


Supporting primary school students' mental health needs: Teachers' perceptions of roles, barriers, and abilities

Louise Maclean | Jeremy M. Law 

School of Interdisciplinary Studies, College of Social Science, University of Glasgow, Dumfries, UK

Correspondence

Jeremy M. Law, School of Interdisciplinary Studies, College of Social Science, University of Glasgow, Dumfries DG1, UK.
Email: Jeremy.Law@glasgow.ac.uk

Abstract

Mental health problems among children are on the rise across the United Kingdom. Teachers are uniquely placed to play a vital role in early identification and intervention. This study aims to identify and discuss potential barriers among Scottish teachers' concerning their role in supporting children's mental health. One hundred and seventy-nine Scottish primary school teaching staff from 30 different council areas completed an online survey. The survey examined mental health concerns observed in the classroom; barriers to support; perceived personal knowledge; and training. Results indicate that teachers believe they have a role in supporting children's mental health. However, teachers perceive themselves as having a lack of knowledge and specific skills to promote positive mental health. A lack of adequate training was identified as a primary barrier to delivering adequate supports and identification. Results demonstrate the need for a greater emphasis on professional development and preservice training to address this knowledge gap.

KEYWORDS

attitudes, barriers, knowledge, mental health, teacher perceptions, teacher training

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.
© 2022 The Authors. *Psychology in the Schools* Published by Wiley Periodicals LLC

1 | INTRODUCTION

Mental health is defined by the World Health Organization (WHO) (2001) as:

A state of emotional and social wellbeing in which the individual realizes their abilities, can cope with the normal stress of life, can work productively or fruitfully, and can contribute to his or her community (as cited in Graham et al., 2011).

According to the NHS (National Health Service) Scotland, an estimate of one in four people are impacted, to some degree, by mental health problems each year (NHS Research Scotland, 2019). Prevalence rates of mental health problems among adolescents have been found to be the highest when compared to any other stage of life (Gulliver et al., 2012), with the WHO (2012) reporting that up to 20% of adolescents are likely to experience some form of mental health problems, with depression or anxiety being most common.

Mental health problems are one of the most significant contributors to disease and disability worldwide, influencing an individual's quality of life and economic growth (Harnois & Gabriel, 2000; Reiss, 2013).

According to the Mental Health Foundation (2019), 50% of mental health problems observed in adulthood will have already been present by the age of 14, with 10% of children having a clinically diagnosable mental health issue. Mental health problems presented in childhood/adolescence have been linked with chronically poor adjustment; reduced attendance at school and academic success; poorer vocational achievement and social interactions; higher risk of alcohol and drug use, and reduced life expectancy (Audit Scotland, 2018; Gulliver et al., 2012; Kessler et al., 1995; Tully et al., 2019).

Despite the life consequences, mental illness among adolescents in the United Kingdom continue to grow. For instance, a recent survey of secondary school headteachers and the Royal College of Paediatrics and Child Health have suggested an 87% increase in stress, anxiety, and panic attacks, an 80% increase in depression, and a 75% increase in incidences of self-harm between 2015 and 2017 (RCPCH, 2017; The Key, 2017). A 2018 audit report by Child and Adolescent Mental Health Services noted a 20% increase in children being referred to treatment over 3 years in Scotland. At the same time, Brown et al. (2015) reported increased rates of self-harm among Scottish adolescents and young adults, especially among young women.

However, despite rising rates and known life consequences of mental health problems, help-seeking behaviors among young people remain low, with some estimates of help-seeking rates being as low as 25% to 36% for mental health disorders and 29% for suicidal thoughts and behaviors (Bruffaerts et al., 2019).

In response, the role and responsibilities of teachers and the school settings have had to expand beyond teaching to address students' emerging mental health needs. Due to the extensive amount of time children spend in schools, teachers are uniquely placed to observe variations in behavior and mood, making them a vital part of early identification and intervention (Moor et al., 2007). As a result, greater levels of responsibilities have been placed on teachers for the promotion of positive mental health, early identification of behavioral changes, and psychological distress. For instance, within the Scottish context, the Curriculum for Excellence framework reflects the growing responsibility of teachers as it places children's health and wellbeing at the center of learning, alongside, and equal to, literacy and numeracy (Education Scotland, 2020).

However, a recent Mental Health Foundation (2019) review identified a failure in the provision of mental health supports for children in the Scottish education system. The review noted that 70% of 5- to 16-year-olds who have experienced a mental health problem had not been provided with an appropriate intervention during their younger years. This is especially worrying as early identification and intervention are specifically important during the current coronavirus disease 2019 (COVID-19) pandemic, which led to nationwide school closure across the United Kingdom. An expected by-product of the prolonged closure is the psychological impact on children. Stressors related to prolonged isolation, fears for personal and family safety, boredom, feelings of loneliness, lack of personal space at home, and family financial loss can have significant and enduring effects on children and

adolescents. A recent survey found that nearly one-third of the children who experienced isolation or quarantine during past pandemic disasters demonstrated symptoms that met the overall threshold for post-traumatic stress disorder (Sprang & Silman, 2013). However, for teachers to provide support for children at risk or identify those in need of referrals to more specialist services, adequate training, skills, and knowledge among teachers is needed (Atkins et al., 2017; Audit Scotland, 2018; Green et al., 2018; Young Minds, 2017).

2 | TEACHERS' ATTITUDES AND BELIEFS

The beliefs and motivation of teachers are important factors to consider when discussing school-based supports and early identification of mental health problems. Negative attitudes and stigma regarding mental health problems among teachers have been found to present barriers to successful and timely interventions. Jorm and Oh (2009) found that in cases where teachers helped, negative attitudes concerning mental health access to appropriate referrals and help-seeking behavior were reduced.

However, past research has shown that teachers most often possess favorable attitudes about providing mental health services in schools. For instance, Graham et al. (2011) reported that out of 2220 Australian primary and high school teachers surveyed, 99% of teachers reported that promoting positive mental health among students was extremely important. Similarly, an American survey of 292 teachers found that 89% of participating teachers felt that schools should be involved in actions to address students' mental health problems (Reinke et al., 2011). However, Reinke et al. (2011) noted that most teachers surveyed stated that screening, conducting assessments, and teaching social-emotional lessons in the classroom should be the responsibility of school psychologists and not teachers (Reinke et al., 2011). A contributing factor to this reluctance among teachers to provide these supports may result from the lack of specific knowledge and training to address these problems. Studies have shown that teachers often lack specific knowledge, confidence, and efficacy in recognizing mental health problems among their students (Ohrt et al., 2020; Reinke et al., 2011; Walter et al., 2006). For instance, Reinke et al. (2011) noted that only 34% of participating teachers reported feeling as if they had the skills and knowledge necessary to support the mental health needs of students. In support, Moon et al. (2017) found that 93% of participating primary school teachers from the United States had high levels of concern for student mental health needs, yet lacked confidence in handling the mental health problems of their students. Moon and colleagues reported that 85% of respondents indicated the need for further training. Similarly in Scotland, a recent survey of trainee teachers reported that 60% of respondents lacked confidence when identifying mental health needs, while 73% felt there was a lack of mental health training for teachers (Mental Health Foundation, 2018).

The lack of specific training concerning mental health has been shown to lead to dissemination of misinformation about mental health, perpetuating stigmas and biases resulting in the creation of barriers to timely interventions and appropriate referrals (Jorm & Oh, 2009; Martin et al., 2000). For instance, Loades and Mastroiannopoulou (2010) found that teachers held a bias where externalized behavioral symptoms were interpreted as more serious than emotional disturbances, which led to neglecting the importance of internalization problems. As a result, this lack of specific or accurate knowledge concerning the manifestation of mental health problems could result in children who present repetitive externalizing behaviors being subjected to unnecessary disciplinary actions resulting in no effect on the underlying causal mental health issue. While on the other hand, internalizing problems may go entirely unidentified or ignored. As a result, unaddressed problems often lead to academic underachievement, early school dropout, or, in some cases, self-harm behaviors (Kessler et al., 1995). With further teacher training, externalizing and internalizing problems could be prevented with early identification and timely referrals.

An awareness of teachers' perceptions, knowledge gaps, and self-identified training needs related to mental health is crucial in developing future training targeting the recognition and identification of mental health problems within a classroom setting. Reinke et al. (2011) noted that understanding teachers' perspectives concerning their

role, abilities, and training could provide important information about the contextual influences that could help develop new programmes to address the knowledge and practice gap in school-based mental health supports.

Given the rising rates of mental health problems among young people across the United Kingdom, a greater need for early screening and support is required. Due to the extensive amount of time children spend in schools, teachers are uniquely placed to play a vital role in delivering these supports and providing assistance in early identification and intervention delivery. However, lack of knowledge, training, and unidentified barriers may pose potential hurdles in the adoption of these responsibilities by teachers. As a result, this paper aims to identify Scottish teachers' perceptions of their roles and barriers in supporting children's mental health. This paper's focus on a Scottish population is unique. It provides insights into the views and knowledge of a UK-based teacher population, which is currently absent from the literature. This study will address the following questions through the use of an online questionnaire of teachers from around Scotland, United Kingdom:

1. What, if any, mental health problems have teachers identified and witnessed within children in their school?
2. To what extent do teachers feel equipped with adequate knowledge, skills, and training to support children with mental health problems?
3. What barriers do teachers identify when supporting children with mental health problems?

3 | METHOD

3.1 | Study design and sample

A total of 179 Scottish primary school teaching staff from 30 different council areas completed the survey, with the majority being female (98.9%). The participants' years of teaching experience ranged from 1 year to 42 years with a mean of 13.3 years; teachers with less than 5 years' experience had the highest representation overall (33.5%). All but four participants identified their teaching role, with 71.4% identifying as regular classroom teachers; 9.1% as additional support needs teachers (special needs teacher); 4% as headteachers (principal); 13.1% as probation teachers (a newly qualified teacher with less than 1 year experience); and 2.4% as supply/occasional teachers. A total of 174 participants (97.2%) reported the council areas within Scotland where they taught: Aberdeenshire (11.4%), Fife (8.6%), Glasgow City (7.4%), and South Lanarkshire (5.7%); the remaining 28 council areas equated to less than 5% each with no participation from Orkney Island and West Islands, both being remote Scottish islands.

3.2 | Procedure

In February and March 2020 (a month before the nationwide school closure due to the COVID-19 pandemic), a link to the online survey was posted with permissions on a Facebook page titled Scottish Primary Teachers with some 25,000 members. The online format allowed participants to engage with the survey in their own time. Participation was voluntary and anonymous. Participants were informed of the purpose of the study before completion through the provided Plain Language Statement displayed at the start of the survey. Participant consent was obtained by checking the compulsorily "agree" field following the question: "After reading the Plain Language Statement, do you give consent for the information provided to be used within this research?". Each participant received a randomly generated alpha-numeric ID identity at the point of registration. The average completion rate of the entire survey was 10 min.

3.3 | Measures

To assess teachers' perceptions concerning student mental health needs, their role in supporting students, and barriers to the provision of support, this study adapted the original survey reported in Reinke et al. (2011). Evidence of validity for the original content included in Reinke and colleagues' survey was established through a stakeholder review from four experts in the field of mental health practices in schools and relevant stakeholders, including teachers, school counselors, school psychologists, and special education teachers. Stakeholder feedback was sought concerning the coverage and relevance of survey domains, suggested responses, and any missing aspects of the survey that could better inform our understanding. Based on the feedback, some terminology was adapted to suit better the UK context (i.e., council areas were used instead of the term district area).

Three of the four subscales of teachers' perceptions reported by Reinke and colleagues were used for the purposes of this study: Roles of the teacher; Barriers; and Cracks. Reinke and colleagues used confirmatory factor analysis to demonstrate the distinctiveness of these subscales. Reinke reported that all items were found to have acceptable loadings on their respective subscales (0.30 or higher), with the majority of loadings exceeding 0.60. Description and reported internal consistency of each subscale are reported below.

An online platform was used to administer the survey. Survey questions were scored in the form of a 5-point Likert scale, offering the respondents a greater range in choice compared to a simple yes/no structure, allowing consideration of how strongly they feel while allowing for a neutral response (McLeod, 2012). After a set of demographic-based questions (gender, age, years in the profession, council area, and job role), a total of 43 questions were organized in specific subsection categories following the structure of Reinke et al. (2011), resulting in the following categories: participant consent, participant demographics, Mental Health Concerns; Roles of the teacher, Knowledge, Skills, and Training; Barriers and Cracks. See Appendix A for the complete list of survey questions.

3.3.1 | Mental health concerns

From a list of 13 presented options, the participants were asked to identify mental health concerns they had noticed among their students within the past year. Potential options included disruptive behavior/acting out, problems with inattention, defiant behavior, family stress, peer problems, aggressive behavior, anxiety problems, bullying, victims of bullying, immigration and cultural adjustment issues, and school phobia. The 13 presented options were based on Reinke et al. (2011). They were validated through feedback from stakeholders, including scholars, teachers, school counselors, school psychologists, special education teachers, and school administrators who reviewed the items.

3.3.2 | Knowledge, skills, and training

Teachers' perception of their knowledge and training related to mental health was assessed through a series of questions regarding their beliefs in possessing adequate knowledge, skills, and cultural knowledge required to support, identify, and direct students to seek help. Based on Wei et al. (2015), all terms were defined with examples to ensure participants knew what was being asked while supporting consistency in responses. Definitions were reviewed and agreed on by the stakeholder committee described above.

Participants were asked to indicate the type and duration of training they had been provided concerning mental health. Types of training options included workshops, independent study, undergraduate course work, post-graduate course work, and not applicable. Further elaboration of the training relevance was measured through questions assessing how often they used behavioral interventions to promote positive mental health. Responses

were collected using a 5-point Likert scale and provided with the options: *substantial* (1), *moderate* (2), *minimum* (3), *none* (4), and the final option, *unsure* (5).

3.3.3 | Roles of the teacher

To understand how teachers perceived their role in supporting mental health in the classroom, the teachers were directed to respond to questions including "what role teachers" felt the school played when identifying and improving mental health concerns', and "the role of the teacher in screening, the delivery of social-emotional lessons, behavioral interventions and assessments." Participants responded using a 5-point Likert scale ranging from *strongly agree* (1) to *strongly disagree* (5) about their perceived roles as teachers. Reinke et al. (2011) reported that the scale had high internal consistency, as indicated by Cronbach's α of .78.

3.3.4 | Barriers and reasons children fall through cracks

Twelve items from Reinke et al. (2011), including lack of training and lack of funding for school-based mental health services, were used to measure teachers' perception of barriers in providing mental health services in schools (see Appendix A for complete list). Using a 5-point Likert scale, participants rated their agreement with each statement ranging from strongly disagree to strongly agree. The internal consistency of the scale was adequate (Cronbach's $\alpha = .80$). Furthermore, teachers were asked to rate their perceptions of why the mental health needs of children are often not attended to. A total of 10 items included lack of parenting programs, lack of prevention programs, and lack of administrator support, were rated on a 5-point Likert scale, ranging from strongly disagree to strongly agree. The internal consistency of the scale was adequate (Cronbach's $\alpha = .86$).

3.3.5 | Missing data

The survey was attempted by 232 people resulting in 179 being completed, representing a 77.2% completion rate. According to Kowalska (2019), the average completion rate for surveys with 15 or more questions is 41.94%, demonstrating a high completion rate of the current survey. However, not all questions were mandatory for completion, resulting in some missing data; questions such as demographic and questions appearing towards the end of the survey were the most missed, potentially being related to "Participant fatigue" (Reinke et al., 2011). χ^2 tests revealed no significant differences between individuals who completed all items versus those who did not, concerning their role (teacher vs. headteacher) or being from a particular local education authority ($p > .05$).

3.4 | Statistical analysis

Statistical analyses were performed with SPSS 20.0 software (IBM Corp., released 2011). All variables were found to be normally distributed as checked within each group by the Shapiro-Wilk's test for normality ($p > .05$). Frequency and percentages of group representation (i.e., gender, teaching role) and specific responses to question options (i.e., barrier questions) were calculated. Group comparisons were investigated based on an analysis of variance (ANOVA). A p value of .05 was used to identify the threshold of achieved significance. Effect sizes were calculated using Cohen's d value. Determination of the scale of the effect was based on a scale where $d = 0.2$ is to be considered a "small" effect size, 0.5 is a "medium" effect size, and 0.8 is a "large" effect size (Mcleod, 2020). Correction for multiple testing was applied across all group comparisons to avoid the likelihood of false-positive

conclusions by applying the false discovery rate (FDR) procedure. This simple sequential Bonferroni-type procedure has been proven to control the FDR for independent test statistics (Benjamini & Hochberg, 1995).

4 | RESULTS

4.1 | Types of mental health problems identified by teachers

Participants were asked to indicate which of the 13 listed mental health problems they felt they had witnessed in a child within the past year (see Table 1). The top five acknowledged were: (1) disruptive behaviors/acting out (90.4% reported), (2) anxiety problems (88.2% reported), (3) problems with inattention (84.8% reported), (4) family stressors (83.1% reported), and (5) defiant behavior (79.8% reported). In comparison, the least reported mental health issue was immigration and cultural adjustment issues was only 13.5% of teachers identified this within the past year.

4.2 | Teacher knowledge, skills, and training in supporting mental health

When asked: "Do you feel that you have enough *knowledge* required to meet the mental health needs of the children in your school?" (e.g., knowing how to seek help, being aware of the stigma and how to reduce it, etc.), 10% strongly agreed, 34.7% agreed, 50.6% were neutral, with the remaining 4.7% indicating strongly disagreed. When asked: "Do you feel you have the *skills* (ability to make use of your knowledge) required to meet the mental health needs of children within the school?", 7.1% strongly agreed, 27.1% agreed, 17.6% were neutral, 45.9% disagreed, and 2.4% strongly disagreed.

A total of 171 participants responded to questions related to the form/type of training experienced: workshops and in-service days (74.1%), independent study (63.2%), graduate course work (7%), undergraduate study (6.4%),

TABLE 1 Teacher reported mental health issues in children from past year ($n = 176$)

Issues	% of teachers
Disruptive behaviors/acting out	90.4
Anxiety problems	88.2
Problems with inattention	84.8
Family stressors (e.g., parent death, divorce)	83.1
Defiant behavior	79.8
Peer problems	74.2
Hyperactivity	70.8
Aggressive behavior	69.7
Bullying	49.4
Victims of bullying	47.2
Depression	31.5
School phobia	30.9
Immigration and cultural adjustment issues	13.5

and no training (11.6%). Concerning training on mental health-related behavioral interventions, the most common response was minimum (49.1%), followed by: moderate (26%), none (16.6%), and substantial (8.3%).

A one-way repeated-measures ANOVA was conducted to determine whether there was a statistically significant difference in perceived knowledge and skills between self-determined levels of received training. There were no outliers, and the data were normally distributed at each time point, as assessed by boxplot and Shapiro-Wilk test ($p > .05$). The assumption of sphericity was met. Statistically significant differences in perceived knowledge across training duration groups (substantial, moderate, minimum, and none) was found, $F(3, 168) = 15.404$, $p < .000$, partial $\omega^2 = 0.02$, with knowledge significantly increasing with each level of training duration experienced. Similarly, a statistically significant difference in perceived skills across training level groups was found, $F(3, 168) = 17.211$, $p < .000$, partial $\omega^2 = 0.02$, with skill significantly increasing from low levels of training to substantial.

4.3 | Perception of teachers' roles in supporting children with mental health needs

When responding to the question: "Do you feel that schools should be involved in identifying and improving mental health problems in pupils?", more than 92% agreed or strongly agreed, while less than 3% disagreed (0.6% strongly disagreed).

When asked about their perceived roles in carrying out specific tasks related to mental health support and monitoring, over 90% of respondents felt that it was the teacher's role to implement classroom behavioral interventions, teach social-emotional lessons, and monitor student progress. While, on the other hand, the survey results revealed a divide among participants concerning the role of teachers in aspects of mental health screening and referrals (see Table 2 for a full breakdown)

To understand if self-determined levels of received training was a factor in how teachers perceived their role in supporting children's mental health needs in the classroom, a series of one-way repeated-measures ANOVAs were conducted. This analysis included seven roles, as reported in Table 2, as dependent variables and perceived training as the independent variable. No outliers were found, and the data were normally distributed at each time point, as assessed by boxplot and Shapiro-Wilk test ($ps > .05$). The assumption of sphericity was met in all cases. Statistically significant differences in teachers' views on their role in implementing classroom behavioral interventions differed across training duration groups (substantial, moderate, minimum, and none), $F(3, 168) = 3.567$, $p < .015$, partial $\omega^2 = 0.061$, with a stronger agreement to the question significantly increasing with each higher level of training duration experienced. Similarly, a statistically significant difference in perceived role of the teacher in, conducting behavioral assessments, $F(3, 168) = 3.057$, $p = .047$, partial $\omega^2 = 0.047$, referring children and families to

TABLE 2 Teachers perceptions of their role in supporting children's mental health

Role	A/SA	N	D/SD
Screening for mental health	30.9%	26.3%	42.9%
Implementing classroom behavioral interventions	91.4%	8.0%	0.6%
Teaching social-emotional lessons	92.6%	6.3%	1.1%
NOT conducting behavioral assessments	45.4%	26.4%	28.2%
Monitoring student progress	98.8%	0.6%	0.6%
Referring children and families to school-based services	53.4%	15.5%	31.0%
NOT referring children and families to community-based services	46.3%	22.9%	30.8%

Abbreviations: A/SA, agree or strongly agree; D/SD, disagree or strongly disagree; N, neutral.

school-based services, $F(3, 168) = 3.409$, $p = .019$, partial $\omega^2 = 0.059$, and community-based services, $F(3, 168) = 3.409$, $p = .019$, partial $\omega^2 = 0.059$, was found across training level groups, with those receiving no training most statistically ($ps > .05$) likely to disagree with these being the role of the teacher. While no statistical differences were found across training groups and all other perceived roles, as indicated in Table 2.

4.4 | Barriers and reasons children fall through cracks

Table 3 reports the results of participant responses when asked how much they believe a given issue is a reason for children with mental health needs going unrecognized or “falling through the cracks.” The top five reasons, all with more than 80% of resonance support, include the lack of: (1) prevention programs for students with internalized behavior; (2) adequate parent support programs; (3) early screening and prereferral programs; (4) prevention programs for students with externalized behavior; and (5) staff training and coaching.

When asked to report barriers for supporting children with mental health needs (see Table 4), the top five barriers teachers indicated were: (1) insufficient number of school mental health professionals, (2) lack of funding for school-based mental health services, (3) lack of adequate training for dealing with children's mental health needs, (4) lack of coordinated services between schools and community, and (5) lack of referral options in the community. In contrast, only 4% of the teachers agreed/strongly agreed with the statement “mental health problems do not exist and are just an excuse.”

5 | DISCUSSION

This study has investigated the perceptions of 179 Scottish primary teachers concerning their roles, abilities and the barriers faced when supporting children's mental health. The present study set to answer the following questions: (1) What mental health concerns have teachers identified in children? (2) Do teachers feel equipped with adequate knowledge, skills and training to support children with mental health problems? (3) What barriers do teachers identify when supporting children with mental health problems?

TABLE 3 Reasons students with mental health needs fall through the cracks ($n = 159$)

Because of a lack of:	A/SA	N	D/SD
Prevention programs for students with internalized behavior	88.0%	9.4%	2.5%
Adequate parent support programs	86.8%	7.5%	5.6%
Early screening and prereferral programs	86.8%	11.3%	1.9%
Prevention programs for students with externalized behavior	86.2%	11.9%	1.9%
Staff training and coaching	83.1%	8.2%	8.8%
Early intervention programs	81.8%	11.3%	6.9%
Adequate crisis planning and support	78.6%	15.7%	5.6%
Ongoing monitoring for students with mental health needs	78.6%	11.3%	10.0%
Implementation of existing programs as intended	69.1%	20.8%	10.1%
Administrative support	60.4%	23.9%	15.7%
Bullying programs	42.7%	25.8%	31.4%

Abbreviations: A/SA, agree or strongly agree; D/SD, disagree or strongly disagree; N, neutral.

TABLE 4 Teacher reported barriers for supporting mental health needs ($n = 152$)

Barrier	A/SA	N	D/SD
Insufficient number of school mental health professionals	95.4%	3.9%	0.7%
Lack of funding for school-based mental health services	94.7%	4.6%	0.7%
Lack of adequate training for dealing with children's mental health needs	88.8%	9.2%	2.0%
Lack of coordinated services between schools and community	85.5%	10.5%	3.9%
Lack of referral options in the community	82.3%	12.5%	5.3%
Competing priorities taking precedence over mental health	80.3%	8.6%	11.2%
Difficulty identifying children with mental health needs	53.3%	19.1%	27.7%
Stigma associated with receiving mental health services	50.6%	20.4%	29.0%
Language and cultural barriers with culturally diverse students	26.5%	46.4%	27.1%
Mental health issues are not considered a role of the school	25.7%	22.4%	51.9%
Mental health problems do not exist and are just an excuse	4.0%	3.3%	92.8%

Abbreviations: A/SA, agree or strongly agree; D/SD, disagree or strongly disagree; N, neutral.

5.1 | What mental health concerns have teachers identified in children?

The examination of areas of concern expressed by teachers can aid in the development of content for mental health training programs for teachers. Results of the present study identified disruptive behavior/acting out as the most common area of concern, with 90.4% of teachers identifying it as a mental health concern they have witnessed within the past year. This result mirrored the findings of the past work of Moon et al. (2017) and Reinke et al. (2011), who both reported that the top areas of concern that teachers identified for training needs included managing externalizing behaviors, classroom management, and behavioral interventions. The similarities across studies demonstrate the continuity of teachers' reported concerns across regions (Scotland vs. the USA) and over time (2011–2020).

These results are surprising given the volume of published literature in the past decade concerning effective classroom management practices and best practices in the management of externalizing behavior problems. Our findings, as well as in others (i.e., Graham et al., 2011; Moon et al., 2017; Reinke et al., 2011), suggest a potential disconnect between research and practice resulting in the failure of initial teacher education programmes and career-long professional learning to equip teachers with effective classroom management and behavior support planning skills.

The second most identified area of concern was anxiety problems, which 88.2% of teachers identified. According to the Child Mind Institute (2020), anxiety problems among youth often are expressed as disruptive behavior, explaining the high co-occurrence of these concerns. An interesting finding of the survey is the potential underreporting of concern for depression among students. According to the Mental Health Foundation (2020), anxiety and depression are reported as Britain's most common mental health problems. Although results of this study reported a high concern for anxiety problems among students, only 31.5% of teachers identified depression as a mental health concern, placing it 11th out of a possible 13 options. Depression in childhood is often observed as persistent unhappiness, loss of interest, change in eating and sleeping habits, and constant fighting (Lima et al., 2013; Workman & Prior, 1997). Childhood depression can have various impacts on the child, varying between mild and severe. If left untreated, it could result in later relationship problems, recurring depression, reckless behavior, substance abuse, and suicidal thoughts and/or behaviors (DiMaria, 2020). However, early signs of childhood depression often vary slightly from what would be expected within adults leading to depression among

youths being mistaken for other concerns such as disruptive behavior or inattentiveness/disinterest. This confusion of early symptoms may explain why primary school teachers may not express specific concerns related to depression.

5.2 | Do teachers feel equipped with adequate knowledge, skills, and training to support children with mental health problems?

Results of this study support past international research (e.g., Froese-Germain & Riel, 2012; Moon et al., 2017; Reinke et al., 2011; Walter et al., 2006) evaluating teachers' perceptions of their role in supporting and promoting positive mental health among students with 92.7% of teachers agreeing that schools should play a part in identifying and improving mental health problems. Similar to Graham et al. (2011), the results of this study demonstrated that teachers recognized mental health problems within the context of their daily practice of teaching, yet felt that some aspects of support remain the responsibility of other support professionals.

A dominant view appeared to be that teachers view themselves as best placed to support mental health-related issues for students through the monitoring and implementation of classroom behavioral interventions and lessons. This result is encouraging as monitoring student progress can help teachers prioritize, plan, and improve on supporting the child and their family and improving the interaction between school staff and the child (Mentally Healthy Schools, 2020). Mentally Healthy Schools (2020) have also highlighted that monitoring a child's progress helps identify how effective different approaches and strategies are, ensuring that they are not wasting effort, making no difference, or, in some cases, possibly making the situation worse.

Although teachers are well placed to observe and recognize any change in behavior or personality expressed by a student, participating teachers were divided on their role in the assessment/identification and provision of referrals to specialists of students exhibiting mental health distress for additional supports. Two potential explanations could be offered to explain this result. First, these results could suggest that teachers may not understand the critical role they could play in identifying children who may be in need. Second, the lack of knowledge and training related to identifying mental health problems has resulted in a lack of confidence in taking up these roles among teachers. This study showed that teachers who had not received training were statically less likely to see tasks related to screening and referrals as a teacher's responsibility, thus indicating the need for greater professional development targeting these roles as well as mentorship provided by educational psychologists could act to support the teachers.

Echoing past research, the results from this survey demonstrated that over half of the participating teachers (65.7%) had received a minimum or no training (Moon et al., 2017; Reinke et al., 2011; Rothi et al., 2008; SAMH, 2017). While those who reported receiving mental health training indicated feeling inadequately prepared to recognize and support the mental health needs of their students. These results support the 2017 report by the SAMH, which found that 66% of teachers did not feel they had received sufficient training in mental health to allow them to carry out their role properly (SAMH, 2017). This study found statistically significant growth in knowledge and skill with a greater duration of training experienced by participating teachers, thus demonstrating the need for mental health-focused professional development programs and their inclusion in initial teacher training programmes.

Our results demonstrate an apparent willingness of Scottish teachers to help support the promotion of mental health; nevertheless, teachers lack adequate knowledge or skills to do so. Therefore, providing effective practice in schools will require effective training and ongoing consultation or coaching for teachers. Results indicate a willingness of teachers to engage in such professional development opportunities as the majority of responding teachers have attempted to address their knowledge/skill gap through in-service professional development workshops or independent study. However, a recent review of mental health teacher training programmes indicated that outcomes of in-service or self-directed study programmes varied across content areas, training

modality, and training facilitation (Ohrt et al., 2020). For instance, many training programmes focused on a specific diagnosis or mental illness such as attention-deficit/hyperactivity disorder, depression, anxiety, or behavioral disorders, thus not fully addressing the needs of the participating teachers. Ohrt et al. (2020) noted that programmes that aimed to improve teachers' knowledge of mental health, in general, demonstrated significant increases in knowledge, attitudes, mental health literacy, and a decrease in stigma (Baum et al., 2009; Eustache et al., 2017; Hussein & Vostanis, 2013; Jorm et al., 2010; Kutcher et al., 2016; Powers et al., 2014).

In the absence of effective, evidence-based mental health training programs, Reinke et al. (2011) suggested that school psychologists working within school authorities could serve as consultants or coaches supporting teacher-implemented programs and practices.

Since 2012, the General Teaching Council for Scotland's Professional Standards for Registration stated that qualified teachers must know how to promote and support the cognitive, emotional, social, and physical wellbeing of all learners (General Teaching Council for Scotland, 2012). Therefore, we were surprised that only 13.4% of teachers reported receiving training related to mental health from formal education pathways, such as during undergraduate initial teacher training (6.4%) or graduate course work (7%). The Scottish Government has recently moved to help bridge this training gap as action points were set out by the Scottish Government's Mental Health Strategy 2017–2027: to roll out improved mental health training for those who support young people in educational settings.

5.3 | What barriers do teachers identify when supporting children with mental health problems?

The study posed two questions to identify specific barriers facing the implementation and success of mental health supports in schools. The first attempted to ascertain why students with mental health needs went without support. While the second sought to understand the specific barriers teachers faced when supporting mental health needs.

Results concerning barriers related to students missing out on support found that teachers believe this resulted from a lack of support and prevention programs for students with internalized and externalized behavior, inadequate parent support programs, and insufficient early screening and prereferral programs. The perception that there is a lack of support programs and referral options is understandable when considering the waiting times and rejection rate of referrals within Scotland; as only 69.7% of children referred to CAHMS (Child and Adolescents Mental Health Services) are seen within the 18-week target time frame set by CAHMS (Information Services Division, 2019). Furthermore, in Scotland, nearly one in five children and young people's referrals are rejected based on quick decisions with a lack of face-to-face assessment (Scottish Government, 2018).

Reflecting concerns discussed earlier when considering the reason students with mental health needs fall through the cracks, 83.1% of teachers agreed that lack of training was a contributing factor, and 88.8% of teachers agreed that a lack of adequate training for dealing with children's mental health needs is a barrier for supporting the said child. The lack of training could be linked to the limited amount of time teachers have to dedicate to training and the reflecting and planning of implementation of it into the classroom. Results of this study found that 80.3% of teachers reported that competing priorities took precedence over mental health needs, supporting the work of Rothi et al. (2008), who highlighted that teachers were aware that there are other areas they need further training on which mental health support competes with (Rothi et al., 2008).

Lastly, 94.7% of teachers noted that a lack of funding for school-based mental health services was a barrier to supporting children's needs. This is something that has been identified in previous literature as an issue, including the 2014 Audit Scotland report and 2016 Care Quality Commission report, which suggests that there has been a lack of progress made around funding concerning the mental health of children services (Audit Scotland, 2014; Rosa, 2018). According to the Scottish Association of Mental Health, the costs of training all Scottish school staff in mental health support would require an initial investment of £4.4 m (SAMH, 2018).

6 | CONCLUSION AND IMPLICATIONS

It is evident from past research that teachers play a crucial role in identifying and addressing students' mental health concerns. The majority of participating teachers in this study were committed to the school's role in delivering mental health education and demonstrated a belief that they have a role in supporting children. However, results show that teachers perceive themselves as having a lack of knowledge and specific skills to promote positive mental health. A lack of adequate training was identified as a primary barrier to delivering adequate supports and identification. It was suggested that the lack of training among Scottish teachers might be linked to inadequate funding and/or limited available time due to competing priorities.

Results indicated that teachers in Scotland had received little in their preservice (or subsequent) teacher education to adequately prepare them for the complexity of mental health problems faced in the classroom. This highlights that the resourcing of initial teacher training in mental health must become more of a priority for the Scottish Government and the providers of initial teacher training programmes. A review of initial teacher training programmes should be undertaken to identify if teachers' relevant and appropriate knowledge, understandings, and skills are being taught.

Supporting the conclusions of Graham et al. (2011), these findings suggest that mental health promotion should be strengthened to ensure there remains an emphasis on advocacy for children, improved funding, increased capacity and knowledge of teachers, and better use of the existing evidence base programmes. There has been no time more critical for this to occur as Scotland and the rest of the world emerge from the COVID-19 pandemic and the associated nationwide school closures seen across the globe. As noted earlier, an expected by-product of the prolonged closure of schools and lockdown is the psychological impact on children (Sprang & Silman, 2013). If left unrecognized and unsupported early on, these mental health problems will only further exacerbate the strain already placed on mental health services across Scotland and elsewhere (Atkins et al., 2017). Teachers have an essential role in addressing these issues by identifying, supporting early signs of mental health distress, and facilitating referrals to appropriate resources (Green et al., 2018), justifying the need for the provision of greater training and funding to address the knowledge gap reported in this study.

Furthermore, to ensure interventions are adequately tailored for the individuals whose lives they seek to improve, a priority should be given to further research that seeks the views and perspectives of children in relation to mental health education and the role of teachers and schools in supporting their needs.

7 | LIMITATIONS

This study employed an online survey as the primary method of data collection. However, this method comes with several advantages; several limitations should be noted, such as the potential of a participant misinterpreting the question or participants being unable to explain further the reason for their answer due to the closed-ended format of the questions. Although the Likert-scale approach helped gather an overall idea about how participants feel, it could have been helpful to allow a section for participants to add their comments. An option to allow participants to respond freely could have provided further insight concerning the rationale of teachers' responses. Another potential limitation of this study result from the lack of male primary teacher participation in the survey, as 98.9% of respondents identified as female. Although the representation of female teachers is high, it somewhat reflects the gender imbalance among primary school teachers across Scotland, which is reported to be 90% female (Scottish Government, 2019). Finally, it is important to acknowledge that the results were based on teachers' perceptions and, therefore, do not necessarily provide an accurate picture of children's mental health in schools.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

ETHICS STATEMENT

The research reported in this article meets ethical guidelines, including adherence to the legal requirements of the study country. Ethical approval was obtained from the University of Glasgow's ethics committee.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Jeremy M. Law  <http://orcid.org/0000-0001-6075-2384>

REFERENCES

- Atkins, M. S., Cappella, E., Shernoff, E. S., Mehta, T. G., & Gustafson, E. L. (2017). Schooling and children's mental health: Realigning resources to reduce disparities and advance public health. *Annual Review of Clinical Psychology*, 13(1), 123–147. <https://doi.org/10.1146/annurev-clinpsy-032816-045234>
- Audit Scotland. (2014). *School education*. https://www.audit-scotland.gov.uk/docs/local/2014/nr_140619_school_education.pdf
- Audit Scotland. (2018). *Children and young people's mental health*. https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf
- Baum, N. L., Rotter, B., Reidler, E., & Brom, D. (2009). Building resilience in schools in the wake of Hurricane Katrina. *Journal of Child & Adolescent Trauma*, 2(1), 62–70. <https://doi.org/10.1080/19361520802694323>
- Benjamini, Y., & Hochberg, Y. (1995). Controlling the false discovery rate: A practical and powerful approach to multiple testing. *Journal of the Royal Statistical Society: Series B (Methodological)*, 57(1), 289–300. <https://doi.org/10.1111/j.2517-6161.1995.tb02031.x>
- Brown, L., Campbell-Jack, D., Gray, L., Hovald, P., Kirkpatrick, G., Knudsen, L., Montagu, I., & Rose, J. (2015). *The Scottish Health Survey*. <https://www.gov.scot/publications/scottish-health-survey-2015-volume-1-main-report/pages/3/>
- Bruffaerts, R., Mortier, P., Auerbach, R. P., Alonso, J., Hermsillo De la Torre, A. E., Cuijpers, P., Ebert, D. D., Green, J. G., Hasking, P., Stein, D. J., Ennis, E., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Vilagut, G., Zaslavsky, A. M., & Kessler, R. C., WHO WMH-ICS Collaborators. (2019). Lifetime and 12-month treatment for mental disorders and suicidal thoughts and behaviors among first year college students. *International Journal of Methods in Psychiatric Research*, 28(2), e1764. <https://doi.org/10.1002/mpr.1764>
- Child Mind Institute. (2020). *Disruptive behaviour: Why it's often misdiagnosed*. <https://childmind.org/article/disruptive-behavior-why-its-often-misdiagnosed/>
- DiMaria, L. (2020, June 17). *The consequences of untreated depression in children*. <https://www.verywellmind.com/possible-effects-of-depression-in-children-1066622>
- Education Scotland. (2020, June 20). *The purpose of the curriculum*. <https://education.gov.scot/education-scotland/scottish-education-system/policy-for-scottish-education/policy-drivers/cfe-building-from-the-statement-appendix-incl-btc1-5/the-purpose-of-the-curriculum>
- Eustache, E., Gerbasi, M. E., Fawzi, M. S., Fils-Aimé, J. R., Severe, J., Raviola, G. J., Legha, R., Darghouth, S., Grelotti, D. J., Thérosme, T., Pierre, E. L., Affricot, E., Alcindor, Y., Stack, M. B., & Becker, A. (2017). Mental health training for secondary school teachers in Haiti: A mixed-methods, prospective, formative research study of feasibility, acceptability, and effectiveness in knowledge acquisition. *Global Mental Health*, 4(4), 1–16. <https://doi.org/10.1017/gmh.2016.29>
- Froese-Germain, B., & Riel, R. (2012). *Understanding teachers' perspectives on student mental health: Findings from a national survey*. Canadian Teachers' Federation. <https://files.eric.ed.gov/fulltext/ED544259.pdf>
- General Teaching Council for Scotland. (2012). *The Standards for Registration: Mandatory requirements for registration with the General Teaching Council for Scotland (Standard No. 2.1.4)*. <https://librarydevelopment.group.shef.ac.uk/referencing/apa.html>
- Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching*, 17(4), 479–496. <https://doi.org/10.1080/13540602.2011.580525>
- Green, J. G., Guzmán, J., Didaskalou, E., Harbaugh, A. G., Segal, N., & LaBillois, J. (2018). Teacher identification of student emotional and behavioral problems and provision of early supports: A vignette-based study. *Journal of Emotional and Behavioral Disorders*, 26(4), 225–242. <https://doi.org/10.1177/1063426617740879>

- Gulliver, A., Griffiths, K. M., Christensen, H., & Brewer, J. L. (2012). A systematic review of help-seeking interventions for depression, anxiety and general psychological distress. *BMC Psychiatry*, 12(1), 1–12. <https://doi.org/10.1186/1471-244X-12-81>
- Harnois, G., & Gabriel, P. (2000). *Mental health work: Impact, issues and good practice*. <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1223%26context=gladnetcollect>
- Hussein, S. A., & Vostanis, P. (2013). Teacher training intervention for early identification of common child mental health problems in Pakistan. *Emotional and Behavioural Difficulties*, 18(3), 284–296. <https://doi.org/10.1080/13632752.2013.819254>
- Information Services Division. (2019). *Child and Adolescent Mental Health Services in Scotland: Waiting times*. <https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2019-09-03/2019-09-03-CAMHS-WaitingTimes-Report.pdf>
- Jorm, A. F., Kitchener, B. A., Sawyer, M. G., Scales, H., & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: A cluster randomised trial. *BMC Psychiatry*, 10(1), 1–12. <https://doi.org/10.1186/1471-244X-10-51>
- Jorm, A. F., & Oh, E. (2009). Desire for social distance from people with mental disorders. *Australian & New Zealand Journal of Psychiatry*, 43(3), 183–200. <https://doi.org/10.1080/00048670802653349>
- Kessler, R. C., Foster, C. L., Saunders, W. B., & Stang, P. E. (1995). Social consequences of psychiatric disorders, I: Educational attainment. *American Journal of Psychiatry*, 152(7), 1026–1032. <https://doi.org/10.1176/ajp.152.7.1026>
- Kowalska, K. (2019). *How to get survey completion rates of over 80%*? <https://survicate.com/surveys/survey-completion-rate/>
- Kutcher, S., Wei, Y., Gilbert, H., Ubuguyu, O., Njau, T., Brown, A., Sabuni, N., Magimba, A., & Perkins, K. (2016). A school mental health literacy curriculum resource training approach: Effects on Tanzanian teachers' mental health knowledge, stigma and help-seeking efficacy. *International Journal of Mental Health Systems*, 10(1), 1–9. <https://doi.org/10.1186/s13033-016-0082-6>
- Lima, N. N. R., Do Nascimento, V. B., De Carvalho, S. M. F., De Abreu, L. C., Neto, M. L. R., Brasil, A. Q., Junior, F. T. C., De Oliveira, G. F., & Reis, A. O. A. (2013). Childhood depression: A systematic review. *Neuropsychiatric Disease and Treatment*, 9, 1417–1425. <https://doi.org/10.2147/NDT.S42402>
- Loades, M. E., & Mastroiannopoulou, K. (2010). Teachers' recognition of children's mental health problems. *Child and Adolescent Mental Health*, 15(3), 150–156. <https://doi.org/10.1111/j.1475-3588.2009.00551.x>
- Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of fear and loathing: The role of 'disturbing behavior,' labels, and causal attributions in shaping public attitudes toward people with mental illness. *Journal of Health and Social Behavior*, 41(2), 208–223. <https://doi.org/10.2307/2676306>
- McLeod, S. (2012). *What's the difference between qualitative and quantitative research?*. <https://www.simplypsychology.org/simplypsychology.org-QualitativevsQuantitative.pdf>
- McLeod, S. (2020, May 24). *Likert scale*. <https://www.simplypsychology.org/likert-scale.html>
- Mental Health Foundation. (2018). *Make it count: Let's put health and well-being at the heart of Scotland's schools*. <https://www.mentalhealth.org.uk/sites/default/files/make-it-count-policy-briefing-scotland.pdf>
- Mental Health Foundation. (2019, December 19). *Mental health statistics: Children and young people*. <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>
- Mental Health Foundation. (2020, May 4). *Mental health statistics: The most common mental health problems*. <https://www.gcu.ac.uk/library/subjecthelp/referencing/harvardreferencing/blogtweetsandwebsites/>
- Mentally Healthy Schools. (2020). *Needs and progress*. <https://www.mentallyhealthyschools.org.uk/whole-school-approach/school-and-local-commissioning/needs-and-progress/>
- Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review*, 73(1), 384–391. <https://doi.org/10.1016/j.chilcyouth.2017.01.006>
- Moor, S., Ann, M., Hester, M., Elisabeth, W. J., Robert, E., Robert, W., & Caroline, B. (2007). Improving the recognition of depression in adolescence: Can we teach the teachers? *Journal of Adolescence*, 30(1), 81–95. <https://doi.org/10.1016/j.adolescence.2005.12.001>
- NHS Research Scotland. (2019, December 19). *Mental health*. <http://www.nhsresearchscotland.org.uk/research-areas/mental-health>
- Ohrt, J. H., Deaton, J. D., Linich, K., Guest, J. D., Wymer, B., & Sandonato, B. (2020). Teacher training in K–12 student mental health: A systematic review. *Psychology in the Schools*, 57(5), 833–846. <https://doi.org/10.1002/pits.22356>
- Powers, J. D., Wegmann, K., Blackman, K., & Swick, D. C. (2014). Increasing awareness of child mental health issues among elementary school staff. *Families in Society: The Journal of Contemporary Social Services*, 95(1), 43–50. <https://doi.org/10.1606/1044-3894.2014.95.6>
- RCPC. (2017). *State of child health report 2017*. https://www.rcpch.ac.uk/sites/default/files/2018-05/state_of_child_health_2017report_updated_29.05.18.pdf

- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26(1), 1–12. <https://doi.org/10.1037/a0022714>
- Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine*, 90(1), 24–31. <https://doi.org/10.1016/j.socscimed.2013.04.026>
- Rosa, G. (2018). *Using children's rights in mental health policy and practice*. <http://www.crae.org.uk/media/125976/mentalhealth-briefing-final-digital-version-pdf>
- Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education*, 24(5), 1221–1223. <https://doi.org/10.1037/a0022714>
- SAMH. (2017). *Going To Be...Well-Trained: SAMH survey on school staff training in mental health*. <https://www.samh.org.uk/documents/welltrained.pdf>
- SAMH. (2018). *Draft budget 2017–18*. [https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/DRB030_Scottish_Association_for_Mental_Health_\(SAMH\).pdf](https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/DRB030_Scottish_Association_for_Mental_Health_(SAMH).pdf)
- Scottish Government. (2018). *Rejected referrals Child and Adolescent Mental Health Services (CAMHS)*. <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2018/06/rejected-referrals-child-adolescent-mental-health-services-camhs-qualitative-quantitative/documents/00537523-pdf/00537523-pdf/govscot%3Adocument/00537523.pdf>
- Scottish Government. (2019). *Summary statistics for schools in Scotland No. 9*. <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2018/12/summary-statistics-schools-scotland-9-2018/documents/summary-statistics-schools-scotland-9-2018-edition/summary-statistics-schools-scotland-9-2018-edition/govscot%3Adocument/00543847.pdf>
- Sprang, G., & Silman, M. (2013). Post-traumatic stress disorder in parents and youth after health-related disasters. *Disaster Medicine and Public Health Preparedness*, 7(1), 105–110. <https://doi.org/10.1017/dmp.2013.22>
- The Key. (2017). *State of Education Survey Report 2017. Rising to the challenge: Examining the pressures of schools and how they are responding*. <https://view.joomag.com/state-of-education-report-2017/0676372001494577623>
- Tully, L. A., Hawes, D. J., Doyle, F. L., Sawyer, M. G., & Dadds, M. R. (2019). A national child mental health literacy initiative is needed to reduce childhood mental health disorders. *Australian & New Zealand Journal of Psychiatry*, 53(4), 286–290. <https://doi.org/10.1177/0004867418821440>
- Walter, H. J., Gouze, K., & Lim, K. G. (2006). Teachers' beliefs about mental health needs in inner-city elementary schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(1), 61–68. <https://doi.org/10.1097/01.chi.0000187243.17824.6c>
- Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes and help-seeking: A scoping review. *BMC Psychiatry*, 15(1), 2. <https://doi.org/10.1186/s12888-015-0681-9>
- WHO: Adolescence Mental Health. (2012). *Mapping actions of nongovernmental associations and other international development organisations*. World Health Organisation. http://apps.who.int/iris/bitstream/handle/10665/44875/9789241503648_eng.pdf;jsessionid=B09D1D46A7AA36AA5757E9E191B3F023?sequence=1
- Workman, C. G., & Prior, M. (1997). Depression and suicide in young children. *Issues in Comprehensive Pediatric Nursing*, 20(2), 125–132. <https://doi.org/10.3109/01460869709026883>
- Young Minds. (2017). *Wise up to wellbeing in schools*. <https://youngminds.org.uk/media/1428/wise-up-prioritising-wellbeing-in-schools.pdf>

How to cite this article: Maclean, L., & Law, J. M. (2022). Supporting primary school students' mental health needs: Teachers' perceptions of roles, barriers, and abilities. *Psychology in the Schools*, 59, 2359–2377. <https://doi.org/10.1002/pits.22648>

APPENDIX A: SURVEY QUESTIONS

- After reading the Plain Language Statement do you give consent for the information provided to be used within this research?
 - Yes
 - No

2. Do you give consent for the information provided to be used within this research?
 - o Yes
 - o No
3. What gender do you identify as?
4. What age are you?
5. How many years have you been in the teaching profession?
6. Which council area do you work in?
7. Job title
8. In the past year which of the following mental health concerns have you noticed in the children within the school? Please tick all you have seen with in past year
 - o Disruptive behaviours/acting out
 - o Problems with inattention
 - o Hyperactivity
 - o Defiant behaviour
 - o Family stress (parent death, divorce etc)
 - o Peer problems
 - o Aggressive behaviour
 - o Anxiety problems
 - o Bullying
 - o Victims of bullying
 - o Depression
 - o Immigration and cultural adjustment issues
 - o School phobia
9. Do you feel that schools should be involved in identifying and improving the mental health issues in pupils?

A	B	C	D	E
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE

For the following page (question 10 - 19) please indicate how much you agree with the given statement;

A	B	C	D	E
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE

10. "It is the role of the teacher to screen mental health problems"
11. "Teachers should be conducting social-emotional lessons"
12. "Teachers should be implementing classroom behavioural interventions"
13. "Teachers should NOT be conducting behavioural assessments"
14. "Teachers should be monitoring student progress"
15. "It is the role of the teacher to refer children and families to school-based services"
16. "It is NOT the role of the teacher to refer children and families to community-based"
17. Do you feel that you have enough knowledge required to meet the mental health needs of the children in your school? e.g. knowing how to seek help, being aware of the stigma and how to reduce it etc

18. Do you feel you have the skills (ability to make use of your knowledge) required to meet the mental health needs of children within the school
19. Do you feel you have adequate cultural knowledge and communication/interpersonal skills to meet the needs of culturally diverse children in the school
20. Where do you learn about behavioural interventions that aim to promote positive mental health schoolwide?
Please select all that apply
 - o Workshops and in-service days
 - o Independent study
 - o Undergraduate course work
 - o Graduate course work
 - o Not Applicable - I have had no training
21. How much training have you had on, mental health related, behavioural interventions
 - o Substantial
 - o Moderate
 - o Minimum
 - o None
 - o Unsure
22. How often do you use behavioural interventions to promote positive mental health?
 - o Substantial
 - o Moderate
 - o Minimum
 - o None
 - o Unsure

For the following page (question 23-33) please indicate to what extent you believe the given issue is a reason students with mental health needs fall through the cracks;

A	B	C	D	E
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE

23. Lack of adequate parent support programs
24. Lack of prevention programs for students with externalized behaviour
25. Lack of prevention programs for students with internalized behaviour
26. Lack of staff training or coaching
27. Lack of early screening and prereferral programs
28. Lack of ongoing monitoring for students with mental health needs
29. Lack of early intervention programs
30. Lack of implementation of existing programs as intended
31. Lack of adequate crisis planning and support
32. Lack of bullying programs
33. Lack of administrative support

For the following page (question 34-43) please indicate to what extent you feel the issue is an identifiable barrier for supporting mental health;

A	B	C	D	E
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE

34. Insufficient number of school mental health professionals
35. Lack of adequate training for dealing with children's mental health needs
36. Mental health issues are not considered a role of the school
37. Lack of funding for school-based mental health services
38. Stigma associated with receiving mental health services
39. Competing priorities taking precedence over mental health
40. Difficulty identifying children with mental health needs
41. Lack of coordinated services between schools and community
42. Lack of referral options in the community
43. Language and cultural barriers with culturally diverse student