

SPECIAL EDUCATION TEACHERS' EXPERIENCES ADDRESSING MENTAL HEALTH
CONCERNS IN STUDENTS WITH COMORBID DISABILITIES: A
PHENOMENOLOGICAL STUDY

by

Alison Leigh Simmons

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

The purpose of this transcendental phenomenological study was to describe the lived experiences of special education teachers in public schools regarding addressing mental health needs in their students experiencing comorbid disabilities. The theory guiding this study was contextual organizational framework as it applies to individual special education teachers addressing comorbid mental health concerns in their students. The research addresses the central research question: What experiences within the organizational context(s) do special education teachers describe with regard to working with special education students with comorbid mental health disorders? All participants were special education teachers in either elementary or secondary schools, who have been chosen purposefully using criterion sampling methods. Data was collected through structured interviews conducted through an online platform and audio recorded. Data was analyzed using a coding system to determine phenomenon between participants. From the data, three themes emerged: (a) mental health impact, (b) lack of resources and training, and (c) professional development. The results of this study provided stakeholders with an increased understanding of special education teachers' lived experiences with regard to addressing comorbid mental health concerns in their students. Study findings may inform practices and professional development decisions including educational practices with regard to mental health resources.

Keywords: comorbid disability, contextual organization, mental health, special education

Dedication

I dedicate this dissertation to my past, present, and future students. I have learned through each of you and continue to be amazed by your progress.

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List of Abbreviations

Diagnostic and Statistical Manual of Mental Disorders (DSM)

Hillcrest City Schools (HCS)

Individualized Education Program (IEP)

Individuals with Disabilities Education Act (IDEA)

Institutional Review Board (IRB)

Virginia Department of Education (VDOE)

Other Health Impairment (OHI)

Autism Spectrum Disorder (ASD)

Emotional Disability (ED)

CHAPTER ONE: INTRODUCTION

Overview

The purpose of this transcendental phenomenological study was to explore the lived experiences of special education teachers in regard to addressing the mental health needs in students experiencing comorbid disabilities. Comorbid disabilities occur when several disorders overlap or are comorbid with one another in the same individual (Forness et al., 2012). Special education teachers are often relied on to address more than academic needs in their students, such as when they struggle with mental health issues that then impacts their learning (Even & Quest, 2017; Flanagan et al., 2015).

Addressing the impact of mental health issues on students, Flanagan et al. (2015) stated “the consequence of such a set of circumstances is a host of long-term negative sequelae for youth who are otherwise unable to access quality mental-health services” (p. 289). An instance of negative long-term sequelae of mental health in children include their academic performance (Even & Quast, 2017; Kutash et al., 2015). Special education teachers should be equipped and prepared to meet the needs of special education students struggling with comorbid mental illness. Teachers understand that they can play a role in supporting students with behavioral, emotional, and social difficulties, however, there is a need for training and support to implement effective practices (Reinke et al., 2011). By understanding the perspectives of special education teachers, developments in training and interventions can occur that better support these individuals as they address mental health needs in their students (Reinke et al., 2011).

The purpose of this chapter was to provide an overview for this study designed to describe the lived experiences and characteristics of special education teachers in relation to comorbid mental health concerns in special education students. The background was discussed

through a historical, social, and theoretical lens. Following the background, the situation to self-section discusses the desire I have to explore this transcendental phenomenological study. Next, the problem and purpose statement detail the reasons why this research was impactful and necessary. After the purpose statement, the research questions are identified with corresponding explanations. In closing, the terms and definitions significant to this study are provided.

Background

Recently, the media coverage has highlighted an increase in concerns revolving around mental health and its impact on society. It is important to understand the characteristics of adolescents to better assist in their mental health needs (George et al., 2018). Suicide rates are increasing, school shootings are more prevalent, and other socially destructive behaviors are apparent. Data shows suicide is the third leading cause of death among children and adolescents age ten to nineteen (Wu et al., 2010). Data also demonstrates the increase of school shootings and a connection to mental illness is apparent. A high percentage of school shooters experience school bullying, isolation from not getting along with others, and noncompliance in the use of psychiatric medication and problems with the side effects (Teasley, 2018).

The impact is not limited to communities; mental health issues are evident in public school systems as well. Greene (2014) stated:

In many schools, kids with social, emotional, and behavioral challenges are still poorly understood and treated in a way that is completely at odds with what is now known about how they came to be challenging in the first place. (p. xi)

The gap between mental health struggles and services are evident (Forness et al., 2012). Unmet mental health struggles put children at risk for difficulties in school, poor attendance, suspensions, and poor grades which then coincides with poor outcomes across one's life span

and often lead to premature mortality (George et al., 2018). The current study aims to explore the lived experiences of special education teachers in regard to addressing mental health concerns in their students who demonstrate comorbid disabilities. The following sections depict the historical, social, and theoretical components of the mental health crisis in relation to the public-school system.

Historical

Mental health has been recognized as a critical topic for public health training since the mid-1900s (Walker et al., 2016). However, mental health concerns have been an increasing and significant topic in society in the last decade. Communities and schools have witnessed the growing impacts of mental health issues. Mental health struggles affect one in ten children and young adults (Humphrey & Wigelsworth, 2016). Pearce-Stevens (2018) stated “each year, an estimated 5,000 Americans between the ages of 15 and 24 take their own lives” (p. 2). Suicide attempts are often followed by additional attempts which indicate a great need for mental health services (Wu et al., 2010). This number has more than tripled in the United States since the 1960s. The majority of children who attempt suicide are found to have a significant mental health disorder (Pearce-Stevens, 2018).

Mental health can be seen in oppositional defiant disorder, anxiety, depression, posttraumatic stress, and many others. Twelve to twenty-two percent of all children under 18 need services for mental, emotional, or behavioral problems (Adelman & Taylor, 2006). School shootings, which can be linked to mental health struggles, have increased in the United States from 179 to 245 between 1990s and 2013 (Teasley, 2018; data from Lee, 2013). Despite the rise in mental health concerns in students, there is a disparity between prevalence and actual services which has significant impact on students’ academic progress (Forness et al., 2012).

Mental health struggles in youth are on the rise and the need for schools to address these struggles are significant. Promotion of mental health is significant to enhance knowledge, skills, and attitudes in order to foster social and emotional development, a healthy lifestyle, and personal well-being (Adelman & Taylor, 2006). By providing the supports to promote positive mental health and well-being will meet the growing needs of children struggling with mental health. Greene (2014) stated “a student’s challenging behavior is just the means by which he [or she] is communicating that he [or she] is having difficulty meeting certain expectations... the behavior is just the signal” (p. 8). Collaboration of stakeholders, such as teachers, parents, administrators, and community members, can foster a comprehensive approach to addressing mental health concerns in public school systems and address the lack of skills and support children may be experiencing. Collaborative and proactive steps solve problems and skills are built where they are lacking (Greene, 2014).

Youth are 21 times more likely to visit a school-based mental health service than anywhere else (Eklund et al., 2017). Adding programs and supports to school systems develops a continuum of services and supports provided to the youth with mental health issues (Eklund et al., 2017). Through the depictions of special education teachers’ backgrounds and perspectives, valuable information can be gained to implement training and supports to assist in meeting student’s mental health needs. Special education teachers are just one group of important practitioners who are involved in ensuring a special education student receives an appropriate education to address their educational needs. Inclusion of mental health supports, and programs aid in eliminating barriers that could hinder the targeted and intense mental health services necessary to meet the child’s mental health needs.

Social

Public schools are in a transformative time where vital decisions must be made to promote stable futures for all children. Greene (2014) depicted three shifts that need to occur in the public education system in regard to addressing challenging student behaviors; (a) improvement in understanding the factors contributing to challenging behavior; (b) creating mechanisms that are proactive instead of reactive; and (c) creating structures and processes so children and adults can solve problems together. It is apparent that public schools are being called upon to address the rising concerns with mental health (Flanagan et al., 2015; Reinke et al., 2011). Schools and educators are essential partners in working with mental health needs of students (Adelman & Taylor, 2006). Taking these two concepts into consideration, now is the time for public schools to develop early interventions to address the growing mental health concerns. This in turn will develop a more stable community and society.

Mental health issues are likely on the rise due to a multitude of reasons. Such reasons include physical and cognitive health, mental functioning, social environment, family features, and stressful life events such as being bullied (Sharhraki-Sanavi et al., 2020). A high percentage of school shooters experienced school bullying and isolation because of not getting along with others, and noncompliance in the use of psychiatric medication. Schools can also assist in addressing mental health concerns and the influences children experience daily. Schools can play a significant and large role in promoting mental health awareness by “emphasizing the dynamic interplay between emotional well-being and academic success” (Flanagan et al., 2015, p. 290). Special education teachers often feel pressured to “fix” the mental health struggles of students with comorbid disabilities. Teachers are more likely to be able to impact behavior and mental health needs in children daily due to their position and specific training (Reinke et al., 2011).

Trainings, both during pursuit of a degree and during one's educational career, provided by certified mental health educators, resources, and supports for public schools, children can receive the proper mental health support which in turn will positively impact society.

Perceptions and lived experiences of school personnel are significant with regard to promoting positive programs and systems to address mental health conditions. When one has a negative outlook on a task or concept, they are more likely to not work to the fullest to meet a common goal. It is critical for a school system to be "on the same page" when working towards a common goal. Schools serve as a part of the system of care with regards to student development both academically and emotionally (Lawson & Cmar, 2016). Incorporating a system of care in public school systems will make for a smoother transition and assist in meeting a goal more effectively. Pre-service teacher training and in-service professional development is imperative to prevention and interventions with regards to dealing with mental health issues (Reinke et al., 2011). School's place demands on children (e.g., for focused learning, self-starting, organizing, sustained effort, and getting along with others) that is often more intense than the demands placed on them in the home setting (Greene, 2014). These demands are often exemplified in students who are classified with a disability and struggle with mental health. Schools must take these expectations into consideration and build on skills that students are lacking to better address behavior challenges.

Combating mental health conditions in public schools is becoming more relevant. However, there are several barriers including poor understanding of mental health issues and services, coordination among agencies, limitations in both the number and quality of staff, transportation issues, and bureaucracy (Weist et al., 2001). Schools must answer the call to step up and be a part of the conversation. The amount of time a special education teacher spends in

contact with students makes them a significant contributor to notice symptoms and behaviors associated with mental health struggles (Shelemy et al., 2019). By describing the lived experiences of special education teachers in the public-school system, a better understanding of struggles surrounding addressing comorbid mental health concerns in students may emerge. The more training and in-service professional development an educator has, the more time a student will spend in class receiving critical educational experiences to be successful in school and life beyond school. “We all need to be on the same page and coordinate our efforts” (Greene, 2014, p. 27). It is essential that the stakeholders work together and remain open to utilizing a variety of resources to meet the needs of those struggling with mental health issues. Special education students are often found eligible for services due to their struggles with academics. However, comorbid disabilities can often affect a child and significantly impact their school experiences. Special education teachers, and teachers in general, often deliver and support mental health programs in the school setting (Shelemy et al., 2019). By describing the characteristics and lived experiences of special education teachers in regard to working with students with comorbid mental health disabilities (e.g., attention deficit disorder, anxiety, depression, and oppositional defiant disorder) a better understanding of combating mental health struggles in youth can be established.

Theoretical

Special education teachers take part in a significant role in the organizational context of the public school system. Organizations, like public schools, are under consistent pressure by internal and external sources (Beycioglu & Kondakci, 2020). The public educational system has a unique history and distinct set of values, principles, and beliefs (Ringeisen et al., 2003). When it comes to supporting students with mental health issues, the unique and distinctive nature of

public schools offers a contextual organizational framework that can be applied to highlight factors uniquely relevant at a particular level of setting context (Ringeisen et al., 2003). For example, teachers' live-in dynamic, constant interaction with their contexts such that their own attributes, immediate environments, and culture all shape their professional development and effectiveness as educators (Schwartz et al., 2019). By understanding the current knowledge of special education teachers, insight was gained to guide support and trainings contexts to current and future educators (Reinke et al., 2011). These supports and trainings can promote organized contextual change in relation to successful education and meeting mental health needs of students.

The current study aimed to use a contextual organizational framework (Ringeisen et al., 2003). The contextual organizational framework model that is commonly applied in support of school-based support for children's mental health includes three factors: individuals, organizational, and state/national levels (Ringeisen et al., 2003). Teachers live in context parallels with the developmental niche of a child as teachers and students are in constant interaction (Schwartz et al., 2019). The insight and observations of individuals, such as special education teachers, a better understanding of the needs for the organizational and state/national level can be determined. The current study aimed to describe the lived experiences of special education teachers with regards to comorbid mental health struggles in students with special education services.

Situation to Self

Through my 13 years' experience as a special education teacher, I have seen the growing need for resources to combat mental health in the public-school system. It is through these experiences with students on my own caseload that I find a need for more training and resources.

When a child is struggling with mental health issues, learning simply is limited or nonexistent. Increase of mental health struggles, not only in schools, but in society. Suicides, school shootings, and a plethora of other mental health struggles plague the media daily. It is through the daily struggles I see in my students and the societal needs that mental health concerns must be explored and described through the lived experiences of special education teachers like me. More resources, programs, collaboration, and professional development would significantly impact the educational experiences of those children struggling with mental health. These resources would also build the needed confidence in educators and school systems to combat the mental health crisis. There is a rise in the mental health crisis and schools' systems are not prepared to address or combat this increase. The nation can do better; school systems can do better.

There are several perspectives I, the researcher, bring to this study. First, from an ontological philosophical perspective, this study attempted to identify multiple realities using quotes and presenting different experiences from individuals (Creswell, 1998). Through sharing the different lived experiences of special education teachers with regards to addressing mental health of their students, multiple realities will emerge. "Multiple realities are constructed through our lived experiences and interactions with others" (Creswell & Poth, 2018, p. 35). These experiences impact perspectives and understanding of the world around us.

Second, from an epistemological philosophical perspective, the study aimed to conduct research within the schools of the special education teachers participating. According to Creswell (1998), epistemological research "means that researchers try to get as close as possible to the participants being studied" (p. 18). As the researcher, I will collect firsthand information from participants to construct knowledge regarding the lived experiences of special education teachers

in reference to addressing mental health concerns in their students.

Third, from a rhetorical philosophical perspective, information will accurately be relayed from the participants through direct quotes and dictation of their different lived experiences. “The language of the qualitative researcher becomes personal, literary, and based on definitions that evolve during a study rather than being defined by the researcher” (Creswell, 1998, p. 19). Using direct quotes, I described the lived experiences of special education teachers with regard to working with students with comorbid mental health disabilities and with mental health concerns. Finally, from an axiological philosophical perspective, I incorporated my explicit thoughts and experiences throughout the research process. As the researcher, I will actively report values and biases as well as the value-laden nature of information gathered from the field and individual values was honored and are negotiated among individuals (Creswell, 1998; Creswell & Poth, 2018).

A paradigm or model for the current study included social constructivism. The study aimed to rely on the lived experiences and views of the special education teacher participants. I aimed to describe participant’s constructions of meaning in his/ her account (Creswell & Poth, 2018). Through the interpretations, an understanding of the world in which they live and work with regards to mental health struggles in students was depicted (Creswell & Poth, 2018).

Problem Statement

Special education teachers acknowledge the role they play in supporting students with behavioral, emotional, and social difficulties, but there is a need for training and support to implement effective practices (Reinke et al., 2011). The needs of students in special education settings are often complex (Kutash et al., 2015). Special education teachers are trained in

specialized instruction to meet the academic needs of students. However, the need for additional training to address rising mental health struggles in students is more evident now than ever.

Up to 20% of United States children experience a mental, emotional, or behavioral disorder each year (Kutash et al., 2015). Prevalence rate data reveal that anywhere from one in 10 to one in five children in the public-school setting have a diagnosed mental, behavioral, and/or learning problem that interferes with their ability to be successful and effective in the school setting (Ball et al., 2016; Kutash et al., 2015). Children with additional learning needs are often at risk for developing mental health struggles (Danby & Hamilton, 2016). Academics and learning in general often take a back seat when students struggle with a mental health disorders on top of an existing disability. The vision for mental health of children and youth in the schools is cloudy (Kutash et al., 2015).

The problem is, there is little understanding and insight regarding the lived experiences of special education teachers working with special education students with comorbid mental health problems (Reinke et al., 2011). Although there is shared interest by many educators and mental health professionals, there is little consensus on ways to integrate support within schools (Atkins et al., 2010). Understanding characteristics, such as prior experience and in-service professional development, of these special education teachers can shed light on the lived experiences and perceptions held by these special education teachers. Educational initiatives demonstrate a potential for expanding behavioral health services within the organized contexts of public-school systems.

Purpose Statement

The purpose of this transcendental phenomenological study was to describe the lived experiences of special education teachers supporting students with comorbid mental health

disabilities. The study defined comorbid disabilities as being eligible under one of IDEA's 13 educational disability categories in addition to having a DSM-V diagnosed mental health disorder, such as attention deficit hyperactivity disorder (ADHD), anxiety, depression, and others. Common qualities of human science research including focusing on the wholeness of the experiences, searching for meanings and essences of experiences, questions and problems reflect the interest, involvement, and personal commitment of the researcher, and many others (Moustakas, 1994, p. 21). It is through these qualities that the current study demonstrated a transcendental phenomenological study.

A contextual organizational framework (Ringeisen et al., 2003) guided the current study, a framework that included factors reflecting a particular context, characteristics unique to a specific group, community, society, and individual (Ringeisen et al., 2003). According to Creswell and Poth (2018), a social theorist is described as an individual that seeks understanding of the world in which they live and work. Through the review of the special education teachers' lived experiences, a better understanding of social behavior with regards to special education students with comorbid mental health struggles within the public-school system may emerge.

Significance of the Study

Mental health concerns are on the rise and public schools lack the resources to address these concerns. The current study aimed to describe the lived experiences of special education teachers regarding special education students with comorbid mental health problems. Research suggests that mental health services are limited by insufficient training, lack of support, and teaching conditions, such as student load, direct services, and personal preferences (Castillo et al., 2017). Through the description of the lived experiences of special education teachers a plan can be made to address the insufficiencies involving mental health and public-school systems.

Empirically, the study aimed to add to the literature a description of special education teachers' experiences addressing comorbid mental health struggles in special education students. "Phenomenological methods are particularly effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives, and therefore at challenging structural or normative assumptions" (Lester, 1999, p. 1). Phenomenological studies are concerned with the wholeness and are committed to the descriptions (Mousatakas, 1994). Using a transcendental phenomenological design, a rich description of the experiences of special education teachers were depicted and the essence of addressing mental health concerns in students were presented. Present studies depict experiences of school guidance counselors and general education teachers. However, there is a gap in research of the experiences of special education teachers with regards to addressing mental health concerns in students.

Theoretically, this study expanded upon the organizational contextual framework (Ringeisen et al., 2003). Organizational context characteristics have been found to influence the effectiveness of interventions and the overall outcomes of students (Ringeisen et al., 2003). The current study aimed to discuss the organized context and describe the prior knowledge and experiences of special education teachers to better understand the ways in which these teachers address mental health concerns in students with comorbid disabilities. It is through the lens of a special education teacher that additional support, training, and resources may emerge for public schools to address mental health concerns in their students.

There is a growing and unmet need in society and schools to provide mental health services for children and youth (NASP, 2016). For practical and educational reasons schools and special education teachers need to be equipped to meet mental health concerns. By fostering positive mental health, a special education teacher would positively impact the lives of their

special needs students and quite possibly their families as well. Mentally healthy and stable children are more successful in school and life (NASP, 2016). Schools are a natural opportunistic environment where adults can influence social-emotional development of students (Trach et al., 2018). While authorities and organizations like NASP establish the need and benefits of fostering positive mental health as an *outcome* for students, little is known about the actual lived experiences of educators, specifically special education teachers, related to their efforts in addressing the day-to-day mental health struggles of special education students (Ball et al., 2016; Skaar et al., 2020).

Exploring and describing the lived experiences of special education teachers allow for a different perspective. Children in special education programs are often impacted by more than just academic struggles. Combating the stigma of mental illness is critical to improving the quality of life of persons and developing more successful moments for that person (Kutash et al., 2015). Special education teachers have an important role in addressing and combating mental health in youth experience comorbid mental health struggles.

Research Questions

Moustakas (1994) stated that transcendental phenomenological studies are rooted in questions that give directions and focus on meaning. I have personal interest and investment in the research questions being proposed.

Central Question: What experiences within the organizational context(s) do special education teachers describe when working with special education students with comorbid mental health disorders?

The central question establishes the phenomenological design of the study (Moustakas, 1994) and focuses the study to address the current literature gap regarding special education

teachers lived experiences with regards to addressing mental health issues in students within the context of the school environment. The central question seeks to determine the challenges and successes of special education teachers through their depictions and descriptions. Teachers are embedded in an organizational context which influences directly with individuals in the system and impacts the success of interventions (Ringeisen et al., 2003). Organizational context characteristics have been found to impact the effectiveness of social services and student outcomes in schools (Ringeisen et al., 2003). By better understanding the organizational context of special education teachers, a better understanding of the effectiveness and overall student outcomes can be developed. The position of the National Association of School Psychologists (2016) states that schools are the ideal place to provide mental health services and school mental health services promote the meaning of school. Quality practices in mental health need connections between best available sciences and ongoing feedback from real-world contexts are essential for educational growth (Ringesisen et al., 2003).

Sub-Question 1: What do special education teachers report about their pre-service and in-service training experiences related to special education students with comorbid mental health disorders?

Professional teaching standards should serve an important role in defining the scope of a special teacher's practice (Ball et al., 2016). Characteristics, such as training and certification, that special education teachers possess influence perspectives and experiences. Teachers report limited training in mental health and behavior management in the classroom (Ball et al., 2016). Lack of knowledge, skills, and resources to make appropriate mental health supports for children are a noted concern of teachers (Reinke et al., 2011). All states have content on school mental health; however, the content and extent of the content varies across the country (Ball et al.,

2016). The set standard for the mental health training teachers receive prior during their educational career varies; there are no consistent standards for mental health in the United States. However, by exploring the credentials and background knowledge of a variety of teachers a better understanding of need can possibly be determined.

Sub-Question 2: How are special education teachers' lived experiences influenced by the challenges of contextual organizations in providing services to special education students with comorbid mental health disorders?

Barriers to provision of mental health services include training and lack of funding (Reinke et al, 2011). One in ten children have a mental, behavioral, or learning problem that interferes with their ability to function effectively in school (Kutash et al., 2015). There are a multitude of consequences of mental health, impairment in the school setting includes stress, absenteeism, behavior and discipline problems, poor concentration, disruptions to school climate, dropout, delays in learning, social skill deficits, and more (Even & Quast, 2017). When students are in mental health crisis, they are not learning. The buy in from educational staff and the struggles to maintaining programs (Flanagan et al., 2015). Often transferability is a struggle with lack of proper resources and trainings. Addressing mental health must be a collaborative effort from schools and outside agencies. Teachers reported in two different studies the limited training in mental health and behavior management which impacts their ability to make informed and appropriate decisions regarding the mental health concerns in their students (Ball et al., 2016; Reinke et al., 2011).

Sub-Question 3: What do special education teachers describe as potential in-service professional development topics that would improve their ability to address the comorbid mental health disorders of special education students?

Reflective writings allowed participants to relay their past in-service professional developments and expand on the topics that can improve the learning experiences of their students. Qualitative inquiry, such as reflective writings, contributes to the knowledge base as participants express their individual and collective perspectives on their lived experience, interpreted within the context of those experiences (Patton, 2015).

A focus group of special education teachers allowed for an open discussion of the lack of support and resources to address mental health disorders in students. A focus group interview organized in an online format was conducted to accompany the individual interviews and to cross-check for consistency in the data (Patton, 2015). The focus group created an opportunity to cultivate new insights from participants and encourage them to be expressive regarding their lived experience. These insights can be shared with teachers, administration, outside agencies, and other public-school stakeholders to enhance mental health support in schools.

Definitions

The following terms and definitions are provided to ensure understanding and context for future transcendental phenomenological research studies.

1. *Mental health*- social, emotional, and behavioral health and the ability to cope with life's challenges (NASP, 2016).
2. *Special education*- a wide range of teaching practices shown to work for children with disabilities and has a positive impact on these children (Cook & Schirmer, 2003).
3. *Comorbid disabilities*- Occur when a number of disorders overlap or co-exist with one another in the same individual (Forness et al., 2012).

4. *Mental health disorders*- characterized by a combination of abnormal thoughts, perceptions, emotions, behavior, and relationships with others. Mental health disorders include depression, bipolar disorder, schizophrenia and other psychoses, dementia, and developmental disorders including autism (WHO, 2019).

Summary

The purpose of this chapter was to provide an overview for the current study which planned to describe the lived experiences of special education teachers relating to comorbid mental health concerns in special education students. When students are experiencing mental health crises they are not learning. Mental health impacts a multitude of academic areas: impairment in the school setting includes stress, absenteeism, behavior and discipline problems, poor concentration, disruptions to school climate, dropout, delays in learning, social skill deficits, and more (Even & Quast, 2017, p. 9). Lawson and Cmar (2016) remind educational practitioners that “[s]chools serve as a part of the system of care” (p. 2). Public schools play a significant role in a child’s daily life and even more so when a child experiences a disability that impedes their learning process. The concerns intensify when a child has learning disabilities and exhibits mental health struggles.

The NASP (2016) reports that students who receive social–emotional and mental health support are more successful academically and socially. Thus, schools must be equipped with resources and support to meet the need of those struggling with mental health. By doing so, positive impacts will occur for the surrounding communities and society as a whole. Schools have the unique position of having the opportunities to interact with children and provide the necessary counseling or programs to aid those struggling with mental health.

This transcendental phenomenological study aimed to give insight into the contextual lived experiences of special education teachers addressing comorbid mental health concerns in students. Such studies also aim to describe the experience and seek to provide vivid and accurate first-person accounts (Moustakas, 1994). Schools are a convenient location for providing mental health support for students (Flanagan et al., 2015) with educators being called upon to provide quality mental health support for students. Organizational context framework guided this transcendental phenomenological study. Examining special education teachers' lived experiences, a clearer understanding of how to improve their ability to provide support may arise.

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this chapter is to provide a theoretical framework as it is related to special education teacher's lived experiences in addressing comorbid mental health concerns in students. Furthermore, a literature review of existing knowledge of mental health and ways to combat mental health in the public-school systems is provided. However, a gap in the research is evident with regards to special education teacher's lived experiences. Researchers have explored the perceptions of school counselors and regular education teachers in relation to addressing mental health (e.g., Carlson & Kees, 2013; Reinke et al., 2011). However, research regarding special education teacher's lived experiences is not evident in existing literature. The literature review examines the contextual organizational framework that impacts individuals, organizations, and state/national levels in relations to public schools (Ringeisen et al., 2003).

Theoretical Framework

This section provides direct connections of the theoretical frameworks in relation to special education teacher's lived experiences in addressing comorbid mental health needs in students. Theoretical orientation is defined as providing "a general explanation as to what the researcher hopes to find in a study or a lens through which to view the needs of participants and communities in a study" (Creswell & Poth, 2018, p. 18). The current study was guided by the contextual organizational framework. Hickson et al. (1969) described "context" as the variables related to structure and performance that impact the setting and development of an organization. The structure of an organization, like a school, is related to the context within which it functions, such as the surrounding community and society (Hickson et al., 1969).

The contextual organizational framework recognizes identity issues relevant to educators and can provide a lens to observe, identify, and analyze to influence policymakers and curriculum designers (Schachter & Rich, 2011). Maslow's (1943) third level of hierarchy of needs described social needs including organizational culture. Organizational culture is a network of values and norms that guides an individual's behaviors and can be described as the glue that holds an organization together (Upadhyaya, 2014). Organizational culture includes experiences, norms, values, philosophy, and rituals that hold the organization together (Upadhyaya, 2014).

Contextual variables such as organizational climate and support affect the implementation of mental health treatments and supports in schools (Santiago et al., 2014). For the purpose of this study, the organizational culture of the public schools in relation to special education teachers is important to describe. Researchers (e.g., Carlson & Kees, 2013; Reinke et al., 2011; Schonert-Reichl, 2017) have focused on guidance counselors and regular education teachers' experiences, however, there is a lack of focus on special education teachers lived experiences. Contextual organizational framework is divided into three factors: individuals, organizational, and state/nation (Ringeisen et al., 2003). For this study, the individual factor was the focus as the research will explore special education teachers lived experiences.

Contextual Organizational Framework

There are several aspects of public-school contexts that influence practices, educators, and students (Ringeisen et al., 2003). Maslow's (1943) organization culture is defined as a set of beliefs, values, assumptions, and experiences that are acquired through learning, socializing, and sharing with other members of the social unit such as a public school (Upadhyay, 2014). Special education teachers' lives are in context conceptualizes that are in constant interaction with their

own attributes, immediate environments, and larger culture (Schwartz et al., 2019). These interactions include students, specifically student's development and culture (Schwartz et al., 2019). The contextual organizational interaction of special education teachers in regard to addressing students with comorbid mental health struggles is important to explore. By researching the lived experiences of special education teachers addressing comorbid disabilities and mental health in their students is significant for efforts to improve mental health services and interventions in public-schools (Neal et al., 2018).

Contextual organizational framework includes three factors: (a) individual, (b) organizational, and (c) state/national levels (Ringeisen et al., 2003). Individual levels of contextual factors includes those related to special education teachers (i.e., training, support), as well as the student (i.e., academic achievement, peer relationships) (Ringesisen et al., 2003). Regarding special education teachers, the context of niche over time acts as a support or barrier to their well-being and capability to teacher (Schwartz et al., 2019). Special education teachers often pull from their support and prior knowledge to address situations that arise during a given school day.

By exploring the individual lived experiences of special education teachers, a better understanding of the supports and barriers that impact those addressing comorbid disabilities in students who struggle with mental health would be beneficial. There is a lack of seamless, comprehensive services provided to students who struggle with mental health concerns (Conroy, 2016). The organizational and state/national levels of contextual frameworks can be influenced through the exploration of individual experiences of special education teachers and can better benefit students who experience comorbid disabilities including mental health struggles. Recognizing issues that are relevant to special education teachers lived experiences can provide a

powerful lens to observe, identify, and analyze classroom practices, curriculum design, and policymakers' deliberations and decisions (Schachter & Rich, 2011).

Maslow's Hierarchy and Social and Emotional Wellbeing

In the 1940's Maslow (1943) first reported his hierarchy of needs, which continues to be significant and relevant in present day society (Gorman, 2010). Human experience is controlled by needs and behaviors to satisfy those needs (Matias et al., 2020). Often displayed in a pyramid format, Maslow's hierarchy of needs suggests five stages including: physiological or basic needs, safety, social, esteem, and self-actualization (Mucedola, 2015). An individual is motivated to achieve certain needs and work to fulfill as they strive towards reaching their full potential (Mucedola, 2015). The stability of the system of needs relies on the strength of its foundational level (Matias et al., 2020). Basic needs, physical and emotional safety, love and belonging, and esteem must be met first in order for an individual to reach self-actualization (Crandall et al., 2020). Self-actualization includes the ability to be self-accepting and have self-regard. Self-actualization can be targeted through activities that enhance one's purpose, empowerment, and self-worth by addressing symptoms of mental health disorders such as depression (Mucedole, 2015).

Failure to meet basic needs often leads to a higher risk of depression and an increased rate of depressive symptoms which in turn hinders the growth of self-actualization (Crandall et al., 2020). Unfulfilled basic needs, physical and emotional safety, love and belonging, and esteem dominate an individual thinking and behavior until they are satisfied (Gorman, 2010). A lack of emotional and physical safety have both been associated with adolescent depression and struggles with self-esteem (Crandall et al., 2020). Late adolescence and young adults are at a greater risk of vulnerability for mental health struggles as academic and social demands increase

(Connor et al., 2020). When basic needs are not being met, the state of emotional and social wellbeing in which an individual can cope with normal stresses of life and achieve their potential is significantly hindered (Gorman, 2010).

Currently, the world is experiencing a pandemic that is impacting every individual in varying and intense ways. Children stuck in Maslow's lower levels or do not have their basic needs being met, are in survival mode and may never fully attain their educational potential (Kuzujanakis, 2021). These aspects put these children at a higher risk for experiencing anxiety and depression (Kuzujanakis, 2021). Mental health disorders in children and adolescents impact their abilities to participate in successful educational experiences. These mental health concerns are even more of a concern as the world navigated a global pandemic. There is significant information in exploring the perceptions of special education teachers in addressing comorbid mental health disorders in their students.

Related Literature

Public schools are in a transformative time where vital decisions must be made to promote stable futures. Mental health in special education students and ways special education teachers will address these concerns in students is one area of need in public schools. Limited research exists addressing the involvement of teachers with school-based mental health services and their perceived level of efficacy associated with providing those services (Franklin et al., 2012). Mental health struggles affect one in ten children and young adults (Humphrey & Wigelsworth, 2016). Recognition and knowledge of mental health symptoms can improve help-seeking intentions, inform interventions, and guide programs that address mental health concerns (Spiker & Hammer, 2018). Mental health is defined as an "overall wellness of how you think, regulate your feelings, and behave. A mental illness, or mental health disorder, is defined as

patterns or changes in thinking, feeling, or behaving that cause distress or disrupt a person's ability to function" (Mayo Clinic, 2020, para. 2).

Mental health concerns are evident in the society that surrounds public education. Research has established an increase in the number of children struggling with some form of mental health issues (Flanagan et al., 2015). With the continual rise in mental health concerns, it is evident that special education teachers are lacking the training and support to address mental health struggles in their students (Castillo et al., 2017; Reinke et al., 2011; Skaar et al., 2020). In fact, only one in five children struggling with mental health concerns are receiving professional assistance (Flanagan et al., 2015).

Public schools are being called upon to address the rising concerns about mental health. Schools are essential partners for doing the work with mental health conditions (Adelman & Taylor, 2006). Schools are a primary source of interaction for children and are being called upon to take on more responsibility and reliability to implement quality mental health supports (Flanagan et al., 2015). Educators are key implementers in the efforts to address and prevent mental health needs in youth and adolescents (Stormont et al., 2011). Despite the progress that has been made, public-schools often still fail to offer appropriate mental health services and prolonged support over long periods of time for children who struggle with mental health disorders (Verlaan et al., 2016). By exploring the lived experiences of special education teachers, a better understanding of the supports and barriers to address comorbid disabilities and mental health concerns in students are evident.

This literature review explored components related to the current research study. These components included comorbid disabilities, Maslow's (1943) hierarchy of needs and social-emotional wellbeing, mental health, and public schools, combating mental health in public

schools and prolonged mental health disorders. Additionally, the significant impact of the COVID-19 global pandemic on mental health disorders and struggles regarding youth and adolescents is a growing concern (Cowie & Myers, 2020). Presently, there are gaps in the research in references to special education teacher's involvement and perceptions of addressing mental health struggles in their students. However, special education teachers, among other school staff, are essential in meeting the mental health needs of students in public school systems.

Comorbid Disabilities

Comorbid disabilities are defined as a disability occurring when several disorders overlap or are comorbid with one another in the same individual (Forness et al., 2012). Students with disabilities are 25 to 40% likely to also have co-occurring or comorbid mental health disorders (Lambros et al., 2016). These comorbid disabilities can include high rates of attention-deficit/hyperactivity and anxiety disorders (Lambros et al., 2016). For example, a student who is receiving special education services to address specific learning disabilities and displays negative behaviors, depression, or anxiety struggles would be exhibiting comorbid disabilities. Despite a students need for special education services, psychological support is seldom offered (Malboeuf-Hurtubise et al., 2017) to address comorbid disabilities.

Often children and adolescents found to be educationally impacted by ADHD, specific learning disabilities, or emotional disorder have individualized education programs (IEPs) to address their academic and occasionally behavioral needs. Students who are categorized as qualifying for special education services are given IEPs and often work with special education teachers, among other supportive staff. However, these students can also have comorbid mental health disorders that impact their social-emotional success, as well as their academic progress

throughout their educational journey. There is an overwhelming amount of research exploring ADHD and disruptive behaviors (Aitken et al., 2018; Tamm et al., 2021; Wiener & Daniels, 2016) and seemingly limited research exploring other special education disorders and their comorbidity to mental health disorders. However, it is important to understand that special education teachers address a variety of academic and social-emotional disorders. Their lived experiences of addressing comorbid mental health disorders in their students is significant for interventions and support in the public-school setting.

Students with ADHD often struggle with executive functioning with impacts their neurocognitive processes in the areas of academic, social, and behavioral (Tamm et al., 2021). As many as 80% of students with ADHD also have disruptive behaviors (Aitken et al., 2018). ADHD symptoms could include higher-order language comprehension, difficulty problem solving, and struggles generalizing strategies to new situations (Aitken et al., 2018). These difficulties can impact their understanding of their behaviors and make interventions and support slower or less consistent to make gains. Additionally, older children in secondary education report feelings of failure and disappointment in relation to their inability to master basic educational skills (Wiener & Daniels, 2016). The feelings of failure and disappointments can be related to internalizing behaviors that can negatively impact the mental health of that child. ADHD has also been demonstrated to co-occur with such disabilities as specific learning disabilities due to struggles with executive functioning such as working memory (Wiener & Daniels, 2016).

Specific learning disabilities are characterized as a neurodevelopmental disorder that involves difficulties in reading, written expression, and/or mathematics (Bonifacci et al., 2016). Approximately 4.8% of American students have a learning disability (Malboeuf-Hurtubise et al.,

2017). Students who are identified with a specific learning disability (SLD) often struggle with their self-esteem which can be tied to internalizing symptoms such as anxiety and depression (Bonifacci et al., 2016) and externalizing behaviors like conduct and oppositional disorders (Malboeuf-Hurtubise et al., 2017). It is essential for schools to develop interventions that are skill based and adapt to the needs of the children or adolescents (Malboeuf-Hurtubise et al., 2017), including those who are diagnosis with learning disabilities and ADHD.

Research exploring comorbid disabilities in elementary special education students determined a significant number displayed social skill impairments and problem behaviors along with emotional disability (Forness, 2005; Malboeuf-Hurtubise et al., 2017). Students with learning disabilities also demonstrated substantial levels in problem behaviors and tended to have higher number of suspensions or expulsions (Forness, 2005), poor communication skills, difficulty identifying and understanding the emotions of others, low self-esteem from long history of failure, and other negative impacts (Carnazzo et al., 2018). Often, mental health concerns with students identified with a learning disability takes a backseat as academics are the primary focus for special education teachers.

Unaddressed, mental health struggles can result in difficulties in school, including poor academic functioning, chronic absenteeism, and disciplinary concerns (Ball et al., 2016). Left untreated, mental health concerns in special education students often leads to poor academics and social-emotional development issues later in adolescence and adulthood (Kelchner et al., 2019). For instance, less than 1% of school-age children are identified with the emotional disorder, but data suggest that there are approximately 12% of school-age children with at least moderate to severe emotional or behavioral disorders (Santiago et al., 2014). Often problem behaviors are not addressed until they are well established in one's functional repertoire making them increasingly

resistant to long-term change (Conroy, 2016). The presence of more than one disability and/or diagnosis often complicates the developmental and social profile for students on this group and impacts functioning across multiple areas (Lambros et al., 2016).

Individualized education programs (IEPs) are grounded/based on a comprehensive evaluation of the referred students' educational needs, data that provides educators with what is known as the *Present Levels of Academic Achievement and Functional Performance*. The "present level" data serve as a baseline that shows educators what effect the student's skill/knowledge deficits has had on their educational performance and which can be used for progress monitoring, but more importantly, it provides critical information to help develop IEP goals to address academic and functional needs. Unfortunately, in many cases the primary focus of the IEP is on academics to the exclusion of daily adaptive/functional needs such as mental health or behavioral supports (Lambros et al., 2016). As a result, students on IEPs who have emotional-behavioral challenges often have their mental health needs unaddressed (Lambros et al., 2016). In addition, there is limited evidence showing that systematic screening for underlying mental health disorders is conducted once a child is found eligible for special education services (Santiago et al., 2014). Through the exploration of special education teachers lived experiences, a better understanding of addressing comorbid disabilities in relation to mental health concerns in students is essential. The current phenomenological study aims to describe the lived experiences of special education teachers, in a Virginia school district, regarding comorbid disabilities and the impact on mental health concerns in special education students.

Mental Health and Public Schools

Mental health concerns have been a significant topic throughout society in recent years. Mental health in schools is a broad category that describes different psychosocial interventions

and services designed to be learning supports for students with social, emotional, and learning challenges (Franklin et al., 2012). Society often holds a negative stigma regarding mental health disorders. The stigma forms attitudinal barriers that influence basic human needs including self-perception, interpersonal relationships, and seeking mental health support (McDonald, 2018; Sickel et al., 2014). Some people with proper treatment can recover or find ways to cope with their mental illness; however, when left untreated people can become socially isolated and stigmatized (Smith et al., 2019). Additionally, increasing pressures for higher academic standards and outcomes for all students are reaching nearly unattainable levels for many students who struggle with severe emotional and behavioral difficulties (Gresham, 2015). However, mental health disorders are significantly impacting society and public schools can be a first responder in addressing these concerns in adolescents.

Nearly 50% of instructional time in the public school system is spent dealing with behavior concerns exhibited by students, a factor reported to be one of the most challenging and persistent aspects of teaching (Flanagan et al., 2015). Virginia's General Assembly (2020) defined mental illness as:

A disorder of thought, mood, emotion, perception, or orientation that significantly impairs judgment, behavior, capacity to recognize reality, or ability to address basic life necessities and requires care and treatment for the health, safety, or recovery of the individual or for the safety of others. (para. 18)

Currently, more media coverage has highlighted the increase in suicide rates, depression, mass shootings and the global pandemic. The majority of children who attempt suicide are found to have a significant mental health disorder (Pearce-Stevens, 2018). Mental health is often defined or described through oppositional defiant disorder, anxiety, depression, posttraumatic stress,

bipolar and many others. There is ample evidence of the relationship between emotional and behavioral difficulties and poor interpersonal relationships (Trach, 2017). Public- school systems are being relied on to develop plans to combat or address the rise in mental health concerns. Existing knowledge proves that early interventions are key in meeting the needs of those who struggle with mental health issues. However, school systems are not equipped to meet the demands. As far back as 1997, Levin et al. stated that “educational services for children with disabilities, including emotional and behavioral disorders have been inadequate” (p. 132). Training, programs, resources, and support are lacking in public school systems.

Currently in society, the mental health disorders are becoming more prevalent as the world navigates the effects of the coronavirus pandemic. COVID-19 is the biggest health crisis seen in generations and has affected more than 200 countries around the world (Cowie & Myers, 2020) and the world will never be the same (Matias et al., 2020). The pandemic has brought attention to the public of the intense crisis which is mental health disorders (Kuzujanakis, 2021). Drastic measures to contain the virus, including restricting movement, lockdown, and closure of workplaces, shops, and schools has and continues to impact people globally (Cowie & Myers, 2020). Media coverage of the pandemic is depicting “what’s wrong” in the world, and rarely stating “what’s right” (Kuzujanakis, 2021) which can and is contributing to the rise of mental health disorders such as anxiety and depression. It is estimated that over four billion people are living in social isolation due to the pandemic and have limited access to mental health services (Matias et al., 2020). The pandemic is affecting individuals across all socioeconomic levels, ages, genders, causing everyone to feel as though they are stuck in “survival mode” (Kuzujanakis, 2021). Children and young people are especially at risk for negative mental health

impacts from COVID-19 due to their limited understanding of the events and situations surrounding the pandemic (Cowie & Myers, 2020).

The nation is in a transformation period with regards to mental health and public schools (Adelman & Taylor, 2006; Atkins et al., 2017; & Teasley, 2018). There is so much going on in our society and it is trickling down to the school systems to address. There is a need to break mental health into two components: mental ill health and wellbeing (Humphrey, 2018). Considering this approach is important because some approaches were underplaying or ignoring distress which in turn was taking away essential support for those who need them. Adolescents and children general development including mental health and wellbeing are significant to the development of individuals self and is often fostered by social support from the community, friends, and family (McDonald, 2014). Therefore, to have a positive wellbeing one will have a more positive mental health condition.

Mental health disorders can be categorized as internalized or externalized. Internalized problems include such things as anxiety, depression, bipolar disorder, dysthymia, somatic disorders (Mojtabai & Olfson, 2020). Externalizing disorders are among the most reported and referred to school-based mental health services in the United States (Verlaan et al., 2018). Externalizing types of problems include impulsive conduct, substance abuse, bullying, physical aggression, vandalism, conduct and oppositional defiant disorders (Mojtabai & Olfson, 2020). Both internalizing and externalizing mental health disorders significantly impact the academic progress of students attending public school systems. Students with externalizing behaviors often have difficulties managing peer conflicts, regulating emotions, impulsive behaviors, and can be highly disruptive in the classroom setting (Verlaan et al., 2018). Often children who experience internalizing and externalizing forms of mental health disorders are at a higher risk for a negative

attitude towards learning, low academic performance, school failure, and dropping out of school (Verlaan et al., 2016). Children and youth experiencing gender dysphoria often struggle with internalized and externalized behaviors. Often boys with gender dysphoria display internalizing problems such as separation anxiety (Aitken et al., 2016). While girls with gender dysphoria often experience both internalizing and externalizing behaviors equally (Aitken et al., 2016). Currently, researchers are seeing an increase in internalizing disorders such as anxiety, depression, and suicide, while there is a decrease in externalizing disorders (Moitabai & Olfson, 2020). The increase in internalizing disorders could be attributed to the current world pandemic that has plagued the world for the last 2 years.

Epidemiological evidence indicates that mental health problems affect one in ten children and young adults (Humphrey & Wiglesworth, 2016). Between 12 and 22% of all children under 18 need services for mental, emotional, or behavioral problems (Adelman & Taylor, 2016). The LGBTQ (Lesbian, gay, bisexual, transgender, and queer/questioning) community is just one group of youth public schools should be aware of regarding mental health disorders. Students who identify in the LGBTQ community are described as experiencing higher levels of mental health disorders than heterosexual students (McDonald, 2018). Authorities report that 30% of the LGBTQ community experience anxiety, depression, and post-traumatic stress disorders (PTSD) and nearly 32% attempt to commit suicide (Gato et al., 2021; McDonald, 2018; Schmitz et al., 2021). Mental health concerns in children are often defined as delays or disruptions in developing age-appropriate thinking, behaviors, social skills, or regulation of emotions (Grigorenko et al., 2019; The Mayo Clinic, 2020). These behaviors and the societal stigmas often disrupt their ability to function well in the academic setting. Difficulties in self-efficacy, growth,

and development can result in heightened drug use and mental health disorders such as anxiety and depression (McDonald, 2018).

Anxiety is another internalizing mental health disorder that is significantly present in adolescents. In recent years, the prevalence of anxiety in children is between 5-8% with a 31.9% prevalence of lifetime affects; in fact, less than one-third of individuals struggling with anxiety seek treatment or supports (Kuzujanakis, 2021). Anxiety is among the top five health burdens in the United States, however, is the least likely of the major pediatric mental health disorders to be treated (Seeley et al., 2018). Anxiety in children can be characterized by poor school performance, school, phobias, stomachaches and other bodily ailments, restlessness, irritability, loss of appetite, and difficulty sleeping (Kuzujanakis, 2021). All these characteristics or symptoms of anxiety negatively impact the educational experiences of students who struggle with this mental health disorder. Untreated anxiety can worsen and lead to signs of depressive symptoms such as hopelessness, exhaustion, frequent school absences, social isolation, and negative obsessive thinking (Kuzujanakis, 2021). Due to the current world pandemic, closures of schools and limited access to friendship groups has added additional stress and acute anxiety to children and young people (Cowie & Myers, 2020).

Anxiety has a high comorbidity with many other disorders including disruptive behaviors and autism (Seeley et al., 2018). Despite the high comorbidity of anxiety with other disorders, it is not easily recognizable and often goes untreated (Seeley et al., 2018). Another consideration is poor social skills can foster low self- efficacy in social situations, such as schools, leading to anticipatory anxiety, increased social isolation, depression, and other negative impacts (Connor et al., 2020). For example, those who have autism and struggle with social and vocational

engagements, are at a higher risk for anxiety and depression due to the lack of social skills (Connor et al., 2020).

Depression is one of the most common internalizing mental health disorders in children and adolescents (Flanagan et al., 2015). Ten to 15 percent of anxious adolescents have comorbid depression, alternatively, up to 15% of depressed youth have comorbid anxiety (Kuzujanakis, 2021). Maslow's (1943) basic hierarchy needs have a direct and indirect impact on adolescent depression (Crandall et al., 2020). For teachers and parents, it is sometimes hard to decipher the behaviors of being a child and having true symptoms of depression. An absence of emotional and physical safety has been linked to enhancing adolescent depression symptoms (Crandall et al., 2020).

Depression is described as a persistent feeling of sadness and loss of interest that disrupts one's ability to function adequately in school and interact with others (The Mayo Clinic, 2020) and is often accompanied by anxiety and can be seen in symptoms such as attention difficulties, irritability, and difficulty sleeping (Flanagan et al., 2015). Depression symptoms may also include feelings of hopelessness, worthlessness, helplessness, and loss of interest in activities (Mucedola, 2015). Adolescent depression is associated with academic issues, behavior problems, difficult sleeping, weight fluctuations, inability to care for oneself, self-harm, and suicide (Crandall et al., 2020). It is estimated that 5,000 Americans between the ages of 15 to 24 commit suicide; this number has more than tripled since the 1960's (Pearce-Stevens, 2018).

Most children who commit suicide or display self-harm behaviors have or were struggling with some form of mental health disorder. The Center for Disease Control reported an 56% raise in suicide deaths in the United States among persons in the 10-24 age range from 2007-2017 (Curtin, 2020). Those in the LGBTQ community are 2 to 6 times more likely to

attempt suicide than those in the general population (Veltman & La Rose, 2021). An estimated 40% of transgender adults who struggle with gender dysphoria attempt suicide at some point in their lifetime (Smith et al., 2019). Children and adolescents who struggle with gender dysphoria are 28.8% to 41% more likely to display self-harm and 11.9% to 15.8% more likely to attempt suicide (Aitken et al., 2016). Presently, there is a need to change and find early detection systems to address sadness in teens (Pearce Stevens, 2018). By developing universal guidelines, a more systematic approach to support and services for those struggling with mental health did become evident. These guidelines would bridge a gap between health care providers, community agencies, guardians or parents and public-school systems which in turn will develop more meaningful services, supports, and treatments for students struggling with mental health condition.

Another consideration includes self-esteem, having influential aspirations, personal goals, and interactions with others (Mann et al., 2004). Maslow's (1943) hierarchy of needs including the positive interactions of organizational culture and human resource management can result in self-esteem and self-actualization (Upadhyaya, 2014). Positive self-esteem can lead to better overall health, control with internalizing and externalizing problems efficiently, and positive social interactions. For example, students with high self-esteem attribute their success to their own efforts, while those with lower self-esteem, including those with learning disabilities, believe their success is due to chance or luck (Carnazzo et al., 2018). Those with disabilities, such as a learning disability, struggle with self-esteem which in turn impacts their academic progress and ultimately their educational success.

Meeting one's self-esteem needs leads to feelings of capability and internal control which motivates an individual to continue to achieve their needs (Crandall et al., 2020). Self-esteem is

associated with responses to success and failure; low self-esteem creates vulnerability and depression (Matias et al., 2020). Individual's self-esteem may act to mediate between mental health services and one's willingness to seek support and treatments (Sickel et al., 2014). Those children with higher self-esteem often have higher academic achievement and can be linked to job satisfaction later in life (Mann et al., 2004). Social-emotional learning (SEL) practices can develop positive self-esteem in students. By developing positive relationships with teachers and other students can boost the self-esteem of students. SEL practices produces positive student outcomes through changes to the educational context that in turn affects teacher and student relationships and promotes safer and more inclusive learning environments (Trach et al., 2018). Thus, addressing self-esteem and developing a system to promote positive self-esteem can lead to an overall better mental health condition.

The effects of mental health are impacting society and ultimately the public-school systems. Self-esteem moderates the associations between body-related self-conscious emotions and depressive symptoms (Matias et al., 2020). Conduct problems are more prevalent than anxiety and depression and are important to consider when planning treatment services (Lambros et al., 2016). The need for interventions to combat or address mental health are at an all-time high. Mental health condition is a serious topic that must be addressed with supports and preventions. Public school systems are being called upon to aid with developing programs and supports to address mental health conditions and as Lawson and Cmar (2016) point out, “[s]chools serve as a part of the system of care” (p. 2). Educators are significant stakeholders in addressing mental health disorders because parents often consult with teachers regarding concerns about their child's development and behavior (Loades & Mastroyannopoulou, 2010). It is vital that all those involved in the public school system have some type of training, both

preservice and professional development, to help with early detection and prevention of catastrophic mental health behaviors (Grigorenko et al., 2019).

Combating Mental Health in Public Schools

Children and adolescents with psychiatric disorders are consistently underserved, however, schools are gateways to additional mental health services that they need (Green et al., 2013). Schools are like bridges between home life and the community and are key sites for identification and interventions for children experiencing mental health needs (Frauenholtz et al., 2017). Schools are familiar establishments for families which makes it more comfortable for families to participate in children's mental health services (Doll et al., 2017). Evidence suggests that teachers are significant partners in delivering mental health interventions because they are more involved with students for prolonged periods of time and across different school programs or academics (Franklin et al., 2012). These prolonged interactions are noted to be the largest impact on student functioning (Franklin et al., 2012). Educators have a role in terms of being problem recognizers and providing early interventions (Loades & Mastroyannopoulou, 2010). A school's direct and daily access to all children in a community makes it possible to seamlessly integrate prevention, ecological intervention, and wellness promotion into a community's comprehensive system of mental health services (Doll et al., 2017). Public schools and educators can provide important opportunities for students to address their mental health needs to better their educational experiences.

Early identification and referral resources reflect a school culture that normalizes discussions of emotional/ behavioral health and reduces the stigma of receiving help within the school community (Green et al., 2013). People are more motivated to participate in education that they perceive as helping them to meet their hierarchy of needs. If education is not perceived

as meeting a need, then there can be little motivation to strive to achieve a higher education (Gorman, 2010). These perceptions significantly impact those students who attend public schools and struggle with mental health disorders. The negative attitudes and stigma towards mental health disorders often extend into many facets of an individual's life, including their educational setting, and can limit their motivation to seek support and treatment (Sickel et al., 2014). It is imperative that school districts, teachers, special education teachers, and other public-school stakeholders understand the hierarchy of needs and motivational factors of students who experience mental health disorders and comorbid disabilities.

Bullying and cyberbullying are two areas that significantly impact the mental health and functioning of children and adolescents. Bullying is defined as an interpersonal aggressive behavior characterized by intentionality, repetition, and an imbalance of power through physical contact, by words, or social isolation or exclusion (Berchiatti et al., 2021); while cyberbullying includes the use of computers, smart phones, and other platforms to contact by words or social isolation and exclusion repeatedly and with hostile or aggressive messages (Kwan et al., 2020). Bullying and cyberbullying has a high prevalence in schools with a rate above 20% (Orue et al., 2021). In the United States, 88% of teens have access to a desktop or laptop computer and 95% have access to smartphones or other platforms (Kwan et al., 2020).

Bullying and cyberbullying subsequently critically impacts those with learning disabilities, ethnicity, gender dysphoria, and sexual orientation due to their differences and impairments (Berchiatti et al., 2021; Orue et al., 2021). School bullying is stated to affect both mental health and academic outcomes as victims show higher levels of depression, dislike for school, lower academic scores, and no involvement with classmates (Berchiatti et al., 2021). For those in the LGBTQ+ community, victims of bullying because of homo/transphobia causes

significant suffering in their lives, especially during critical developmental phases (Dominguez-Martinez & Robles, 2019). Bullying and cyberbullying can negatively impact the developmental stages of children and adolescents which is critical for their academic and adulthood journeys. Schools play a key role in preventing bullying and promoting respect for diversity because they are places where children and adolescents spend most of their day (Dominguez-Martinez & Robles, 2019). Bullying and cyberbullying should be intolerable, especially in what should be considered a safe place (Dominguez-Martinez & Robles, 2019) such as a school.

Public school educators rarely receive mental health professional development, despite up to one in five students suffering with some form of mental health disorders (Kuzujanakis, 2021). Teachers are professionals who are involved in the lives of children daily, but the majority of them are not specialist trained in mental health disorders and services (Loades & Maatroyannopoulou, 2010). Furthermore, mental health services and interventions are often developed without consideration of their relevance or compatibility to the public-school context making teacher “buy-in” and trust in mental health services and interventions more difficult to achieve (Neal et al., 2018). Educators are often lumped into a singular group; therefore, they are not distinguished by facilitators, barriers, experiences, and among other criteria (Neal et al., 2018). A significant challenge is the limited empirically supported treatments and lack of well-designed mental health services in general for students with special education services (Lambros et al., 2016). Another major challenge are the instruments and interventions used for identifying mental health disorders in children. Often these instruments and interventions are derived from adult versions (Mierau et al., 2020) which do not always meet the needs or develop understanding of children and adolescents’ mental health struggles. Additionally, another challenge is gaining mental health resources in public-schools is the high ratio of students to

related services personnel and the finances needed to provide mental health interventions (Teasley, 2018).

Educators often report feeling unprepared to address mental health needs in the classroom because they are not provided with comprehensive training and professional development opportunities (Ball et al., 2016; Franklin et al., 2012). Empowering educators, specifically special education teachers, with comprehensive training and professional developments will assist in combating mental health concerns in their students. Therefore, empowering educators with effective and sustainable approaches to addressing mental health concerns in students improves the educational experience overall for all students (Flanagan et al., 2015).

Empowerment must occur with primary or elementary school teachers because externalizing problem behaviors often occur as early as preschool (Flanagan et al., 2015). Training for educators are important for developing teachers' social emotional skills and includes self-development and wellbeing (Rae et al., 2017). Sustainability and implementation of programs that combat mental health conditions are also significant factors to consider for a continual process that empowers the context of the school environment (Rae et al., 2017).

Due to the unique position of access to children, schools are increasingly bearing the responsibility and reliability of providing quality mental health support for their students (Flanagan et al., 2015). To provide cohesive mental health services for children and adolescents, coordinate care across community and school mental health providers, community partnerships, and stakeholders must be involved in designing, implementing, evaluating, and refining mental health services (Doll et al., 2017). By collaborating, schools and agencies can reach more children and families in need of support and treatment. Collaboration can promote program development that will meet the needs of the community (Baker, 2013). Thus, when

collaborating, providing the necessary supports and services for not only individuals, the needs of the community will also be met. This is critical considering the path society is currently following and the impact that the pandemic is having on individuals, especially children and youth.

The sustainability of collaboration between school systems and outside agencies is often difficult to maintain and significant changes to current protocols and procedures would need to be addressed (Flanagan et al., 2015). To maximize the benefits of mental health supports, there needs to be an emphasis on innovative approaches that can enhance the impact and sustainability through a variety of contexts and collaborations (Dopp et al., 2019). Public schools often lack enough mental health counselors and school psychologists (Kuzujanakis, 2021) demonstrating the significant need for schools and outside agencies to collaborate to ensure proper mental health support for students in need. Children on average are at school for six to eight hours a day for at least nine months a year (Baker, 2013). This only exemplifies why it is significant that school systems be on board in developing and implementing mental health supports and services.

Within a school system, there are several significant positions that should be involved in all mental health situations. The utilization of a school psychologist, school social worker, and school counselors (Eklund et al., 2017). For this literature review, I would also add special education teachers. A core, cohesive group should be formed to develop the best support and systems for those with mental health issues. Youth are twenty-one times more likely to visit a school-based clinic for mental health care than anywhere else (Eklund et al., 2017). Thus, it is critical that school systems have a plan and programs in place that are available for those in need.

The number one way to meet student's mental health needs is the development of teacher-student relationships (Franklin et al., 2012; Trach et al., 2018). Peer and teacher

relationships are a significant factor in preventing bullying and cyberbullying (Berchiatti et al., 2021). When a relationship is established, children have a confidante that can model and guide them into making positive behavioral decisions. Building relationships is a core factor in a child's development and provides them with social competences necessary for mastering social challenges (Berchiatti et al., 2021). Adding programs and support to school systems develops a continuum of services and support provided to the youth with mental health issues (Eklund et al., 2017).

Social-emotional learning (SEL) programs or practices can be an option for schools to meet the intrapersonal and interpersonal needs of their students. School-based -prevention programs have been shown to be effective in targeting depression and other mental health disorders impacting adolescents (Mucedola, 2015). SEL includes the ability to learn and apply the knowledge, attitudes, and skills needed to manage emotions, set and achieve goals, feel and show empathy, establish and maintain relationships, make responsible decisions, and avoid negative behaviors (Trach et al., 2018). Using a social-emotional learning program reduces aggression and antisocial behaviors in school aged children (Portnow et al., 2015). Currently all 50 states have a preschool social-emotional learning program in place (Jones & Doolittle, 2017). However, only four states have SEL standards for kindergarten through twelfth grade; Virginia is not a state with established SEL standards (Jones & Doolittle, 2017). Until social-emotional learning is addressed in the public-school systems, schools are not meeting the needs of the whole student. There is no recipe to match assessments with interventions, rather SELs are useful for conceptualizing and guiding IEP teams in better understanding individual student needs (Skaar et al., 2020).

A collaborative, systematic, and continuum of needs about addressing mental health disorders in youth and adolescents is essential for public-schools to make an impact. A continuum of needs and/or supports which includes public health promotion and maintenance, preschool-age support, early-schooling targeted interventions, improvement of ongoing supports, interventions prior to referrals, and overall intensive treatments (Adelman & Taylor, 2006). These six components when working as a continuum and/or collaboration can combat mental health conditions both in schools and society. As mentioned in the paragraph above, there is a lack of targeted programs that are used in kindergarten to secondary to address behavioral and emotional concerns in students.

The lack of early interventions in public-schools disrupts the continuum of needs those students struggling with emotional and behavioral concerns (Adelman & Taylor, 2006; Sotardi, 2018). Also, the lack of communication and collaboration between schools and community agencies negatively impacts the continuum of needs for those students struggling with mental health disorders (Baker, 2013; Flanagan et al., 2015; Greene, 2014; & Weist et al., 2001). School engagement in early identification is meaningful in developing services for adolescents with mental health and behavioral disorders (Green et al., 2013; Kern, 2015). School systems educators, and collaboration of community agencies must foster positive attitudes and behaviors that develop positive wellbeing and mental health conditions.

There is a disappointing reality surrounding sustainability and implementation (Elias et al., 2003). Often programs are not fully utilized or the perceptions regarding the program are negative. Thus, the program is not being utilized to its fullest potential and may not necessarily be effective. Special education students are one group of children for whom comprehensive and integrated academic and mental health services are warranted, but not always received within the

school system (Lambros et al., 2016). When considering a support system, school systems much take into consideration who will and how will it be implemented.

Special educators must have considerable knowledge and skills to assess students' learning needs, design and implement individualized interventions, collaborate with other educators to modify instruction, and facilitate inclusion to effectively serve students with disabilities (Bettini et al., 2016). Lack of training and development of these programs are sure to continue to lead to negative results regarding mental health conditions. "As funding dollars diminish, the need increases for collaborative efforts between school systems and community mental health agencies" (Baker, 2013, p. 59). The Virginia Department of Behavioral Health and Development Services (VDBHDS; n.d.) stated the system of services for children and families is complex, multi-faceted, and rapidly evolving. However, the growth of these services has solely relied on support by public funding through Medicaid and the Children's Services Act with limited state funding provided (VDBHDS, n.d.).

The undeniable limitation with regards to research in the mental health field is the lack of funding. The Patient Protection and Affordable Care Act (2010) was formed to provide funds to create and expand school-based mental health services (Doll et al., 2017). However, it is evident that there is varying definitions of school-based mental health services and inconsistent understanding of where funds should be used which stalls the development of these essential programs (Doll et al., 2017). Society is turning a "blind eye" to these significant concerns rather than rallying for research and development (Grigorenko et al., 2019; Teasley, 2018). There is a significant importance of collaboration between schools and community agencies (Baker, 2013, Weist et al., 2001). By these two entities working together treatment providers can reach children

and families who may not otherwise seek support. However, none of this is possible without the appropriate funding and guidelines.

The mental health needs of children and adolescents currently surpasses the ability of the current system to respond to the need (Weist et al., 2001). To address mental health disorders, training needs to go beyond basic classroom management and include other areas that are essential to student well-being, improving quality of life, and future planning (Kern, 2015). Teacher expertise is not sufficient for teacher effectiveness, rather teachers need supportive school structures, resources, and schedules that allow them to use what they know to impact the educational experiences of their students (Bettini et al., 2016). Transformation is happening in the school systems and society. It is time to take a stand and work to better support and treat those struggling with mental health conditions.

Prolonged Mental Health Disorder Impact

Prolonged mental health from childhood to adulthood has a considerable cost to society both financially and emotionally (Cobbett, 2016). Additionally, mental health disorders cause detrimental effects on a person's quality of life (Mierau et al., 2020) and major disruptions in an individual's thinking, feelings, and behaviors (Price et al., 2016). Approximately 20% of the working population are currently suffering with a mental health disorder, while 40% of the working population may be affected by a mental health disorder over their lifetime (Mierau et al., 2020). Mental health disorders are a major public health issue and the leading cause of disability and contribute to approximately 8 million deaths worldwide annually (Walker et al., 2016).

Mental health disorders from childhood to young adulthood may largely affect educational and employment status (Veldman et al., 2015). Major disruptions can include

chronic stress, loss of jobs, and dysfunctional behaviors that result in disabilities and health risk behaviors (Price et al., 2016). Among young adults who struggle with mental health disorders, 13.5% left the educational system without basic education level training (Veldman et al., 2015). These young adults then lack essential skills to be successful in the work force and/or if they find jobs, they are often temporary and for low wages (Veldman et al., 2015).

Children and adolescents experiencing mental health disorders eventually become adults who experience mental health disorders (Mierau et al., 2020). Child mental health is a serious public health and social problem that lacks cohesive interventions and collaboration (Cuellar, 2015). Those with externalizing behaviors are more likely to drop out of school and be unsuccessful in the workforce (Veldman et al., 2015). Often people non-conforming gender identity or gender dysphoria are prone to prolonged suffering from stigmatization and bullying among other psychiatric issues which lead to higher risk of self-harm, suicidal ideation, and suicidal behaviors (Surace et al., 2021). Furthermore, children and youth struggling with mental health disorders that do not receive effective interventions early, they are more likely to have prolonged mental health disorders, fail in education, develop drug addictions, participate in criminal activity, and become parents to similar children and repeat the cycle (Cobbett, 2016).

Untreated, mental health disorders can have negative consequences such as lower educational attainment, lower wages, lower likelihood of employment, and more crime (Cuellar, 2015). Research suggest that girls often have more unmet mental health disorders than boys. Girls who exhibit external mental health disorders often have more unmet needs, more severe impairment, and shorter service retention compared to boys with external behaviors (Verlaan et al., 2018). However, the one concise thought process among researchers is that early intervention

is better than later intervention especially for disadvantage and disabled children (Adelman & Taylor, 2006; Cuellar, 2015; Sotardi, 2018).

Often, children who display mental health disorders often have parents or other adults in their lives with long-standing struggles with mental health disorders including problematic consumption of alcohol and/or drugs (Verlaan et al., 2018). In the United States, 46% of adults will have a major mental health disorder during their lifetime (Price et al., 2016). Diagnosis include schizophrenia, bipolar, depression, obsessive-compulsive disorder, posttraumatic stress disorder, and other psychotic disorders (Price et al., 2016). Adults with mental health disorders are 2.22 times more likely to have mortality rates compared to those without mental health disorders (Price et al., 2016). People who experience mental health disorders die 10-25 years younger than the general population (Walker et al., 2016). Kidney disease and diabetes have been found to be associated with depression, anxiety, and fear of the future (Wilson & Stock, 2019). Additionally, 2.4 million adults with severe mental health disorders have a comorbid struggle with substance abuse (Price et al., 2016).

It is critical to understand the impact of mental health disorders as children move through life into adulthood. Addressing the challenge of mental health disorders means development, implementing, and disseminating programs and policies to prevent mental health struggles and increase access to services is essential to improve the quality of life of children, youth, and adults (Walker et al., 2016). Educational interventions forming a collaboration between parents, educators, mental health professionals, and the general community should be used to promote against mental health disorders, stigma, and social isolation to prevent risky behaviors like self-harm and suicide (Surace et al., 2021). Mental health disorders affect educational and employment status in a negative way in children to adulthood (Veldman et al., 2015). By schools

providing the training and support for educators to address mental health disorders in students, the positive impact it will have on students as they move into adulthood and being productive members of society.

Summary

This chapter presented information about the theoretical framework and related literature in regard to special education teacher's lived experiences in addressing comorbid mental health concerns in their students. A contextual organizational framework emphasizing the individual factor was explored (Ringeisen et al., 2003). Mental health related issues are on the rise in the public education system (Flanagan et al., 2015) and is considered one of the most disabling factors throughout a person's lifetime (Mierau et al., 2020). Children and young people are facing a variety of societal and environmental influences that impact their overall mental health.

Increased educational demands, rising divorce rates, media exposure, social media, and other stressors are just a few challenging influences children face daily (Flanagan et al., 2015). Bullying and cyberbullying also negatively impact one's mental health and academic progress, especially for those with learning disabilities, gender dysphoria, and in the LGBTQ+ community. "One's ability to achieve success depends on capitalizing on one's strengths and correcting or compensating for one's weaknesses through a balance of analytical, creative, and practical abilities" (Parkay et al., 2014, p. 231). Currently, a global pandemic is also proving to have a significant impact on children and young people's overall mental health. Schools must be prepared with an understanding of a student's hierarchy of needs and developmental stages to develop the appropriate supports and services to meet the demands of mental health issues in their students. Administrators, special education teachers, and counselors must have a comfort level with the support and services and a knowledge of what is available. Unfortunately,

literature suggest that many educators have limited knowledge of children's mental health and are unprepared to support students that are struggling with their mental health (Frauenholtz et al., 2017).

Schools represent the primary source and more universal natural setting for delivering treatment for mental health disorders (Flanagan et al., 2015; Weist et al., 2001). Schools are being held to a standard of improving children's emotional and psychological well-being and they are expected to both prevent and combat mental health disorders in children and adolescents (Loades & Mastroyannopoulou, 2010). Seventy to eighty percent of students who experience conduct disorders, such as oppositional defiant disorder, receive services only provided by the school they attend (Flanagan et al., 2015). At any given time, twelve to twenty percent of children are struggling with some sort of mental health crisis and research shows this percentage is on the rise (Flanagan et al., 2015).

Social-emotional learning practices promote positive student outcomes and sets a stage for greater success in students (Trach et al., 2018). Currently, there is no single system in the United States that identifies and treats children with mental health disorders (Cuellar, 2015) meaning it takes a collaboration of services and systems. School is just as much of a social-emotional environment as a learning environment. Thus, it is critical to be thought of in that manner. Students who are struggling to maintain positive social and emotional interactions are going to struggle academically as well. The struggle can occur from missing vital class time through suspensions or pulls out due to disruptions. School systems need to be prepared and ready to address the needs- socially, emotionally, and academically- for all students. Unfortunately, currently only four states have SEL standards for kindergarten through twelfth grade. The state of Virginia has not established SEL standards (Jones & Doolittle, 2017).

Public school systems must develop standards that meet the whole student- academics and social-emotional learning. Many educators feel that their job is to teach academics, rather than address behavior problems and that they are not sufficiently trained to address and prevent behavior problems like mental health disorders (Kern, 2015). Through the incorporation of additional supports, such as SEL and development of teacher-student or student-student relationships, school systems can better meet all the needs of their students. By arming educators with understanding of Maslow's (1943) hierarchy of needs and contextual organization more successful and meaningful ways to combat mental health struggles in students can be established. The key to meaningful and successful programs is to be creative and flexible (Flanagan et al., 2015). Empowering educators with trainings, programs, and supports that aid them in addressing mental health is what is necessary to meet students in the present and future educational system (Reinke et al., 2011).

The current transcendental phenomenological study aimed to examine the lived experiences of special education teachers regarding addressing comorbid mental health concerns in students. While prior research has emphasized the experiences of regular education teachers and school counselors, there is a lack of research emphasizing the experiences of special education teachers. The current study aimed to use rich descriptive data from first-person accounts to determine the needs to meet mental health concerns in students within the public school system.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study is to explore the lived experiences of special education teachers addressing comorbid disabilities and mental health concerns in their students. Mental health concerns are an increasing phenomenon throughout society, specifically in public school systems across the nation. Public schools are burdened by the agenda and process of combating mental health issues in school age children (Pearce-Stevens, 2018). Mental health issues have significant impact on student academic achievement and the overall achievement of public-school systems (Even & Quast, 2017; Kutash et al., 2015). Through the exploration of special education teachers' lived experiences of student mental health in public-schools, a better understanding of this contextual organizational framework and the impact that an individual has on organizational and state/nation level establishments (Ringeisen et al., 2003). The purpose of this chapter is to present research design, setting, participants, procedures, the researcher's role, data collection methods, analysis, trustworthiness, and ethical considerations for the present research study.

Design

Qualitative research attempts to make sense of and interpret events in one's "real-life" and is defined as an inquiry process of understanding that explores a social or human problem and is conducted in a natural setting (Creswell & Poth, 2018). Qualitative methodologies allow for the focus to be on the wholeness of an experience rather than solely on its objects or parts (Moustakas, 1994). With the use of qualitative methods, researchers can search for meanings and essence of personal experiences rather than by objective measurements and explanations (Moustakas, 1994). A qualitative method were used in this study as opposed to a quantitative

method. Quantitative studies aim to measure and explain data, as pointed out by Moustakas (1994). However, the current study aimed to explore the experiences by relaying first-person accounts of life events. It is through personal interaction with participants that a description of their experiences was depicted. Qualitative research includes multiple types of designs including ethnography, grounded research, hermeneutics, heuristics, and phenomenology (Creswell & Poth, 2018). Concerning transcendental phenomenology, Moustakas (1994) described it as being used when researchers are searching for meanings and essence of experiences. The current study aimed to describe the meaning and essences of special education teachers lived experiences addressing comorbid disabilities and mental health concerns in students.

For the current study, a transcendental phenomenological design was used. The transcendental approach to phenomenology involves “a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience” (Moustakas, 1994, pp. 10-11). A transcendental phenomenological design describes the common meaning or experience of several individuals (Creswell & Poth, 2018) and relies on intuition, imagination, and universal structures in a transcendental phenomenological study to obtain a picture of the experience (Moustakas, 1994). The researcher is supposed to interview and interact with the participants in their real-life environment. Transcendental phenomenological studies include a plethora of rich descriptive data (Moustakas, 1994). Phenomenological approach is to identify phenomena through how they are perceived by the participants in a situation and is powerful in gaining insight into a person’s motivations and actions (Lester, 1999). The transcendental phenomenological researcher makes participants feel really understood and involves a return to an experience (Moustakas, 1994). Through a phenomenological study, researchers aim to describe rather than explain which

effectively brings experiences and perceptions of individuals to the forefront and challenges structural or normative assumptions (Lester, 1999). The current study aims to describe the experiences of special education teachers addressing mental health in their students.

A study conducted by Giorgi (1985) outlined two levels of transcendental phenomenology (Moustakas, 1994). At Level I, the original data is composed of descriptions obtained through open-ended questions and conversations. Moustakas (1994) stated “all of the studies were qualitative...emphasized processes that were open-ended and methods and procedures that could be shifted and permitted alternatives in response to participants’ ideas and suggestions, as needed for accuracy, safety, and comfort” (p. 110). Developing rapport with the participants, the researcher will develop a comfortable and safe atmosphere which will generate accurate accounts of the experiences. At Level II, the researcher describes the structures of the experience based on reflective analysis and interpretation of the participant’s accounts or stories (Moustakas, 1994). I described the experience based on reflection and interpretation of the participants’ first-person accounts.

Qualitative research methods aim to review experiences rather than measurements. Moustakas (1994) stated “the phenomenological approach involves a return to experience in order to obtain comprehensive descriptions that provide the basis for reflective structural analysis that portrays the essences of the experience” (p. 13). Through a return to the experience, reflective analysis, and bracketing my bias and assumptions, the current study aimed to portray the essence of the shared experiences of special education teachers with regards to addressing mental health concerns in students.

Research Questions

Central Question: What experiences within the organizational context(s) do special education teachers describe when working with special education students with comorbid mental health disorders?

Sub-Question 1: What do special education teachers report about their pre-service and in-service training experiences related to special education students with comorbid mental health disorders?

Sub-Question 2: How are special education teachers' lived experiences influenced by the challenges of contextual organizations in providing services to special education students with comorbid mental health disorders?

Sub-Question 3: What do special education teachers describe as potential in-service professional development topics that would improve their ability to address the comorbid mental health disorders of special education students?

Setting

The study setting was originally Hillcrest City Schools (HCS; pseudonym). HCS was selected for its convenient location to the researcher in region five of central Virginia, as well as the size of the county. The school district is one of twenty in the fifth region of Virginia (VDOE, 2020). HCS has one preschool, four elementary, one middle, and one high school. HCS has twenty-seven special education teachers across the school district, elementary and secondary, for the current study to potentially include in the research. However, due to lack of volunteers, another school district Grand County (GC; a pseudonym) was added to the study. Additionally, the current study was open to social medias outlets to gain more volunteers following a lack of participation from the two approved school districts. By using social media outlets, additional

participants were gained from several states in the United States: Arizona, Colorado, Maryland, and Virginia.

According to the Virginia Department of Education or VDOE (2020) *School Quality Report*, accreditation was waived for all schools during the 2019-2020 and 2020-2021 school years due to the COVID pandemic. The district identified 11.5% of the student population to be identified with a disability of some form that requires special education services (VDOE, 2020). The VDOE (2020) reported a total of 2,914 students enrolled at HCS during the 2020-2021 school year. HCS is a small, suburban school district in comparison to other divisions in the fifth region. Students with a disability were shown to have chronic absenteeism of 34.6% that missed 10% or more instructional days and 65.4% that have missed less than 10% of instructional days during the 2020-2021 school year (VDOE, 2020).

The district identifies a superintendent, assistant superintendent, director of student services, and other areas such as human resources and general curriculum supervisors as comprising the school board office. The composition of the school board is essential to understand as these individuals do the hiring and develop the training that special educators participate in throughout the school year. Each school building/level employs a varying number of special education teachers. The number of special education teachers in each building varies according to the number of students in need of special education services.

Pre-school, elementary, middle, and high school special education teachers were included in the current study. The experiences between levels vary depending on presence of mental health concerns in students, training of special educators, and available resources for special education teachers. I was expecting more emphasis in mental health related supports and trainings for students in secondary schools and alternative placements rather than at the

elementary level. However, there is a professional emphasis concerning the importance and significance of early interventions to meet the mental health needs of students (Adelman & Taylor, 2006; Sotardi, 2018). The need for mental health training and support to be more equally provided across all settings rather than just in upper-level schools.

Participants

The population from which special education teachers were recruited for participation in the study consisted of two pre-schools, 12 elementary schools, eight middle schools, and five high schools. HCS's special education director has given written permission to conduct the current study with district special education teachers at all levels. Once Liberty University IRB approval was obtained, purposeful sampling was used to select participants. An approach characterized by determining the selection criteria which is essential in selecting the people included in the study (Merriam & Tisdell, 2016). Purposeful sampling led to information-rich cases of special experiences from elementary and secondary special education teachers in HCS. Unfortunately, there was limited interest from potential participants in the current study from HCS. Therefore, amendments were made to the IRB proposal to include a raffle and additional exposure through social media post and two additional school districts. By making those changes, fifteen participants were found, however, only twelve were used in the current study.

Merriam and Tisdell (2016) described six types of purposeful sampling: typical, unique, maximum variation, chain/snowball, and theoretical. Unique purposeful sampling was used for the current study as I reflected on the unique, rare, and atypical lived experiences of special education teachers with regards to addressing mental health needs in their students (Merriam & Tisdell, 2016). Other purposeful sampling types would not be appropriate for this study because the population is pre-determined and lived experiences are from a particular group of teachers,

not all teachers.

Purposeful unique sampling reflects the purpose of the study and guides in the identification of information-rich cases (Merriam & Tisdell, 2016). To qualify as a participant, volunteers must meet the following eligibility inclusion criteria: (a) be special education teachers employed in HCS preschool, elementary, and secondary settings; (b) have experience working with students with IDEA eligibilities such as, but not limited to, Specific Learning Disability, Other Health Impairment (e.g., ADHD, asthma, epilepsy, rheumatic fever), Traumatic Brain Injury, or Emotional Disturbance who, in addition to their school related behavioral and/or learning problems, also struggle with comorbid mental health issues as well (e.g., Depression, Tourette Syndrome, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder); (c) work in collaborative, co-taught general education classrooms and/or pullout programs (e.g., resource room, self-contained classroom); and (d) be willing to participate in an interview and focus group via Zoom and be audio-recorded.

Potential participants, and their emails, were located from each respective school's website, through social media post, as well as through communication with school administration (e.g., Principals, Director(s) of Special Services). Emails to prospective participants' work or personal addresses were sent from Liberty University's student account. Follow-up emails from the Liberty University account were sent to potential participants after a waiting period of one week. Once informed consent is obtained, a demographic questionnaire was administered to participants to include gender, years of experience, additional training specific to special education, educational level, experience with comorbid disabilities. The study aimed to have at least two participants from each school level in the district; giving the study a potential total of 14 participants. According to LU requirements, transcendental phenomenological studies require

at least 10 participants; as a result, the current study attempted recruit more than 10 individuals to ensure coding and data saturation is reached, meaning no new themes or findings are identified with the addition of new participants. Table 1 depicts the demographic information for the studies participants.

Table 1

Participants Demographics

Participants Pseudonyms	Location	Ethnicity	Gender	Age (years)	Years of Teaching Experience
Linda	Virginia	Caucasian	Female	38	4 years
Jennifer	Virginia	Caucasian	Female	32	8 years
Meghan	Virginia	Caucasian	Female	32	8 years
Janice	Maryland	Caucasian	Female	51	19 years
Amy	Colorado	Caucasian	Female	43	7 years
Lydia	Arizona	Caucasian	Female	40	11 years
Laura	Virginia	Caucasian	Female	42	15 years
Kim	Virginia	Caucasian	Female	33	8 years
Mary	Maryland	Caucasian	Female	30	9 years
Jacob	Virginia	Caucasian	Male	23	Almost 1 year
Holly	Virginia	Caucasian	Female	28	7 years
Ted	Virginia	Caucasian	Male	58	14 years

Procedures

Upon study approval from the research site (see Appendix B) and the LU IRB (see Appendix A), prospective participants were identified via the school website and social media post, whereupon teachers were then be invited to participate in the study via LU's student email account and encouraged to respond by email or phone if they are interested in participating and/or if they have any questions about the study. As teachers responded with interest in participating, they were screened to ensure they meet study qualifications, especially concerning eligibility inclusion items "(b)" and "(d)" (see information presented the Participants section above). Once it is determined that the special education teacher meets eligibility criteria, they are invited to sign an informed consent form (see Appendix C).

After signing the consent form, interviews were scheduled with individuals; interviews will take place via a video conferencing system, such as Zoom (see Appendix E for the interview questions). Once informed consent has been signed, demographic data was collected. Interviews were approximately an hour long and were audio-recorded for transcribing purposes; participants were made aware of the recording and provided consent prior to the interview taking place. Participants were also asked to compile an outline of desired professional developments and support systems they feel would benefit their student population. Participants were asked to email the outline back to me within a week of completing the interview process. Additionally, all participants were asked to partake in a focus group to further discuss mental health disorders in special education students and beneficial support needed to address those disorders. The focus group lasted approximately an hour, took place via an online platform, and was audio-recorded. I was able to get three elementary and three secondary special education teachers to participate in

the focus groups. Due to the amount of transcribing and detailed notes, Microsoft transcribing system was used for each audio-recorded interview.

The Researcher's Role

The role of the researcher in a transcendental phenomenological study includes becoming one with the research (Moustakas, 1994). Transcendental phenomenology includes a human scientist which “determine the underlying structures of an experience by interpreting the originally given descriptions of the situation in which the experience occurs” (Moustakas, 1994, p. 11). I have previous experience in special education in which I can relate to the participants of the study. Reporting data on “how and why they think they did what they did, they can help others determine whether, or how, the researchers’ perspectives influenced their conclusions” (Check & Schutt, 2012, p. 13). Thus, a bias or assumption I bring to the research included the struggles and frustrations that accompany combating mental health in public-schools. I conscientiously engage in bracketing my own preconceptions so it does not taint the research process by holding in abeyance my personal opinions/thoughts about the phenomenon under investigation and, instead, focus on the analysis of the phenomenon; in so doing, I may better understand the personal experiences relayed to me by the participants (Moustakas, 1994). I described the lived experiences of special education teachers in HCS, GC, and volunteers from social media platforms were depicted through interviews, self-reflective writings, and focus groups. I am familiar with the expectations and guidelines special education teachers in the state of Virginia are to adhere to, as well. However, I do not serve in a supervisory role over any participants or have any prior relationships with participants other than working in the same field.

Data Collection

Data collection for the study will include open-ended, semi-structured interviews of special education teachers. My researcher field notes were also taken into consideration and analyzed. Bracketing of my own thoughts took place as to keep focus on the first-person reports from special education teachers participating in the current study. First-person reports of life experiences derive evidence of phenomenological research (Moustakas, 1994). Transcendental phenomenological studies include a plethora of rich descriptive data (Moustakas, 1994). Standardized interviews were conducted individually with each participant, preferably outside of work hours so that participants were more relaxed. A self-reflective writing and focus group were included in the data points to close gaps and develop a deeper understanding of the lived experiences of the participants.

Due to the design of the study, I conducted and analyzed the data, as well as interjected personal perceptions as the study lends to those thoughts. Moustakas (1994) described two levels of transcendental phenomenological studies: Level I, description obtained through open-ended questions and conversations and Level II, researchers describe experiences based on reflective analysis. As a human instrument, I used the two levels of transcendental phenomenology described by Moustakas (1994) to interpret and reflect data obtained both through open-ended questions and conversations.

Demographic/Work-Related Information

Potential participants received a recruitment email with a link to complete a demographic/work-related informational questionnaire (Appendix D). Once individuals volunteer and complete the questionnaire, consent to participate in the study was obtained. The information collected from participants was designed to improve and enhance the transferability

of the current study. Demographic and work-related questions included asking how many years of teaching experience they have with students with disabilities; what their level of education is; gender; ethnicity/race; age; what grade level(s) and content areas they teach. Concerning their students, teachers were asked what IDEA eligibility their students were identified as, and what comorbid/secondary mental health related disabilities (e.g., DSM-V) their students have been diagnosed with.

Interviews

Transcendental phenomenological studies often use long interviews with open-ended questions as a form of data collection. Interviews provide rich first-person accounts of the experiences and phenomenon being researched (Moustakas, 1994). Open-ended interviews allow for flexibility and exploration of the unique ways an individual defines the world (Merriam & Tisdell, 2016). Interviews were audio-recorded, and Microsoft transcription system used by the researcher to ensure accuracy of the data collected. Online interviews are becoming more common and allow for the researcher and participants to be in their own comfort zones while describing their past events and views on specific situations (Merriam & Tisdell, 2016).

Individual interviews were used to answer sub-research question 2 as it related to the current study. Questions in the interview provide background information and experiences of the participants and their explicit thoughts regarding addressing mental health concerns in students. I utilized standardized open-ended interview questions that were used with all participants. However, the interview questions were open-ended to allow participants to explain their unique experiences. The relationship developed between participants and the researcher is essential to creating a relaxed and trusting atmosphere (Moustakas 1994). I created a climate in “which the research participant will feel comfortable and will respond honestly and comprehensively”

(Moustakas, 1994, p. 114). Interviews may take place via a video conferencing system, such as Zoom. Participants were notified that the interview was audio-recorded for transcribing purposes. Interview questions (see Appendix E) were asked “cold” meaning the participants were not aware of the specific questions being asked until the interview takes place. This allowed for the participants to give honest depictions of their perceptions regarding addressing mental health in students with comorbid disabilities.

Standardized Open-Ended Interview Questions

1. Please introduce yourself.
 - a. What is your ethnicity/race? (Gender was recorded without needing to ask the participant.)
 - b. What is your highest degree earned?
 - c. What is your age?
 - d. How many years have you been teaching students with disabilities?
 - e. What grade level(s) and content area(s) do you teach?
 - f. Do you have any specialized training/certification? If so, describe.
2. Describe the types of disabilities you work with daily.
 - a. What disabilities have your students been identified as having under IDEA?
 - b. In addition to their IDEA eligibility, what additional comorbid/mental health disabilities are your students diagnosed with?
3. Describe how often you address mental health and/or behavioral concerns in the students you work with.
4. What motivated or inspired you to become a special education teacher?
5. Please describe your experiences working with students with disabilities who also have a mental health disorder diagnosis.
6. Without providing identifying information, please share about specific students who immediately came to your mind when I asked this question. a. Did you feel equipped to support the student(s)? Please explain.
7. What are some stigmas regarding mental health in the public schools in regard to special education students?

8. What available resources do you have in your school to address students' mental health issues?
9. In your opinion, how does the mental health of students impact their academic performance?
10. In your opinion concerning students who demonstrate mental health disorders, what are their relationships with their peers like?
11. Discuss the amount of time per day/week you spend addressing mental health concerns in your students.
12. What forms of educational instruction (i.e., professional development, support, or resources) help you when dealing with mental health crises?
13. What are your "go to" programs or resources for addressing mental health concerns in special education students?
14. Without giving names, can you describe a time when you felt limited in regard to addressing mental health concerns in special education students?
15. In your opinion, what do you think are important characteristics or signs of students having positive mental health?
16. In your opinion, what are the characteristics of a positive mental health resource for students with disabilities?
17. If money was not a concern, what programs or resources would benefit your students' mental health?
18. What is your opinion regarding how the mental health issues of students with disabilities are handled in your school setting?
19. How do you feel the mental health of students should be addressed in the school setting?
20. What recommendations do you have for program administrators and faculty currently preparing pre-service special education teachers for the profession?
21. What topics would you like to see included in professional development to better assist you in helping students with mental health struggles?
22. Is there anything else you'd like to share about this topic or think I should ask future participants to gain a deeper understanding of this issue?

Question 1 allowed participants to introduce themselves to establish a formal greeting to the interview process. The participants are asked to state their degrees obtained, years of experience, and describe any specialized training they have received.

Questions 2, 3, 4, and 5 allowed the participants to describe their experiences with students who have mental health disorders. Question 2 asked participants to describe the types of disabilities they work with. Question 3 allowed the participants to describe the time allotted to address mental health or behavioral concerns in the student population they work with. Question 4 allowed participants to describe why they chose to become special education teachers and what motivates them as special education teachers. Question 5 asked participants to describe their interactions with students struggling with mental health disorders in addition to educational challenges.

Question 6 and 14 asked participants to give specific examples without using names of students. These questions allowed participants to connect to specific examples they have encountered throughout their teaching careers.

Question 7 asked participants to give their perception on mental health stigmas. This may be within the school system or out in the community/ surrounding society. The input from this question can gear how the participants view mental health and their involvement in combating it within the school system. The growing and unmet need of mental health services for those children who struggle (NASP, 2016). An “estimate of up to 60% of students do not receive the treatment they need due to stigma and lack of access to services” (NASP, 2016, p. 1).

Question 8 was designed to ask participants to describe what available resources they have to address mental health in their students. Schools have long been called upon to address

mental health concerns in students, however, a lack of expertise and resources have impacted the ability of schools to address mental health concerns (Atkins et al., 2017).

Questions 9 are designed to gain insight into the academic and social impacts of students struggling with mental health disorders as perceived by the participants. It allows me to understand and describe if those areas of impact are affecting other critical experiences for these students at school (e.g., relationships with adults). “Increased access to mental health services and support in schools is vital to improving the physical and psychological safety of our students and schools, as well as academic performance and problem-solving skills” (NASP, 2016, p. 1).

Question 10 and 11 seek to understand how much time per day/week is spent addressing mental health concerns and the impact mental health disorders have on students functioning with peers. This information also gave insight into how much instructional time may be lost or how addressing the concern affects/impact other students in the vicinity. It is additionally significant to explore the relationships and lack thereof with regards to students with mental health disorders.

Questions 12 and 13 helped reveal what available resources participants use when a student is experiencing a mental health crisis. The information helped determine who the teacher collaborates with and what materials are available in the environment in order to resolve a matter. Collaborative principles and ecological practices enhance the focus on mental health services for children (Atkins et al., 2017). These questions also allowed the researcher to understand what is of importance to the teacher, what their “go to” strategies or programs are.

Questions 15 and 16 allowed the participant to give feedback on what a positive mental health resource would look like. Giving this feedback can ultimately direct the district to finding programs that promote positive mental health in the school district. If money was not a concern,

listing programs or systems would best meet the needs of the students. Social-emotional learning programs demonstrate a decrease in aggressive behaviors (Portnow et al., 2015).

Questions 17 through 22 allowed the participants to share what they see as being the missing pieces. Discussion on what improvements can occur to better meet the needs of students struggling with mental health. The use of mental health supports and empowers children and ultimately a safer learning environment is developed (NASP, 2016). Teachers are uniquely placed to influence mental health and “being in a position to ensure that mental health difficulties are quickly recognized and treated, they can enhance the social and emotional development of all children by creating a climate that promotes their mental well-being” (Hornby & Atkinson, 2003, p. 3). These interview questions allow for a conversation of what they would see as weaknesses and in their opinion, where resources, programs, or training would be beneficial. Educational resources to address children with disabilities, including emotional and behavioral, are often inadequate and lack resources and funding (Hornby & Atkinson, 2003; Levin et al., 1997). The lack of knowledge, understanding, and skill set that most teachers experience when addressing mental health concerns (Hornby & Atkinson, 2003). Without training and resources teachers are left with limited options in addressing the concerns of mental health in students.

Professional Development Self-Reflection

The second data collection method included a professional development self-reflection writing from participants, the data from which goes towards answering sub-research question 3 of the research study. Participants were asked to create a self-reflective writing piece which includes what previous in-service professional development they have attended and/or what special education teachers feel is needed to address mental health disorders in students experiencing comorbid disabilities (see Appendix F). I used this information to describe what

potential in-service professional development topics special education teachers feel would improve their ability to address mental health disorders and comorbid disabilities in students. Self-reflection writing exercise allowed the participant time to think over his or her experience with the phenomenon (Patton, 2015). Self-reflective writings allowed participants to express what they feel would be beneficial professional developments to better meet their needs of addressing mental health disorders in their students. Participants were asked to type their self-reflections and email to me within a week of their interview.

Focus Group

A focus group was conducted that included special education teachers from both elementary and secondary backgrounds. The focus group is conducted for the purpose of providing additional depth from the individual interviews and addressed the sub-research question 1 (Patton, 2015). The focus group was asked to make professional recommendations on in-service opportunities, based on their lived experiences, that could be shared with future teachers, administration, outside agencies, and other stakeholders. I used the data collected from the focus group to describe recommendations that elementary and secondary special education teachers make for potential professional development in addressing mental health disorders and comorbid disabilities in students.

From the subset of participants, a total of 12, six elementary and six secondary, special education teachers were asked to participate in focus groups. Participants from elementary and secondary levels were asked to volunteer to participate in focus groups. Preschool special education teachers would have also invited to be included in the elementary focus group depending on how many elementary teachers agree/volunteer to participate in the focus group. However, while the option was open, their participation wasn't needed. The focus groups met

one time via an online platform and were audio-recorded for transcribing purposes. Additionally, the focus group interviews aided to cross-check for consistency in the data collected through the individual interviews (Patton, 2015). The following questions were used for the focus group and were phrased to guide the discussion and allow the participants to share their lived experiences (see also Appendix G).

1. Please introduce yourself and share your educational journey.
2. How would you describe the impact of special education students' mental health disorders on the learning environment?
3. Describe the resources and supports your district has available to address mental health disorders in students.
4. Describe how your pre-service and/or in-service professional development has aided you in addressing mental health disorders in students.
5. Without using specific names, discuss a time when you addressed mental health disorders in your students and how you handled it.
 - a. Were there any supports or resources you wished were available to you during that time?
6. What recommendations would you give your administration in regard to supports and/or professional development in addressing mental health disorders in students?
7. We have discussed addressing mental health disorders in students. Is there anything else you would like to add?

The focus groups were meant to elicit deeper understanding of special education teachers' lived experiences with addressing mental health disorders in students with comorbid disabilities. Question one allowed participant to introduce themselves and state their educational background

which can impact their perceptions. Question two and five gave participants the opportunities to describe specific lived experiences in addressing mental health disorders in their students. Questions four, six, and seven allowed for participants to convey their professional thoughts regarding the support and training needed to address mental health disorders in their students with comorbid disabilities. The questions in the focus group communicated the perceived needs that can be viewed by administration, outside agencies, and other public-school stakeholders.

Data Analysis

Transcendental phenomenological studies include a plethora of rich descriptive data (Moustakas, 1994). From this data common themes begin to emerge with significant statements. Data analysis focuses on text segments with similar codes and examining relationships among different codes in order to determine commonalities (Check & Schutt, 2012). Categorizing data, the essential meanings and themes can be discovered, which is referred to as horizontalization (Moustakas, 1994). Horizontalization was determined by listing every significant statement relevant to the experience of the special education teachers (see Appendix H). Each significant statement was analyzed to determine if the moment of the experience is necessary and sufficient. Significant statements were also evaluated for overlapping, repetitive, and vague expressions. The horizons that remain were used to determine commonalities and themes in the data collected from the interviews, outlines, and journaling. These comparisons can then be organized into categories and a matrix (see Appendix H) formulated from clusters of meanings were created (Moustakas, 1994).

A matrix is “a chart used to condense qualitative data into simple categories and provide a multidimensional summary that will facilitate subsequent, more intensive analysis” (Check & Schutt, 2012, p. 8). These clustered themes and meanings are used to develop the “textural

descriptions of the experiences” (Moustakas, 1994, p. 118). Textural descriptions are where I will write about “what” was experienced (Creswell & Poth, 2018). Textural description includes thoughts, feelings, examples, ideas, and situations that portray what comprised an experience (Moustakas, 1994). From the textural descriptions, structural descriptions and essences of the phenomenon are constructed (Moustakas, 1994). Structural descriptions describe the “how” the phenomenon was experienced (Creswell & Poth, 2018). Constructing a description of the essence of the phenomenon is the goal of the research being conducted. The essence is the reduction of the *what and how* leaving the essentials of the experiences (Creswell & Poth, 2018).

The use of a categorizing for phenomenological studies will include the following: essence of the phenomenon with the following categories- personal bracketing (see Appendix...), significant statements, meaning units, textural description, and structural description (Creswell & Poth, 2018). I used the Taguette qualitative data analysis computer software package to help organize, analyze, and find insights from the interviews. This program also allowed for organization of coding, memos, and findings. Taguette was user friendly, which allowed for richer descriptive data to be clearly conveyed. I was open and honest with confirmation of the perceptions of the participants.

Confidence in the study conclusions were “strengthened by an honest and informative account about how the researcher interacted with subjects in the field, what problems he or she encountered, and how these problems were or were not resolved” (Check & Schutt, 2012, p. 12). Triangulation and data validation were established through interviews, participant self-reflections, and a focus group. Participants were asked to take part in interviews with open-ended questions and provide outlines of professional developments they feel would be beneficial for addressing mental health disorders in special education students. I used the procedures set forth

by Moustakas (1994) to establish the phenomenon experienced by the participants in the current study.

Trustworthiness

Trustworthiness addresses credibility, dependability, transferability, and confirmability. I addressed trustworthiness through coding and constantly comparing significant statements, allowing for an establishment of reliability. Due to the nature of the transcendental phenomenological design of this study, the trustworthiness between the participants and the researcher were established through common understanding and motivation for student success (Moustakas, 1994). I used first-person accounts and direct quotes from participants to emphasize the findings throughout the research manuscript (Moustakas, 1994).

Triangulation, to develop credibility of data, was conducted using multiple data collection methods. These methods included interviews, self-reflections, and focus groups. Dependability, transferability, and confirmability were addressed through rich descriptions of themes, and a reflexive journaling kept by the researcher. While there are certain disadvantages to using a computer qualitative data analysis software like Taguette (e.g., increasingly deterministic and rigid processes, computer privileging of coding and retrieval methods; reification of data, the pressure to focus on volume and breadth rather than on depth and meaning, etc.), the freedom from manual tasks will save time, enable the manage large amounts of word data, increase flexibility with data coding, and provide improved validity and auditability of qualitative research, all of which are advantages for using such software to improve overall trustworthiness of a study (St. John & Johnson, 2000; Zamawe, 2015).

Credibility

Credibility refers to the extent to which the findings accurately describe reality.

Credibility in qualitative research is often achieved through *triangulation*. Triangulation is a process whereby multiple data sources are used to examine the phenomenon under investigation (Kemperaj & Chavan, 2013). Triangulation of data was conducted using multiple data collection methods. In this study, triangulation was demonstrated through detailed interviews, professional development self-reflections, and focus groups. Credibility is obtained through maintaining high standards and conducting research openly and honestly (Check & Schutt, 2012). Firsthand experiences with mental health issues and the perceptions of the special education teachers will drive the determination of the study. Credibility was also achieved through the engagement in one-on-one interviews conducted with participants and member checks of transcripts and findings.

Dependability and Confirmability

Dependability and confirmability were addressed through coding being conducted by me. Dependability refers to the stability of data over time and conditions and confirmability refers to the neutrality of the data (Kemperaj & Chavan, 2013). A comparison of lived experiences of special education teachers in elementary and secondary will emerge common phenomenon addressing mental health needs in students. Dependability and confirmability can also be addressed through rich descriptions of themes, and a reflexive journal (see Appendix) kept by me.

Developing an audit trail, which is a systematic collection of documentation that allowed an auditor to come to conclusions about the data (Kemperaj & Chavan, 2013), will reinforce dependability and confirmability. Participants were asked to member check their transcripts for

accuracy. During the focus groups, participants were presented with preliminary findings to allow them to member check their authenticity and accuracy. By giving participants the opportunities to member check and present them with preliminary findings, dependability and confirmability were enhanced. I have process notes, materials relating to intentions and dispositions, and raw data to demonstrate an audit trail.

Transferability

Transferability is established by providing readers with evidence that the research study's findings could be applicable to other contexts and situations (Creswell & Poth, 2018; Kemparaj & Chavan, 2013). The study develops transferability as I was examining preschool, elementary, secondary and alternative schools' special education teachers' perceptions. I did my best to seek maximum variation with the constraints of my resources and relatively small population of the district. Transferability was also established through the in-depth description of the participants and the setting. Demographic information was collected through the demographic questionnaire and embedded questions in the interview section to enhance and improve the transferability of the current study. The descriptive information found in those sections allows for this study to be conducted in similar circumstances.

Ethical Considerations

Prior to conducting the study, approval from Liberty University IRB was obtained. The school districts provided signed letters from the school board administration to allow for recruitment of special education teachers. Those letters were provided to the LU IRB upon completion of the application. The LU IRB approval letter was then given to building level district authorities as verification that I can proceed with recruiting participants and collecting

data. I strived to disclose the purpose of the study, refrain from pressure on participants, and have sensitivity to the needs of the vulnerable population (Creswell & Poth, 2018).

The Belmont Report (1979) defines three ethical principles related to human subject research: respect for persons, beneficence, and justice (Check & Schutt, 2012). To respect a person participating in a study involves protecting those involved by using autonomy. Beneficences refer to limiting the level of harm and risk and maximizing the benefits. Justice refers to distributing benefits and risks of research fairly. Following these three ethical principles are essential in developing trust in the researcher and the research. Ethical considerations should be taken into consideration regarding the confidentiality of students in participant's classrooms and the documentation analysis.

Pseudonyms were used to protect the site and participants. Informed consent and data destruction were used in this study to exemplify ethical considerations. Allowing the participants to review reports prior to their release to the public can gauge that their privacy was appropriately taken into consideration (Check & Schutt, 2012). I established a clear agreement with the participants, recognize the necessity of confidentiality and informed consent, and develop procedures for insuring full disclose of the nature, purpose, and requirements of my research (Moustakas, 1994). Electronic data storage was kept in a password protected program and paper files were kept in a locked cabinet. I respected the privacy of participants, communicate clearly, share reports with others, and report honestly (Creswell & Poth, 2018).

Summary

The current study aimed to describe the lived experiences of preschool, elementary, secondary, and alternative special education teachers in addressing mental health disorders in students. A transcendental phenomenological design was used to investigate common themes

and considerations of special education teachers in addressing mental health disorders in their students. The use of a transcendental phenomenological design enabled the researcher to apply their own experiences and perceptions, as well as the perceptions of special education teachers, to the research topic of student mental health in public schools. However, bracketing of my own thoughts and feelings was used throughout the study to ensure the depiction of the participants' experiences are accurately reflected. Triangulation of data through individual interviews, focus group, and participation self-reflective writing. Through the triangulation of data, common phenomena of special education teachers were described.

Through data analysis, I determined clusters of meaning and significant statements that will also be evaluated for overlapping, repetitive, and vague expressions (Moustakas, 1994). Ethical considerations were held at the forefront. Approval from the research site(s) and from the Liberty University IRB was obtained prior to the recruitment of participants and the collection of data. Pseudonyms were used and full disclosure of the intent of the study was shared with participants prior to conducting the study. I established a level of comfort and safety so that all participants will relay accurate information regarding their experiences addressing mental health concerns in their students (Moustakas, 1994). Through the collection of data, public school districts can develop programs and training to enhance the experiences of special education teachers and the overall positive mental health of their students.

CHAPTER FOUR: FINDINGS

Overview

The purpose of Chapter Four is to present the results of the data analysis. This chapter contains the results for this transcendental phenomenological study. The purpose of this transcendental phenomenological study was to explore the lived experiences of special education teachers in regard to addressing the mental health needs in students experiencing comorbid disabilities. The contextual organizational framework (Ringeisen et al., 2003) was used to examine the lived experiences of special education teachers in regard to addressing the mental health needs in students experiencing comorbid disabilities. This chapter presents the participants, demographics, the findings for the research study, and a summary of the data. Data collected from individual interviews, focus groups, and reflective writing were presented through themes and tables.

Participants

Twelve participants were interviewed for this study; two focus group interviews with three participants each were also conducted; five participants completed and returned the reflective writings. Participants are special education teachers in public school systems with a variety of backgrounds including elementary, secondary, and alternative experiences. An attempt was made to have preschool special education teachers participate in my research; however, no interest was shown by teachers in this area. Participants' teaching experiences ranged from being a 1st year novice to 19-year veteran special education teachers with the average years teaching at 9.25 years. Participants' ages ranged from 23 years to 58 years with an average age of 37.5 years. Participants were mainly located in school districts in Virginia, but also included participants from Colorado, Maryland, and Arizona. Eight participants were from Virginia, two

were from Maryland, one from Colorado, and one from Arizona. Participants were recruited in multiple ways to ensure a variety of elementary and secondary special education teachers. Recruitment of Virginia participants occurred through school district permission and/or convenience sampling within the district I am currently employed in. Requirements from other states were conducted through social media post looking for volunteers to platforms such as LinkedIn and Facebook. Pseudonyms were developed for each participant to protect/safeguard their identity. The following are rich descriptions using the pseudonyms of the special education teachers who participated in the study.

Linda. Linda is a 38-year-old elementary special education teacher in Virginia. She holds a bachelor's degree and has been teaching for four years. Before teaching, Linda worked as an aide in a variety of classroom settings. Linda works at a public elementary school in central Virginia. Linda holds certifications in an Autism program and reading certifications through Orton-Gillingham. Linda was inspired to become a special education teacher because her sister worked as a special education teacher. Also, as an aide she was mentored by a teacher who gave her hope for good teachers and what she wanted to reflect on when she became a teacher. Linda was asked in an individual interview which disabilities she works with; she stated she has students with developmental delays, speech and language, specific learning disabilities, other health impairment, autism, and oppositional defiant disorders. When asked how often Linda encounters behavior and/or mental health concerns, Linda stated “Daily, usually, some of, I have a couple almost hourly or at least to the half hour that requires redirecting or heavy support” (Linda, individual interview, October 13, 2022).

Jennifer. Jennifer is a 32-year-old elementary special education teacher from Virginia. She holds a master's degree and has been teaching for eight years. Jennifer works at a school in

the south-west region of Virginia. Jennifer holds reading certifications through Orton-Gillingham. Jennifer was inspired to pursue special education as she worked in her pre-service courses and practicum placements. She enjoyed working with these students and knew there was a need for special education teachers, so she added the endorsement.

When asked what kind of disabilities Jennifer works with daily, she stated learning disabilities, developmental delays, Other Health Impairment (OHI), emotional disorders, and autism spectrum disorder. Jennifer stated she encounters and engages in behavior management daily with students. When asked if Jennifer feels equipped and supported with addressing mental she stated “supported, but I don’t feel that I am quite equipped” (Jennifer, individual interview, October 29, 2022). Jennifer was asked what she feels are stigmas regarding mental health in regard to special education students. She stated the following that she feels people are always looking for reasons for the behaviors and often blame lands on home life. Jennifer stated that drug abuse in adults has increased and often impacts the students she works with.

Meghan. Meghan is a 32-year-old alternative elementary school special education teacher from Virginia. She holds a master’s degree and has been teaching for 8 years. Meghan works at an alternative school associated with a public school district located in the piedmont region of Virginia. Meghan is Safety Care certified, has Orton-Gillingham certifications, and certified trauma and resilience practitioner certification. Meghan was inspired to become a special education teacher during her pre-service and practicum coursework. Meghan knew she wanted to get her master’s degree and was encouraged to do the special education endorsement by her college professors. She figured she would never use the endorsement until she completed student teaching in an elementary developmental delay classroom, and she knew that was her calling.

Meghan described her disability caseload to include Other Health Impairments, emotional disorder, Autism Spectrum Disorder, Developmental Delay, Specific Learning Disability, and Speech and Language Impairment. She describes comorbid disabilities to include depression, anxiety, oppositional defiant disorder, sensory processing, and mental or dysregulating mood disorders. Students on her caseload are either discipline placements or IEP change placements from their homebased school. Meghan stated she addresses behavior concerns in students about 95% of her day and on a daily basis. When asked if Meghan feels equipped and supported with address mental health concerns, she stated at first, she did not. However, she has been able to collaborate with peers and had to do a lot of seeking out information on her own terms. Despite this, Meghan stated that county wise there are not many resources for teachers or families with regards to addressing mental health. Meghan has found success in consistent communication with parents and doctors to build relationships with these students and families.

Janice. Janice is a 51-year-old secondary special education teacher focusing on social studies and history from Maryland. She holds a master's plus degree and has been teaching for nineteen years. Janice works in a public school district located in the Northeast megalopolis of Maryland. Janice does not hold any specialized training or certifications. Janice was inspired to become a special education teacher because she likes working with special needs students. She has a learning disability in math, so she knew she could relate to her students. Janice also noted that she enjoys working with smaller groups of students. She feels like she gets to know them better and builds stronger relationships with those students.

Janice described her caseload of students with specific learning disabilities, emotional disorders, and Other Health Impairments. She also states that she encounters behavior concerns

with her special education students daily. Janice states that she works on de-escalating students who display anxious or bothered behaviors, so they do not escalate to walking out of class or disturbing learning. Janice continued by stating that she thinks she needs to learn more about de-escalating so she can be more comfortable working with students who have emotional disorders.

Amy. Amy is a 43-year-old secondary special education teacher from Colorado. She is a doctoral candidate and has been a teacher for 7 years. Amy works at a public school district located in Colorado and has experience in both elementary and secondary locations. Amy has certification in TEACH, autism recognition through Colorado Department of education, and certificate in micromanagement of microaggressions. Amy was inspired to become a special education teacher after being a horse trainer for two decades. She knew that horse therapy was often beneficial for children with Autism, and she wanted to make the switch to working with children. This led Amy to complete her degree in special education.

Amy described her caseload including students on the autism spectrum and other high need disabilities. She also describes working with comorbid disabilities including traumatic brain injury, oppositional defiant disorder, and schizophrenia. Amy stated she addresses mental health and behavior concerns daily which she keeps charts for data collection. When asked to describe behaviors she encounters, Amy stated that with pre-k to 6th grade students she noticed their struggle to communicate their needs so they would scream, yell, and jump on tables to communicate their needs. When asked if she feels equipped to address mental health concerns in students, Amy said yes, but only because she has extensive specialized training in behavior management.

Lydia. Lydia (a pseudonym) is a 40-year-old elementary special education teacher. She holds a master's degree and an Ed.S. in educational leadership and has been teaching for eleven

years. Lydia works in a public school district located in Arizona. Lydia has a certification in ICPI. Lydia began her journey as a general education teacher at the secondary level with an emphasis on social studies. However, she found that it was harder to find a job. She ended up finding a special education position at an alternative school (Lydia, individual interview, March 9, 2023). This led her to get certified in special education. She also enjoys the small group atmosphere that the resource room brings.

Lydia was asked to describe the students she has on her caseload. Lydia stated she works with students who are on the autism spectrum and have orthopedic impairments. Comorbidity, Lydia states that several of her students also have a diagnosis of ADHD. Lydia continued by stating she addresses behavior concerns in her students daily. She stated that when she says behaviors, she does not mean always malicious, but rather behaviors that impact their ability to access the curriculum (Lydia, individual interview, March 9, 2023). Lydia stated that she often works in small groups which she finds reduces the distractions of her students.

Laura. Laura is a 42-year-old elementary special education teacher from Virginia. She holds a master's degree and has been teaching for fifteen years in both alternative and public-school settings. Laura currently works in a public school district located in the mid-Atlantic piedmont region of Virginia. Laura does not have any additional certifications or training. Laura was inspired to become a special education teacher following her visual impairment. She wants students to know that despite their challenges, they can achieve and become whatever they want.

When asked to describe the types of disabilities Laura works with, she stated she works with students with developmental delays, specific learning disabilities, emotional disorders, and other health impairments. Laura also described comorbid disorders including ADHD and anxiety. When asked how often she addresses behavior concerns in students, she stated it

depended upon the student and if they are medicated that day or not. At Laura's previous place of employment, she described working in an alternative school for middle schoolers who struggled with mental health concerns and had IEPs. Laura describes working with students with emotional disturbance as defined under IDEA and those who are not on an IEP but who display symptoms of emotional disturbance (e.g., internalizing, and externalizing types of disorders) that require behavior support daily.

Kim. Kim is a 33-year-old secondary special education teacher, from Virginia, who focuses on science courses. She holds a master's degree and has experience in both elementary and secondary settings where she has worked for the last eight years. Kim currently works in a public high school located in central Virginia. Kim does not hold any additional certification or training. Kim was inspired to become a special education teacher after working on a mental health unit at a local hospital. She decided she wanted to finish school and do something along the lines of mental health, but without needles. She also wanted a schedule that would be similar to her children's. Kim decided that because mental health and students with disabilities often go hand in hand, she would become a special education teacher.

Kim described working with students with specific learning disabilities, autism, emotional disorders, and hearing impairments. She also described working with students with comorbid disabilities that include ADHD and other health impairments. When asked how often Kim addresses mental health concerns in students, she stated daily and that she feels that COVID has made those behaviors worse and more frequent. When asked her opinion on stigmas regarding mental health and special education students, Kim stated she felt it was more normal for people to have therapist and have someone to talk to too. She continued by stating that a lot

of secondary students that she is involved with are open and willing to discuss that they seek therapy.

Mary. Mary is a 30-year-old secondary, middle school, special education teacher from Maryland. She holds a master's degree and has been teaching for 9 years, with 2 years exclusively in special education. Mary works in a public school district located in north-east Maryland. Mary does not have any additional training or certificates. She was inspired to become a special education teacher after working as a general education teacher. Mary enjoys differentiating and meeting the needs of students with IEPs. She found when she was a general education teacher, she could not pour into students with learning disabilities as she felt they needed. This led her to getting her master's degree and solidified her desire to work with students in special education.

When asked what kind of disabilities Mary works with, she stated she has worked with students with autism, traumatic brain injury, and down syndrome. She continued by describing behaviors she has witnessed with these students to include outburst, frustration, and irritation. Mary stated she built relationships with these students, used debriefing techniques, and cool down areas to help these students through their behavior crisis.

Jacob. Jacob is a 23-year-old secondary special education teacher, from Virginia, focusing on history and social studies. Jacob holds a bachelor's degree and is working to complete his master's degree. He has been teaching for almost a year at a public high school located in central Virginia. Jacob does not have additional training or certifications. He was inspired to become a special education teacher after being able to experience working with students with special needs during high school gifted and talented programs. Once in college, he was guided by a college professor in choosing the special education path.

Jacob described his caseload as involving students on the autism spectrum, varying specific learning disabilities, hearing impairments, and others. When asked how often he addresses mental health concerns, Jacob stated that it depended on the semester, but during this interview he stated three to four times per week. He continued by stating that several of his students are very vocal about their emotions and needs, which he states makes it easier for him to guide those students. When asked if he feels equipped to address mental health concerns, Jacob states to an extent. He stated he does his best to identify and address, but he doesn't have the training that a specialist or therapist would encompass.

Holly. Holly is a 28-year-old elementary special education teacher from Virginia. Holly holds a bachelor's degree and has been teaching for seven years. Holly works in a public school district located in the south-west region of Virginia. Holly does not have any specialized training or certifications. Holly was inspired to become a special education teacher following courses in her pre-service coursework. She was involved with Autism Speaks which included working with children and adults. Holly's passion for those that needed additional support continues to grow as she researches and continues to work with this population.

Holly describes her caseload to include intellectual disabilities, autism spectrum disorder, traumatic brain injury, specific learning disabilities, and other health impairments including ADHD. When asked how often she addresses mental health concerns, Holly stated daily and often multiple times a day. When asked what stigmas she feels relate to students with mental health concerns, she stated that was a loaded question. Holly continued by stating that most teachers seem to struggle with inclusion and how to teach complex children. She stated she wasn't sure if it was a lack of exposure to students with IEPs, disabilities, and emotional struggles.

Ted. Ted is a 58-year-old secondary special education teacher, from Virginia, focusing on mathematic courses. Ted holds a bachelor's degree and has been teaching for 14 years. Ted works in a public high school located in central Virginia. Ted is safety care trained and has endorsements in a variety of special education disabilities. Ted was inspired to become a special education teacher while in college. He was going for a general education degree, but some of the courses he took guided him towards the special education realm. When asked to describe the behaviors Ted encounters on a daily basis, he stated a lot of resistance, especially to follow class directions and expectations. Ted feels there is a lack of understanding of the circumstances. He continued by stating the lack of understanding surrounds a student's living conditions and all the other things outside of the school that impact them and contribute to their mental health.

Results

Transcendental phenomenological studies focus on common wholeness of the experiences and search for meanings and essences of lived experiences, which in this case was the lived experiences of special education teachers in regard to addressing mental health concerns in their students (Moustakas, 1994). Participants signed an informed consent before being interviewed, participating in the focus group, or sharing their reflective writings regarding professional developments. Examination of each individual teacher's perceptions were reviewed in relation to the group of participants to establish categorize commonalities (Moustakas, 1994). There was no attempt by me to persuade participants in any way regarding their experiences with addressing mental health concerns in special education students.

I transcribed the recorded interviews while using Microsoft transcribing software, listening, and reading, and rereading the interviews to check for accuracy. Interviews were transcribed in a way to allow for my own thoughts and notes to emerge as themes. Once the

interviews were transcribed, each participant in both individual interviews and in focus groups were given the opportunity to member-check the transcripts. Each document was then uploaded into the Taguette online program for coding purposes. The transcribed individual interviews and focus groups and coding templates were compared and cross checked for accuracy and consistency.

Theme Development

The results of the participant interviews, focus groups, and reflective writing were analyzed to identify themes and commonalities among the responses. Themes “are perceptions, experiences, feelings, values, and emotions residing in the minds of participants/ respondents of a research” (Mishra & Dey, 2022). Using the steps of a transcendental phenomenological study (Moustakas, 1994), I began with the individual interview results. I listened to, read, and reread looking for meaningful units that were then grouped into emerging themes. I examined all relevant information as I looked for repetition of words and phrases. Some repeated words and phrases are listed in Table 2. Using the same method, I examined the focus group interviews for repetition of words and phrases among the participants. Finally, the reflective writing was examined using the same analysis.

Table 2*Themes and Subthemes*

Key Themes	Sub Themes
Mental Health Impact	Stigmas Academic Impacts Peer Interactions
Lack of Resources & Training	Elimination of Supports
Professional Development	Perceived Needs

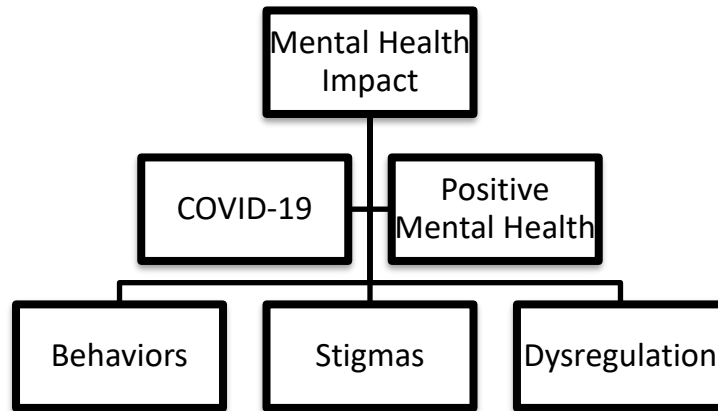
During the analysis of the interviews, focus groups, and reflective writing, three themes emerged from the participants discussions. The first theme, mental health impact, included participants' lived experiences of addressing mental health concerns with students. The second theme, lack of resources and training, described the participants' thoughts and experiences with the barriers they face when addressing mental health concerns in their students. The third theme, professional development, included the participants' thoughts on what is needed to move forward with regards to helping students with mental health concerns.

Themes

After analyzing the interviews, focus groups, and reflective writing samples and coding templates, three themes emerged: (a) mental health impact, (b) lack of resources and training, and (c) professional development. Each theme and subthemes are aligned to a research question and includes a discussion of the corresponding themes. Figure 1 displays a visual representation in the form of a word cloud that includes the repeated phrases and words that were used to develop themes and codes.

Figure 1*Themes Word Cloud****Theme One: Mental Health Impact***

Theme one corresponds to central research question, “what experiences within the organizational context(s) do special education teachers describe when working with special education students with comorbid mental health disorders?” Mental health impact, theme one, was a common topic discussed throughout the interviews. The subthemes of stigmas, academic impact, and peer interactions were also common discussions throughout the interviews and focus groups. Every participant that was interviewed stated that in their opinion, mental health has a significant impact on a student’s academic, peer relationships, and overall well-being. Linda said it best when she stated, “if they’re not with it mentally, emotionally they’re not going to learn” (Linda, individual interview, October 13, 2022). Figure 2 displays the repeated words or phrases included in theme one.

Figure 2*Theme One Tree Chart*

Most of the participants described the impact of a student’s mental health using words and phrases like tremendous, needing heavy support, sensory needs, focus struggles, and many others. Meghan stated:

Your amygdala is, you know, hyper or you're constant in fight or flight mode, you literally can't access your prefrontal cortex. You can't learn. And so, I think when kids, their brains are focused on so many other things or they're dealing with so many other issues. They can't learn because they're, you know, dealing with all kinds of other things that are, in their minds, way more important or they're worried about other things.

(Meghan, individual interview, November 11, 2022)

Several other participants echoed Meghan’s opinion regarding the impact of mental health. For example, Linda stated, “If they’re not with it mentally, emotionally they’re not going to learn” (Linda, individual interview, October 13, 2022). Jennifer emphasized this notion by stating, “mental health is affecting the entire, their learning process” (Jennifer, individual interview, October 29, 2022). Students who are hyper focused on home issues, internal dialogue, etc. often struggle to connect with their learning and peers which in turn impacts their academic

performance and educational experiences. One of the elementary special education teachers in the focus group stated if students are struggling mentally and emotionally then it is going to be harder for them to achieve academic success. However, that is the perfect place for special education teachers to step in and build trust with the student to move past those struggles and barriers.

Special education teachers, especially in the secondary setting, also described a significant increase in absences when students are struggling with mental health. Janice stated “I have just noticed that it causes a lot of absences. And I have, you know. They don't like school, anxiety, and it just seems to cause tons of absences” (Secondary focus group, June 15, 2023). Mary second that sentiment with stating “so I would also agree absence. Absence absences are an issue” (Secondary focus group, June 15, 2023). The secondary teachers also touched on the lack of motivation and desire to participate in their educational journey. Ted stated, “Just uh overall motivation to participate in and receive support this it has a significant impact on their attitude towards learning in general just because of the distraction of the other things that they're dealing with” (Secondary focus group, June 15, 2023).

Stigmas

Stigmas are perceived characteristics that are often negative in nature. Participants were asked in their opinion, what were stigmas that impact special education students in public schools. All participants felt that there were some forms of stigma. Linda stated:

There's definitely stigmas. I hear a lot of well, why are they in my room. You know, they can't do the work like others. Or I don't want this kid in my room because he screams. Which is understandable. They shouldn't be here. A lot of isolation expected. They also don't recognize their ability levels... So, I don't think a lot of teachers recognize how

many strengths our students really actually have. And that is kind of overlooked because of the stigma. And there's also, you know, when I think back to when I was in high school, when I was young, we did not blend students together. So, a lot of these teachers are just in this old school mind, they shouldn't be here. (Linda, individual interview, October 13, 2022)

Meghan, an alternative elementary special education teacher, described the stigmas that she feels surrounds students that integrate back into the public-school system. Meghan stated:

Kids that we get sent and kids and we send back, they have a target on their back, any little thing they do it's like they're the bad kids. You know, a lot of, like, it's willful. They're doing it, you know, for control or they're trying to manipulate you. When their brains are literally not developed enough for that. (Meghan, individual interview, November 17, 2022)

Other participants described similar experiences of stigmas. These participants stated that when people see that a child has an Individualized Education Program or IEP, there is often prejudice these students. One participant stated that she did not feel that stigmas were present as much as panic.

Academic Impact

Academic impact students in varying manners and with significance. Participants in the current study described how they feel that comorbid mental health disorders significantly impact the academic performance of students. Linda stated that comorbid mental health disorders impact academic performance "Tremendously. If they're not with it mentally, emotionally, they're not going to learn. If they come to school angry, mad, that needs to be addressed before you even ask

them to sit in a classroom and do their work” (Linda, individual interview, October 13, 2022).

Mary describes the impact as:

I think that if the student is in the right mindset and that you equip them with like the right tools. I think that they can meet goals in different ways than other students. I think that they need more support than students without disabilities, and I think that in order for them to actually achieve different goals, you need to meet them where they are. Or else they won't get it, but I think that they I think all students have the potential to get to meet a goal and to get to where other students are, but they just need, they're going to get it in different routes than typical students. (Mary, individual interview, March 21, 2023)

Several participants describe that students with comorbid mental health disorders often seem to struggle with academic performance because they are preoccupied with their thoughts and struggles. Meghan said it best when she stated, “you can’t learn when your brain is stressed” (Meghan, individual interview, November 17, 2022).

Peer Interactions

All participants felt that peer interactions were a struggle in varying degrees for special education students with comorbid mental health disorders. However, the secondary special education teachers felt that students were able to make more connections with students with similar struggles.

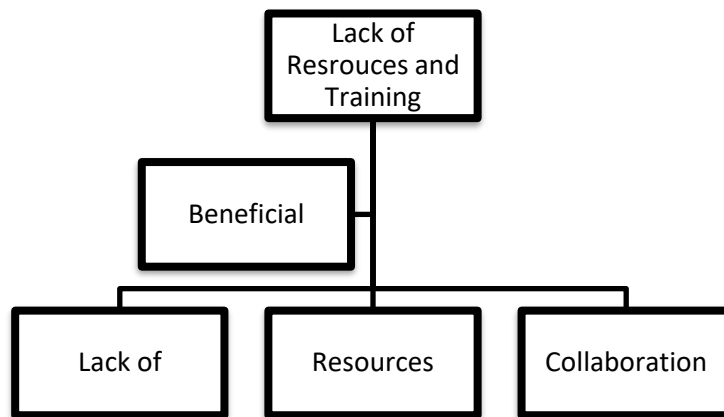
Theme Two: Lack of Resources and Training

Theme two corresponds to research question three, “how are special education teachers lived experiences influenced by the challenges of contextual organizations in providing services to special education students with comorbid disorders?” Theme two, lack of resources and training, was a common discussion among the participants in the interviews and focus groups.

The subtheme of elimination of supports was also discussed among the participants. Figure 3 displays the repeated words or phrases included in theme two.

Figure 3

Theme Two Tree Chart



Meghan said it best when she said, “we don’t do enough with understanding how the brain functions in regard to mental health and to behavior” (Meghan, individual interview, November 17, 2022). According to Mary, she felt that she has not received much training regarding special education or mental health through her school district. Mary stated, “Unfortunately, I have not received much in-service special education professional development. The only professional development available is on writing IEP goals quarterly” (Mary, reflective writing, June 5, 2023). Other participants also described a lack of professional development and in-service training with regards to meeting student mental health needs. Mary stated,

I feel like a lot of the PD's were geared about social emotional learning, we're geared more towards the typical students and really did not focus at all on students with disabilities, which was a little frustrating because a lot of students with disabilities do have to get frustrated, obviously, and UM, have a lot of those mental health situations,

so I don't feel like I was given the resources I need. (Secondary focus group, June 15, 2023)

A common request or perceived need for public school education is the need for more trained people to help with addressing mental health struggles in students. Linda stated she would love to see therapists in every building. Jennifer described the need for trained school psychologists in every building. Additionally, participants felt strongly about providing training to general education teachers with regards to de-escalation strategies and better understanding of disabilities in general. Amy stated, “I think behavior interventions need to come to the front of the list and how to address them on the spot in class. I think teachers need to learn more” (Amy, individual interview, March 8, 2023). Lydia believes there is a need for training for all teachers on how to keep their cool and “identifying ways to deescalate situations and why we want kids in class. Like preventative measures to prevent behavior” (Lydia, individual interview, March 9, 2023).

Holly stated, “it is hard to train you for what you are going to see until you get into it and work with students” (Elementary focus group, June 2, 2023). The secondary level focus group stated they do not feel they have been given the resources they need to address mental health struggles to their full potential. During the secondary level focus group, Ted stated,

Bring in somebody and have them model over a period of time, not just, you know, 10 minutes in the classroom, but give us a week. Let's take a let's give them a student that we're having challenges with and let them show us how it works. And see some tangible, you know benefit or improvement based on you know the magic that they're trying to teach us. (Secondary focus group, June 15, 2023)

Meghan stated the need for more community supports and interactions with school systems. She continued with describing her positive thoughts on play therapy and using that in classroom settings. Meghan also stated that programs, support, and resources need to be school wide to completely shift the culture of the school and meet the needs of students with mental health concerns (Meghan, individual interview, November 17, 2022).

Elimination of Supports

Several participants described the decline in public-school budgets in the area of mental health and support or services. Ted stated that he felt school districts are “more reactive versus proactive” (Ted, individual interview, May 16, 2023). Participants also feel that during Covid-19 there was an emphasis on mental health supports that were beneficial. However, in recent years, special education teachers report a decline in services and supports. Often these cuts are due to budget constraints and leave teachers in positions to develop their own resources or programs. Holly described these cuts impacting the district she works in that the programs for things like day treatment are no longer available (Holly, focus group, June 2, 2023). Additionally, all the participants feel that additional trained staff would be beneficial and describe this as being ideal if money was of no concern.

Theme Three: Professional Development

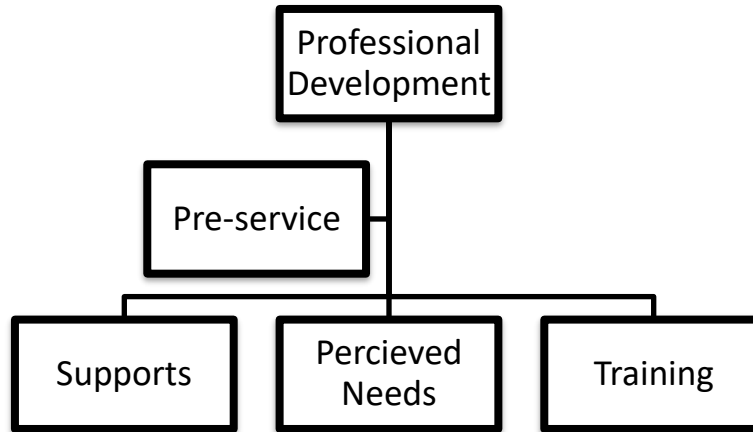
Theme three corresponds to research sub-questions three, “what do special education teachers describe as potential in-service professional development topics that would improve their ability to address the comorbid disorders of special education students?” Professional development, theme two, was described and discussed by participants during the interviews, focus groups, and in the reflective writing. The subthemes of perceived needs were also discussed throughout the data collection. Lydia stated it best when she said, “if all stakeholders

make small steps toward preventing behavior issues that can negatively affect learning, I believe students will experience more academic success” (Lydia, reflective writing, March 10, 2023).

Figure 4 displays the repeated words or phrases included in theme three.

Figure 4

Theme Three Tree Chart



Perceived Needs

Frustration with professional development provided by school districts was described by several participants. Participants felt that professional development often is not geared towards special education and more specifically mental health. Rather, emphasis on academics and passing grades which they noted is important but does not address the whole child. One participant stated, “reduction of PD and more modeling for teachers in the classroom what it should look like and how to handle it” (Amy, individual interview, March 8, 2023). During the elementary focus group, participants described the need to be on the same page and provided professional development that supports the whole school in that target (Elementary focus group, June 2, 2023). Jacob feels that professional development “geared towards potential signs and how to recognize/ handle those signs before a situation is out of our control” would be beneficial for public school staff (Jacob, reflective writing, May 22, 2023). Mary stated,

I feel as though special education teachers feel that professional development to address mental health disorders in students experiencing comorbid disabilities is very important... Special education teachers should be receiving support in how to address behavior concerns and academic concerns for different disabilities in order to help understand why a student is either acting out or why they are performing so low. These professional developments will help to meet the child where they are and to help bridge those gaps. (Mary, reflective writing, June 5, 2023)

Jennifer, among other participants, stated “I would definitely like to see some behavior professional development like classroom management, we do need a stronger classroom management system” (Jennifer, individual interview, October 29, 2022). Meghan also described the need for classroom management by stating,

I think ways to build positive classrooms and supportive classrooms without necessarily having positive behavior plans or like classroom behavior systems. I think a lot of the times classroom behavior system is falls short. The kids they work for, they'd work for whether without them and the kids who need. Them they don't work for. (Meghan, individual interview, November 17, 2022)

Several teachers described a difference in professional developments and resources geared towards mental health since experiencing COVID. Kim stated historically, she feels there has not been much training in mental health. She continued by stating she felt there was more of an emphasis on mental health in 2020 and 2021 but feels that has tapered out and is being forgotten (Kim, reflective writing, April 17, 2023). Janice stated that during the pandemic she felt there were several professional developments and social emotional learning opportunities to help teachers address how students may have been feeling. However, she continued by stating

“since students began attending school in person there have not been many professional developments on social-emotional or comorbid disabilities” (Janice, reflective writing, March 20, 2023).

Research Question Responses

Research questions are listed with the explanation of each question’s purpose. Data collected from participants individual interviews, focus groups, and reflective writing were examined regarding each question.

Central Research Question

Research question one asked, “what experiences within the organizational context(s) do special education teachers describe when working with special education students with comorbid mental health disorders?” This question was devised to understand how participants describe their lived experiences of addressing mental health disorders in the organizational context of the public-school setting. Participants descriptions and experiences provided insight into the perceived needs regarding addressing mental health struggles in special education students. Data analysis provided the first theme, mental health impact with subthemes of stigmas, academic performance, and peer interactions. Participants described a student’s mental health as having a significant impact on their academic performance, peer relationships, and overall well-being.

Table 3 depicted the themes in relation to the central research question.

Table 3*Words and Phrases in Relation to Central Research Questions*

Codes Obtained	Source	How many times codes mentioned	Percentage
COVID impact	Individual Interviews	3	2%
Frequency of behaviors	Individual Interviews	20	13%
Mental health	Individual Interviews	33	21%
Impact of behaviors	Individual Interviews	65	41%
Positive mental health	Individual Interviews	25	16%
Comorbidity Disabilities	Individual Interviews	14	9%

Research Sub-Question One

Research sub-question one asked “what do special education teachers report about their pre-service and in-service training experiences related to special education students with comorbid disorders?” This question was designed to better understand the pre-service and in-service training that participants received regarding mental health struggles. Participants described a lack of pre-service and in-service training that addresses mental health concerns in students. Data analysis provided the third theme, professional development with a subtheme of perceived needs. Participants described a need for de-escalation professional developments, not only for themselves but for general education teachers as well.

Table 4*Words and Phrases in Relation to Sub-Question One*

Codes Obtained	Source	How many times codes mentioned	Percentage
Supports	Focus group	31	44%
Professional Development	Focus group	23	32%
Perceived Needs	Focus group	17	34%

Several participants discussed the needs of additional professional development and in-service opportunities that go beyond the special education department. “I don’t think there is enough education and knowledge given outside of the SPED department” (Linda, individual interview, October 13, 2022). Amy stated, “there’s not enough training” with regards to mental health and de-escalation strategies (Amy, individual interview, March 8, 2023). Others stated that most professional development currently provided often does not apply to the special education realm. Participants describe having a lack of professional development geared towards mental health or de-escalation strategies. Rather professional development is often focused on improving academic skills. Special education teachers also describe a lack of pre-service training that also impacts their daily job with interacting with mental health concerns with students. Most describe only having classroom management pre-service, but nothing that included mental health supports.

Research Sub-Question Two

Research sub-question two asked “how are special education teachers lived experiences influenced by the challenges of contextual organizations in providing services to special

education students with comorbid disorders?” This question was devised to better understand how challenges impact special education teachers’ lived experiences and their abilities to address mental health struggles in students. Data analysis provided the second theme, lack of resources and training with the subthemes of elimination of supports. The majority of participants described a lack of resources and training to address mental health needs in special education students.

Table 5

Words and Phrases in Relation to Sub-Question Two

Codes Obtained	Source	How many times codes mentioned	Percentage
Resources	Individual interviews	50	48%
Training	Individual interviews	31	30%
Stigmas	Individual Interviews	23	22%

Several participants described the constraints of budgets and lack of resources for addressing mental health concerns in students. Kim and Holly described an increase in these services during Covid-19, however, both say those programs and resources have been eliminated due to budgets constraints. Additionally, several participants described the struggles to find well-trained individuals to support students in public-school systems.

Research Sub-Question Three

Research sub-questions three asked “what do special education teachers describe as potential in-service professional development topics that would improve their ability to address the comorbid disorders of special education students?” This question was designed to better understand what topics and professional developments special education teachers feel would be

beneficial to boost their ability to address mental health struggles in students. Data analysis provided the third theme, professional development with a subtheme of perceived needs. Most participants expressed a need for more modeling and direct instruction in addressing mental health struggles in students rather than traditional professional development opportunities. However, all participants described a need for more mental health related professional development opportunities. Kim stated, “I think we have kind of a limited toolbox” (Kim, individual interview, March 17, 2023).

Table 6

Words and Phrases in Relation to Sub-Question Three

Codes Obtained	Source	How many times codes mentioned	Percentage
Professional Development	Reflective Writing	5	33%
Training	Reflective Writing	5	33%
Perceived Needs	Reflective Writing	5	33%

Participants identified several perceived needs as special education teachers in the public school system. Several participants described the need for additional training, not just for special education teachers, but for general education teachers and administration. Holly stated:

Whether or not they plan on working with them or not. I also think it's important that current teachers, whether they be new, worked for 5-7 years or veteran teachers about to retire, I think professional develop client centered on working with people with disabilities or working with children with mental health issues and what signs to look out for I just find that to be very important. (Holly, individual interview, March 24, 2023)

The need for highly trained staff and more of them was also a significant perceived need. Meghan stated that programs, support, and resources need to be school wide to completely shift the culture of the school and meet the needs of students with mental health concerns. Meghan continued by stating, “it's not so much of a program as opposed to a big picture thing and understanding” (Meghan, individual interview, November 17, 2022).

Summary

Chapter Four contained data gathered from 12 participants who were public-school special education teachers from a variety of states. The data represents the lived experiences of the participants regarding addressing mental health struggles in special education students with comorbid disabilities. The participant group consisted of 10 women and two men with years of teaching experience ranging from almost 1 year to 19 years. Twelve participants participated in individual interviews, three participants participated in the elementary focus group, three participants participated in the secondary focus group, and five participants provided their reflective writing responses.

The following three themes emerged from the data: mental health impact, lack of resources and training, and professional development. Subthemes were also included as participants discussed the impacts and needs in the public-school system with regards to addressing mental health disorders in students. Each of the three identified themes were related back to the research questions. The theme of mental health impact was connected back to research question one. Participants described how they felt that mental health of a student has a significant impact on their academic performance, peer relationships, and overall well-being. The theme of lack of resources and training connected back to research questions three. Participants described the challenges and barriers they perceive when addressing mental health struggles in

students. All participants described a lack of resources or training with regards to this area. The final theme of professional development was connected back to research question two and four. Participants described a lack of mental health professional development, several participants stating seeing a decline in those topics following the COVID pandemic. All participants described the perceived need and benefit of more professional development geared towards de-escalation and other ways to address mental health struggles in students.

In Chapter Five, a summary of the findings were presented complemented by the discussion section with supporting literature for each research question. Implications, delimitations, and limitations are also addressed. Finally, a discussion of future research was presented.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to describe the lived experiences of special education teachers in regard to addressing mental health concerns in students with comorbid disabilities. This chapter includes an interpretation of the findings, theoretical and methodological implications, implications for policy and practice, limitations, and delimitations, and recommendations for future research.

Discussion

The current research study explored the special education teachers ($N=12$) lived experiences in regard to addressing comorbid mental health disorders in their students. Triangulation of data sources outlined in the previous chapter were categorized into the following three themes: (a) mental health impact, (b) lack of resources and training, and (c) professional development. The following section discusses the study's findings in relation to the themes and the interpretation of those findings with empirical and theoretical literature accompanied by narrative evidence from participants.

Interpretation of Findings

Public-school education is in a transformative period of time in which vital decisions must be made to ensure a stable future for students. Special education teachers are impacted and influenced by the contextual organizational framework of the public-school system. The contextual organizational framework of public-schools impacts the individual special education teacher, individual schools, school districts, and state/ national levels of education systems. This framework provides guidance, boundaries, and sometimes hinderance for special education teachers. Special education teachers' lived experiences in regard to addressing comorbid mental

health disorders in their students is significant to bettering the educational journeys of students and the public-school systems.

Summary of Thematic Findings

The following three themes emerged from data analysis: mental health impact, lack of resources and training, and professional development. The themes aligned with the contextual organization framework depicted in this phenomenological research study. Special education teachers described the impact that comorbid mental health disorders have on their students in the public-school setting. Several participants described the daunting task of addressing comorbid mental health disorders in their students that significantly impact their academic performance, attendance, and peer interactions. One common thought was the need to build meaningful relationships with students which aids in addressing mental health concerns.

These participants also depicted the lived experiences noting the lack of resources and training available to public-school special education teachers and teachers in general regarding mental health disorders in students. Several participants stated they are unsure of what resources and training would be available geared towards addressing mental health concerns in their students. Participants also noted that additional trained staff, such as behavioral specialists or school psychologists, would be beneficial in the public-school systems. Special education teachers noted that it takes more than one person to address and monitor students with comorbid mental health disorders.

Lastly, special education teachers described the need for professional developments that were more centered on the needs of special education realm rather than topics that apply to mainly general education areas. Several participants stated that most professional development provided by school districts are geared towards reading and math programs that are of limited

use in the special education realm. Rather participants suggested having professional developments geared towards the specific needs of special education students, including addressing mental health concerns. Additionally, several participants described the benefits of having time to collaborate with other special education teachers and general education teachers to better develop plans to meet the needs of this population of students.

Mental Health Impacts the Education of Special Education Students. Through the analysis of individual interviews and focus groups emerged the first theme. Participants described comorbid disabilities of ADHD, anxiety, depression, and several others impacting the special education students they work with. Literature regarding comorbid disabilities was reflected in what participants had to share throughout the current study (Forness et al., 2012; Lambros et al., 2016).

All twelve participants described the impact that a variety of mental health disorders has on special education students. Two of the participants described chronic absenteeism, in their opinion, as being connected to mental health struggles in students. Additionally, all participants described academic functioning and peer relationship struggles as students are working through emotions and not focusing on their academic or social demands. Both statements mirror the points made by Ball et al. (2016).

Additionally, all the participants mentioned to a degree the pandemic and how that has impacted the mental health of students. Two of the participants emphasized this factor and felt that everyone is still navigating the effects of the pandemic, especially in relation to mental health. As Cowie and Myers (2020) and Kuzujanakis (2021) stated, the pandemic has brought attention to the intense crisis of mental health disorders. Special education teachers who participated in this study reflected these struggles and the need for additional support.

Special Education Teachers Describe a Lack of Resources and Training. Through the analysis of individual interviews, focus groups, and reflective writing emerged the second theme. All twelve participants described the need for additional resources and training which connects with the literature from Ball et al. (2016) and Franklin et al. (2012). Two expressed that they were unsure of what resources are out there, but feel they need something more than they have currently available. This is also reflected in the literature from Lambros et al. (2016) in which it is stated there is a lack of empirically supported treatments and well- designed mental health services in general for students with special education services with comorbid mental health disorders.

All twelve participants expressed a need for additional trained professionals that can assist in addressing mental health disorders. Two different participants described that with the professionals they currently have available, these professionals are often spread thin with relation to what the need is and often students do not get adequate time with these professionals. Kuzujanakis (2021) stated that most public schools lack enough mental health counselors and school psychologists which mirrored the description from participants in the current study.

Prior research establishes the significance of early intervention to address mental health disorders, which was also reflected in the perceived needs of participants in this study (Adelman & Taylor, 2006; Cuellar, 2015; Loades & Mastroyannopoulou, 2010; Sotardi, 2018). Two of the participants emphasized this concept as well. One of those participants stated the need to understand the brain and the need for additional resources to help teachers intervene at earlier stages. Additionally, three participants described the lack of communication and collaboration between schools and community agencies which reflects the literature from Baker (2013),

Flanagan et al. (2015), Greene (2014), and Weist et al. (2001). One of those participants described not knowing what would be available outside of a pediatrician.

Professional Developments can Impact Special Education Teachers. Through the analysis of individual interviews, focus groups, and reflective writing emerged the third theme. All twelve participants stated a frustration with regards to professional development. The participants described having to sit through professional developments regarding topics that do not boost their particular focus in special education. Literature mirrored by the participants statements emphasis the lack of mental health professional developments (Ball et al., 2016; Franklin et al., 2012; Kuzujanakis 2021; Loades & Matroyannopoulou 2010; Rae et al., 2017). All 12 participants perceive a need for professional developments that are geared towards special education and, in regard to what was being asked in this study, more emphasis on addressing mental health and associated behaviors. Two of the participants expressed that a non-traditional professional development with more modeling and time for guidance would be more beneficial than any professional development provided by school districts.

Participants in elementary, secondary, and alternative stated that they did not feel they had pre-service or in-service training that related to special education students with comorbid mental health disorders. Most participants stated that pre-service training in this specific area was limited and typically only geared towards classroom management. Less than half of the participants have additional certifications or training that are related to addressing comorbid mental health disorders in special education students. Additionally, participants described having in-service training for mental health around the beginning of COVID-19. However, according to participants these professional developments have diminished. Participants described in-service

training often are not geared towards special education students and have little impact or usefulness for special education teachers.

Implications

The purpose of this transcendental phenomenological study was to describe the lived experiences of special education teachers in regard to addressing mental health disorders in their special education students. This study was guided by the contextual organizational framework (Ringeisen et al., 2003). The theoretical, empirical, and practical implications of the current study were made relevant through the rich data described in the findings of the lived experiences of public-school special education teachers. The findings of this study are relevant and potentially beneficial for various stakeholders associated with the public-school system.

Theoretical Implications

The contextual organizational framework (Ringeisen et al., 2003) was the theory driving the current study. The described lived experiences the special education teachers who participated in this study demonstrated the three areas in the contextual organizational framework: individual, public-school organization, and the state/ national. The contextual organizational framework of a public-school identifies issues relevant to educators and can influence policymakers and curriculum designers (Schachter & Rich, 2011). As the researcher, I hope the descriptions presented demonstrate the need for support and resources special education teachers need to address the comorbid mental health disorders in special education students.

The public-school contexts that influence the practices, educators, and students (Ringeisen et al., 2003). The implications of the current study could potentially influence the practices, educators, and students in public-school systems. All participants in the current study stated a need for additional support and services to address mental health disorders in their

students. Public schools are in a transformative period in which vital decisions must be made to promote a stable educational future for all students, but especially students with comorbid disabilities. Through the recognition of needs and implications of mental health support and services, an impact can be made at the individual, public-school organization, and state/ national levels as put forth by the contextual organizational framework (Ringeisen et al., 2003).

Contextual Organizational Framework and Public Schools. In this study, special education teacher's lived experiences were gathered and analyzed with the contextual organization (Ringeisen et al., 2003) of public-school in mind. The data utilized in this study was collected through individual interviews, focus groups, and reflective writing samples to describe the lived experiences of special education teachers. It is through the three levels of contextual organizational framework that the data was analyzed: individual, organizational, and state/national level.

Using the data collected, I looked for links that connected the context to the individual special education teacher, public-school organization, and public-school in relation to state/ national level. The lived experiences of participants as they described the successes and challenges of addressing mental health disorders in their special education students. Through the description of the lived experiences of the participants, a lack of resources and support was made evident in the context of the public school system. All twelve participants noted a need for additional training in addressing mental health disorders in their special education students. Two participants noted there is a need, but stated they were unsure of what topics or where to begin with suggestions with regards to additional training or professional developments.

Empirical Implications

Literature and previous research have described the perceptions of school counselors and regular education teachers in relation to addressing mental health disorders (Carlson & Kees, 2013; Reinke et al., 2011). However, research including the perceptions of special education teachers was not evident in existing literature. The current study spoke to this need by using rich descriptive data that described the lived experiences of special education teachers.

Schools are essential partners in developing and implementing the work towards mental health disorders (Adelman & Taylor, 2006; Stormont et al., 2011). The current research demonstrates this implication as all twelve special education teacher participants described a perceived need for districts and public schools to develop more opportunities for resources and support. Special education teachers also depicted the need for professional developments geared towards mental health or other similar topics that would be more useful to the context of special education realm.

Practical Implications

Practical implications include how educators, and the public school system can use this research to better the educational experiences of students with comorbid mental health disorders. There is a demonstrated need for more support, training, and resources geared towards addressing mental health disorders. Conroy (2016) stated there is a lack of seamless and comprehensive services provided to students who struggle with mental health disorders. Policymakers, administrators, community service providers, and educators need to come together to build cohesive relationships that promote positive mental health for public-school students. Schools are no longer able to just focus on the academic skills of students. Rather to develop a

well-rounded student in the current society, emphasis on addressing mental health disorders must be considered.

Implications for Policy

The current research study has several policy implications with regards to addressing comorbid mental health disorders in special education students who attend public-school settings. These policy implications include benefits that will impact not only special education teachers, but students who have comorbid mental health disorders. Although the current study did not focus directly on policy changes, a profile of what could benefit addressing comorbid mental health disorders in public-schools settings became clear.

Additional Pre-Service Training. Incorporating additional or more specific pre-service training in mental health disorders in teacher prep programs would be beneficial for potential special education teachers. Reinke et al. (2011) stated that pre-service teacher training is imperative to prevention and interventions with regards to dealing with mental health issues. Two out of twelve participants described having certification and endorsements in Autism, receiving those endorsements from their teacher prep programs. Holly described pre-service training in “classroom management class” that she felt “kind of addressed mental health in students somewhat” (Holly, Focus Group, June 2, 2023). Most of the training described by the participants included professional developments provided by their district of employment. By encouraging teacher prep programs to incorporate additional pre-service training in awareness and addressing mental health disorders, special education teachers will be more prepared in their future employment opportunities.

Providing Specific Professional Development. Public education is changing and in need of more professional development that is geared towards specific special education needs,

such as addressing mental health disorders. Holly stated, “providing training for working with students with disabilities in general would be beneficial for the whole staff including administration” (Holly, Focus Group, June 2, 2023). Participants stated that training on deescalating situations and having all stakeholders being on the same page is important in meeting the needs of students struggling with mental health disorders. Linda stated “I don’t think there is enough education and knowledge given outside of the SPED department” with regards to professional development and disabilities (Linda, Individual Interview, October 13, 2022). Additionally, the secondary focus group felt that professional development in general does not always address students with disabilities. Several participants described a lack of tools and resources to address mental health concerns in students. When districts provide specific professional development opportunities, the more prepared educators will be to address significant areas such as mental health disorders in their students.

Funding for Personnel. Public-school districts often rely on a variety of resources including the state and local agencies to support funding. Funding is essential to all facets of public-schools; including the need for funding towards mental health supports and resources. When asked if money was no object, what do participants perceive as an essential need, most of the participants stated that additional personnel to address mental health disorders would be significantly beneficial. Jennifer stated she felt “we do need someone that's a more qualified school psychologist in every school that can help” (Jennifer, Individual Interview, October 29, 2022). Several participants emphasized the need for more people available in public-school buildings to help in addressing mental health concerns. Participants stated that more personnel like counselors or therapeutic day treatment folks would be beneficial so that students had more time with trained professionals. The importance of additional trained personnel can greatly

impact the educational experiences of students who are affected by mental health disorders. Teasley (2018) stated that the challenges of gaining mental health resources in public-schools include the high ratio of students who have mental health needs, as well as finding the funding to provide mental health interventions.

Implications for Practice

In addition to implications for policy, the current study provided implications for practice for public-schools and special education teachers. Special educators describe the contextual organizational framework of the public-school system. These contextual organizational frameworks impact the practices and available resources in the public-school system. Special education teachers want to be impactful with their abilities to address comorbid mental health disorders in their students.

Seeking Professional Development Opportunities and Topics. The more training and in-service professional development an educator have, the more time a student will spend in class receiving critical educational experiences to be successful in school and life beyond school. Kim stated, “I think we have kind of a limited toolbox” (Kim, Individual Interview, March 17, 2023). Greene (2014) echoed this notion by stating all educators need to be on the same page and coordinate their efforts towards the educational experiences of their students. Participants stated educators would benefit from less professional development and more modeling for educators in the classroom about how to handle it with regards to addressing mental health concerns in students. Several participants also mentioned that they are unsure of what forms of professional developments are available and would be beneficial. Other participants stated there is a need for specific training that is geared towards what special educators are facing with regards to addressing mental health concerns in students, rather than reading training that impact general

education students. Special educators need administrators and districts to analyze the needs of this specific population and develop professional development opportunities that would be beneficial to their educational success.

Collaboration Between Educators and Resources. Greene (2014) stated collaborative and proactive steps solve the problem and skills are built where they are lacking. Common goals and understanding build stronger platforms for educators and resources to work together for the benefit of student success and achievement. Collaboration between the contextual organizational framework and stakeholders, such as teachers, parents, administrators, and community members, can foster a comprehensive approach to addressing mental health concerns in public school systems. Several participants expressed the significance of collaboration between varying resources and the public-school system to better meet the needs of students with mental health concerns. Participants describe a need for better partnerships between educators, parents, and other social services.

Delimitations and Limitations

Delimitations in this study included only using participants who were active special education teachers in either elementary, secondary, or alternative public-school settings. An attempt was made to recruit pre-school special education teachers; however, no potential participants were identified. Participants were asked to participate voluntarily and recruited in various manners. Due to lack of volunteers in the two IRB approved public-school districts, social media was used to recruit participants from across the United States. Additionally, the selection of a phenomenological study over other types of studies was a delimitation. A phenomenological study allowed me to describe in depth the lived experiences that special

education teachers have with regard to addressing comorbid mental health disorders in their special education students.

Limitations are described as potential weaknesses of a study that cannot be controlled. In relation to the current study, the sample of the study was a limitation. Participants were asked to participate voluntarily, which provided a small turnout. Additionally, several districts or building administration chose to not allow their teachers to participate in the study due to timing and demands of their daily jobs. I was also looking for specific criteria including being an active special education teacher which limited my sample size. Teachers were also asked to participate in the interviews and focus groups outside of school hours and in their own time, evenings or weekends. Furthermore, there was not a strong representation of ethnicity as all the participants were Caucasian. There was also an underrepresentation of male special education teachers as only two out of the twelve participants were males.

Recommendations for Future Research

The goal of this study was to describe the lived experiences of special education teachers in regard to addressing comorbid mental health disorders in special education students. Based on the findings from this study, several recommendations for future research may be made.

Although the number of participants was within the suggested research limits by Creswell (2013), having more participants in specific areas, such as preschool and/or alternative education, would give a better description of special education teachers lived experiences.

Originally my intention was to have two participants from each school in the districts located in Virginia that were approved by the IRB. However, due to the volunteer process of this study, it was difficult to recruit participants. Future research could include duplicating the same study

with a wider range of participants to include areas such as preschool and alternative education in the public-school systems.

Another consideration for future research includes the contextual impact of mental health support in public schools. School-based mental health services are an increasing need and often an unmet need of children and youth (NASP, 2016). Effective school-based mental health care will result from the interaction of system reform efforts, capacity building, and the delivery of intervention strategies (Ringeisen et al., 2003). Additional research that demonstrates the impact of mental health support in school-based programs is essential to improving the educational experiences of children and youth.

Conclusion

Chapter Five highlighted the findings in the current study, implications and driving theory, delimitations and limitations, and recommendations for future research. The current student was driven by the contextual organizational framework, more specifically special education teachers and the public-school system. Through the rich descriptions collected through individual interviews, focus groups, and reflective writing samples. Participants emphasized the impact that mental health has on the public-school system and society, the lack of resources and training, and the need for professional developments geared towards mental health disorders.

The current research added to a need for the perspective of the special education teacher who addresses comorbid mental health disorders in special education students. Previous research and literature depicted the experiences of school counselors and regular education teachers. However, the current research emphasizes the importance of considering the thoughts and perceived needs from the lens of special education teachers. The current research presents an

opportunity for stakeholders, such as policymakers, community service providers, and administrators to use the findings and make changes that better the future of students.

Limitations of the research included finding volunteers. Several school districts chose not to allow their teachers to participate in the current study, while individuals are busy with their demands from the school districts and personal lives. Future research including additional participants to expand upon this important topic would be beneficial to the empirical research. Additionally, research to promote the need for additional mental health resources, support, training, and professional development in public-schools is essential. Research can encourage change and have a positive impact on the educational world.

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Appendix A

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

February 1, 2023

Alison Simmons
Rollen Fowler

Re: Modification - IRB-FY21-22-804 SPECIAL EDUCATION TEACHERS' EXPERIENCES ADDRESSING MENTAL HEALTH CONCERNS IN STUDENTS WITH COMORBID DISABILITIES: A PHENOMENOLOGICAL STUDY

Dear Alison Simmons, Rollen Fowler,

The Liberty University Institutional Review Board (IRB) has rendered the decision below for IRB-FY21-22-804 SPECIAL EDUCATION TEACHERS' EXPERIENCES ADDRESSING MENTAL HEALTH CONCERNS IN STUDENTS WITH COMORBID DISABILITIES: A PHENOMENOLOGICAL STUDY.

Decision: Exempt - Limited IRB

Your request to clarify that participants must work in a public school and may work in an alternative setting and, for recruitment purposes, to utilize social media, have participating sites post your recruitment flyers, and provide the flyers to participants to share for snowball and convenience sampling has been approved. Thank you for submitting your revised study documents for our review and documentation. Your revised, stamped consent form and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study in Cayuse IRB. Your stamped consent form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Thank you for complying with the IRB's requirements for making changes to your approved study. Please do not hesitate to contact us with any questions.

We wish you well as you continue with your research.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B

Recruitment Email

Dear [Recipient]:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for an Ed.D. degree. The purpose of my research is to describe the lived experiences of special education teachers in addressing comorbid disabilities in their students, and I am writing to invite eligible participants to join my study.

Participants must be (a) employed in preschool, elementary, or secondary settings; (b) have experience working with students with Individuals with Disabilities Education Act (IDEA) eligibilities who, in addition to their school-related behavioral and/or learning problems, also struggle with comorbid mental health issues; and (c) work in collaborative, co-taught general education classrooms and/or pullout programs. Participants, if willing, will be asked to participate in a remote, audio-recorded, individual interview (approximately 1 hour); a remote, audio-recorded focus group (approximately 45 minutes); and complete a reflective professional development writing prompt (approximately 15 minutes). Participants will be emailed their individual interview transcripts and asked to review them and confirm their accuracy. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please click here (include hyperlink to online survey) and complete the screening survey by June 2022. You may contact me for more information.

If you meet the study criteria, a consent document will be emailed to you one week before the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me via email at the time of the interview.

Sincerely,

Alison Simmons
LU Doctoral Candidate

Appendix C

Participant Consent Form

Title of the Project: Special Education Teachers' Experiences Addressing Mental Health Concerns in Students with Comorbid Disabilities: A Phenomenological Study

Principal Investigator: Alison Simmons, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must (a) employed in preschool, elementary, or secondary settings; (b) have experience working with students with Individuals with Disabilities Education Act (IDEA) eligibilities who, in addition to their school-related behavioral and/or learning problems, also struggle with comorbid mental health issues; and (c) work in collaborative, co-taught general education classrooms and/or pullout programs. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to describe the lived experiences of special education teachers in addressing comorbid disabilities in their students.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. An audio-recorded, remote interview (approximately 1 hour)
2. An audio-recorded, remote focus group (approximately 45 minutes)
3. A self-reflection, professional-development writing prompt (approximately 15 minutes)
4. Review the transcript of your individual interview to confirm its accuracy.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study. Benefits to society include a better understanding of the lived experiences of special education teachers in addressing comorbid mental health disorders in their students. The results should increase the awareness of mental health struggles for students in public schools and ultimately impact and improve the learning outcomes of those students. This study will also give special education teachers a voice to establish what they feel is needed to meet those needs in their students.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a flash drive that only the research has access to. After three years, all electronic records will be deleted.
- Interviews and focus groups will be audio-recorded and transcribed. Recordings will be stored on a flash drive for three years and then erased. Only the researcher will have access to these recordings.

- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Alison Simmons. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her. You may also contact the researcher's faculty sponsor, Dr. Rollen Fowler.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.
Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Appendix D

Collection of Demographic/Work-Related Information

1. Please include your name, email, and phone number.
2. How many years of teaching experience do you have with students with disabilities?
3. What is your level of education?
4. What grade level(s) and content area(s) do you teach?
5. Do you have experience working with students who, in addition to their school-related behavioral and/or learning problems, also struggle with comorbid mental health issues?
6. Do you work in a collaborative, co-taught general education classroom and/or pullout program?
7. What IDEA eligibilities are your students identified under?
8. What comorbid/secondary mental health related disorders (e.g., DSM-V) are your students with IDEA disabilities diagnosed with?

Appendix E

Standardized Open-Ended Interview Questions

1. Please introduce yourself.
 - a. What is your ethnicity/race? (Gender will be recorded without needing to ask the participant.)
 - b. What is your highest degree earned?
 - c. What is your age?
 - d. How many years have you been teaching students with disabilities?
 - e. What grade level(s) and content area(s) do you teach?
 - f. Do you have any specialized training/certification? If so, describe.
2. Describe the types of disabilities you work with daily.
 - a. What disabilities have your students been identified as having under IDEA?
 - b. In addition to their IDEA eligibility, what additional comorbid/mental health disabilities are your students diagnosed with?
3. Describe how often you address mental health and/or behavioral concerns in the students you work with.
4. What motivated or inspired you to become a special education teacher?
5. Please describe your experiences working with students with disabilities who also have a mental health disorder diagnosis.
6. Without providing identifying information, please share about specific students who immediately came to your mind when I asked this question. a. Did you feel equipped to support the student(s)? Please explain.
7. What are some stigmas regarding mental health in the public schools in regard to special education students?
8. What available resources do you have in your school to address students' mental health issues?
9. In your opinion, how does the mental health of students impact their academic performance?
10. In your opinion concerning students who demonstrate mental health disorders, what are their relationships with their peers like?
11. Discuss the amount of time per day/week you spend addressing mental health concerns in your students.
12. What forms of educational instruction (i.e., professional development, support, or resources) help you when dealing with mental health crises?
13. What are your "go to" programs or resources for addressing mental health concerns in special education students?
14. Without giving names, can you describe a time when you felt limited in regard to addressing mental health concerns in special education students?
15. In your opinion, what do you think are important characteristics or signs of students having positive mental health?
16. In your opinion, what are the characteristics of a positive mental health resource for students with disabilities?
17. If money was not a concern, what programs or resources would benefit your students' mental health?
18. What is your opinion regarding how the mental health issues of students with disabilities are handled in your school setting?

19. How do you feel the mental health of students should be addressed in the school setting?
20. What recommendations do you have for program administrators and faculty currently preparing pre-service special education teachers for the profession?
21. What topics would you like to see included in professional development to better assist you in helping students with mental health struggles?
22. Is there anything else you'd like to share about this topic or think I should ask future participants to gain a deeper understanding of this issue?

Appendix F

Professional Development Reflective Writing Directions:

Participants will be asked to create a self-reflective writing piece that includes the previous in-service professional development they have attended and/or what special education teachers feel is needed to address mental health disorders in students experiencing comorbid disabilities.

Appendix G Focused Group Questions

1. Please introduce yourself and share your educational journey.
2. How would you describe the impact of special education students' mental health disorders on the learning environment?
3. Describe the resources and supports your district has available to address mental health disorders in students.
4. Describe how your pre-service and/or in-service professional development has aided you in addressing mental health disorders in students.
5. Without using specific names, discuss a time when you addressed mental health disorders in your students and how you handled it.
 - a. Were there any supports or resources you wished were available to you during that time?
6. What recommendations would you give your administration in regard to supports and/or professional development in addressing mental health disorders in students?
7. We have discussed addressing mental health disorders in students. Is there anything else you would like to add?