

# Investigating Secondary Educators' Perceptions of North Carolina's School-Based Mental Health Policy

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## Abstract

This qualitative instrumental case study was designed to examine secondary teachers' perspectives of North Carolina's school-based mental health policy, known as SHLT-003, which mandates all educators be trained in identifying, referring, and supporting, students showing signs of mental health issues, drug use, suicidal ideation, and sex trafficking. The legislation passed in 2020 to combat the rising rates of mental health issues and other barriers to student health and success in the state. The legislation mandated six hours of training and was first implemented in the 2021-2022 school year. The findings of this study reveal that though educators' intention of the legislation was good, the roll out was poorly executed, there are polarized views of the training series, and the legislation failed to address many educators' needs.

**Keywords:** school-based mental health, secondary educators, barriers to learning, K-12 policy

Mental health issues are a direct challenge to academic success for 20% of American students, and these rates are only increasing (Deaton et al., 2022; Mazzer & Rickwood, 2015). Untreated mental health issues result in decreased cognition, lower grade point average (GPA), higher attrition rates, increased absenteeism, substance abuse, and violence (Deaton et al., 2022; Swick & Powers, 2018). However, prevention, treatment, and early intervention can decrease the likelihood of onset, severity, and longevity of mental health issues (Daly et al., 2006). Recently, North Carolina passed legislation SHLT-003, mandating all educators be trained in identifying, referring, and supporting student mental health needs (School-Based Mental Health Policy [SBMHP], 2021). Considering most mental health issues manifest in adolescents (Giedd et al., 2009), this means much of the responsibility for identifying, referring, and supporting students with mental health issues falls to secondary educators. However, most North Carolina teacher preparation programs do not require mental health training (Department of Public Instruction, 2022). While secondary teachers do not necessarily have training to support and identify students with mental health issues, secondary teachers do believe they have a role in supporting students with mental health

needs (Watson, 2024). Therefore, this study was designed to answer the following research questions:

1. What are secondary educators' perceptions of SHLT-003?
2. What do educators need to better support student mental health needs?

## Literature Review

### Variations of School-Based Mental Health

In response to the growing rates of mental health issues, states across the country have begun adopting school-based mental health policies (Anderson, 2021; Lawson & Cmar, 2016; Rivera, 2021). The Hopeful Futures Campaign (2022) School Mental Health Report Card identifies the presence of school mental health professionals, school-family-community partnerships, teacher and staff training, funding supports, well-being checks, healthy school climate, skills for life success, and mental health education as effective areas for helping reduce chronic mental health issues in schools. Around 29 states have some form of wrap-around services that fall into one of the categories identified by Hopeful Futures Campaign support students (National Conference of State Legislatures, 2009). States with school-based mental health policies have seen positive impacts on student health and academic achievement (Hopeful Futures Campaign, 2022). Indeed, research reveals there is an inverse relationship between the presence school-based mental health training and suicide and substance abuse rates (Stewart & Suldo, 2011). Clearly, states are beginning to prioritize providing some form of school-based mental health services to students to help with student achievement and overall health. North Carolina recently passed legislation focusing on teacher and staff training (SBMHP, 2021).

As of 2019, North Carolina was one of the states which began passing legislation to support school-based mental health. This is largely because North Carolina has one of the highest rates of suicide and mental illness in youth ages 5-17 (Perchick, 2021). For example, North Carolina experienced an 18% increase in mental health issues such as depression and anxiety between 2017 and 2020, while 8.2% of students ages 10-17 stated they had attempted suicide, and

substance use rates are increasing (Center for Disease Control [CDC], 2022)). Between 2019 and 2021 there was an 8.5% increase in suicide attempts for children ages 10-17 (North Carolina Child, 2021). Amidst rising pressure from stakeholders in the state (North Carolina Child, 2021; School Mental Health Initiative, 2016), North Carolina passed legislation mandating educators were prepared to support students with mental health issues.

### North Carolina SHLT-003

In 2020 North Carolina Mental Health Needs of Students, Senate Law §2020-7, which focuses on the mental health needs of students in response to rising suicide rates (Mental Health Needs of Students [MHNS], 2019). The policy expands on Secessions Law 2017-57 and Secessions Law 2018-32, both mental health initiatives (MHNS, 2019). Additionally, SHLT-003, school-based mental health policy was passed in 2021, which outlined the implementation of SL-2020-7 (SBMHP, 2021). The policy requires all school faculty and staff be trained in identifying mental health issues, drug use, and sex trafficking signs, and how to refer students displaying mental health issues or suicidal ideations to the appropriate professionals, and what actions to take after a referral has been made (MHNS, 2019; SBMHP, 2021). All trainees receive an initial six-hour training followed by two-hour training every subsequent year (MHNS, 2019). Each school can select the evidence-based training most appropriate for the needs of the school and community (State Board of Education, 2020). Schools are annually required to report plans for policy implementation (MHNS, 2019). The state then uses these data for evaluation of SHLT-003.

Examining SHLT-003 helps to create stronger, more equitable policies to create safer schools and communities while helping students achieve academically, personally, and socially. Nevertheless, it is necessary to develop a deeper understanding of how secondary educators are influenced by this legislation as around 50% of mental health issues manifest by adolescents and secondary educators are on the front lines of identification, support, and referral for students with mental health issues (Geidd, 2009).

### Conceptual Framework

This study was conducted through Kennedy's models of continuing professional development (CPD), adapted and developed from the 1997 work of Harland and Kinder. This conceptual framework provides a lens to examine forms of professional development through examining the effectiveness of professional development and the transformative influence professional development has on one's practice. Continuing professional development states that through professional development in both informal and formal settings, teacher assumptions can shift and thus influence content delivery (Harland & Kinder, 1997). Kennedy (2005) outlines nine models to enhance teacher knowledge and skill including training model, award-bearing model, deficit model, cascade model, standards-based model,

coaching/mentoring model, community of practice model, action research model, and the transformative model. These models range from transmission to transformative learning to influence teaching practices (Kennedy, 2005; Kennedy, 2014). According to this model, effective CPD expands teachers' skill set and while strengthening teacher ownership of their practice (Engelbrecht & Ankiewicz, 2016).

The researchers selected this critical framework as it naturally pairs with the implication of SHLT-003 as the trainings mandated by this legislation aim to transform teacher practice to better support student mental health issues. Considering all teachers are required to undergo mental health identification, the success or failure of the initial policy implication relies on effective CPD. During the data analysis, the research team looked for examples of teachers giving voice to ways the professional development influenced their practice and to which CPD model it best aligned. Additionally, the research team remained tuned into noting the relationship of the professional development model and teachers' perceptions of the ways the legislation influenced their practice.

### Method

Considering the school-based mental health legislation is new to the state of North Carolina, and there are no known studies examining educator perceptions of the legislation and how legislation has influenced educator practice, the research team elected to employ a qualitative instrumental case study. An instrumental case study structure (Stake, 1995) is uniquely useful as it allows participants to focus on and illuminate specific thoughts or experiences that the author otherwise may have overlooked or been ambiguous to observers (Stake, 1995). Thus, instrumental case studies are useful when striving to understand a phenomenon within a particular context (Creswell & Poth, 2018; Stake, 1995). In this study, the phenomenon of interest is educators' perspective of SHLT-003, and educators' needs to better implement SHLT-003 with fidelity. The interviews to gather data for this study were grounded in Kennedy's (2005) CPD models to provide insight on the experiences and perceptions of nine secondary educators.

### Data Collection Plan

#### *Research Site and Participants*

After obtaining institutional review board permission, nine participants were recruited from schools across North Carolina. The research team recruited educators who had been in practice for five years or more as the team was seeking examples of transformative professional development as noted by Kennedy (2005). In order for an educator to be able to critically reflect on how professional development transformed and/or influenced their practice, it was necessary to have more veteran educators with rich educational experiences to reflect on. Participants were recruited through email and snowball sampling. Recruitment emails were sent to 50

Table 1  
Participant Demographics

Participant	Gender	Educator Role	Years in Education	Highest Level of Education	Race/ Ethnicity	Setting
Chriselle	Female	Special Education Teacher	20	Bachelor's	African American	Rural
Corey	Male	Success Coach & Social Studies Teacher	14	Bachelor's	White	Rural
Dan	Male	Student-Support Coordinator	10	Doctorate	White	Rural
Jane	Female	IB Coordinator	26	Master's	White	Urban
Lynn	Female	English Teacher	28	Master's	White	Urban
Matt	Male	Math Teacher	8	Master's	White	Urban
Roger	Male	Counselor	26	Master's	White	Rural
Ryan	Male	Psychology Teacher	18	Doctorate	White	Urban
Sam	Female	Social Studies Teacher	5	Bachelor's	White	Urban

districts across North Carolina. Some districts were unable to participate as requests for research in the district were reviewed quarterly and did not fall into the study's time scope. Meanwhile, many districts failed to respond.

After obtaining informed consent from each participant, the research team set up a time for an interview, where consent was once again reviewed before participation. There were no consequences from opting out of the study at any time, though no participants opted out after providing consent. Participants volunteered and were not compensated for their participation. A demographics table of participants can be found in Table 1. All participants were assigned a pseudonym to protect their confidentiality that was maintained on all documents related to the study. All districts in this study provided the mandated training through CDP's training model via online videos and prompts (Kennedy, 2005).

Interviews

One round of interviews was conducted via Zoom, which averaged 40 minutes in length. The first author conducted these interviews in semi-structured format, which provided a general structure, while allowing for additional probing to ensure rich data (Stake, 1995). Interview questions were developed in line with CPD to prompt participants to discuss education practice, student support structure, thoughts of SHLT-003, and what they feel they need to better implement the policy. The interview protocol can be found in Appendix A.

Description of Data Analysis Strategies

Stake's (1995) four steps of data analysis of interview transcripts were employed. First, direct interpretation was used

to extract meaning from specific instances within the data without looking for similar themes in other transcripts (Cresswell & Poth, 2018). Then the research team looked for commonalities in codes or themes between interviews and noted similar instances during the categorical aggregation stage (Stake, 1995). Next, the research team analyzed similar instances between interviews for patterns that encapsulated the themes found in categorical aggregation during the pattern establishment phase and finally, the research team created naturalistic generalizations, where themes were developed from the patterns that could be transferred to similar contexts (Stake, 1995).

Positionality

The research team worked to be mindful of ways experiences and world views may have influenced interpretation of data (Creswell & Poth, 2018). Both authors identify as White cisgendered women with constructivist epistemologies. Both have experience in the North Carolina public school system. The first author taught in North Carolina as the legislation was being passed, and the second author was a student in the North Carolina school system, thus they have a nuanced understanding of the culture and systems in North Carolina. Both authors are passionate about increasing knowledge around mental health, reducing stigma, reducing equity gaps and supporting student health and academic outcomes.

Trustworthiness

To ensure credibility, the authors conducted member checking to ensure the authors were correctly capturing participant

experiences and triangulated the findings with existing literature (Creswell & Poth, 2018). The authors guaranteed dependability by looking for similar patterns in transcript codes to develop generalizable themes from the codes to ensure key insights and most frequent codes acted as the foundation for the data analysis (Elo et al., 2014). The authors employed confirmability by reflecting on my positionality and identifying points of bias that may have influenced my interpretation and analysis of data. Additionally, the authors let participants highlight key concepts and experiences they shared by asking clarifying questions (Lincoln & Guba, 1985). To assure transferability, the authors analyzed the data for generalizable themes that could be supported by thick, rich descriptions (Creswell & Poth, 2018). Lastly, the authors guaranteed authenticity by capturing diverse participant perspectives on different experiences in the study (Elo et al., 2014).

### Findings

This instrumental case study examined data from nine secondary educators across North Carolina to better understand their perceptions of SHLT-003 and the ways the legislation influenced their practice. The data was analyzed through the lens of Kennedy's (2005) CDP framework to highlight how the mandated professional development did or did not transform teacher practice to be more mindful of supporting students with mental health issues. Data analysis through CPD revealed three key themes; the legislation had a conflicting roll out, educators had polarized views of the training series, and educators believe the legislation failed to address key educator needs.

#### Conflicting Rollout

The theme of conflicting rollout reflects two sub themes. First, participants supported the intent of the legislation; second, the roll out of SHLT-003 was poorly executed.

#### Support for Intent of Legislation

Educators felt the legislation reflected the state's efforts to prioritize student health, increasing both student achievement and public health. As Lynn shared, "I'm super happy that they're training those things, because especially the high school... if you don't know what to look for... you're not going to catch it." Sam revealed she was also excited about SHLT-003 when she shared, "I'm glad that our state prioritizes the mental wellbeing of our students, especially since we've seen a sharp increase in mental illness since the COVID pandemic." Matt also noted the importance of the legislation when he stated:

I think it's always good to have something on paper...you can't just rely on counties and superintendents to always be on the up and up...the leading edge of mental health and things like that social health, economic health for their students. There's a lot on a lot of people's plates and I do think that it's very valuable,

especially in today's day and age, mental and social health is very important.

Matt's perception is that the legislation helps with accountability for the state and mandates that counties prioritize student health. Similarly, Chriselle shared she felt the legislation was useful, "...because it takes all of us. We can't push it over on the school counselors." Chriselle's sentiment reflects the importance of collaboration between educators to support students. Other educators appreciated SHLT-003 as they felt it expanded their skillset in helping to meet student needs. Corey addressed this and the role schools play in meeting student needs when he expressed:

We take on the responsibility, as educators, to make sure that our youth are supported emotionally, socially, and academically. So, we've got to make sure that we're meeting the needs of them, especially ones that may not get the support that they need at home.

Considering his role as an educator, Corey expressed appreciation for knowledge the training series gave him because he believes educators need to "arm ourselves with as much knowledge as we can" and he felt, even if educators were familiar with the content of the training series that "refreshers are never a bad thing." Similarly, Sam appreciated the legislation because it helped train teachers on how to meet student needs when she said, "from Maslow's hierarchy of needs, they [the students] can't learn these higher-level topics without feeling safe and having their basic needs met." She went on to state that the legislation thus helps ensure educators are aware of the diverse experiences and realities of their student population, thus reflecting the potential for transformative CPD (Kennedy, 2005).

#### Rollout Poorly Executed

Educator frustration regarding the rollout of the legislation was palpable amongst participants. As Chriselle shared, "Basically...to be honest, it was one more thing we had to do, and it was like you know like, we had to get it done, and so you felt like you already had enough to do." This sentiment of being overworked was echoed by Lynn when she stated, "My biggest complaint is they [the training series] always occur at the beginning of the year when you're trying to get everything ready, so maybe having something that would be after you get to know the kids." Lynn's sentiment reflects the high demands placed on teachers, especially during the start of the school year. She shared that due to the timing, the training series became more of a "check box" sort of task. Moreover, the traditional training model of CDP that can be conducted on or off site made it possible for districts to place large demands on educators without having to provide necessary time (Kennedy, 2005). Roger shared Lynn's sentiment and highlighted the added stress of returning to school after the pandemic when he said:

Teachers were already ... very much overwhelmed with the last couple of years, and then they came back to

mandates of what they had to do...and having not been given much context, not having buy-in really an opportunity to really buy into it so it was kind of, the roll out was kind of forced, and I don't think it was very effective.

Dan went on to reflect on the lack of buy-in fostered by the district when he stated, "I don't want to be checking off the box, I want there to be a reasoning behind it." Jane also noted the lack of buy-in, especially as her district did not address the need for the training series in person and suggested that "whoever's taking that leadership step and rolling it out, if they meet face to face...in the initial roll out of it, and explaining the need to it with fidelity, I think that would make a difference on how the training is received and implemented." Educators noted increased demands on their time without additional compensation. This reflects some of the shortfalls of the training model in CPD training as this model lacks strong participant/trainer relations and can leave participants feeling like they had to just go through the motions, preventing transformative actions from occurring (Kennedy, 2005).

Finally, there was also concern that the execution of the mandated training could divaricate from the intended purpose. Ryan, a Doctor of Psychology and psychology teacher observed, "from a bureaucratic standpoint, they're trying to do something good, but from a practical standpoint, it could be more harmful than good." He went on to express concern that "It's a bit skewed...[by] the time teacher's get it, and they have the best intentions, but they're not fully qualified to do this and nor should that be put on their plate." Ryan's sentiments illuminate the importance of mental health and concern over confounding roles of teachers and mental health professionals. He stressed that there is no way that teachers are qualified to accurately identify and support student mental health and cautioned SHLT-003 might lead teachers to misunderstand their role in supporting students. Jane echoed this challenge when she shared "The tricky thing... I guess [is] not crossing a boundary and getting into a situation of providing therapy or something and not being trained or not having a license." This reflects an acute awareness of the role difference between teachers and professional mental health providers and the need to stay within the appropriate boundary.

### **Polarized Views of Training Series**

The participants in the study had polarized views of the mandated training series. These conflicting reviews reflect some teachers perceived the training series to be transformative to their teaching, while others feel they have solely experienced information transmission (Kennedy, 2005).

### ***Productive Professional Development***

Corey expressed appreciation that the training helped him better support students. He stated:

I feel like it's so beneficial. I mean, it's just your time and any knowledge that we can have to help the kids that's what we're here for...I think it's great. That was the best training that I've done...The delivery system was so good. It was interesting...It was presented in a way that was interesting... I appreciate that it wasn't just simply read through take this quiz read through take this quiz.

Moreover, while Lynn felt the training series was too long and repetitive, she expressed that they "made me more aware of things to look for." These sentiments reflect those aspects of the training series were effective as they transformed teacher awareness of student mental health issues (Kennedy, 2005). Jane agreed that the training series increased "awareness level of what is going on and really training teachers to pick up on warning signs. I think that is very needed." The training series also provided guidance on what educators should do if they noticed a student at risk for mental health issues, drug use, suicidal ideation, or sex trafficking. Sam shared:

They'd tell us the warning signs and symptoms and how to tell those from just regular teenage issues. Then they would tell us how to address it...who to go to within our school or district...then how to support students with known mental illness also. It's definitely influenced my teaching.

Also, the training series reflects successful CPD training model methods (Kennedy, 2005) as it helped expand teacher awareness of specific issues. Corey shared that the training series expanded his knowledge on student experiences when he stated:

When I first did the sex trafficking... I had no idea...that this was prevalent in North Carolina or the United States. ...I was shocked on that. So just my awareness of that and the fact that we aren't immune to these problems...so just makes me more aware, and I think that's all the better.

This section of the training proved to be very helpful in Jane's school. She shared, "I know personally at our school... we had a teacher identify a sex trafficking student from the video, so a teacher was able, based on the information and the warning signs in the video to see some red flags." Jane shared the teacher contacted the appropriate mental health professionals at the school and got the student the support they needed as a result of this training.

### ***Negative Perceptions of Training***

While some educators appreciated aspects of the training or saw benefits of the training series, many educators felt the training series was a waste of time. These sentiments reflect the pitfalls of the training model, as they utilize a one-size-fits-all approach that is not necessarily tailored to the individual skillsets, as training series are developed to address

specific standards (Kennedy, 2005). For example, Chriselle shared that as a special education teacher, “we always talk about social emotional skills. We also incorporate all this in our class.” She therefore felt the training series was repetitive of what she already knew and practiced. Lynn shared similar sentiments when she stated, “Any good teacher listens and pays attention to our students.” This reflects her perception that the training series was not transformative. As Roger said, “you just click through it,” so there was no real way to learn or internalize the training skills.

There was also a shared belief the training series would result in a one-size-fits-all approach to supporting students. Ryan illustrated this when he expressed, “It’s not a one-size-fits-all... you can’t do it. You cannot put a teacher through a series of little training exercises and think you’ve equipped this person to be able to identify the symptomology of the certain disorder.”

Additionally, participants in this study used different online training such as Safe Schools from Vector Solutions and felt the training did not reflect educator needs. As Matt said, “a lot of those times, I feel as though. I am being spoken down to like I know nothing. And I’ve tried really hard to keep in mind that these trainings aren’t necessarily for somebody like me.” This belief reflects the challenge of the training model of CPD as it does not offer scaffolded opportunities, or an opportunity to test out of the training (Kennedy, 2005). Ryan also shared, “I do find it insulting that someone has a first degree and has been handed this [training], and here I sit with a doctorate in psychology.” Clearly, the failure of districts to offer scaffolded training, or exempt people with certain qualifications resulted in educators feeling devalued and disrespected.

### **Legislation Fails to Address Key Educator Needs**

Finally, while many educators believed the legislation was headed in the right direction, they reflected on many needs they still have such as clearer role boundaries. As the training series increased teacher knowledge on how to identify, refer, and support students in need, educators commented on the increasing demands placed on them and the challenges of knowing where boundaries are. These beliefs reflect a failure of the CPD training series to fully transform educator understanding of their role, thus revealing a less profound experience than educators need (Kennedy, 2005).

### ***Need for School Based Mental Health Professionals***

Lynn expressed concerns about this when she shared:

Am I a psychologist? Am I a law enforcement officer? But I am asked to kind of put on all those hats to a degree. So, I mean, I don’t feel comfortable providing a counseling session with a kid, but I do feel comfortable as a trusted adult to say, you know, I’ve noticed that you’re acting a little differently. Would you like to tell me something?

Jane further discussed this when she stated:

Being able to identify [students at risk] as an educator simply from taking an online video course does not make one a counselor and being able to identify does not necessarily mean that the funding has been put behind to actually treat the issue...we just put a band aid on it to then blame it and push it off on someone who is already underpaid, overworked, and overstressed.

There was resentment that though the training series helped expand teacher awareness, it fell short of increasing student access to support as the legislation did not offer additional resources to do so.

Participants also discussed missing skills in the training. Ryan noted the importance of resiliency by stating, “We need to be teaching these kids to be more resilient...there’s gonna be problems, but you need to learn to have an action plan to bounce back from it.” He expanded on this by sharing, “kids are getting tired of being told they’re little snowflakes...I think they really need some training in personal responsibility, resiliency, and I think they long for this.” He went on to share that he believes the “snowflake” messaging becomes a self-fulfilling prophecy and leads to less resilient students. Ryan’s perspective notes other aspects of how the CPD training series failed to transform educator practice (Kennedy, 2005) by equipping them with skills to help students overcome adversity. Additionally, Corey shared the need for collaboration:

We need to also, like mention support staff, utilizing support staff, if a kid has a 504 or IEP, you pull in every resource you can keep constant contact with the home front so that you can be supported there.

Thus, schools must foster environments that encourage this to be successful. Sam also shared her classes are 33-37 students and “some of them just need so much more help than I can offer in such a large class, if I had a class size of closer to 25, I would be much more able to devote individual time to students who need it.” Similarly, all participants discussed the importance of developing relationships with students.

### ***Need for Faculty Support***

Additionally, there was concern the training series did not respect the needs of educators. Sam shared frustration that training series did not come with trigger warnings and “since I have had students who committed suicide and dealt with sexual assault...some of the training videos were extremely difficult to watch and listen to.” Jane expanded on this when she stated:

I do think that when we roll these things out it's great that we think about kids, but we also forget to think about the adults. A lot of the adults who go into our profession go into it because they themselves are saved at

some point by an educator and so they have PTSD, and we are sometimes triggering them or we're not recognizing in them their own social emotional needs.

Sam expanded on this when she shared:

We're [the educators] also exhausted because we've also had an uptick in mental health issues...we have colleagues who have had to be hospitalized for mental health reasons, and I worry that maybe while the students are getting so much support, the teachers need that support also.

Educators feel they could better support student needs if their own needs were respected. These perspectives are important for training developers, administrators, and policy makers to consider as they highlight the needs of educators that were not met during the training.

### ***Leveraging Existing Resources***

Finally, resources were another common strain for educators. As Chriselle shared, "[it is] a challenge within itself to provide services and we are in an area where services are rare and far." She shared to get services families would need to drive hours round trip to the nearest city. Dan was also from a rural county and expressed the need to develop community partnerships. Roger shared his school refers "to mental health providers locally" but there is a shortage of providers and "parents are not able to get their kids to outside agencies." Corey's rural school is one of few with a counseling center for students those partners with providers in the community and is a highly valuable resource. However, even in urban counties, there are shortages of mental health professionals. Lynn shared "I think because we have so few counselors at school you have to rely on teachers to become counselors." She expressed that teachers are increasingly expected to fill many roles to address labor shortages. She also shared that she believes counselors need to be in classrooms to build better relationships with students. As Matt summarized:

We need more of everything. We need better pay. We need better resources. We need more people. We need more people that are willing to do it and reach out to those kids. We need school psychiatrists full-time at the school. We need more counselors to address the needs of the students.

To help with localized needs, Ryan suggested that the training initiatives be developed in partnership with community providers and local universities better meet local needs by stating "We've got qualified people in various school districts and it's a perfect time to create some dialogue between the two."

Ultimately, the drastic shortage of resources further strains teachers, and educators feel they are constantly being asked to do more with less and at some point, they feel the

system will fail. This also highlights a challenge of the school mental health policy. While the state mandates unfunded training, the scarcity of resources prevents educators from fully transforming their practice in supporting student needs as they are not provided with opportunities to practice their skills (Kennedy, 2005) or fully utilize the training they received as part of the student support network, school mental health professionals, are scarce (Hopeful Futures Campaign, 2022).

### **Discussion**

This instrumental case study expands on existing literature regarding school-based mental health policies and practices (Hopeful Futures Campaign, 2022; Michael, 2020; Schultz et al., 2020). At the time of writing, it was the first known study of North Carolina's SHLT-003, school-based mental health policy. Secondary educators shared their perspectives regarding the school mental health policy. The school-based mental health policy reflects a transformation in the treatment of students (Kennedy, 2005) in North Carolina as it aims to support the whole child and ensure students are mentally healthy to achieve academically. The themes in the study helped to answer the following research questions:

1. What are secondary educators' perceptions of SHLT-003?
2. What do educators need to better support student mental health needs?

### **What Are Secondary Educators' Perceptions of SHLT-003?**

Educators in this study unanimously agreed the intent of this legislation was positive. However, districts failed to establish buy-in by providing incentives or rationales for the training series. This lack of buy-in and community surrounding the roll out of this CPD reflects a deficit model of training, where districts tried to adapt a perceived deficit in educator efficacy in supporting student mental health, however as Kennedy (2005) notes, most deficit models of CPD reflect an organizational failure to establish collective sense of events and collective knowledge in the workplace (Nygaard et al., 2022). Schools need clearer expectations regarding school-based mental health practices and to develop training with fidelity for there to be more buy-in (Kennedy, 2005).

What is more, while some educators felt the training series was a powerful tool, other educators felt the training series insulted their expertise. It may be more valuable to adopt a cascade training model in lieu of the training models used by districts in the study so not all faculty must attend a blanket training, and training can better reflect the needs of each school (Kennedy, 2005). Consistent with the literature, all educators in this study believe they play a role in supporting students (Deaton et al., 2022; Watson, 2024). However, the training series raised concerns that teachers were being asked to be pseudo-counselors to help cope with the shortage of school-based mental health professionals (Hopeful Futures Campaign, 2022). Multiple teachers

warned of the dangers of teachers acting as mental health professionals, when they are not trained as such (Ohrt et al., 2020).

### **What do Educators Need to Better Support Student Mental Health?**

Educators in this study highlighted the failure of SHLT-003 to provide infrastructure, time, and personnel to support student and educator needs. The legislation is one of many unfunded mandates that leave schools looking for the cheapest, not necessarily the best training series to satisfy the mandate (School-Based Mental Health Policy, 2021). Unfunded mandates reflect a failure of the training series to clearly articulate educators' roles in supporting student needs (Kennedy, 2005). By failing to fund the school-based mental health legislation, educators felt additionally burdened (Michael, 2020) by having to take on more responsibilities, thus conflating their ability to screen students, provide interventions along with their other responsibilities with fidelity. It cannot be expected that educators make transformative changes in their practice when they are overburdened, overstressed, and underpaid (Gilmour et al., 2022). Moreover, the blanketed approach to the training series reflects districts inability to respect the diverse experiences of educators and provide them with training options that best fit educator needs or utilize the existing skillsets within the district's faculty (Ma et al., 2018).

### **Implications for Practice**

North Carolina's school-based mental health policy reflects state progress in addressing student barriers to learning (Deaton et al., 2022; Nygaard et al., 2022). However, it is paramount policy makers and districts find ways to foster buy-in with the training series while respecting educator time and increasing demands (School Mental Health Initiative, 2016). This could be done by providing a clear rationale for the training so a shared understanding of purpose can be understood (Ormiston et al., 2021). Additionally, districts must consider adopting guidelines for educators given their concerns of confounding responsibility with mental health professionals (Kennedy, 2005). This could be accomplished through creating response protocols to common mental health concerns (Eisenbach & Frydman, 2023) or establishing interdisciplinary teams designed to improve communication among school staff (Henderson Smith et al., 2023). Districts could also consider employing highly qualified individuals in their community to help develop and implement the training series. For example, forming partnerships with universities and local stakeholders to utilize community knowledge and resources to meet localized needs (School Mental Health Initiative, 2016).

### **Future Research**

Future research is needed to understand the ways different CPD programs influence educator perception and practice. Moreover, there is a growing body of evidence-based

practices (Collaborative for Advancing Social and Emotional Learning [CASEL], 2022). Research is needed to determine which evidence-based practices are best suited for certain demographics to best fit the needs of the community. This can be done by examining work in other states which have school-based mental health supports to compare what works well in different communities. Additionally, more work is needed to understand how to best support the growing demands placed on teachers to help prevent educator burnout, while ensuring the educators have the resources needed to support the diverse challenges students bring to the classroom.

### **Limitations**

Like all research, this study has limitations (Creswell & Poth, 2018). First, study sampling may have been influenced by the timing of the study, as this study was conducted between March and June, which tends to be a very busy time of year for educators and there were no incentives for participation in this study. Additionally, many districts in North Carolina review research requests quarterly, or bi-annually, therefore some districts that may have been willing to participate were not sampled. What is more, of the districts the research team obtained permission to research in, all used a free digital training platform, which narrows the understanding of the diverse training systems used in the state. Moreover, a few districts declined to participate, stating they had not yet rolled out the training and had no plan to do so at the time of the study (Walkenhorst, 2021).

### **Conclusion**

Though mental health, drug use, suicidal ideation, and sex trafficking are all barriers to learning, there are ways to implement universal and targeted screening to help keep students safe. These skills are vital for secondary educators to have as many mental health issues manifest in adolescents (Giedd et al., 2009). Though educators are passionate about their role in helping students develop, it is vital policy makers and administrators consider the increasing demands placed on educators and seek ways to help prevent educator burn-out. The training series in which educators participate in this study helped transform their understanding of ways to support student needs, however educators cannot support student needs with fidelity when their own basic needs are not met.

### **Author Note**

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## **Appendix Interview Protocol**

### **Secondary Teacher's Perceptions of North Carolina SHLT-003**

#### **Interview Protocol**

Hello, thank you for taking time to meet with me today and thank you for turning in your informed consent. I just wanted to remind you that you will receive a pseudonym for confidentiality and all transcripts will be stored in protected/encrypted drives that only I have access to.

There are about 15 questions for this interview, however depending on where the conversation takes us, I may ask a few follow-up questions.

1. Please take a moment to introduce yourself.
2. Please describe your schooling.
3. Please describe your professional career.
4. What do you believe your role as a teacher is?
5. Please describe how you set up your classroom.
6. Please describe your classroom norms.
7. How do you best support student learning?
8. Please describe your familiarity with SHLT-003, North Carolina's School Mental Health Policy.
9. What are your thoughts on the school-based mental health policy?
10. Please describe the training you received on how to support student mental health.
11. How has this training influenced your teaching?
12. What aspects of the training did you find useful?
13. How has the passing of SHLT-003 influenced your role as a teacher?
14. What do teachers need to better implement universal support to students with fidelity?
15. Is there anything else you would like to share with me?

Thank you so much for taking time to speak with me.