RESEARCH ARTICLE

School Safety and Mental Health Awareness: Recommendations from K-12 Texas Public School Teachers

SUSANNE R. GAAL,[a] MATTHEW B. FULLER[b]

─── **ABSTRACT** ───

BACKGROUND: Mass school shootings have created fear in the American public. The results of this fear have been the hardening of schools, lockdowns, and active shooter drills, yet the mass shootings have not ended. The goal of this study was to analyze the mental health awareness of K-12 public schools teachers in Texas with a goal to identify the connections between mental health awareness and school safety.

METHODS: Data were used from an archival database of K-12 teacher responses in the 2020 Texas Educators' Needs Assessment Regarding School Safety and Victims Services to assess the current state of student mental health concerns and the connection of these concerns to school safety. This needs assessment included one mixed methods survey that was collected from Texas K-12 educators and Texas educators working in higher education in 2020. The original study included 25,161 usable responses (6.1%). For the purpose of this study, only K-12 teacher responses were used in the analysis. The K-12 teacher participants (n = 19,888) included the following institutional levels: (a) special setting, 2,919 (14.7%); (b) elementary school, 6,813 (34.3%); (c) middle/intermediate school, 4,189 (21.1%); (d) high school, 5,864 (29.5%); and (e) district level, 103 (0.5%). A total of 8,053 participant's qualitative responses and 10 of the original quantitative survey questions from the archival data were used to identify all findings in the study.

RESULTS: Collected qualitative and quantitative participant responses' outlined a need to improve student mental health by strengthening the focus on supporting all stakeholders (e.g., teachers, parents, counselors, and students) in mental health awareness and education. Participant comments focused on the lack of training, counselor support, and community support regarding the mental health needs of their students.

CONCLUSION: Recommendations to improve student mental health that were developed from this study identified key goals in school counselor role and responsibility to student mental health, increased involvement of community agencies, and improvement to in-school mental health counseling. Final recommendations of this study were focused on the need to improve student mental health if stakeholders want to develop a positive school environment. The failure to build an environment that is focused on student mental health will continue to affect the goal to improve overall school safety.

Keywords: mental and emotional health; school climate; school safety; social and emotional.

Citation: Gaal SR, Fuller MB. School safety and mental health awareness: Recommendations from K-12 Texas Public School teachers. J Sch Health. 2024. DOI: 10.1111/josh.13425.

Received on January 29, 2023
Accepted on December 17, 2023

School safety has been an important concern of educators but the events of April 20, 1999, changed the way US school officials viewed the methods employed to keep students safe in their school buildings. On that date, 2 young men walked into Columbine High School and killed 13 people as well as injured 23 others, creating a "blueprint".[1] for future school shooters. Recent mass school shootings (eg, Sandy Hook, Santa Fe High School, Robb Elementary) share a common occurrence following each tragic event, the renewed public outcry that mental health has not been addressed properly by

[a]Adjunct Professor, (srgaal154@gmail.com), Department of Education Leadership, College of Education, Sam Houston State University, Huntsville, TX; Adjunct Professor, Lonestar College, Houston, TX.

[b]Professor, (mfuller@shsu.edu), Department of Education Leadership, College of Education, Sam Houston State University, Huntsville, TX.

Address correspondence to: Susanne R. Gaal, Adjunct Professor, (srgaal154@gmail.com), Lonestar College, 7507 Windsong Bend Rd, Klein, TX 77379.

government, schools, and the public.[2] The problem with the continual discussion of unaddressed mental health is the lack of evidence to prove that mental health illness is the cause of school violence. Mental health is not simply the diagnosis of a disorder but the overall health and wellbeing of a person.[3] School staff cannot predict that a student with a particular mental health diagnosis will become a school shooter; however, they can identify that most school shooters have grievances, experience symptoms that are psychological or behavioral, and have concerning behaviors prior to the attack.[4]

Following the 2018 school shooting at Santa Fe High School, the governor of Texas issued the *Governor's School and Firearm Safety Action Plan*[5] with the goal to become better at protecting students and teachers in Texas. The *Texas Educators' Needs Assessment Regarding School Safety and Victims Services*, a comprehensive look at the school safety in Texas public schools and higher education institutions, was a result of this action plan. The research presented in this report is the foundation for this additional study into school safety in Texas.[6]

The key focus of this paper will be to examine this connection between mental health awareness and school safety. The research questions that were addressed in this study was: (a) What mental health policies should be recommended to improve safety in Texas public schools? and (b) What classroom safety strategies do teachers who worked in Texas public schools suggest could improve mental health concerns in the classroom? These questions were developed to address the growing mental health issues in youth which have the potential of affecting the safety of schools. These questions were used to create recommendations using evidence-based research and teacher comments to address the concern of rising mental health issues and school safety.

REVIEW OF LITERATURE

The education community has identified a growing concern regarding increasing numbers of mental health diagnoses (eg, depression and suicide) in youth and children.[7] Mental Health America[8] reported an increase of 1.24% in youth diagnosed with severe depression from 2021 to 2022. The reported number of youths in the United States with severe depression in 2022 was 10.6% (2.5 million). Furthermore, 60% of youth with depression do not receive any mental health treatment. The recent COVID-19 pandemic has had an effect on the rising numbers of diagnoses of depression. More children are entering school with medical concerns, which are not being addressed by the community.[9] This awareness of increased mental health diagnosis has been incorporated into this study by reviewing literature on the role that

school counselors, behavioral providers, and school-based mental health centers have on mental health awareness.

The current state of mental health concerns is that negative school climate can increase school violence,[10] increase bullying,[11] affect discipline suspension rates,[11] and impact social emotional growth and development.[12] Programs that improve school climate will see lower instances of school violence and stronger student-school relationships.[13] Evidence-based programs that were designed to support healthy identities (eg, Social and Emotional Learning) and programs that were design to assess concerning behaviors that could lead to school violence (eg, Behavioral Threat Assessment) have been identified in research as effective for improving school climate.[14]

In addition, the ability to provide mental health services both on site and off site has been a challenge for many school districts. Funding and availability of appropriate mental health services is a limitation faced by many school districts.[15] The American School Counseling Association's recommendation of a student to school counselor rate is 250 to 1. However, a majority of the participants in the American School Counseling Association: 2020 State of our Profession Study[16] had a student to school counselor rate of 250-350 to 1 (26%) and 450 to 1 (24%). The challenges that school districts have encountered in implementing an effective number of counselors have restricted mental health counseling, as well as reduced their ability to provide school counseling programs to their students.

Christian and Brown[17] addressed this growing need of mental health issues in youth and children with school-based counseling with the potential to institute school-based mental health counselors. Counselors who have been trained to counsel youth and children suffering from mental health issues would meet the need for the mental health services that are unable to be provided by traditional school counselors. Furthermore, incorporating school-based mental health counselors is a program that could assist in meeting the growing mental crisis.[9] An alternative to provide school-based mental health counselors is collaborating with off-site mental health providers for services.[18] Doll et al.[18] demonstrated that school-based mental health centers meet not only school needs but also meet family needs as a school-based mental health center would bypass the issue of medical insurance. Other benefits of a school-based center included being staffed by individuals who have a strong understanding of the diverse needs of the community.

METHODS

This study on issues that have jeopardize safety in the classroom was designed to combine results from previous studies on mental health strategies

with suggestions presented by K-12 teachers, who participated in the *Texas Educators' Needs Assessment Regarding School Safety and Victims Services*.[6] To complete this study, a mixed methods approach was selected as the design because the method of this study will be reviewing mental health quantitative survey questions and qualitative open-ended survey questions from archival data collected via a 2020 statewide educators' needs assessment. The combination of these strategies and recommendations that were provided by K-12 teachers might develop a rich understanding of the complex issues that K-12 teachers are confronting in the classroom.

In the original study, *Texas Educators' Needs Assessment Regarding School Safety and Victims Services* (*2020*), the research question was "What are the needs of Texas's educators pertaining to educational safety and victims' services?"[6] To obtain quantitative data for these questions the original team designed a census style survey that was validated through current research, collaboration with the Texas School Safety Center, and experts in the field. The constant variable was education safety. To describe the constant variable, a 6-point Likert-scale, with the following scale: (1) strongly disagree, (2) disagree, (3) somewhat disagree, (4) somewhat agree, (5) agree, and (6) strongly agree, was used in all quantitative questions. Data were collected from 10 subgroups in both K-12 and higher education, allowing researchers with the ability to compare results between subgroups, regions, institutions, and urbanicity. Furthermore, the survey was administered using the Qualtrics survey tool, which provided a structure situation for participants to provide their responses and prevent instability in data results.[6] The criteria set to meet qualifications for a quantitative study included testing of a theory, a validated instrument, a control variable, the ability to compare groups within the study, and control of extraneous variables.[19] The original study met these criteria therefore the data that will be used in this study have met the criteria for a quantitative study.

Quantitative questions that provided data on mental health concerns with their students, preparation for supporting mental health conditions, availability of counseling, obstacles that hinder mental health, and student hardships were selected for this study. The theoretical framework for this study was defined by the Theory of Hope[20] and was based on evidence that children need a supportive learning environment to thrive. Furthermore, positive supports will create positive results in an education setting.[21] Therefore, with rising mental health diagnosis,[8] there must be a focus by schools to use a supportive environment to assist these students.

The qualitative approach for this study is grounded theory. The selection of this method was driven by the use of archival data for the current study. The data had already been evaluated in the original study with concluding statements issued by the original team. The key distinction to the current study is the further analysis of the data to determine the needs of K-12 teachers based on their own words and perceptions. This more in-depth analysis has the potential to develop a more comprehensive theory on mental health strategies that promote safer schools.

Participants in the original study had the opportunity to reflect on their opinions of strategies that would improve the quality of mental health awareness in their classroom leading to 8053 participant comments. These comments may include several levels of strategies for mental health. The participants may highlight the strategies that they want to see incorporated into their programs or may also identify programs they feel are effective to address mental health. Conversely comments may also identify policies in place that have hindered resolution of mental health concerns. The final analysis of these comments will be used to create recommendations to improve mental health conditions with a focus on school safety.

The selected qualitative results were analyzed along with selected survey questions that have connections to mental health. Quantitative survey questions were gathered concurrently with qualitative data in the original study; therefore, this collection procedure enabled an opportunity for the identification of connections between the quantitative and qualitative data sets. Selected questions were used to generate results that support the research questions by combining these results with qualitative results.

The purpose of this study was to propose recommendations for K-12 schools, which incorporate evidence-based mental health strategies and the applied knowledge of teachers. The recommendations developed from the results will be compared to the evidence-based strategies and recommendations outlined in the literature review. These strategies and recommendations were: (a) Social and Emotional Learning[22]; (b) Behavioral Threat Assessment[23]; (c) Role of the School Counselor[7]; and (d) School-based Mental Health Centers.[18] A review of the theory and comparisons to the literature must incorporate a discussion of how these findings connect to the theoretical framework. The design of the framework was centered on the Theory of Hope[24] and subsequent research on the hope theory, which delineated that a supportive learning environment will have positive supports. The conclusions of the analysis of the theory and comparisons are a set of recommendations for K-12 mental health strategies that could address school safety by the incorporation of evidence-based mental health strategies and the applied knowledge of K-12 teachers.

FINDINGS

The initial findings for this study were outlined to identify participants' responses to student mental health concerns in their school community and if their schools were prepared to address these needs. The quantitative data reflected that a majority of the participants (79.16%) agreed that there are student mental health concerns in their community. Furthermore, a majority of the participants (69.74%) agreed that their schools are prepared to address the Mental Health Needs of their students. The final review of qualitative and quantitative data used in the study created a set of themes that were focused on the role of key stakeholders (eg, counselors, teachers, parents, and community) along with the need for improved teacher training and early intervention.

A review of the comments collected in the survey outlined the need by teachers for better clarification of the roles that school counselors have in addressing the mental health concerns of students. Recurring comments outlined in the survey addressed the concerns for teachers that counselors are more committed to academic measures (eg, standardized testing, administrative tasks, career planning) than mental health counseling. For example, comments from participants asserted that their students were unable to meet with their school counselors on a regular basis. ''They give 15-minute therapy sessions when in reality that is not even enough to introduce the student to them'' (Participant 6459). Teachers are looking for counselors that can provide classroom lessons directed toward mental health concerns, create small group counseling, training staff, and support for special education students. ''School counselors should be allowed to actually counsel students, and someone different should be the one in charge of state testing and paper work so a counselor could actually do their job'' (Participant 18138).

Regarding access to mental health professionals, the participants expressed concern that students' mental health needs were not being met by the current environment that they were experiencing in their schools. In many of the shared situations, participating teachers described that if licensed behavior specialists were available, they were often contracted services that were not assigned to a specific school campus on a daily basis where increased the time for a student to meet with a counselor. Fuller et al.[6] also presented data that supported the inability to access contracted services especially in rural districts.

Participants had strong statements to share regarding their role in the mental health of their students. These statements were directed at both their role and the overreaching guidelines implemented by government and district policies. They were concerned with policies that prevented stronger disciplinary action,

increased the state testing requirements, increased curriculum standards, and a decrease in support staff to assist with special needs in their classrooms. The concerns raised in the open-ended question on mental health did not detract from the overall goal of a teacher's commitment to students. When surveyed on teacher student relationships, there was irrefutable evidence that teachers are building strong relationships with their students. A majority of participants (94.87%) agreed with the statement that teachers develop strong relationships with students.

The participants' interest was not about their ability to build relationships, but rather an increased need for support in the classroom while integrating state/district mandates with children that have been in emotional crisis. ''Teachers do not receive any support and are stressed to the max, because 'we have to deal with it''' (Participant 13966). These comments on maintaining a position of both teacher and classroom behavioral specialist indicated anxiety over an inability to meet these challenges. The participants requested more support to handle crisis situations in their classroom along with a better understanding of the mental health challenges that their students are experiencing. ''Share more information with teachers regarding students with mental health histories and other extenuating family, medical issues etc.'' (Participant 5436).

Furthermore, they felt that their concerns regarding issues with students were not being heard by the administration. If they brought a student behavioral concern to the school district, they were dismissed and left to manage the situation alone. ''Pay attention when a teacher says he/she is concerned. Do not just say 'call the parents' as the parents can be the problem, not the solution quite often!'' (Participant 5052). Additional support, whether from the administration or behavioral support staff, was the consensus in a majority of comments.

Participants' comments and responses on the survey were indicative of a need for ''better training for teachers and staff'' (Participant 2599). There were several comments that addressed this need to provide adequate mental health training and support. As evident in Figure 1, teachers are not in agreement with their training on student mental health needs.

However, teachers were positive that they wanted to support the needs of their students but were unsure of their role in this task. Solutions for the lack of training were to ''build capacity within teachers to better understand students with mental health issues'' (Participant 21002). The need for more measures that are able to support teachers has been a recurring topic in all of the themes presented in the data.

Teachers expressed that students come to school after dealing with home and community issues that affect their ability to be productive in the classroom.

Figure 1. **Teacher Training on Identifying Students with Mental Health Needs**

I have received effective training in identifying students with mental health concerns.
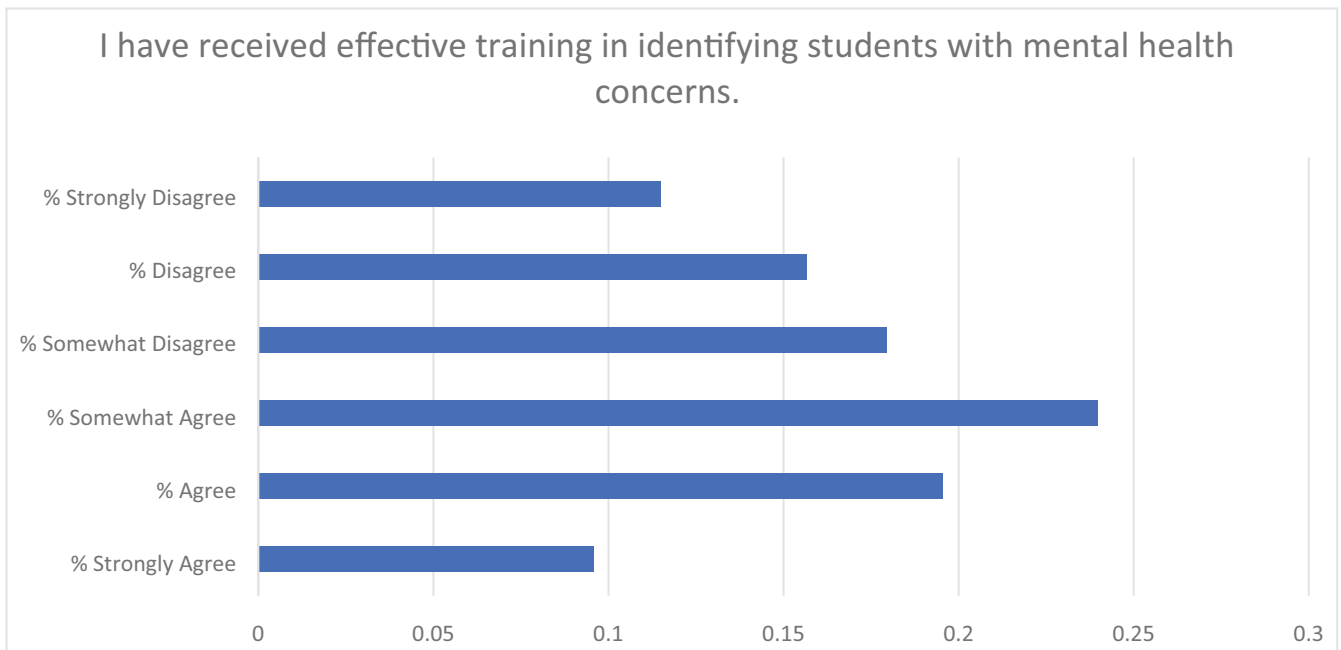
The participants have indicated in their comments that the conditions that students are experiencing in the community have created difficulties in providing mental health support in the schools. As evident in Figure 2, a majority of the participants agreed that these issues, drug use, alcohol use, and bullying are prevalent in their community.

Teachers expressed concerns that despite the knowledge of problems in the home, they are apprehensive to disclose these issues to agencies that may be helpful. ''There are laws in place as to what we can do and can't do to help these children. Schools and teachers are constantly fearful of lawsuits; therefore, we don't do things we would normally do to work with these students'' (Participant 19049).

The participants had strong and caring words when reflecting on the role of parents of their students. A prevalent comment was ''parents need to be more involved'' (Participant 17655). In addition, there were many comments on the need for parents to take more ''responsibl[ility] for student actions'' (Participant 15526). However, there were also comments reflecting the need to help support parents as many are ''unaware of the resources in the community'' (Participant 9140) or ''cannot afford the proper care'' (Participant 10273). The comments on the lack of responsibility and involvement were intermingled with empathy for parents due to a lack of training to support students with mental health needs, resources in the community, and the overall hardships in the lives of these parents. The solution for

the concerns raised by the teachers were to increase the level of parental involvement, support, training, and availability of resources.

Participants also identified the lack of parental involvement as a major issue in the ability to assist students with mental health issues. They commented that many parents send their students to school with disinterest in becoming ''partners'' (Participant 17655) with the school in educating their child. The raised problem expressed by the teacher was that student home life has become so dysfunctional, which is preventing a level of parent involvement that the teachers would like to occur in the school. ''Parent support and involvement. Our students with the most complex and difficult mental health issues by and large also have the most difficult home lives'' (Participant 15207).

The comments reflected an appeal for additional mental health resources to be provided to parents. ''More resources available to parents. Often students are identified with a mental health issue, but parents cannot afford the proper care for their child'' (Participant 10273). There were concerns that parents interested in resources are prevented by financial worries or lack of local resources. ''Parental support that will take them to some of the free services that are available. These services generally are no less than 35 miles away and may be up to 60 miles'' (Participant 4740).

There were several comments reflecting the need for community involvement in the development of

Figure 2. **Prevalent Issues in the Community**

Figure 2. **Prevalent Issues in the Community**
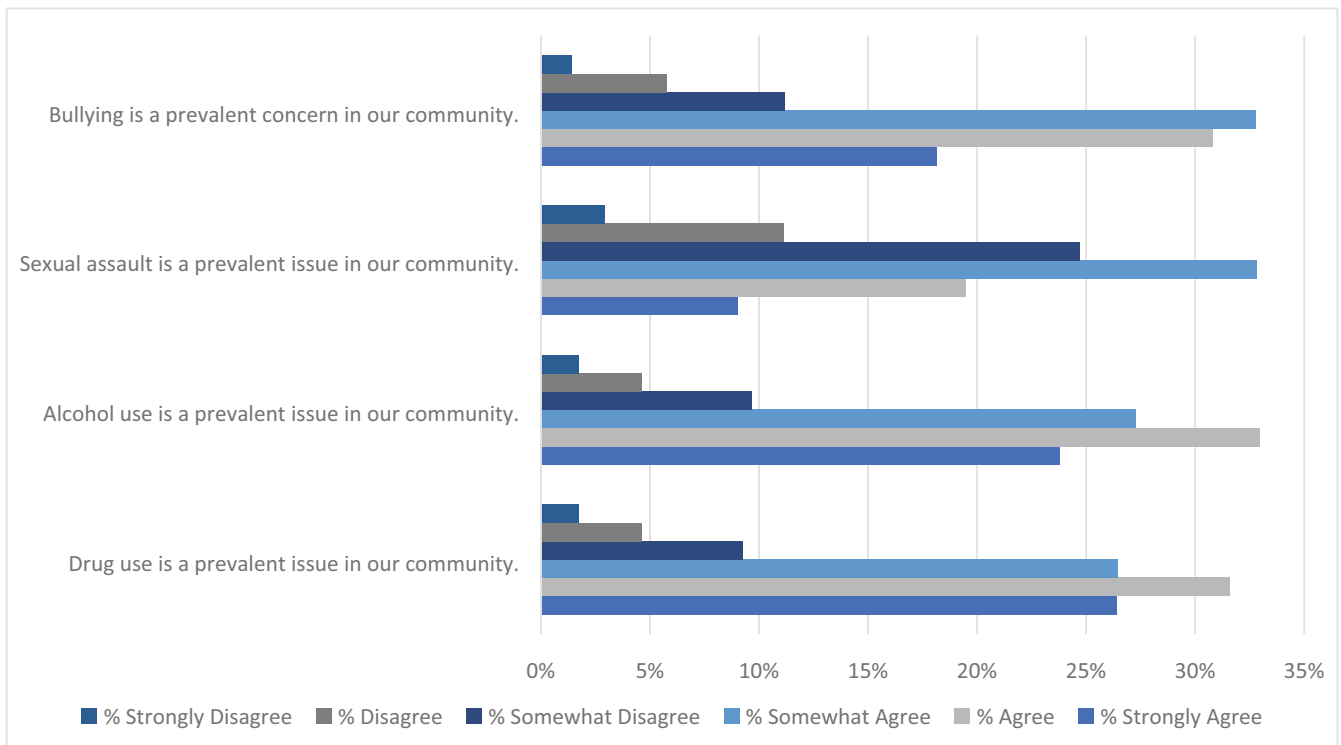
behavioral and mental health services to the students. Participants placed an emphasis on the fact that that many districts lacked funding for mental health support but also community resources (eg, crisis centers; organizations including Boys and Girls Clubs, rehabilitation centers for drug and alcohol abuse). Additional comments highlighted on ''a shortage of mental health professionals in our area...'' and ''a system needs to be put in place giving school counselors a direct contact number to have mental health professional summons to campus to meet with a student in crisis'' (Participant 5844). Participants expressed discouragement over the prospect of accessibility to community agencies that could support their growing mental health needs with their students. They can contract out to other agencies but often these agencies are understaffed, not available, or located too far from the district.

A request for more community involvement within the school beyond mental health clinics was addressed by the participants. A need for more training, activities, and parental resources were some of the requests issued by the teachers. ''I would like to see the community wrap-around plan implemented—where the school is part of several resources ... a clinic, a counseling office, a place where adults could come to help find jobs'' (Participant 17145). The solutions proposed by the teachers was that all stakeholders

need to be included to address the growing mental health needs of children.

Strategies provided by the teachers to address the aforementioned-mentioned issues along with other mental health concerns (eg, socialization, diagnosis of a mental health condition, disruptive classroom behaviors) included peer groups, mental health inventories, mindful techniques, and student training. A key aspect of many of the participant comments was the development of early intervention programs that have clear processes which will enable the needed support for the students. Too many times the process is laden with ''paperwork'' (Participant 11531) and not enough ''proper resources being utilized'' (Participant 11531). Furthermore, there were still concerns that even when completing all of the required paperwork, the issues still are not addressed.

Teachers presented strategies that included special classes, peer buddy programs, and time out rooms as ideas that could assist students in learning to address their emotional health. Participants referred to the need to ''focus more on Social Emotional Learning for our students. Taking a more holistic approach to dealing with our students. We must meet their needs in order to be able to teach them'' (Participant 15154). Participants requested that classes be implement[ed] that prepare students ''to learn how to handle issues, such as: anger, sadness, and loneliness. If students

had tools to help them, maybe we would not get to the point where we were dealing with problems'' (Participant 20997). The teachers were concerned that students do not know how to handle their emotions and need ''help [for] students [to] learn what to do with feelings and what emotions are normal'' (Participant 5240).

The request by participants for stronger early intervention programs also comes with the need for additional resources to support students once they have been identified as needing mental health services. These supports can be done in many forms including ''extracurricular programs'' (Participant 17688), mental health teams (Participant 18638), or health and wellness courses (Participant 11947). The foundation of many of the requested changes by the participants requires additional staff to be hired. ''We do not have enough staff to support all the mental health needs of students or support for teachers dealing with students who are having mental health needs'' (Participant 17552).

DISCUSSION

Federal, state, local, and school governments have hardened schools, increased security, and passed school safety legislation, but the school shootings continue despite all these efforts. They have continued because changes are directed toward only a few of the many aspects needed to improve school safety. The one aspect that has often been discussed on a limited level but with minimal changes ever made is the need to improve mental health awareness in our schools. The purpose of this study was to analyze mental health awareness in schools and the connection to school violence through the review of literature and comments provided by K-12 teachers. A key theme that was presented throughout the data were support: support for counselors, parents, teachers, and the students.

School counselors are currently overwhelmed with the multiple tasks assigned to the counseling office that has not been adequately staffed. Redefining the role of the school counselor would involve increasing the number of counselors on a school campus, developing new pre-service programs, and creating new state models for school counseling programs. School-based mental health centers are an excellent way to bring providers to the school campus. However, the costs to run these types of centers are extremely high. With these obstacles in mind the current state of school counseling and behavioral services is unacceptable as highlighted throughout this study. As a result, the state legislature should review the need for better access to mental health services and consider utilizing federal grants[25] to develop the needed infrastructure.

The teachers who participated in this study provided many comments regarding the lack of classroom support for students experiencing mental health issues. Key to many of the comments was the lack of training in mental health and of administrative support for disciplinary concerns. It is recommended to evaluate current training programs provided for teachers regarding mental health awareness, a supportive environment, and the development of positive teacher-student relationships. Current mandates in the Texas education code require practicing teachers to complete continuing education programs with 25% of that training to include various classroom instruction requirements, strategies for educating students from various diverse special populations, and mental health conditions.[26] While this is a great start, the requirement is only one fourth of their total continuing education requirement. An evaluation of the continuing education requirement should be addressed by the state legislature with the recommendation to institute mental health as a stand-alone requirement for practicing educators.

Increasing the requirements for the continuing education of teachers in mental health should also include pre-service teachers. In the 87th Texas legislature,[27] there were updates made to House Bill 159 to increase instruction in special education, mental health, substance abuse, and suicide into preservice education programs. This update is the first step toward better preparing preservice teachers for managing their future classrooms; however, this update cannot be the last step. Improving preservice teacher preparation for mental health must be a focus of future policies by incorporating mental health and school safety curriculum into education training programs.

There was an expectation that a plethora of comments regarding a need for more engaged parents would be present in the teacher comments. While that predication was accurate, there were also many comments that expressed empathy for the parents. Many teachers shared that the parents were facing some of the same student mental health issues that they were facing in the classroom. Just as the teachers were struggling for help with supporting students with mental health needs so were the parents. The teachers expressed concern that a lack of community resources and understanding of mental health needs were common issues that both parents and teachers were dealing with as they attempted to support their children. These issues raise a need within the school to identify ways to build a supportive environment to assist parents and build more involvement. One example was to conduct research on parental centers. Presently there are parent centers for special education students[28] that have workshops on special needs parental concerns. However, there are virtually no studies outlining parental centers for general education students.

Students require a supportive environment if they are going to move forward successfully in their educational career while managing the varied social and emotional setbacks that have affected their mental health. Therefore, it is important to develop school programs that encourage a highly supportive environment. There are multiple programs that encourage positive relationships with school staff, peer relationships, and self-image. Some of these programs require additional capacity to function (eg, Social and Emotional Learning curriculum, additional behavioral support personnel that can teach classes). However, there are programs that can utilize the resources in the school such as a mentoring program between staff and students. There are also nonprofit agencies that have mentoring programs that support a positive school climate as well as programs that include male role models volunteering in the school to assist in developing a supportive environment. The goal of these programs is for students to have access to role models that have volunteered to help support within the school community.

Recommendations for Further Research

Further studies should be conducted on the development of programs that can build supportive positive relationships for school age children. This could be accomplished by evaluating current programs and surveying students on establishing positive relationships with adults. Studies on positive relationships must extend beyond regional and state borders. A national study that evaluates the effects of programs (eg, Social and Emotional Learning and Behavioral Threat Assessment) that require capacity to implement would determine if these programs are as effective as researchers have stated in their studies.

The work to improve mental health issues in the classroom cannot end at the school door but must also include parents. To develop effective programs to support parents, further research should be conducted on the needs of the parents. It is recommended that future studies should survey parents of K-12 students with the goal of identifying parental recommendations on addressing mental health issues in youth. A similar survey to the statewide survey that was conducted on educators should be conducted for parents of school age children. This survey should be designed to capture the concerns and needs of parents regarding student mental health, school safety, and victims' services. Results from research on parents could be used to develop programs, workshops, and services that have the potential of assisting parents with supporting the children but also increase parental involvement in the schools.

Conclusions

The mental health needs of students have been a key issue in the school safety debate but has not been a key focus of many solutions. The hardening of schools is important to keep the students safe but the mental health needs of the children inside the school buildings cannot continue to be ignored. The research outlined in this study included evidence that not enough has been done to support teachers, staff, and students in a world living in fear of the next school shooting. Counselors are overwhelmed with other tasks which have prevented them from providing counseling. Teachers feel alone as they attempt to develop a supportive environment with minimal training in mental health. Parents are lacking community resources that could assist them in supporting their students. Students are craving a supportive environment that will help them achieve their goals. The needs that have been identified from this study are that more work must be done to improve school climate by supporting all stakeholders that are working with children.

If the goal to support school staff and students is to be met then the recommendations provided must be considered for implementation. Staffing concerns regarding behavior health should be recognized so that improvements can be made in the role of school counselors. School and state leaders should evaluate the role of counselors by considering alternative strategies (eg, incorporation of a behavioral counselor, school-based mental health centers) to increase student access to behavioral services without sacrificing student academic needs. Mandates that require mental health continuing education for practicing teachers and mental health coursework for preservice teachers should be considered by state legislation. School leadership must work with communities to assist in developing stronger relationships with parents. Finally, students should feel supported in their schools by the adults that have been placed in charge of them. The improvement of mental health concerns in the classroom will only occur if a supportive environment has been developed by all of the stakeholders. As the concerns of school violence continue to rise leadership must incorporate mechanisms into schools that support the mental health of the children. If the school and government leaders who seek to decrease school violence only work at how to keep outside forces from penetrating school walls without supporting the needs of the people inside the school walls, then their efforts will never be enough to stop the violence.

IMPLICATIONS FOR SCHOOL HEALTH

Positive relationships are key to providing a supportive environment for students. It is recommended that school and state leadership need to evaluate the importance of these relationships on student mental health,

self-image, and success in school. A supportive environment includes positive relationships, and school climate will likely lead to a decrease in school violence (CDC, 2022). Therefore, the recommendations in this study were developed to incorporate strategies that increase support for the stakeholders involved in the school community with the goal of improving school climate, which will improve the mental health of students.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

1. Peterson J, Densley J. *The Violence Project: How to Stop a Mass Shooting Epidemic*. New York, NY: Abrams; 2021.
2. DeMatthews D, Brown C. Support mental health efforts, gun reform *Houston Chronicle*, A12; 26 May; 2022.
3. World Health Organization (WHO). Mental health: Strengthening our response; 30 March; 2018. Available at: https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response.
4. Louvar-Reeves MA. *Behavioral Threat Assessment and Management for K-12 Schools*. Chattanooga TN: National Center for Youth Issues; 2021.
5. Abbott G. School and firearm safety action plan; 2018. Available at: https://gov.texas.gov/uploads/files/press/School_Safety_Action_Plan_05302018.pdf.
6. Fuller MB, Ingram J, Szaal S, Gaal S, Linn K, Awuor D. *Texas educators' Needs Assessment Regarding School Safety and Victims Services: Improving the Safety of Texas Academic Institutions*. Huntsville, TX: Sam Houston State University; 2020.
7. Lambie GW, Stickl Haugen J, Borland JR, Campbell LO. Who took ''counseling'' out of the role of professional school counselors in the United States? *J Sch Based Counsel Policy Eval*. 2019;1(3):51-61. https://doi.org/10.25774/7kjb-bt85.
8. Mental Health America. The state of mental health in America: 2022 key findings; 2022. Available at: https://mhanational.org/issues/state-mental-health-america.
9. Shelton AJ, Owens EW. Mental health services in the United States public high schools. *J Sch Health*. 2021;91(1):70-76. https://doi.org/10.1111/josh.12976.
10. Center for Disease Control (CDC). *Adolescent and School Health*. Atlanta, GA: CDC; 2021 Available at: https://www.cdc.gov/healthyyouth/safe-supportive-environments/.
11. Cornell DG. Threat assessment as a school violence prevention strategy. *Criminol Public Policy*. 2020;19(1):235-252. https://doi.org/10.1111/1745-9133.12471.
12. Durlak JA, Weissberg RP, Dymnicki AB, Taylor RD, Schellinger KB. The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Dev*. 2011;82(1):405-432. https://doi.org/10.1111/j.1467-8624.2010.01564.x.
13. Taylor RD, Oberle E, Durlak JA, Weissberg RP. Promoting positive youth development through school-based social and emotional learning interventions: a meta-analysis of follow-up effects. *Child Dev*. 2017;88(4):1156-1171. https://doi.org/10.1111/cdev.12864.
14. O'Conner CA, Dyson J, Cowdell F, Watson R. Do universal school-based mental health promotions programs improve the mental health and emotional well-being of young people? A literature review. *Wiley journal of Nursing*. 2017;27:412-426. https://doi.org/10.1111/jocn.14078.
15. Demissie Z, Brener N. Mental health and social services in schools: variations by school characteristics-United States, 2014. *Ment Health Prev*. 2017;5:5-11. https://doi.org/10.1015/j.mhp.2016.11.002.
16. American School Counseling Association. *ASCA Research Report: State of the Profession 2020*. Alexandria, VA: American School Counseling Association; 2021 Available at: https://www.schoolcounselor.org/getmedia/bb23299b-678d-4bce-8863-cfcb55f7df87/2020-State-of-the-Profession.pdf.
17. Christian DD, Brown CL. Recommendations for the role and responsibilities of school-based mental health counselors. *J Sch Based Counsel Policy Eval*. 2018;1(1):26-39. https://doi.org/10.25774/nmfk-y245.
18. Doll B, Nastasi BK, Cornell L, Song SY. School-based mental health services: definitions and models of effective practice. *J Appl Sch Psychol*. 2017;33(3):179-194. https://doi.org/10.1080/15377903.2017.1317143.
19. Johnson RB, Christensen L. *Educational Research: Quantitative, Qualitative, and Mixed Approaches*. 7th ed. Thousand Oaks, CA: Sage; 2020.
20. Snyder CR, Hoza B, Pelham WE, et al. The development and validation of the Children's Hope scale. *J Pediatr Psychol*. 1997;22(3):399-421.
21. Salle TL, George HP, McCoach DB, Polk T, Evanovich LL. An examination of school climate, victimization, and mental health problems among middle school students self-identifying with emotional and behavioral disorders. *Behav Disorders*. 2018;43(3):383-392. https://doi.org/10.1177/0198742918768045.
22. Durlak JA, Mahoney JL. The practical benefits of an SEL program. *CASEL*; 2019. Available at: https://casel.s3.us-east-2.amazonaws.com/Practical-Benefits-of-SEL-Program.pdf.
23. Alathari L, Drysdale D, Driscoll S, The Members of the U.S. Secret Service National Threat Assessment Center. *Enhancing School Safety Using a Threat Assessment Model: An Operational Guide for Preventing Targeted School Violence*. Washington, DC: National Threat Assessment Center, U.S. Department of Homeland Security, U.S. Secret Service; 2018 Available at: https://www.secretservice.gov/sites/default/files/reports/2020-06/USSS_NTAC_Enhancing_School_Safety_Guide_7.11.18.pdf.
24. Snyder CR. Reality negotiation: from excuses to hope and beyond. *J Soc Clin Psychol*. 1989;8(2):130-157.
25. Substance Abuse and Mental Health Services Administration. HHS announces $40.22 million in youth mental health grants awarded in August plus $47.6 million in new grant funding opportunities for school-based mental health program; 2022. Available at: https://www.samhsa.gov/newsroom/press-announcements/20220901/hhs-announces-awarding-youth-mental-health-grants.
26. Continuing Education, EDUC § 21.054 1995. Available at: https://statutes.capitol.texas.gov/Docs/ED/htm/ED.21.htm
27. Texas School Safety Center (TxSSC). Model policies and procedures to establish and train on threat assessment; 2021. Available at: https://locker.txssc.txstate.edu/f40474bcbab5f025bb1570f1bfbf9f06/Model-Policies-and-Procedures-to-Establish-and-Train-on-Threat-Assessment.pdf.
28. Texas Education Agency (TEA). Community parent resource center; 2022. Available at: https://tea.texas.gov/academics/special-student-populations/special-education/parent-and-family-resources/community-parent-resource-centers.