parents and community members could serve as a necessary source for support to implementing the program. Efforts for an increased awareness on the outcomes of the program could support its implementation.

Lesson learned. This question could have been divided into two groups of questions: one that addressed the items that contained the word barrier and another that addressed all other subquestions; such plan may have made the question shorter and visually more clear.

**Reflection on the Conceptual Framework**

This study was concerned with the short-term effects of a mental health program on the school environment in a Florida school district, from the perspective of staff who participated in a related training. The short-term outcomes of the mental health program are defined as those results that can be observed within the first two years of implementation.

The desired short-term outcomes of the mental health program under study that were identified in the logic model are (a) to communicate the effectiveness of the program, (b) to determine to what extent the program promotes a positive school environment and to (c) learn about the perceived barriers to the implementation of the program.

The primary elements of the conceptual framework consist of inputs, outputs and outcomes. Inputs include the school’s resources, such as materials, trained educators to teach the components of the program to participants and to collect and monitor monthly data to analyze the number of use of the components of the program.

Outputs are what the school system offered. In this case, the training and encouraging the employees to attend. The goal of this training was to increase participants’ knowledge about mental health and how to respond to initial signs of distress in adolescents. While the training
was offered to caregivers, parents, agencies, and other adults in the community, school personnel were the only sector considered in this study.

The outputs of the study contain the training offered by the county school district, the training purpose was to educate staff members about mental health and ways to offer help with the students affected by initial signs of mental health problems. There is evidence that mental health illness is correlated with low academic performance (Olge et al., 2015). There is also evidence that delivery of mental health services in the schools promotes positive outcomes (Marcom, 2014; De Laet, et al., 2015; White, 2011; Olge et al, 2015).

Outcomes refers to the intended goals of the program. Short-term outcomes are the ones considered in this study.

Other research found that improved mental health correlates with successful academic outcomes (Mann, Hosman, Schaalma, & DeVries, 2004). Research into the perspective of educators reveal that educators report a positive outcome when they integrate and promote health related topics into their daily teaching (Morcom, 2014). These studies were based on the theoretical framework of Vygotsky’s (1978) sociocultural theory or Bronfenbrenner’s ecological theory (1979); all of which provided valuable insight into the social and emotional improvement because of mental health promotion within the school environment.

As it relates to the outputs in the conceptual framework that guided the study, schools were selected for the setting where the mental health program is being applied. Schools were found to be a convenient setting to deliver mental health services. schools are most accessible to children and their families. Fazel et al. (2014) viewed that schools are identified as one key sector in promoting mental health in students; they are an appropriate setting for socialization. According to Dinkmeyer & Dinkmeyer (1984), the whole school is concerned with the mental
health development of the students; the school is responsible for the primary prevention for potential developmental problems of the students’ lives. Brenner et al, (2007) pointed to the fact that mental health has become a concern in schools, given that they spend a large amount of their time there.

This program is directly concerned with the mental health of the children at school. It is being implemented by the staff members within each school, in collaboration with the administration, teachers, and staff.

The purpose of this program is to improve the school environment through improving the mental health of students. It comprises clinical interventions designed to target the need of the students who show initial signs of mental health. Research related to mental health in schools found that lack of access to mental health services is considered a major barrier for meeting the mental health needs for the youth in our schools (Walter, H. J., et al., 2011). Similar to the conceptual framework outputs, to help students deal with their mental health issues, Climie (2015) suggested that innovative mental health programs and methods need to be implemented to increase the access for school children to such programs; implementation of those programs requires that school teachers and staff become trained in the mental health issues and educated about the ways to support children in the schools. Based on the increased number of students with mental health issues, Milovancevic and Jovicic (2013) found that students that show signs of mental health problems could be reached through different methods in the school setting. They suggested that methods such as individual or school consultations should be available to the students in the schools. The authors further recommended that mental health services be expanded and attained in schools as well as in the community. To achieve easier access, staff in the school setting, as well as organizations in the community such as police, social welfare and
parents’ associations need to play a part into mental health services (Milovancevic & Jovicic, 2013). The outputs of the program also include participants. Findings presented in this study is directly derived from the experience of the staff members.

Outcomes refers to the intended goals of the program. Short-term outcomes are the ones considered in this study. Short-term outcomes, as described in the conceptual framework, communicate the effectiveness of the program; it helped to determine the extent to which the program promotes a positive school environment; it outlined the factors that support its implementation. Morcom (2014) found that students are empowered when teachers play the role of a facilitator. When teachers integrate emotion topic into their teachings, they create a collaborative learning environment; in turn, this environment affect students’ emotional well-being and allows students to feel safe. This process further requires that staff collaborate to create the supportive environment. To promote school environment and increase attendance, Weist & Lewis (2006) recommended a framework that expands the use of school mental health services. This new framework could be realized through collaboration of all staff, parents and mental health professionals in the community. White (2011) found that trust increases the level of communication among students in the classroom; students who were taught skills such cooperative and pro-social affectively, engaged in higher level of communication as they were involved in a task.

Creating an environment that supports mental health prevention and intervention to students in schools allows for added proficiency in dealing with the mental health issues for students. In the short-term outcome of the program, the effect of the mental health program on the school environment was ranked as desirable among the participants.
In a program evaluation study of the Youth Mental Health program, Aakre, Lucksted, & Browning-McNee (2016) compared a pre-test and post-test to measure the social services employees’ ability to apply strategies they learned in the program with youth. They found increased ability and improved confidence with helping students after they participated in an eight-hour training. The employees reported that their knowledge improved, they became better at assessing the risk for suicide, and listen to students nonjudgmentally, encourage appropriate professional help, and encourage the youth to practice self-help strategies. Relatedly, in interpreting the short-term outcomes of the study, the staff members felt that the information received in the training helped them become better prepared to address students’ emotional needs. High rate of the responses revealed that are more likely to respond to a student in distress. More than half of the participants also felt that they are confident in referring students they served to specialized mental health services after attending the eight-hour training.

Interpretation of data collected suggested the program effectiveness in the environment of the school. Results show that the desired short-term outcomes for of the mental health program under study were achieved. The feasibility to school personnel was evident. The conceptual framework served as a guide throughout the study.

Limitations of this Study

Although the evaluation went through the entire process successfully, it failed to meet some of the deadlines that were set at the time of the study proposal, such as delivery of the survey to the participants, due to the busy schedule of the stakeholders. Adjustments in the timeline were made to accommodate those deadlines.
Second, the relatively small sample size of the study constitutes another limitation. Less than twenty percent of the staff who participated in the training completed the survey. Given that incentives for participation were not allowed for this study, participation was not expected to be high. However, the number of participants was lower than I had hoped. Results must be viewed with caution because of this limitation. Also, the sample did not have a good representation of staff who are not faculty.

A final limitation is related to the results generated from questions on the survey. The first question (Question one) asked the participants which grade level of school they served at and gave access to only one of the several choices. However, during the course of the study I learned that several participants served more than one grade level at more than one school. This was especially true for school psychologists and school social workers. This question should have allowed for multiple answers. Question two that asked the participants about their position at the school should have allowed an entry for other. Eight percent of the participants marked other; it is not known what position they occupied.

**Future Research in the Mental Health Program Effect on the School Environment**

Overall, the mental health program was perceived by the staff members as being effective. Next steps in the research, however, should include the other community agencies and partners that participated in the training to gain knowledge of their perspective in the efficacy of implementation of the program. For example, parents or guardians who participated in the training, police officers, mental health agencies’ employees that partner with the school board and accept referrals of the students could share their opinions and views about the program components. This information could lead stakeholders to get perspectives from different groups.
Future research should consider the source of emails sent to participants. Participants may be more likely to participate in a survey that is sent from a major professor rather than a director from within an institution.

**Summary of Recommendations for the Next Steps in the Implementation**

Staff surveyed endorsed the satisfaction of the implementation of the mental health program in the schools. The following summarizes the recommendations for improved implementation of the mental health program in the schools. As previously mentioned, these recommendations are solely thought of by the evaluator and will be shared with the stakeholders for their feedback.

*Recommendation 1.* Based on the encouraging feedback from the staff members that attended the training regarding the positive outcome on the school environment, it is recommended that stakeholders make every effort to keep the program available through renewal of the grant that serves for five years of implementation. It is also recommended that the district stakeholders keep ongoing data about the number of times participants use the components of the program. It is further recommended that the district seeks ongoing feedback of the staff members on the implementation of the program to gain a perspective about the impact of the program on the students. To achieve this goal, stakeholders can expand on the survey sent monthly to the trainees to include a few questions that help with improving the implementation outcomes.

*Recommendation 2.* Staff members who participated in the training should be encouraged to keep data on the number of times they helped a student in need, using the components of the program. This resource that is offered monthly from the district office contains valuable information.
Encouraging those responses aids in the intended uses of this resource in the collection of monthly data for the program outcomes. If a larger number of staff members report accurately and with fidelity the number of times they use the components of the program, the monthly outcome would be determined in light of the number of use, whether the interventions that are designed to target the need of the students are meeting the purpose. To achieve this goal, it is suggested that a tracking form be created and used by respondents in addition to the electronic form sent to them monthly. The tracking form could generate more data if staff members are required to complete it and send it monthly to the district office. As noted previously, the program collects monthly data from all participants about the number of times the elements of the program were used every month; therefore, this could serve as a tool to increase the data collection and improve the ongoing implementation of the program.

**Recommendation 3.** This recommendation addresses the staff desire to have professional development and trainings in some areas that relate to students’ safety and mental health. The district could create or adopt trainings and provide necessary information in the areas that relate to the topics of the staff members’ interest. Results of the survey reveal that the highest rated topic were “teaching mindfulness in the classrooms”, followed by “encouraging families and community involvement in education” and “violence prevention, such as bullying and fighting”. The district should consider providing additional workshops in those areas of interest. While some of these topics have materials and trainings that have already been made available to employees in the district, more advanced opportunities should be made available to staff members interested in those topics. For example, if violence prevention is a training that is already offered to school staff, for the staff members who had similar trainings, they could
benefit from more advanced trainings or refreshers on the topic of violence. Another suggestion that could enhance the mental health and safety is to ask all the staff members to suggest topics of interest in mental health; and offer a topic that gains common interest of the employees.

Recommendation 4. It seems that the participation in the training was not abundant. Out of a large number of employees of more than 13,000 in the district, less than 5% participated in the training. Given that the staff members who attended the training reported its positive impact on the school environment, a suggestion that a promotion of the program could help more staff become interested in attending the training, to gain knowledge about helping a child in need. A higher rate of participation allows staff members to be on the same level of knowing the way to deal with a student who shows signs of the early stages of mental health issues. Promoting the program should include all staff in the district by informing them about the benefits of the program in increasing student quality of life through implementation of the program of the training in order to encourage more staff to attend and implement the components of the program.

Recommendation 5. Informing parents and caregivers about the program seem to affect the implementation of the program. Having a clear message about the resource provided to their children may increase the likelihood that this resource be viewed as valuable by the parents and be a motivator for their collaboration to improve the implementation of the program. However, one of the barriers that could be associated with sharing this information could be finding the time to discuss the program with parents. The best way to communicate this information is through the parent night by an administrator, school psychologist or a school counselor. Another
way to conveying the message to parents could include that the school district considers building
and promoting a webpage that provide information about the mental health for children in
general and the mental health program in particular. Additional means to sharing information
with the parents should be explored, and adjusted to fit the need of every school. Means to
finding ways to encourage the parent to extend the components of the program to the home
should also be explored. It is also important that new students’ parents be informed about this
initiative at their child’s school, become active participants in the process. Increasing parent
involvement in the process could produce a positive effect on the implementation of the
program.

*Recommendation 6.* The data of the program evaluation suggests that there is room for
improvement when it comes to fostering a positive climate in the school environment. It is
recommended that schools encourage the use of the programs that help to promote a supportive
and caring environment within each school. This could be achieved by implementing guidance
lessons and other programs throughout the school, and applying the positive behavior support to
maintain a healthy physical environment. This recommendation is especially relevant to
elementary schools, where it serves as a prevention measure to disciplinary problems in higher
levels. Ensuring a respectful and safe school environment helps the extension of the mental
health program to the school setting and brings more positive outcomes.

*Recommendation 7.* Increase support from the administration. It is recommended that the training
offers additional professional development opportunities offered to administrators, who could
benefit from learning about the perception of the staff members about the positive outcomes of
the program, so they can be encouraging of the process and ensure that the staff members at their schools have the support necessary for the implementation of the program. Administrative faculty are in the perfect position to encourage and increase the appropriate implementation of the program, increase communication among staff members. While some administrators are prepared to lend the support and consistency of implementation the components of the programs in their schools, others may need to learn about the benefits of the program, as reported by the district staff who attended the training.

Recommendation 8. Interestingly, elementary schools had a good rate of response to the survey, when the training is designed to target students’ adolescents between the ages of twelve and eighteen. This could reflect the pressing need of the emotional and developmental help for the elementary children in the district. Given this data, stakeholders should prioritize and encourage participation from elementary schools. It is recommended that the training be promoted and available in the elementary schools in the district, to improve early access to children for mental health services, as well as stressed for middle and high schools.

Recommendation 9. Interestingly also, teachers had a good response rate to the survey. It is recommended that more teachers be encouraged to attain this training. Also, providing teacher with more support to implement the program including trainings that are shorter and useful in the implementation process, for example, to educate teachers about more specific strategies in the five components of the program; or bring teachers together to share their experiences with what worked and what did not work in the implementation process. All teachers can benefit from such experience when they are supported by an intervention specialists. A barrier to applying this
recommendation could be the budget; however, in some cases, a school psychologist or a guidance counselor, or a social worker could help in this increased and supportive role in the follow-up training for encouraging teachers to attend the training; this could be a natural fit for their professional roles at the schools.

Recommendation 10. It is recommended that a focus group for a follow-up session is made available by the stakeholders in the district with the participants that attended the training. The main advantages of the focus group are to discuss in detail the perceived prevalence of the effectiveness of the components of the program from the participants. The focus group could be led by a district employee who has expertise in the mental health program offered and the components associated with it. Discussions could revolve around brainstorming opinions and detailed information about personal experiences in implementing the program. Focus groups can also be an opportunity to seek clarification or ways for advancement.
REFERENCES


Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare (2012) *Youth Mental Health First Aid USA for Adults Assisting Young People.*


Poole (2016). Mental Health Association in New York State trains 10,000th Mental Health First Aid Instructor. Retrieve on September 23, 2016 from http://www.mentalhealthfirstaid.org/cs/2016/08


Appendix A: A Logic Model of the Mental Health Program

Program: Youth Mental Health First Aid USA Logic Mode

Situation: Mental Health Program in Schools

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Material Resources</th>
<th>Trainers</th>
<th>Technical for monthly data collection</th>
<th>Supplemental material (manuals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outputs</td>
<td>Activities</td>
<td>Participation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outputs</td>
<td>Outputs</td>
<td>Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inputs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Material Resources
  - Trainers
  - Technical for monthly data collection
  - Supplemental material (manuals)

- Financial Resources
  - Trainers
  - Materials cost
  - Professional development cost

- Assumptions
  - Questionnaire to staff members who participated in YMHFA training

- External Factors
  - Restricted time frame for data collection (from January 2016 to February 2017)
Appendix B: Staff Survey

1. What is your school level?
   - Elementary school
   - Middle school
   - High school

2. What is your position at the school?
   - Teacher
   - School Social worker
   - Paraprofessional
   - Lunchroom Services staff
   - Custodial Services staff
   - School counselor
   - School Psychologist
   - School Administrator
   - School Resource Officer
   - School Nurse
   - Other

3. How many years of experience in your position as a school staff?
   - Less than 1 year
   - 1 year - 2 years
   - 2 years - 5 years
   - 5 years - 8 years
   - 8 years - 10 years
   - Greater than 10 years

4. You attended the training because (check all that apply)
   - Your employer asked you to attend
   - Personal interest
   - Professional Development
Appendix B: (Continued)

5. Please indicate your level of agreement regarding the effectiveness of the Youth Mental Health First Aid USA training

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Completely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received useful training during the Youth Mental Health First Aid USA program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, the information I received helped me become better prepared to address students’ emotional needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am more likely to try to respond to a student with emotional distress or crisis after receiving training in YMHFA-USA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am more confident in my ability to refer a student to specialized mental health services as a result of YMHFA-USA training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, I perceive the YMHFA-USA as a positive addition to the school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, YMHFA-USA Promotes positive school climate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Please indicate your level of agreement regarding the five elements of the Youth Mental Health First Aid USA action plan

<table>
<thead>
<tr>
<th>Element</th>
<th>Completely Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Completely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of this training, I am able to assess the risk of suicide or harm for a student in distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a result of this training, I am able to listen nonjudgmentally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a result of this training, I am able to give reassurance and confirmation to a student in distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a result of this training, I am able to encourage appropriate professional help to a student in distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a result of this training, I am able to encourage self-help and other support strategies to a student in distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. How often do you use skills you learned in the Youth Mental Health First Aid USA training in your direct contact with students during a typical week?
   - Once a week
   - Between 2 and five times a week
   - Once a month
   - Don’t keep track

8. To what extent do the components of Youth Mental Health First Aid USA improve the school environment?
   - Not at all
   - Very little
   - Somewhat
   - A lot
   - Don’t know

9. Overall, I am provided with adequate resources for referring a student in need for professional mental health services
   - Strongly disagree
   - Disagree
   - Neutral
   - Agree
   - Strongly agree

10. For which of these topics, if any, would you like to receive further staff development? Choose all that apply
    - Crisis intervention for personal problems
    - Violence prevention, such as bullying and fighting
    - Physical activity and wellness counseling
    - Assessing and evaluating students in emotional well-being
    - Teaching mindfulness to students in the classrooms
    - Encouraging families and community involvement in education
    - None of the above

11. To what degree do you believe the skills that students acquired through the Youth Mental Health First Aid USA have extended to their school setting?
    - Not at all
    - Very little
    - Somewhat
12. Please indicate your level of agreement regarding the extent to which each of these factors play a part in implementing the Youth Mental Health First Aid USA at your school

<table>
<thead>
<tr>
<th>Factor</th>
<th>Completely Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Very Much Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of YMHFA requires support from school administration</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Implementation of YMHFA requires effective partnership with community mental health local agencies</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Implementation of YMHFA requires a positive climate at the school where students feel safe and supported</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Implementation of YMHFA requires quality assurance strategies such as faculty and parent involvement in the process</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The belief that students are hesitant to seek help because of stigma related to receiving mental health support constitutes a barrier to implementing YMHFA</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The belief that students would rather talk to adults they feel comfortable with regardless of the adult training constitutes a barrier to implementing YMHFA</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Implementation of YMHFA requires active communication or referrals from teachers</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Implementation of YMHFA requires physical space such as a private room at the school site</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Implementation of YMHFA requires time to implement the program within a full schedule</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The belief that school is not an appropriate sector to implementing mental health programs constitutes a barrier to implementing YMHFA</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The belief that emphasis in the school environment is on academic achievement rather than on mental health and wellness of the students</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
constitutes a barrier to implementing YMHFA

Thank you for taking the time to complete this survey!
Your responses and observations are valued.
Appendix C: Informed Consent

Informed Consent to Participate in Research
Information to Consider Before Taking Part in this Research Study

Pro # 00028267

Researchers at the University of South Florida (USF) study many topics. To do this, we need the help of people who agree to take part in a research study. This form tells you about this research study. We are asking you to take part in a research study that is called: Perception of School Staff Regarding the Effectiveness of a Youth Mental Health Program in Schools. The person who is in charge of this research study is Hiba Chehaib. This person is called the Principal Investigator.

The purpose of this study is to determine the perception of school staff regarding the implementation and the effectiveness of the Youth Mental Health First Aid USA designed to promote mental health in the school environment.

Why are you being asked to take part?

We are asking you to take part in this research study because you participated in the eight-hour training for the YMHFA-USA and you are an employee of the Polk County School who is in contact with the students at your school.

Study Procedures

If you take part in this study, you will be asked to please take the time to complete the survey electronically online through SurveyMonkey. The survey is collected anonymously and is being sent directly from the Polk Schools District office. It has twelve questions and is expected to take 7-10 minutes to complete. Data will be collected by the principal investigator; descriptive statistics will be used to analyze the data. Recommendations will be made by the researcher based on the analysis.

Alternatives / Voluntary Participation / Withdrawal

You have the alternative to choose not to participate in this research study.
You should only take part in this study if you want to volunteer; you are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study. Your decision to participate or not to participate will not affect your job status, employment record, employee evaluations, or advancement opportunities.

**Benefits and Risks**

You will receive no benefit from this study.

This research is considered to be minimal risk.

**Compensation**

We will not pay you for the time you volunteer while being in this study.

**Privacy and Confidentiality**

We must keep your study records as confidential as possible. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online.

Certain people may need to see the study records. By law, anyone who looks at records must keep them completely confidential. The only people who will be allowed to see these records are: Principal Investigator, dissertation committee, the advising professor, the University of South Florida Institutional Review Board (IRB).

- It is possible, although unlikely, that unauthorized individuals could gain access to your responses. Confidentiality will be maintained to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet. However, your participation in this online survey involves risks similar to a person’s everyday use of the Internet. If you complete and submit an anonymous survey and later request your data be withdrawn, this may or may not be possible as the researcher may be unable to extract anonymous data from the database.

**Contact Information**

If you have any questions about your rights as a research participant, please contact Principal Investigator at chehaib@mail.usf.edu

We may publish what we learn from this study. If we do, we will not let anyone know your name. We will not publish anything else that would let people know who you are. You can print a copy of this consent form for your records.

I freely give my consent to take part in this study. I understand that by proceeding with this survey that I am agreeing to take part in research and I am 18 years of age or older.
Appendix D: Approval Letter

January 25, 2017

Hiba Chehaib
3644 Frentress Dr.
Lakeland, FL 33812

Re: Perception of School Staff Regarding the Effectiveness of a Youth Mental Health Program in Schools

Dear Ms. Chehaib:

The Office of Assessment, Accountability, and Evaluation through the Research Review Board at Polk County Public Schools has approved your request to conduct research. Your research activities are effective from January 25, 2017 through May 31, 2017. Should you desire to continue your research efforts beyond the aforementioned period, you must submit a request for an extension and a written project update no later than April 1. Any significant changes or amendments to the procedures or design of this study must be approved by resubmitting a request for research that clearly identifies methodological changes.

In the interest of continued research benefits and the coordination of research interests, we ask that you mail one copy of your finalized research product and a one-page executive summary for our research webpage at the conclusion of your study. This information, and any other relevant information you may have, will be filed in our research library and added to the annotated listing of research projects. We look forward to reading the results of your study and any suggestions they may offer toward improving student mental health services in our school district.

If you have any questions, or if I can be of any further assistance, please contact me or David Bustos.

Best wishes on your research endeavors.

Brandon Craig
Director of Measurement, Evaluation, & Research
Polk County Public Schools
1915 South Floral Avenue
Bartow, FL 33831
Phone: (863) 534-0736
Fax: (863) 534-0770
Appendix E: Initial Email to Participants

Good evening,

We need your help.

We are asking you to take part in a research study because you participated in the eight-hour training for the Youth Mental Health First Aid USA. The purpose of this study is to determine the perception of school staff regarding the implementation and the effectiveness of the YMHFA-USA in the school environment. The survey takes around five minutes to complete. All responses are confidential and the collected information will not have any individual identifiers. Taking part in this research study is completely voluntary. The full text for the Informed Consent is attached. Please log into SurveyMonkey through this link. https://www.surveymonkey.com/r/P8NNZRG

Thank you for your help; your information will assist us to determine the impact of the YMHFA training.
Sincerely,

Director, Student Services
Appendix F: Reminder Email to Participants

Dear YMHFA participants,

Last week we sent a survey asking your perspective about the Youth Mental Health First Aid USA training. If you have already completed the survey, thank you for your valuable input. If not, please consider taking the survey. Your response is much appreciated, as it will help us to determine the impact of the YMHFA training. The survey takes around five minutes to complete. All responses are confidential and the collected information will not have any individual identifiers. Taking part in this research study is completely voluntary. The full text for the Informed Consent is attached.
Please log into SurveyMonkey through this link.  
https://www.surveymonkey.com/r/P8NNZRG

Thank you for your time.
Appendix G: Capture of IRB Exempt e-mail