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Exploring School of Education Faculty Emotion, Attitudes, and Experiences Related to Student Mental Health

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Abstract

Student mental health concerns among adolescents and young adults are continuing to rise (Reis et al., 2023, Ashoorian, 2018; Burns et al., 2017; Davies et al., 2016). The purpose of the present study was to explore teacher preparation faculty perceptions of student mental health concerns. The author adapted Stine Ekorne's (2016) Perceived Competence Scale to score each participant's perceived competence, responsibility, and emotions related to addressing student mental health concerns. The 27-item Qualtrics questionnaire was distributed to faculty and academic staff in the School of Education at a midwestern public university. Participants were recruited through email. Participants included tenured and tenure-track faculty and instructional academic staff members in the School of Education at a small midwestern university. An analysis of all participants showed an overall high score of perceived competence, responsibility, and emotions related to addressing student mental health concerns. However, preliminary results revealed that faculty and academic staff that do not have high school K-12 teaching experience scored the lowest in perceived competence in addressing student mental health concerns among their students in higher education. Future studies must recruit a larger number of participants who serve as teacher preparation faculty at a multitude of higher education institutions to further examine the findings of this study.

Keywords

Author Bio

The author is an Associate Lecturer in the School of Education at the University of Wisconsin-Stevens Point. The author teaches courses related to educational foundations, trauma, and Adverse Childhood Experiences. Before transitioning to serve in higher education, he taught 7th and 8th grade English Language Arts and U.S. History for seven years.

INTRODUCTION

As researchers continue to investigate the overall wellness and social and emotional well-being amongst our youth and young adults, the results continue to paint a troubling story (Kim et al., 2022, Cuddy & Currie, 2020, Brady, 2020). With the increased mental health concerns among preservice educators, there is the potential for a cyclical experience for a significant portion of college students preparing to enter the field of education: 1. Begin to experience challenges related to mental health during middle school or high school, 2. Enroll in college, 3. Experience challenges related to mental health, 4. Mental health concerns are not explicitly addressed or evaluated, and 5. Teacher enters the field with ongoing and untreated mental health concerns. This is perhaps why it is crucial for studies to evaluate the perceptions of mental health concerns among school of education faculty, the efficacy related to responding to student mental health concerns, and what types of proactive and reactive strategies, protocols, and systems are in place to address student mental health concerns within school of education programs. With mental health concerns continuing to grow among adolescents and young adults, it is crucial for higher education institutions, and specifically, school of education programs to provide effective strategies that promote resilience and healthy coping strategies to help alleviate stress concerns among college students.

This study aims to explore the perspectives of education faculty and academic staff, aiming to discern the current state of perceptions regarding student mental health. Additionally, this study seeks to discover perceptions concerning the approach to mental health within the teacher preparation faculty members. For teacher preparation programs to provide adequate instruction and other related learning opportunities, faculty members must identify mental health as a priority within their approach as an instructor. In many ways, institutional policy and

systems of support are significant contributors in allowing the space for faculty members to have the capacity to adequately teach about mental health while also addressing student mental health concerns as they arise.

Woloshyn and Savage (2018) wrote that many postsecondary students, particularly those in their first year, are unaware of issues related to mental health. Perhaps even more troubling is that the majority of those who would benefit from mental health support do not seek assistance (Marsh & Wilcoxon, 2015). This lack of personal advocacy subsequently adversely affects K-12 students too. If preservice educators do not feel equipped with the necessary tools or strategies to alleviate their own mental health concerns, it is unlikely that they will feel equipped to help students who are experiencing mental health concerns. According to Koller and Svoboda (2002), unresolved and untreated mental health concerns among educators are key contributors to teacher burnout.

The outcome of investigating school of education faculty members' perceptions of mental health is twofold. First, it aims to identify pathways toward effective faculty preparation in addressing student mental health concerns. Second, it seeks to work toward updating institutional policy and structures to ensure that this endeavor does not strictly fall on faculty members. It is important to evaluate the stigmatization related to mental health to identify appropriate pathways in providing training and education related to addressing student mental health to ensure teacher preparation faculty are adequately prepared to carry on such a rigorous initiative.

REVIEW OF THE LITERATURE

There is a robust amount of literature that supports mental health concerns among young adults (Ashoorian et al., 2019, Savage et al., 2018, Savage et al., 2020, Whitley & Gooderham 2016), but there is a gap in the literature that helps explain the role instructors have in implementing proactive strategies for college students with the intention to help reduce the likelihood of mental health concerns in future years. This means that if college students enter education programs with little to no exposure related to mental health literacy, there is a likelihood that stigma related to mental health and resistance to acknowledge the need for mental health support is a factor that must be considered within a significant population of first- and second-year college students.

While a significant portion of the literature on student mental health focuses on the firsthand experiences of adolescents and young adults, studies examining instructors' and teachers' perspectives have mostly been qualitative. Additionally, very little has been done to evaluate perceptions from faculty and academic staff members in School of Education programs. This is particularly significant, given that the students they work with will be teachers. If we are to collectively identify ways to effectively address mental health concerns at the K-12 level, school of education instructors must be considered as a significant contributor.

According to Min et al. (2021), "There are three categories of prevention: primary prevention focuses on various determinants in the whole population or in the high-risk group. Secondary prevention comprises early detection and intervention. Tertiary prevention targets for advanced recovery and reduction of relapse risk" (p. 308). Therefore, teacher preparation faculty members must be considered in the primary prevention stage of addressing mental health concerns.

Theories related to student mental health have been related to stress, coping strategies, mental health literacy, and resilience (He et al., 2022, Metin & Dolmaz, 2023, Woloshyn & Savage, 2018). Stress was first introduced in Hans Selye's book titled, "The Stress of Life" in 1956. He used the term "stress" to refer to the effects of anything that seriously threatened homeostasis (Selye, 1956, as referenced in Schneiderman et al., 2005). Through this definition, it is explained that the perceived threat (stress) must require a response to the stressor (stress response). It is also important to note that events in life may be perceived as stressors when the person appraises them as a threat even when it is not threatening to the person's wellbeing.

Coping is strongly connected to emotions` in that emotions are often identified as interfering with understandings (of a particular event) and coping (Frydenberg, 2014). Identifying links between coping and emotions is crucial because similar stressors can evoke various emotional responses between individuals. Additionally, similar emotional responses can elicit different coping responses between individuals as well (Zimmer-Gembeck et al., 2012).

While much is known about stress and coping, they are rarely discussed in an educational setting both in K-12 and higher education. Mental health literacy has been suggested to be an effective framework to be utilized throughout discussions related to mental health in educational settings. According to the World Health Organization (2022), mental health literacy consists of a four-element system: (a) understanding how to obtain and maintain good mental health; (2) understanding mental disorders and their treatments; (3) decreasing stigma related to mental disorders; and (4) enhancing help-seeking efficacy (knowing when, where, and how to obtain good mental health care and developing competencies needed for self-care). This is an important framework that can be applied in a classroom setting.

Mental health disorders have also been studied. Among them, depression and anxiety have been the most widely investigated. A significant gap remains in investigating the perceptions of those who serve preservice educators pertaining to mental health concerns. This study aims to address this gap so that further discussion can occur from a practitioner perspective and from an institutional policy perspective. According to the 2023 Healthy Minds Study (HMS), 23% of students screened positive as having major depression, 44% with depression, 37% with anxiety, 15% with suicidal ideation, and 14% with an eating disorder (Cornett, 2023). According to the National Survey on Drug Use and Health (2022), 28.7% of full-time college students ages 18 to 25 reported binge drinking, and 7.3% reported heavy alcohol use within the past month of participating in the survey.

Theoretical Framework

The author utilized a theoretical framework that consisted of several theories. These theories guided the evaluation of teacher perception of student mental health, through the explanation of human emotion, attitudes, and experiences.

Human Emotion

Emotion is "purposive, or has an intellectual content, and which also reflects itself into feeling" (Dewey, 1895, p. 15). Emotion has been widely discussed and studied over several decades. Peter Hacker (2004) wrote that the identification of an emotion is not the cause, but rather the object that elicited the emotional response. This explanation of how human emotion is formed, is consistent with John Dewey's (1895) definition. Hence, measuring emotions that result from the perception of mental health will happen through the exploration of personal and professional experiences. Through several different events that have transpired, each participant will harbor a strong emotional belief in what they see as trending mental health concerns among

their students. Hacker (2004) wrote, "If he feels pity for another, he must believe that person to have suffered a misfortune" (p. 13). In order for a Teacher Preparation faculty member to prioritize student mental health concerns, the faculty must first identify:

- Mental health is a crucial area of wellness, and personal stigma related to mental health is not internalized.

- Mental health can pose a potential barrier to academic and social success in an educational context.

- A personal conviction to help alleviate mental health concerns.

Human Attitudes

The central factor in Icek Ajzen's (1991) Theory of Planned Behavior is the "individual's *intention* to perform a given behavior" (p. 181). Intentions are characterized by the motivational factors determining behavior. They serve as indicators of the extent of effort individuals are willing to invest and the amount of effort they intend to employ when engaging in a particular activity. This is in alignment with the importance of strong personal conviction related to serving students with mental health concerns while also breaking down any personal stigma that is related to mental health. Ajzen wrote, "as a general rule, the stronger the intention to engage in a behavior, the more likely should be its performance" (p. 181). The theory of planned behavior suggests three independent factors of intention:

- The attitude towards the behavior assesses the degree of favorability or unfavourability in the evaluation or appraisal of the behavior under consideration.

- The perceived social pressure to perform the behavior.

- The perceived ease or difficulty of performing the behavior and it is assumed to reflect past experience as well as impediments and obstacles.

In these three factors, it is crucial to emphasize that as the attitude towards the behavior becomes more favorable, the perceived behavioral control increases, thereby enhancing an individual's intention to engage in the behavior under consideration.

Human Experience

Experience affects us in ways that we can comprehend only after the event has ended, and it affects us before we can comprehend what has happened. Roth and Jornet (2014) explained that there are four aspects of the theory of experience:

- Experience manifests itself in/as passions.

- Experience integrates over space and time.

- Experience is a moving force.

- Experience is transformation.

`   An individual must have experienced something to have an emotional response. It is through a multitude of personal and societal experiences that passions, fears, and anything in between are formed. Perceptions and attitudes related to mental health are formed through personal and professional experience. Furthermore, the willingness to address mental health concerns is related to personal and professional experience.

METHODOLOGY

Research Design

Very little has been written about teacher preparation faculty perception of student mental health. As a result of this, the author used a descriptive exploratory survey research method. According to Fraenkel et al. (2023), a descriptive study is utilized to summarize the abilities, preferences, and behaviors of individuals. Furthermore, exploratory research is used to

"investigate a little-understood event, situation, or circumstance" (p. 414). Research Question 1 (RQ 1) looked directly at teacher preparation faculty perceptions and professional responsibility in identifying and addressing student mental health concerns. Data were gathered across one academic department at a small, midwestern public university through an online Qualtrics questionnaire in the Spring of 2024.

Threats to the Internal Validity of the Study

The study involves participants who teach at the undergraduate, graduate, and doctoral levels. Variability in the perception of student mental health may arise due to differences in the level of coursework each participant teaches. Additionally, only one school of education faculty at a small Midwest university is being invited to participate, which leads to a potential for response bias and limitations due to the small sample size. The bias may be influenced by the professional relationship and collaboration that exists between the participants and the researcher. Additionally, given that this survey is taking place during the semester, mortality is a concern.

Setting

The setting for this study was the School of Education (SoE) faculty at a midwestern institution. The School of Education has 1,550 undergraduate and graduate students, and offers 12 major undergraduate programs and 15 add-on licensure programs. Most undergraduate degree programs were offered in person, and the majority of graduate programs were offered online. Within the School of Education, there were four Associate Lecturers, eight Assistant Professors, and three Professors. All faculty taught classes and advised students. Through this, each faculty and academic staff member had significant contact with the student body at the university.

Participants

Participants consisted of faculty and academic staff at a small midwestern university. There were 19 faculty and academic staff members. Six were tenured, eight were in a tenure-track position, and there were 5 instructional academic staff in the department. The survey was also sent to all adjunct faculty who had taught a course within the last academic year. As a result, a total of 57 participants were provided with an opportunity to participate, which resulted in a sample composed of 19 participants (33.3% response rate).

Sampling

This study utilized convenience sampling method. According to Fraenkel et al. (2023), a convenience sample is "a group of individuals who (conveniently) are available for study" (p. 99). Since the author was an academic staff member within the department, employing convenience sampling of the entire department enabled a greater representation of the population.

Instrumentation

The study was conducted in an online environment through Qualtrics in the spring of 2024. The questionnaire (Appendix A) consisted of three parts and 27 questions. Part one examined the participants' demographics through seven questions (gender, years of teaching experience both in K12 and higher education). Part two consisted of 16 questions to better understand teacher preparation faculty members' perceived emotions, attitudes, and experiences related to student mental health. This consisted of a 16-item Perceived Competence Scale (PCS) created by Stine Ekorne (2016) and investigated teacher preparation faculty members' perceived competence, responsibility, and emotions related to student mental health. This instrument has not been validated and was utilized for this study to evaluate whether it was an effective tool to

effectively evaluate perceptions related to confidence, attitudes, and emotions related to student mental health concerns. Five questions each were used to measure perceived competence, perceived responsibility, and emotions. Questions include, "I know what to do when students develop mental health difficulties" and "I feel a personal responsibility to help students with mental health difficulties." One question asked participants to identify their top three student-related concerns to investigate whether mental health was widely present among them within the school of education department. Lastly, three open-ended questions offered space for participants to articulate what they believed needed to be done at an institutional level to address student mental health concerns, while also sharing whether their mental health had been also affected while serving students.

Data Collection

A Qualtrics questionnaire was distributed to faculty and academic staff in the School of Education at a midwestern public university. Participants were recruited through email, and the study was introduced to the department during a faculty meeting in the 2024 spring semester. The researcher collaborated with the department chair and the academic advisor to distribute the questionnaire to adjunct and satellite campus faculty. Two reminders were sent, with three days between each reminder. Participants were additionally notified to ignore any reminder communication if they had already completed the survey. The survey was sent out via email using a faculty Listserv that included all faculty, academic staff, and adjunct faculty who have recently taught courses in the department.

Data Analysis

Descriptive statistics were used to collect the frequencies and percentages of nominal and ordinal data. Demographic data included gender identity, current title at the institution (i.e.,

tenure track faculty, academic staff), and years of K-12 and higher education experience. Means, medians, and standard deviations were calculated for ratio scale data related to each participants' perceived competency, responsibility, and emotions related to student mental health concerns. Given that this was an exploratory descriptive study, the author aimed to gather foundational insight into perceptions of student mental health concerns among teacher preparation faculty to evaluate potential findings that linked K-12 and higher education experiences with participants' perceived competence, responsibility, and emotions related to student mental health.

Ethical Considerations

Permission and IRB Approval. To conduct this study, the author received approval from the Institutional Review Board (IRB) from Minnesota State University Moorhead to ensure ethical conduct of research involving human subjects.

Informed Consent. The protection of human subjects participating in this research was clearly articulated in the consent form in the questionnaire. Participants were made aware that this study was conducted as part of the researcher's Doctoral Program and that it benefited ongoing discussions related to systems and strategies to help address student mental health concerns within the School of Education. Participants were fully informed of the purpose and procedures of the study for which consent was sought. The choice to participate or withdraw from the study at any time was outlined in the informed consent form (see Appendix B).
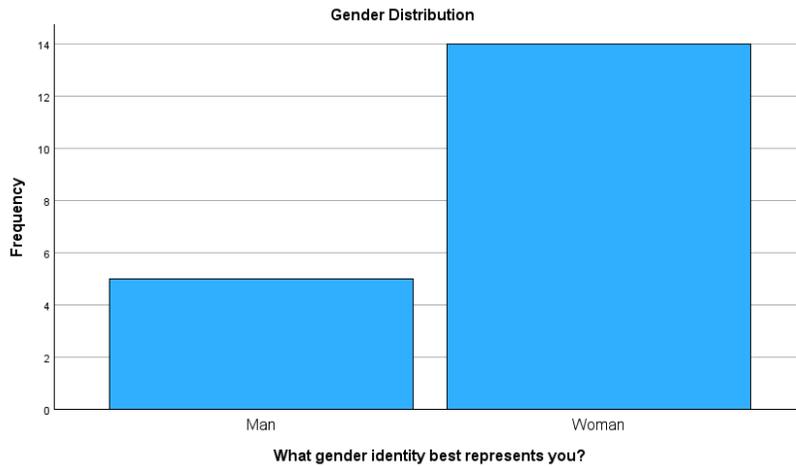
RESULTS

Demographic overview

Among the 19 respondents (*n*=19), it was found that the majority of respondents were women (73.7%), and currently in a tenure track position (73.7%). Most respondents taught for

over 7 years in K-12 (68.4%) and have served as an instructor in higher education between 7 and

15+ years (63.2%); see Figures 1-3 and 1-2.
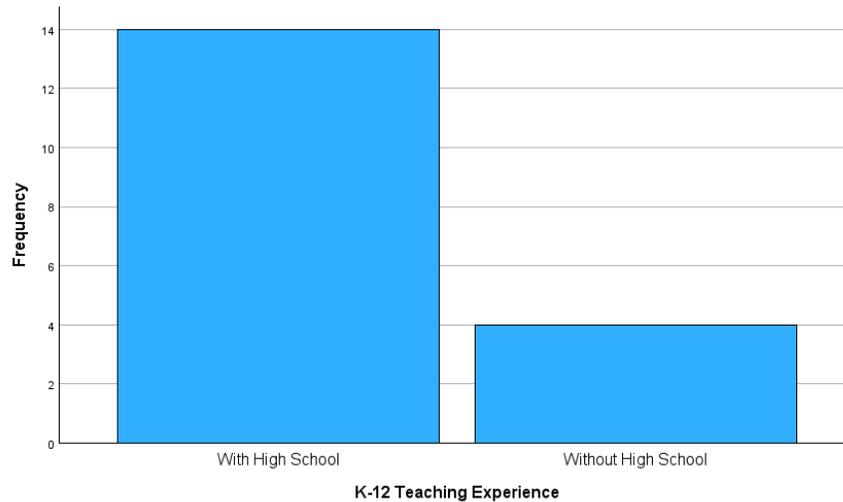
Figure 1

Participants' Gender

Most of the participants had high school teaching experience. Only 4 participants (21.1%)

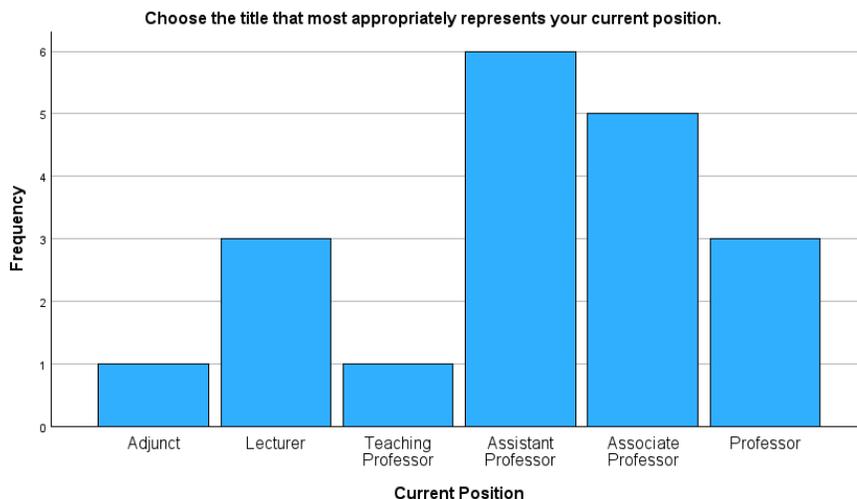did not have high school teaching experience.

Figure 2

Participants' K-12 Teaching Experience

Figure 3

Participants' Current Job Position

Choose the title that most appropriately represents your current position.

5 Participants were academic staff, and 14 were either tenured or currently in a tenure track position. The majority of participants had more than 7 years of K-12 teaching experience (68.4%), and over 7 years of higher education instructional experience (63.2%). Additionally, most academic staff had 0-6 years of higher education instructional experience (80%), and most tenure or tenure track faculty had over 10 years of instructional experience (57.1%). See Tables 1-2.

Table 1

Years of Instructional Experience

		0-3	4-6	7-10	11-14	15+
K-12 Teaching Experience (*n*= 19)	N	4 (21.1%)	2 (10.5%)	7 (36.8%)	4 (21.1%)	2 (10.5%)
Higher Education Experience (*n*= 19)	N	2 (10.5%)	5 (26.3%)	3 (15.8%)	6 (31.6%)	3 (15.8%)

Table 2

Years of Higher Education Instructional Experience

		0-3	4-6	7-10	11-14	15+
Academic Staff (*n*= 5)	N	2 (40.0%)	2 (40.0%)	0 (0.0%)	1 (10.0%)	0 (0.0%)
Tenure or Tenure Track (*n=14*)	N	0 (0.0%)	3 (21.4%)	3 (21.4%)	5 (35.7%)	3 (21.4%)

Respondents' scores on the Perceived Competence Scale (PCS, Ekorne, 2016), that measures perceived competence, responsibility, and emotions related to student mental health, ranged from 16 (lowest competence, responsibility, emotional response) to 64 (highest). The overall mean for all responses regarding the overall perception of student mental health concerns was 48 (*M* = 48.00, *SD* = 4.71). See Table 3.

Table 3

Perceived Competence, Responsibility, and Emotions Scale (PCS) Related to Addressing Student Mental Health Concerns

N	Valid	19
	Missing	0
Mean		47.31
Median		48.00
Mode		52.00
Std. Deviation		4.71

Research Question

The research question for this study was "how teacher preparation faculty and academic staff perceive a. Student mental health, b. Their professional responsibility to address student mental health concerns and c. Their competence to address student mental health concerns."

Since the body of literature related to evaluating teacher preparation faculty's perception of student mental health concerns is limited, this was a descriptive exploratory study that aimed to gather insight from one small midwestern university to gain foundational insight into faculty and academic staff's perceived competence, responsibility, and emotions related to student mental health concerns. The researcher adapted the Perceived Competence Scale (Ekornes, 2016) to investigate perceptions of student mental health for teacher preparation faculty. The original questionnaire was written for K-12 teachers ("I feel that parents expect me to help students with mental health difficulties," "I feel that the school's principal expects me to help students with mental health difficulties"). The author changed questions that had a K-12 focus to fit a higher education context ("I feel that there is an expectation as an institution to help students with mental health difficulties"). Five questions were designed to evaluate perceived competence and emotions, in which each participant could score between 4 (lowest) and 20 (highest). Six questions were used to evaluate perceived responsibility in which each participant could score between 4 (lowest) and 24 (highest). Additionally, three open-ended questions were included in the survey to offer a space for each participant to elaborate on their perceptions of student mental health concerns.

Participants had an average perceived composite score of 13.89 ($SD = 2.43$), perceived responsibility of 19.11 ($SD = 2.31$), and emotions related to student mental health concerns of 14.32 ($SD = 1.67$). Academic staff members who responded to the survey had an average composite perceived competence score of 14.80 ($SD = .837$), perceived responsibility of 19.60 ($SD = .894$), and emotions related to student mental health concerns of 14.80 ($SD = 1.79$). Faculty members had an average composite perceived competence score of 13.57 ($SD = 2.74$),

perceived responsibility of 18.93 ($SD = 2.64$), and emotions related to student mental health concerns of 14.14 ($SD = 1.66$). See Table 4.

Table 4

Results from the Perceived Competence Scale (PCS, Ekorne, 2016)

		Competence	Responsibility	Emotion
All Participants ($n = 19$)	Mean	13.89	19.11	14.32
	Median	14.00	19.00	14.00
	Mode	14.00	19.00	13.00
	SD	2.43	2.31	1.67
Academic Staff ($n = 5$)	Mean	14.80	19.60	14.80
	Median	15.00	19.00	15.00
	Mode	14.00	19.00	13.00
	SD	.84	.89	1.79
Tenure or Tenure Track Faculty ($n = 14$)	Mean	13.57	18.93	14.14
	Median	14.00	19.50	14.00
	Mode	14.00	21.00	13.00
	SD	2.74	2.64	1.66

Scores for perceived competence and emotions can range between 4-16, and 5-20 for perceived responsibility.

Faculty and academic staff members without high school K-12 experience had an average perceived competence score of 11.75 ($SD = 2.63$), perceived responsibility score of 19.75 ($SD = 2.22$), and emotions related to student mental health concerns score of 14.25 ($SD = 1.50$). Faculty

and academic staff members with high school K-12 experience had an average perceived competence score of 14.47 (SD = 2.10), perceived responsibility score of 18.93 (SD = 2.37), and emotions related to student mental health score of 14.33 (SD = 1.76).

      Given that the perceived competence of participants without high school K-12 teaching experience was one standard deviation lower than the perceived competence reported by participants who had high school K-12 teaching experience, the author ran the Mann-Whitney test to identify the statistical significance of this difference. The Mann-Whitney U test yielded a statistically significant result (p = 0.046), which preliminarily confirms that a statistically significant difference in perceived competence exists between the groups. Because of the small sample size, more research needs to be conducted to further confirm this preliminary finding. See Table 5.

Table 5

Academic Staff and Faculty K-12 Experience Including or Excluding High School

		Competence	Responsibility	Emotion
With High School K-12 Experience (n = 15)	Mean	14.47	18.937	14.33
	Median	15.00	19.00	14.00
	Mode	15.00	19.00	13.00
	SD	2.01	2.37	1.76
Without High School K-12 Experience (n = 4)	Mean	11.75	19.75	14.25
	Median	12.00	20.00	14.00
	Mode	14.00	17.00	13.00
	SD	2.63	2.22	1.50

DISCUSSION

Interpretation of Results

The survey aimed to explore how teaching experience both in K-12 and higher education drives perceptions of competence, responsibility, and emotions related to student mental health. This is the foundation of the Conceptual Model of Teacher Preparation Faculty Perception of Student Mental Health Concerns. Results revealed that responses among participants were largely consistent, with emotions related to student mental health concerns being the most consistent result. Much has been written to explain the significant concerns related to student mental health issues among young adult college students (Lipson et al., 2022, Auty et al., 2022, Narita et al., 2022), and results revealed that the faculty were aware and emotionally invested to identify and address mental health concerns within their student body.

While results were very consistent between academic staff and faculty, results revealed a slight decrease in perceived responsibility and emotions related to student mental health concerns among faculty members who were in a tenure-track position (Sdvizhkov, et al., 2022). While responses among academic staff were very consistent, it is possible that the results varied among tenured or tenure-track faculty due to their collective years of experience. This relates back to Roth and Jornet's (2014) second aspect of the theory of experience, in that experience integrates over space and time. More years of experience means that there have been more opportunities and overall exposure to students with mental health concerns, which may have resulted in various perceptions and interpretations of student mental health concerns. The variability of context behind both personal and student mental health concerns, outcomes related to attempts to help alleviate concerns, and overall personal experiences related to addressing student mental health concerns, could lead to a wider range of perceptions about student mental health concerns

overall. Among the open-ended questions, 12 of the 14 tenured or tenure track faculty highlighted the importance of having external resources of mental health support for students (i.e., on-campus counseling, therapy, Dean of Students).

The fact that faculty had more years of experience in higher education, may have led to each participant being better positioned to identify additional mental health supports. This, in turn, could have contributed to the reduction of their perception of competence and emotional distress as they were aware of other supports available that could potentially help address student mental health concerns (Kucirka, 2017). While some academic staff participants also identified external mental health supports, 4 out of the 5 expressed the importance of their individual responsibility in addressing student mental health concerns. Most of the participants articulated the importance of building strong relationships with students and offering a safe space for students to feel comfortable enough to reach out to them. One of the open-ended questions asked, "what is one thing you can do to help address student mental health at your institution?" One academic staff member wrote, "continue to be a safe place and listening ear." Another academic staff member wrote, "relationship building with students."

Results also revealed that academic staff and faculty without high school teaching experience expressed the lowest level of perceived competence related to addressing student mental health concerns. It is interesting to note this finding, as current academic staff and faculty who reported high school teaching experience, collectively scored higher in competence, but lower in responsibility. It is likely that academic and behavioral expectations, along with pedagogical identity among teacher preparation faculty began in a K-12 setting (Vokatis & Zhang, 2016). However, having high school teaching experience suggests that the majority of the participants had direct instructional experience with students that ranged from ages 14-24, which

is the age span in which people are most likely to experience the onset of a mental health condition (Ashoorian et al., 2019, Savage et al., 2018, Savage et al., 2020, Whitley & Gooderham 2016).

Recommendations for Practice

The present study indicates that while most faculty and academic staff members scored highly regarding perceived competence, responsibility, and emotions related to student mental health concerns, a few discrepancies among subgroups emerged. Among them, the most significant is the difference in perceived competence between participants who did not have high school K-12 teaching experience, and participants who did. This is an important finding and may indicate that instructors who are transitioning to higher education without high school K-12 teaching experience may need additional training and resources to equip them with the necessary skills and strategies to help address the student mental health concerns among young adults. Additionally, the variance between perceptions of competence, responsibility, and emotions is significantly smaller among academic staff compared to faculty members. More frequent and intentional training related to addressing student mental health support is crucial to ensure that all faculty continue to feel responsible and equipped to help address mental health concerns.

Recommendations for Future Research

The author has three recommendations for future research. First, follow-up studies must evaluate perceived competence, responsibility, and emotions related to student mental health concerns on a larger scale to support the preliminary findings that emerged from this study. Given that statistical significance was found between faculty and academic staff members with high school K-12 teaching experience and faculty and academic staff who do not, a larger number of participants will contribute to confirming this finding. Second, more demographic

data could be included (e.g., courses taught, years of age, race) to further segregate the data to identify additional mediating factors among subgroups of teacher preparation faculty. Third, future studies should consider including more open-ended questions to provide each participant an opportunity to elaborate on their perceived competence, responsibility, and emotions related to student mental health concerns.

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APPENDIX A

Teacher Preparation Faculty Perception of Student Mental Health

Start of Block: Default Question Block

Q4 Dear Participant,

You are invited to participate in a research study. This study is being conducted to learn more about teacher preparation educators' perceptions related to student mental health. You are being asked to participate because you teach at an educational institution. This survey may take 10-15 minutes. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve.

This form is designed to give you information about the study so you can decide whether to participate in the study or not. Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time. If you decide to stop or withdraw from the study, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the study and may continue to be analyzed. You will answer some questions about your perception and prioritization of student mental health issues. Your survey answers will be sent to a link at Qualtrics.com where data will be stored in a password protected electronic format. Qualtrics does not collect identifying information such as your name, or email address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

The main researchers conducting this study are. If you have questions, you may contact at
If you have any questions or concerns regarding your rights as a research participant in this study, you may contact:

Robert Nava
AVP for Academic Affairs
Dean of Graduate Studies
Academic & Student Affairs
Office of Graduate & Extended Learning
218.477.4308

Q5 Do you consent to participate in this study?

○ No (1)

○ Yes (2)

Page Break

Q10 How many years of K-12 teaching experience do you have?

○ 0-3 (1)

○ 4-6 (2)

○ 7-10 (3)

○ 11-14 (4)

○ 15+ (5)

Q9 What levels of K-12 teaching experience do you have?

☐ Early Childhood (1)

☐ Elementary (2)

☐ Middle School/Junior High School (3)

☐ High School (4)

Q1 What is your gender identity?

○ Male (1)

○ Female (2)

○ Non-binary / third gender (3)

○ Prefer not to say (4)

Q2 How many years of experience as an instructor in higher education?

○ 0-5 (1)

○ 6-10 (2)

○ 11-15 (3)

○ 16-20 (4)

○ 21+ (5)

Q6 What is your current professional role?

○ Adjunct (1)

○ Lecturer (2)

○ Assistant Professor (3)

○ Associate Professor (4)

○ Professor (5)

○ Professor Emeritus (6)

Page Break ————————————————————————————

Q7 What courses do you teach?

○ Educational Foundations (1)

○ Special Education (2)

○ Early Childhood (3)

○ Literacy (4)

○ Elementary Methods (EMB) (5)

Q8 What level courses do you teach?

☐ Undergraduate (1)

☐ Graduate (2)

☐ Doctoral (3)

End of Block: Default Question Block

Start of Block: Student Concerns

Q15 What are your top 3 student-related concerns?

☐ Attendance (1)

☐ Homework Completion (2)

☐ Mental Health (3)

☐ Quality of Work (4)

☐ Effort (5)

☐ Dispositions (6)

☐ Social Interactions (7)

☐ Collaboration/Group Work (8)

☐ Plagairism (9)

☐ Empathy (10)

☐ Knowledge (11)

☐ Competence (12)

Perceived Competence, Responsibility, and Emotions Related to Student Mental Health (Ekornes, 2016)

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I know how to prevent mental health difficulties (1)	○	○	○	○
I can give good advice to students with mental health difficulties (2)	○	○	○	○
I have knowledge about mental health to help students who have difficulties (3)	○	○	○	○
I know what to do when students develop mental health difficulties (4)	○	○	○	○
I give advice to colleageus about mental health difficulties amongst students (5)	○	○	○	○
I feel that there is an expectation as an institution to help students with mental health difficulties (6)	○	○	○	○

I feel that there is an expectation as a department to help students with mental health difficulties (7)

○ ○ ○ ○

I feel that students expect me to help them with mental health difficulties (8)

○ ○ ○ ○

I feel a professional responsibility to help students with mental health difficulties (9)

○ ○ ○ ○

I believe my efforts are crucial for helping students with mental health difficulties (10)

○ ○ ○ ○

I feel a personal responsibility to help students with mental health difficulties (11)

○ ○ ○ ○

I feel stressed when talking with students with mental health difficulties (12)

○ ○ ○ ○

I feel helpless when dealing with students with mental health difficulties (13)	○	○	○	○
I feel rejected by students with mental health difficulties (14)	○	○	○	○
I feel inadequate when it comes to helping students with mental health difficulties (15)	○	○	○	○
I am afraid of making things worse when talking to students with mental health difficulties (16)	○	○	○	○

End of Block: Student Concerns

Start of Block: Open Ended

Q16 What can faculty do to address student mental health?

_____

_____

_____

_____

_____

Q18 What changes need to be made by the institution to address student mental health?

_____

_____

_____

_____

_____

Q19 How has your mental health been affected while serving students with mental health concerns?

_____

End of Block: Open Ended

APPENDIX B

Consent Letter

You are invited to participate in a research study. This study is being conducted to learn more about teacher preparation educators' perceptions related to student mental health. You are being asked to participate because you teach at an educational institution. This survey may take 10-15 minutes. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve.

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The main researchers conducting this study are. If you have questions, you may contact at. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact:

Robert Nava
AVP for Academic Affairs
Dean of Graduate Studies
Office of Graduate & Extended Learning
(NOTE: email and phone number were removed from Appendix)