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Supporting Mental Health in Children by Providing Basic Skills and Knowledge of Mental Health to Middle-School Teachers

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Supporting Mental Health in Children by Providing Basic Skills and Knowledge of Mental

Health to Middle-School Teachers

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Section I: Abstract

Background: Mental health first aid training in middle school is an effective way to help teachers gain the necessary knowledge and confidence needed to support students with mental health distress and provide early interventions.

Local Problem: Lack of mental health training may result in teachers facing challenges in identifying and addressing mental health issues among their students. Specific problems resulting from this include limited awareness, insufficient skills, and strategies to effectively communicate and engage with students in mental health distress, and stigma surrounding mental health may make teachers uncomfortable discussing mental health.

Methods: The project will take place at Harper Middle School in Davis and train middle school teachers. Teachers will receive a mental health first aid action plan to help students in mental health distress. The pamphlet will have information on approaching, listening, reassuring, encouraging appropriate help, encouraging self-help, and providing other support strategies (ALGEE).

Proposed Interventions: The proposed project aims to improve mental health support in schools by providing comprehensive mental health first aid training to middle-school teachers.

Proposed Outcome Measures: The Knowledge, Attitudes, and Confidence Scale, a valid tool, will be used to assess the knowledge gained, attitudes towards mental health, and the teachers' confidence to provide the needed support to students. The scale will be measured pre- and post-training to quantify the improvement in these areas.

Keywords: teachers, mental health first aid, middle school student support

Section II: Introduction

Problem Description

Mental health is a chronic issue that affects people of all ages and ethnic and racial backgrounds. Mental health problems have become common among children, with approximately one out of seven children under 12 meeting the criteria for a mental health disorder (Sawrikar et al., 2022). Mental health disorder in children is ubiquitous in the United States and worldwide, affecting children's social, emotional, and cognitive development. Data show that 13% to 20% of U.S. children have a mental illness, with a cost estimate of \$247 billion per year (Altaqi & Grover, 2022). Mental illness makes the adolescent population vulnerable and at high risk of detrimental academic performance (Frauenholtz et al., 2017).

Research has found that children displaying aggressive or withdrawn behaviors in the first grade had diminished academic achievement in the third grade, as measured by school grades in mathematics and language arts, and the cycle continued in middle-school students. Children whose symptoms were not treated or detected early in life were found to have difficulty concentrating and completing schoolwork, had lower grades, were less engaged in school, and had negative attitudes regarding education (Frauenholtz et al., 2017).

The purpose of this quality improvement project is to address early symptoms of mental health in children by providing mental health first aid training to middle-school teachers. Educators, such as teachers, have comprehensive contact with children and families, regularly acting as a connection between the child, family, and the community (Frauenholtz et al., 2017).

Equipping teachers with the essential knowledge in mental health literacy has the potential to dismantle obstacles that hinder children and families from effectively managing mental health issues. This, in turn, can lead to timely interventions and promote academic growth.

Specific Aim

By October 1, we will implement mental health first aid training for teachers in middle school to increase the knowledge needed to recognize mental health disorders among their students, identify students in distress, and collaborate in proper treatment and early interventions from 5% to 25%. The primary aim is to enhance teachers' knowledge and understanding of common mental health issues in students. Teachers will be able to recognize signs and symptoms of mental health difficulties, understand appropriate response strategies, and promote early interventions and referrals to the right support services by November 28, 2023. The primary aim is to enhance teachers' knowledge and understanding of common mental health issues in students. Teachers will be able to recognize signs and symptoms of mental health difficulties, understand appropriate response strategies, and promote early interventions and referrals to the right support services. The training will empower teachers to feel more confident and competent in addressing mental health concerns among their students. In addition, it will help teachers engage in supportive conversations, provide immediate assistance, and effectively manage mental health crises within the school setting. Creating an environment that promotes mental well-being, practical support, and early intervention for students experiencing mental health challenges will enhance the overall educational experience and improve outcomes for all students.

Available Knowledge

A systematic electronic search was conducted to find articles that contextualized current research on mental health training for school educators. The databases used were Cumulative Index Nursing and Allied Health Literature (CINAHL), Pub Med, and Psych Info. Search terms used were *mental health, adolescent, training, support, and schools*. Articles found ranged from 2014 to 2023.

PICOT Question

The studies found helped to define my PICOT question: In school educators, can a mental health first aid training program, compared to no training, improve their knowledge and confidence in identifying and supporting students with mental health issues in the next three months?

Integrated Review of the Literature

Promote Mental Health in Children by Increasing Teacher Confidence

Teachers hold a crucial position in a child's life, as they spend approximately 6 hours a day, five times a week with them. Due to this extensive interaction, teachers are more likely to observe any changes in behavior or learning difficulties, which can often be indicators of emotional distress. However, most teachers lack the knowledge, or the confidence needed to interfere or guide students to the proper resources for prompt treatment and interventions. Untreated mental health problems in children can lead to increased rates of school absenteeism, increased violence, substance abuse, suicide, diminished social functioning, and lower quality of life in adulthood (Darling et al., 2021). To prevent mental health problems in children, Darling et al. (2021) found that school settings are the foundation for promoting mental health support. Darling et al. conducted quasi-experimental cluster research in the Northwest and Southwest regions of Victoria, Australia, which involved 16 intervention and 16 control schools and mental

health well-being coordinators, school personnel, parents, and care providers. The study aimed to measure how mental health and well-being coordinators supported mental health in students in primary school, how the provision of education and teaching supported staff to improve ways of supporting students with mental health problems, and how working collaboratively with other interdisciplinary teams impacted classroom teachers' self-reported confidence to support student mental health and well-being. This study, measured by surveys at 2, 4, 10, and 17 months post-administration, highlighted the importance of prevention and early intervention of mental health disorders in childhood by providing school personnel with mental health support. Evidence showed that mental health well-being coordinators had positive long-term, reliable effects on child mental health that impacted families. Overall, the study proved valid and reliable, can be applied to any school setting, and supports that mental health well-being coordinators have a positive, long-term, and sustainable effect on the mental health of children.

Promote Children's Mental Health to Improve Academic Performance

Children who suffer from mental health disorders are at an increased risk of detrimental academic outcomes. When not treated promptly, mental health problems can lead to worsening learning problems. Frauenholtz et al. (2017) revealed that children who displayed withdrawn or aggressive behaviors in the first grade had a reduction in academic achievement in the third grade, as evidenced by school grades in mathematics and language arts subjects. The study also showed that 13% of children ages 8 to 15, and more than 1 in 10 in every classroom, had a mental health disorder. Educational professionals have important contact with children and families and act as a bridge between family, child, and community; however, studies show that school educators have limited knowledge of children's mental health, resulting in a challenge and potential limitation to the effectiveness of current efforts to intercede with children experiencing

mental health distress. Cognitive development occurs in the initial stages of a child's life, and untreated mental health distress can negatively impact children with mental health disorders. To evaluate the importance of mental health literacy among school professionals and the impact on students' academic success, Frauenholtz et al. studied seven focus groups, three school groups and four community mental health center groups, with 52 participants. The focus groups occurred in varying regions in one midwestern state, including two from urban centers and one serving a rural population. The majority of the participants were female and White, with a mean age of 39 years. The participants in the school and community mental health group consisted of teachers and case managers. Evaluation questions were used on the school groups to understand their mental health knowledge and how it can help or delay collaborative efforts to improve student mental health outcomes and academic achievement. Frauenholtz et al. showed that limited mental health knowledge is a barrier to collaborating with community mental health professionals. This lack of knowledge can hinder early interventions, so it is important that teachers are supported to promote academic success in children. The study proves the importance of educating teachers with mental health knowledge and supports my project of mental health education in teachers to promote mental health in children.

In addition to acting as a bridge between the children who suffer from mental health and the community, teachers are an essential link between both the student and available mental health resources and services within the school environment (Osagiede et al., 2018). Studies indicate that just 36% of school-aged children and adolescents in the United States who have mental health disorders receive mental health services. This finding supports the need for an increased provision of school-based mental health services. Osagiede et al. (2018) conducted a cross-sectional study that consisted of 468 teachers from 24 matched schools in a North Florida school district. Electronic surveys were used to collect quantitative data evaluating teachers'

perceived awareness, perceived knowledge, perceived comfort, mental health training, and satisfaction. The study found that teachers are not getting adequate training related to mental health and report lacking the basic knowledge to handle students' mental health issues; less than 30% of teachers have received mental health training. The findings highlight the importance of providing mental health training and support to teachers, so they can increase their confidence and comfort to effectively support students' mental health needs.

Support Mental Health in Schools Through Teacher Training Interventions

The benefit of mental health training interventions for teachers can make a big difference in a child's life. Most school educators have little or no knowledge of what the signs of mental health distress are. Children display symptoms of mental health distress by poor academic performance and/or behavioral problems. Knowledge of basic mental health can be a powerful tool for teachers, so they can detect and guide children with the proper referrals and treatment and interventions can be initiated promptly (Amaral et al., 2020). Children who are in mental distress are more likely to perform poorly in school, suffer interpersonal disruptions, and more likely to get involved in reckless behavior. Therefore, providing mental health education to school personnel can improve their management of behavior and provision of emotional support in children. In a 2018 non-analytical study, Amaral et al. (2020) implemented a training intervention program to train teachers in education to promote mental health in children and adolescents within the school setting. Amaral et al. assessed the mental health needs of teachers who taught elementary and high school in Viseu, Portugal. After assessing the need, the study sought to educate teachers in areas identified by the assessment. Questionnaires were used to evaluate the efficacy of the intervention. Although results did not prove the effectiveness of the training in mental health literacy, it increased mental health knowledge and provided an awareness of the importance of sleep and how it promotes mental health. Understanding how

sleep can affect mental health in children is also important to address and understand, as it can be linked to mental health disorders or depression. See Appendix A for the evaluation of the literature.

Rationale

Theories and frameworks guide and implement evidence-based practices in clinical care settings. Theories help explain how facts are linked to one another and represent at least two related concepts in a manner that theory claims to explain. Conceptual models present an understanding of the phenomenon of interest (Polit & Beck, 2017). In addition, theories and frameworks guide and help promote high-quality research that can be implemented in healthcare settings and promote the best care. The framework model that will guide my research is the Iowa model. This model is a pragmatic multiphase change process with feedback loops ((Melnik & Fineout-Overholt, 2019). It is a 6-step process that guides evidence-based practice change. The initial step is to identify the need for change in practice. Once identified, the next step is to gather the best evidence-based data through the review of literature by critically analyzing the data, which is the third step. Once data are collected, the fourth step is to design practice change. For this project, the practice change is implementing mental health first aid training for teachers in middle school. The fifth step will be to evaluate the teachers' knowledge and confidence in addressing mental health distress in children and to guide them to proper resources for early treatment and interventions. The last step is to evaluate effectiveness. If the project is effective, it can then be integrated into schools to train school personnel, with the end goal of promoting mental health in children. The Iowa framework will be an important framework that will guide clinicians in making decisions about clinical practices and increasing the best healthcare outcomes.

Section III: Methods

The project will take place in Harper Middle School in Davis and will train sixth-grade teachers. Teachers will be provided with a mental health first aid action plan to help students in mental health distress. The pamphlet will have information on how to approach, listen, give reassurance, encourage appropriate help, and encourage self-help and other support strategies (ALGEE). The school is affiliated with the Auburn Davis Clinic. This information will serve as a guide to help students in distress by offering support and referring those in mental health distress to the proper resources. The key stakeholders are the teachers, principal, school leaders, counselors, and the school nurses, who will all be part of the meeting to implement the mental health first aid tool for middle school teachers. The information will be presented based on evidence from the literature review.

Proposed Intervention

The proposed project consists of improving mental health support in schools by providing comprehensive mental health first aid training to teachers. I will conduct a needs assessment for teachers to understand their knowledge and skills related to mental health. The training will target sixth-grade teachers to provide them with the knowledge and skills necessary to support the mental well-being of their students.

Gap Analysis

Evidence from the literature review described teachers' lack of confidence in recognizing mental health distress in children, therefore delaying support and interventions that lead to poor academic achievement. As illustrated in Appendix B, the Gap Analysis demonstrates that teachers do not have the tools or basic mental health knowledge needed to support students in mental health distress. Implementing a toolkit with basic mental health first aid information can

provide the knowledge and support needed to guide teachers in supporting students in mental health distress.

GANTT Chart

The GANTT chart depicts the project timeline (see Appendix C). The assessment phase will be to identify ways to promote mental health in students, particularly those in middle-school, and to gather evidence-based data that support the project. After gathering data that supports mental health for students, the next step is to work on the prospectus in the design phase and develop a tool that provides basic mental health training to middle-school teachers. The implementation phase will be used to implement the DNP project after approval from the chair, then meet with stakeholders via Zoom. The analysis phase will consist of evaluating teachers' confidence prior to using the tool. The staff will be assessed weekly to monitor the project's efficacy and to determine what is working and what needs to be changed. The culmination and sustainability stage will be used as a guide to assess what went well or what needs improvement.

Work Breakdown Structure

The work breakdown structure describes the stages of the DNP project (see Appendix D). The initiation stage is gathering the evidence, reviewing it with the chair and preceptor, and obtaining approval to initiate the project. In the planning stage, a meeting with the stakeholders will take place to review the project and its purpose and determine start and end dates. The execution stage will be used to implement the project with sixth-grade teachers after they answer questions and collect data regarding mental health knowledge and confidence in supporting students in mental health distress. The control stage will be used to gather data from the assessment, compare pre- and post-results, and share data with stakeholders. The closeout stage will be used to implement data in the DNP paper, share outcomes with stakeholders, and

continue to promote the importance of supporting school personnel with training in mental health first aid to support the mental health well-being of students.

Communication Matrix

The communication matrix delineates the mode of communication with stakeholders and the purpose of communication to review progress; discuss the GANTT chart, work breakdown structure, SWOT (strengths, weakness, opportunities, and threats) analysis; and update the chair and stakeholders on any changes (see Appendix E).

SWOT Analysis

The SWOT analysis illustrates the pros and cons of the project (see Appendix F). Some strengths include increased awareness of mental health that can help teachers provide early intervention and support to students in mental health distress and to help them provide a supportive classroom environment. Weaknesses include limited scope of expertise, lack of time to review material, and teachers not feeling comfortable supporting students in mental health distress. Mental health training provides an opportunity for teachers to enhance teacher-student relationships, collaborate with mental health professionals, create a network of support for students, and integrate training as part of the teacher training curriculum. Some threats include stigma and cultural barriers that may hamper the acceptance and effectiveness of the project. Lack of support from school leadership can impede the implementation of the project.

Cost-Benefit Analysis

Mental health first aid training for teachers can help identify early signs of mental health distress in students, provide immediate student support, refer the student to the appropriate resources, promote initial treatment and support, and possibly reduce emergency department visits. Recent data show that one in five children in the United States experiences mental health

problems annually (Hoffman et al., 2019). In addition, the number of pediatric emergency visits for mental health disorders increased between 2009 and 2013 by an estimated 40%, approximately 9.3 to 13.7 visits per 1,000 (Hoffman et al., 2019). As illustrated in Appendix G, pediatric mental health emergency department visits cost an average of \$1,317 per visit, and when the length of stay is greater than 24 hours, the cost is \$4,045.00 per visit. Empowering teachers with the education needed to support students in a timely manner can decrease the need to seek emergency treatment. Reduction of emergency department visits by one student can increase savings of \$15,804 dollars if a visit is less than 24 hours. For a longer length of stay, the savings could be up to \$48,600 annually. Visits to the emergency department for mental health have been shown to have longer lengths of stay compared to non-mental health-related visits. Increased lengths of stay result in increased total patient hours of care, which increases costs. Training teachers on how to provide support and guidance for students in distress can help mitigate increased emergency department utilization and costs.

Proposed Outcome Measures

The proposed outcome measure for mental health first aid training in teachers is the Knowledge, Attitudes, and Confidence Scale. The scale is a valid tool that will assess the knowledge gained, attitudes towards mental health, and the teachers' confidence to provide the needed support to students. The scale will be measured pre- and post-training to quantify the improvement in these areas. The participants will rate their responses on a rating scale to allow for quantitative analysis and comparison of results before and after the training. The outcome measure will help provide valuable information on the training's effectiveness in increasing knowledge of mental health, improving attitudes, and improving confidence among teachers in supporting student's mental health.

Proposed Analysis

The analysis for the project will be derived using Qualtrics to analyze the data collected before September 10, mid-October, and mid-November to evaluate the effectiveness of the tool. The data will be used to assess knowledge, confidence, and how many times the tool has been used and compare the findings for effectiveness. Comparison of the pre-training and post-training data will help determine the extent of knowledge, attitudes, and confidence gained by teachers. SPSS will be used to measure any significant changes.

Ethical Considerations

On February 12, 2021, the University of San Francisco DNP department determined that this project met the guidelines for an evidence-based change in practice project, as outlined in the DNP project checklist, to implement a mental health first aid pamphlet to middle-school, primarily sixth-grade, schoolteachers to increase knowledge and confidence to support children going through mental health distress and linking them to the proper resources (see Appendix H). For this project, the Jesuit values providing respect and emphasis on holistic care, and ethical considerations of the American Nurses Association (2015) Provision 1.3, which states nurses need to respect the dignity and rights of all human beings regardless of factors contributing to the person's health status will be followed. Best nursing care should empower patients to live with as much physical, emotional, and religious or spiritual well-being and should reflect the patient's personal values.

Section IV: Discussion

The studies presented have shown the importance of educating teachers on mental health to help increase their knowledge and confidence in recognizing and supporting students who are going through mental health distress. Teachers spend approximately 7 hours a day, five times a

week, with children and are more likely to recognize changes in behavior and/or poor academic achievement, which can be signs or symptoms of mental health problems.

Limitations

Mental health first aid training will provide a general overview of common mental health issues and guidance on how to provide initial support; however, it does not replace the need for specialized mental health professionals. The teacher training is for students in mild distress. Students who present with severe mental health issues should be assessed by a mental health provider.

Some potential risks include limited resources or training material and time for the teachers to engage in the toolkit, which can pose a barrier to proper implementation. Other barriers include resistance to change, which can hinder the successful implementation and adoption of the mental health toolkit. Lack of time and cultural beliefs and attitudes toward mental health can also impact the acceptance and effectiveness of the mental health toolkit. The mental health toolkit will be presented to the middle school teachers and will take about an hour to present. scheduled meeting with the teachers a few times a week for about 15 minutes at a time.

Conclusion

Overall, empowering teachers with the knowledge needed to support and promote mental health through mental health first aid training can greatly impact students. It will promote mental health in children and improve academic performance. Teachers will gain awareness and a better understanding of mental health issues and their impact on students, allowing them to recognize the signs of distress and potential mental health problems. In addition, teachers can identify students in mental distress and promote early intervention by referring them to available

resources. Teachers can also promote and create a supportive environment by fostering emotional well-being, enhancing overall learning experiences, and reducing the stigma associated with mental health by fostering open conversation and creating a more inclusive classroom environment. Long-term implications through early intervention and support can lead to improved long-term outcomes in students and improve academic achievement. Trained teachers in mental health will serve as a valuable link between students and mental health resources within the community. In addition, mental health education for teachers will promote a holistic approach to education that will acknowledge the importance of mental health as a crucial part of a child's development.

Regular and updated information using evidence-based research will assure project sustainability. This will ensure that the most updated evidence-based training and education is used to reinforce mental health first aid skills. Teachers will be encouraged to meet once a month for any new updates, to review experiences, and to seek advice, so that the training can be evaluated, and the teachers feel supported through this training. Involving leadership and making sure they are committed will help promote and support mental health initiatives for teachers and school personnel and can also serve to implement school policies, allocate resources, and prioritize mental health as part of the student's overall well-being. If the tool demonstrates efficacy, it can be implemented by all school personnel, so they have basic knowledge and collaborate as a team to intervene timely and prevent worsening symptoms.

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Appendix A. Evaluation Table

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
Altaqi, A., & Grover, P. (2022). An initiative to improve the efficiency of emergency department adolescent behavioral health visits. <i>Pediatric Emergency Care</i> , 38(6), e1336–e1338. https://doi.org/10.1097/pec.0000000000002739								
Association between ACEs and ill health and associated annual costs.	None	SR and MA Purpose: Effect of ACEs on mental and ill health six databases were queried from 1990-2018. Included only adults with ACEs' risk factors and ill health	<i>N</i> = range 1500-978647 Studies in 2 global regions: WHO European region, North America	ACES	IV - ACEs DV - Ill health, mental health	RR HR OR Pooled RR with 95% CI for risk factors	ACEs attributed to 30% of cases of anxiety and 40% of cases of depression in North America and more than 25% of both conditions in Europe, attributing costs of \$581 billion in Europe and \$748 billion in North America.	Level I Quality B Worth to practice: This study shows evidence of the impact ACEs have on mental health and the increased costs of DALYs. Strengths: Studies showed data on how ACEs are linked to ill health and health-harming behavior. Weaknesses: Studies were only done in Europe and America not lower-income countries. Feasibility: The study can be replicated in any country.

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
								<p>Conclusion: The more ACEs an individual has, the more likely he or she is to have mental health problem. The costs of treatment can be \$1.3 trillion annually.</p> <p>Recommendations: The study should include other populations, including the unhoused and those with low socioeconomic status.</p>
<p>Definition of abbreviations: ACEs=adverse childhood experiences, CI=confidence interval, DALYS=disability adjusted life years, DM=diabetes mellitus, CVD=cardiovascular disease, DV=dependent variable, IV=independent variable, NA=North America, MA=meta-analysis, OR=odds ratio, RR=relative risk, HR=hazard ratio, SR=systematic review</p>								
<p>Amaral, M. O., Silva, D. M., Costa, M. G., Goncalves, A. M., Pires, M. G., Cruz, C. M., Cabral, L. M., & Gil, N. C. (2020). A teacher training intervention program for mental health promotion at schools. <i>Acta Paul Enferm</i>, 33, 1-8. http://dx.doi.org/10.37689/acta-ape/2020AO02246</p>								
To promote mental health training to school	Quantitative	Nonexperimental cross-sectional	N = 85 teachers from elementary	Mental health knowledge, stereotypes	Pre-and post-questionnaires measured the	Wilcoxon-Mann-Whitney test with a	Increase overall knowledge of MH, particularly in	Level III Quality B Worth to practice: Yes, to increase

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
professionals to promote the mental well-being of students.		analytical study	to high school in Viseu, Portugal	of MH problems, first aid skills, and help-seeking behavior, and self-help strategies.	efficacy of the training	Monte Carlo simulation	abuse and dependence and new addiction behaviors, and the significance of sleep in promoting mental health.	<p>mental health knowledge in teachers to support students in mental health distress.</p> <p>Strengths: Increased overall knowledge of MH</p> <p>Weakness: The sample was small and needed to show an increased level of overall MH literacy.</p> <p>Feasibility: This training is cost-effective and can be implemented in schools in other states and countries.</p> <p>Conclusions: The study showed increased knowledge of mental health, it helped teachers understand the importance of sleep to promote mental</p>

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
								<p>health in abuse and dependence, and new addiction behaviors. They were subsequently making it a vital training to promote mental health in students.</p> <p>Recommendations: Make the training longer, to see if there was a change in mental health literacy.</p>
<p>Darling, S., Dawson, G., Quach, J., Smith, R., Perkins, A., Connolly, A., Smith, A., Moore, C. L., Ride, J., & Oberklaid, F. (2021). Mental health and well-being coordinators in primary schools to support student mental health: Protocol for a quasi-experimental cluster study. <i>BMC Public Health</i>, p. 21, Article 1467. https://doi.org/10.1186/s12889-021-11467-4</p>								
To evaluate the implementation and effectiveness of a MH coordinator to help support mental health in primary schools.	Quantitative Quasi-experimental Cluster study	Quasi-experimental cluster study	n = 16 schools with interventions n = 16 schools with business as usual, students in primary school 5- to	Confidence to support MH, child MH stigma Student MH and well-being Levels of engagement with mental and well-	Mental health Self-efficacy Teacher survey	Statistical analysis	MHWC can support student mental health and educate and train teachers.	<p>Level II Quality B</p> <p>Worth practicing: Evidence shows that MHWC can help support student mental health.</p> <p>Strengths: Increased teacher confidence to support students</p>

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
			12-year-old and secondary school age 12-20 setting- Victoria Australia	being services Prioritization of child MH and well-being needs within the school curriculum and planning School engagement and perceived MH support Level of unmet MH and well-being needs within classrooms. Levels of engagement with MHWC cost				with MH and well-being. Weakness: It is not a random control trial, which can be selection bias. Feasibility: It can be generalized. Conclusions: MHWC plays a role in supporting mental health in school personnel and students. Recommendations: A random study is needed to determine and compare findings.
Definition of abbreviations: DV=dependent variable, IV=independent variable, NP=nurse practitioner, PCP=primary care physician, MHWC=mental health well-being coordinator, MH=mental health								
Frauenholtz, S., Mendenhall, A., N., & Moon, J. (2017). Role of school employees' mental health knowledge in interdisciplinary collaborations to support the academic success of students experiencing mental health distress. <i>Children and Schools</i> , 39(2), 71–79. https://doi.org/10.1093/cs/cdx004								

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
To increase mental health knowledge of school personnel, to help enhance collaborative approaches to enhance mental health and academic achievement in children.	Qualitative	<i>N</i> = 52 Ten teachers 12 case managers N = 10 case managers	Seven focus groups Three schools' groups <i>n</i> =17 F4 community mental health center groups <i>n</i> =35 Total 52 participants Focus groups from midwestern states, two from urban centers, and one serving a rural population. Majority female <i>n</i> =44 Age average 33 Had a variety of roles, most prevalent teachers <i>n</i> =10	Perception of mental health literacy among teachers and school personnel. Knowledge children's mental health.	Level of mental health knowledge Desire among participants for mental health training	3-step content analysis	Study found that children's mental health disorders are associated with reduced academic achievement. School social workers can social can help promote collaboration between school staff and community professionals to prevent and treat children's mental health distress.	Level III Quality B Worth practicing: It is worth to practice determining teachers' knowledge of mental health and how they can be supported. Strengths: The study showed that the use of a mental health literacy program can help address the educational gap. Weakness: Groups needed more participation by school social workers, and rural and urban areas were underrepresented. Feasibility: The study can be replicated. Conclusion: The study emphasized

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
			Case managers <i>n</i> =12					the fundamental role of schools in reducing mental health distress and promoting a healthy emotional development. Recommendations: More social work representation and a bigger voluntary and convenient sample size.
Definition of abbreviations: CDP=child development project, FT=fast track, OR=Odds ratio, SC=standardized coefficient								
Osagiede, O., Costa, S., Spaulding, A., Rose, J., Allen, K. E., Rose, M., & Apatu, E. (2018). Teachers' perceptions of student mental health: The role of school-based mental health services delivery model. <i>Children and Schools, 40</i> (4), 240–248. http://dx.doi.org/10.1093/cs/cdy020								
To understand how the school personnel's knowledge of children's mental health influences their ability to recognize and collaboratively support students in	Meta-analysis	Cross-sectional study design	School districts in the Southwest United States <i>N</i> =468 teachers from 24 matched schools in the school district	Perceived awareness, perceived knowledge, perceived comfort, mental health training, and satisfaction.	Electronic survey	SPSS	Teachers are an essential link between students and available mental health services and resources within the school environment. Findings show that teachers	Level I Quality A Worth to practice: Yes Strengths: Proved that teachers are not getting the appropriate training needed to support mental health in students. There was

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
mental health distress.							need to get adequate mental health- related training.	<p>a positive association between SBMH programs with dedicated therapists within the school and teacher perceptions regarding their capacity to support school mental health.</p> <p>Weaknesses: Inability to determine changes in teacher perceptions resulted in actual changes in teacher behaviors. Lack of student outcomes data regarding changes in teacher behavior.</p> <p>Feasibility: The study is generalizable.</p> <p>Conclusions: Provisions of training, learning support , and</p>

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
								<p>professional development are essential to advance teachers' knowledge and readiness to support school mental health.</p> <p>Recommendations: Further study to evaluate the impact of each model of mental health services delivery on other stakeholders, including students, parents, and therapists. To understand how to increase teachers' comfort in helping children with mental health issues.</p>
Definition of abbreviations: SBMH: school-based mental health								
Sawrikar, V., Mendoza Diaz, A., Tully, L., Hawes, D. J., Moul, C., & Dadds, M. R. (2022). Bridging the gap between child mental health need and professional service utilization: Examining the influence of mother's parental attributions on professional help-seeking intentions. <i>European Child and Adolescent Psychiatry</i> , 31(2), 239–251. https://doi.org/10.1007/s00787-020-01682-6								

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
To examine parental help-seeking behavior and whether mother's attributions about their child's problems influence professional help-seeking intentions in a general sample of community mothers.	Cross-sectional analysis	Setting: community in Sydney Australia Mothers of children aged 2-16 years	Mothers <i>n</i> =174	Child mental health using SDQ. Mothers' emotional health self-report Parental self-efficacy Child-responsible attributions - PAM Professional help-seeking intentions measured by GHSQ.	Sydney Parenting Experience survey to assess parenting and child mental health literacy in the community.	Descriptive statistics using SPSS Version 24	Mothers' parental attributions explained individual differences in professional help-seeking intentions in a general sample of community mothers.	Level II Quality B Worth practicing: Yes, this study shows evidence that a mother's willingness to seek professional help can guide in providing better assessment to educate them. Strengths: Findings prove that improving mental health literacy in parents can improve appropriate treatment engagement with child mental health professional services. Weaknesses: Studies were only done in Europe and America, not lower-income countries.

Purpose of Article or Review	Conceptual Framework	Design/ Method	Sample/ Setting	Significant Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence/Worth to Practice/ Strengths and Weaknesses/ Feasibility/ Conclusions/ Recommendations
								<p>Feasibility: The study can be replicated in any country.</p> <p>Conclusion: Parental attributions explain individual differences in parents' intentions to seek and engage professional help. Lower parental self-efficacy increased the mother's intentions to engage in professional help.</p> <p>Recommendations: The study should include fathers; help-seeking intentions. Self-report scales could have led to biased responses.</p>
Definition of abbreviations: SDQ=strengths and difficulties questionnaire, PAM=parent attribution measure, GHSQ=general help-seeking questionnaire								

Appendix B. Gap Analysis

Gap Analysis		
Area under consideration: Empowering sixth-grade teachers in Vallejo with mental health first aid knowledge so they have the confidence to support and link students to the proper resources to obtain the help and treatment needed promptly.		
Desired State	Current State	Action Steps
To increase knowledge and confidence in teachers to support and guide students in mental distress to the right resources, so they can be treated promptly.	Teachers do not have the tools or basic mental health knowledge needed to support students in mental health distress.	Implementing a toolkit with primary mental health first aid information can serve as a guide to teachers who come across students with mental health distress.

Appendix D. Work Breakdown Structure

Level 1	Level 2	Level 3
Mental health first aid training to middle school teachers.	1.1 Initiation	1.1.1 get evidence-based research to determine why the topic is essential. 1.1.2 Review with the advisor and preceptor 1.1.3 Choose a middle-school location. 1.1.4 Get approval
	1.2 Planning	1.2.1 Meet stakeholders and review plan and purpose 1.2.2 Determine what days the assessments will be done 1.2.3 Develop a mental health essential learning tool 1.2.4 Determine start and end date
	1.3 Execution	1.3.1 Meet with teachers and provide a pre-survey to evaluate confidence and knowledge in mental health 1.3.2 Provide them with a card with information on how to assess students with mental distress 1.3.3 Answer questions 1.3.4 Follow-up weekly to evaluate the efficacy
	1.4 Control	1.4.1 Gather data from post assessment 1.4.2 Compare pre- and post-results 1.4.3 Share data with stakeholders
	1.5 Closeout	1.5.1 Implement data in DNP paper 1.5.2 Share outcomes with stakeholders 1.5.3 Continue to promote the importance of mental health training to teachers to promote support and mental health well-being of students 1.5.4 Submit DNP paper

Appendix E. Communication Matrix

Communication	Purpose	Medium	Frequency	Audience
Meeting for the final draft	To read and review the final draft of the prospectus	Zoom	Once	Advisor
Meeting to assess the progress of the project	To discuss and review the plan, GANTT chart, work breakdown structure, SWOT, and progress of the prospectus	Zoom	Monthly	Advisor
Review of prospectus	To review the topic paper	Via email	Once	Chairperson and second reader
Presentation meeting	Introduction of project and demonstration of results	In-person presentation	Twice	Middle school leadership, teachers, counselors, and nurses

Appendix F. SWOT Analysis

	Favorable/Helpful	Unfavorable/Harmful
Internal (attributes of the organization)	<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • To increase teacher’s understanding of mental health issues, enabling them to recognize signs of distress and provide initial support. • Teachers who identify and intervene can potentially prevent more severe mental health issues from developing. • Teachers can promote supportive classroom environment. • Will empower teachers to address student mental health needs and provides them with practical skills for providing initial support. 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • Mental health first aid does not replace the need for specialized mental health professionals for diagnosis and treatment. • Time and resource constraints- not having enough time to review and apply skills to students in distress. • Not enough resources to support teachers when dealing with students in distress. • Lack of support to take time to do training, or no funds to pay overtime.
External (attributes of the organization)	<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Teachers have an opportunity to enhance teacher-student relationships. • Foster collaboration between teachers and mental health professionals. • Teachers’ can create a network of support for students. • Integrate mental health first aid as part of teacher training programs. 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Stigma can be a barrier due to cultural beliefs and attitudes that may hamper acceptance and effectiveness. • Lack of support from leadership can lead to challenges sustaining the project. • Principals and or teachers not interested in the project and/or lack the funds.

Appendix G. Proposed Budget and Cost-Benefit Analysis

Time for questionnaires	4 hrs (to put it together)x \$96/hr (RN Salary)	\$384
Questionnaire copies	80 x .075 (per copy)	\$60
Gas costs	7 miles one way once a week x 12 weeks = 84 miles 84/20 miles per gallon	20/84 Gas 4.89/gal = \$4.89
Time spent with staff	hr a week for 12 weeks 12 wks x 1 hr x \$96/hr (RN salary)	\$1,152
Total		\$1615.89

Cost-Benefit Analysis

Mental health teacher training	Six teachers in a group setting	60 int a week x 12 weeks	Total cost \$6,027.00
Option 2s	Cost per visit \$4,050	Cost avoidance of an average of \$10,177,038	
Students in mental distress seek care in the ED department	And average cost of \$4,308,758 by patients with public insurance		
Preventing 1 ED visit a month	Cost \$1,317 per visit	Average savings a year will equal \$1,317 x 12 (mo) = \$15,804	
Ed visit with LOST >24 hr	Cost \$4,045	\$4,050 x 12 = \$48,600	

Appendix H. Statement of Non-Research Determination



UNIVERSITY OF
SAN FRANCISCO

School of Nursing and
Health Professions

Doctor of Nursing Practice

Statement of Non-Research Determination (SOD) Form

The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E

General Information

Last Name:	<u>Falcon</u>	First Name:	<u>MariaElena</u>
CWID Number:	<u>20667217</u>	Semester/Year:	<u>Spring 2023</u>
Course Name & Number:	<u></u>		
Chairperson Name:	<u>Dr. Radasa</u>	Advisor Name:	<u>Dr. Radasa</u>
Second Reader Name:	<u>Dr. Capella</u>	<u></u>	

Project Description

- Title of Project: Supporting Mental Health in Children by providing basic skills and knowledge of mental health to Middle School teacher**
- Brief Description of Project** (*Clearly state the purpose of the project and the problem statement in 250 words or less*):

This project aims to increase mental health knowledge in school educators, specifically middle school teachers. Students' mental health and well-being are essential within the education system. Hof students is highly important within the education system. However, many teachers lack the necessary skills and knowledge to effectively identify and address mental health issues in their students. Considering the increasing prevalence of mental health challenges among adolescents, teachers must be equipped with the tools and resources to provide early intervention and support. Teachers without training may not know how to recognize signs of distress, such as anxiety, depression, or emotional

difficulties, and may miss opportunities to support and provide interventions that can promote mental health and well-being in students.

Specific Aims

The prospectus aims of prospectus is to implement mental health first aid explicitly to specifically Middle school teachers, to provide them with the knowledge and skills necessary to support the mental well-being of their students.

1. AIM Statement: What are you trying to accomplish?

- Over the next four months, we will provide mental health first aid training to teachers in Middle school to gain confidence and the efficacy needed to recognize mental health disorders among their students, identify students in distress, and collaborate on proper treatment and early interventions.

2. Brief Description of Intervention (150 words):

Teachers in the sixth grade will be provided with a primary mental health tool that will guide how to detect students in distress and provide support before to referring them to the right resources. This tool will help teachers gain the the knowledge and confidence needed to promote mental health and well-being in children.

4a. How will this intervention be implemented?

- Where will you implement the project? The project will be implemented in middle school in Vallejo.
- Attach a letter from the agency with approval of your project.
- Who is the focus of the intervention? (Needs to match population [for whom?] in Aim statement.) The focus will be on teachers.
- How will you inform stakeholders/participants about the project and the intervention? **They will be informed through meetings via Zoom.**

5. Outcome measurements: How will you know that a change is an improvement?

The proposed outcome measure for teachers' mental health first aid training is the Knowledge, Attitudes, and Confidence (KAC) scale. The scale is a valid tool that will assess the knowledge gained, attitudes towards mental health, and their confidence to provide the needed support to Measurement over time is essential to QI. Measures can be outcome, process, or balancing measures. Baseline or benchmark data are needed to show improvement. The DNP project will protect and maintain confidentiality by omitting personal information.



DNP Statement of Determination

Evidence-Based Change of Practice Project Checklist*

The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E

Project Title:

Supporting Mental Health in Children by Providing Basic Skills and Knowledge of Mental Health to Middle School Teachers

Mark an "X" under "Yes" or "No" for each of the following statements:	Yes	No
The project aims to the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	x	
The specific aim is to improve performance on a specific service or program and is a part of usual care . <u>All</u> participants will receive a standard of care.	x	
The project is not designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case- control). The project does not follow a protocol that overrides clinical decision-making.	x	
The project involves the implementation of established and tested quality standards and systematic monitoring, assessment, or evaluation of the organization to ensure that existing quality standards are being met. The project needs to develop paradigms, untested methods, or new untested standards.	x	
The project involves implementing care practices and interventions that are consensus-based or evidence-based. The project will only seek to test an intervention within current science and experience.	x	
The project is conducted by staff where the project will take place and involves staff working at an agency that has an agreement with USF SONHP.	x	
The project has no funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	x	
The agency or clinical practice unit agrees that this project will be implemented to improve the process or delivery of care, i.e., not a personal research project dependent upon the voluntary participation of colleagues, students and/ or patients.	x	
Suppose there is an intent to, or possibility of publishing your work. In that case, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: <i>"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."</i>	x	

Answer Key:

- If the answer to all of these items is "Yes", the project can be considered an evidence-based activity that does not meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files.
- If the answer to these questions is "No", you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: <http://answers.hhs.gov/ohrp/categories/1569>



DNP Statement of Determination

Evidence-Based Change of Practice Project Checklist Outcome

The SOD should be completed in NURS 7005 and NURS 791E/P or NURS 749/A/E

This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached).

This project involves research with human subjects and **must be submitted for IRB approval before project activity can commence.**

Comments:

Student Last Name:	Falcon	Student First Name:	MariaElena
Student Signature:	_____	Date:	_____
Chairperson Name:	Dr. Radasa		
Chairperson Signature:	_____	Date:	_____
Second Reader Name:	Dr. Elena Capella	Date:	
Second Reader Signature:	_____		_____
DNP SOD Review Committee Member Name:	_____		
DNP SOD Review Committee Member Signature:	_____	Date:	_____

Appendix I. Letter of Support

DNP Project Letter of Support from Agency

Required: This is a letter of support for Maria Elena Falcon to implement her DNP Comprehensive Project Supporting Mental Health in Children by providing essential skills and knowledge of mental health to Middle School teachers in Davis.

Voluntary: We give her permission to use the name of our agency in their DNP Comprehensive Project Paper and future presentations and publications.