

Bridging the Gap: Empowering Teachers and Students with Mental Health First Aid

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ABSTRACT

Purpose: This paper addresses the critical need to enhance teacher preparedness for managing student mental health by integrating the National Health Education Standards (NHES) with Skills-Based Mental Health First Aid (MHFA) training. **Results:** As the demand for effective mental health support in schools rises, the NHES framework offers a structured approach to health education, emphasizing comprehensive mental health strategies. By incorporating the recently revised NHES standards (2025), we explore how these guidelines integrate into MHFA training to better equip educators with essential skills and improve overall teacher readiness. **Conclusions:** We provide practical examples and demonstrate the benefits of a skills-based approach. The paper also examines the development of key competencies and highlights the importance of cultural competence when addressing diverse student needs. Additionally, it analyzes common challenges such as time constraints, resource limitations, and resistance from educators, and proposes strategies for overcoming these barriers, including administrative support and ongoing professional development. **Recommendations:** Ultimately, integrating NHES with MHFA training proves to be vital when creating a supportive learning environment and effectively addressing the growing mental health needs of students.

Keywords: teacher preparedness, student mental health, Mental Health First Aid (MHFA)

INTRODUCTION

The need for effective mental health education is underscored by the alarming increase in mental health issues among children and adolescents. Mental health challenges, including depression, anxiety, and suicidal ideation, have been rising steadily, with significant consequences for young people's well-being. These issues existed before the COVID-19 pandemic but have escalated in recent times, making mental health the leading cause of disability among young people, and recent statistics reveal a troubling escalation. From 2011 to 2021, there was a 50% increase in high school students reporting persistent feelings of sadness or hopelessness (Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021, 2023). Suicide, the third leading cause of death among high school-age youths, saw a 57% increase in rates from 2007 to 2018 (Kochanek et al., 2023). In 2021 alone, there were nearly 2,000 suicides among youths aged 14-18 years (Curtin & Garnett, 2023). These alarming trends underscore the critical need for effective programs to address mental health issues and support young people's well-being.

Addressing these concerning trends requires proactive, evidence-based initiatives. MHFA offers one such solution, providing individuals with the skills necessary to assist those experiencing mental health crises or developing mental health problems. By providing immediate support and intervention until professional help is available, MHFA aims to enhance understanding, reduce stigma, and build confidence in addressing mental health challenges (Kitchener & Jorm, 2002). In educational contexts, MHFA has particular value as teachers are often the first to notice students in distress. This paper outlines the goals of MHFA, its global impact, and its relevance to educators, highlighting how this training can be a valuable resource in supporting students and addressing the growing mental health concerns in educational settings.

Understanding the NHES Framework

To position MHFA within the educational landscape, it is essential to align it with national standards that guide school health instruction. The SHAPE America National Health Education Standards (NHES) offer a foundational framework for state and district curricula. These standards provide educators with a structured pathway to

support health and well-being by increasing functional health information and skills. The NHES framework comprises eight (8) standards: one content standard and seven skills standards. Together, these standards empower PreK-12 students with essential health literacy while extending their impact to families, communities, and professional education programs. The NHES influence also extends to teacher preparation programs, non-governmental organizations (NGOs), and national agencies, ensuring a broad-based commitment to health education (Society of Health and Physical Educators [SHAPE America], 2025).

Standard 1:

Use functional health information to support health and well-being of self and others.

Standard 2:

Analyze influences that affect health and well-being of self and others.

Standard 3:

Access valid and reliable resources to support health and well-being of self and others.

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Standard 4:

Use interpersonal communication skills to support health and well-being of self and others.

Standard 5:

Use a decision-making process to support health and well-being of self and others.

Standard 6:

Use a goal-setting process to support health and well-being of self and others.

Standard 7:

Demonstrate practices and behaviors to support health and well-being of self and others.

Standard 8:

Advocate to promote health and well-being of self and others.

The NHES standards play a critical role in shaping a comprehensive health education curriculum by offering guidance on dev-

elopement age-appropriate, skills-based programs. Educators can utilize youth behavior data such as the Youth Risk Behavior Survey (YRBS) from the Centers for Disease Control & Prevention (CDC) to determine adolescent risks and balance their instruction by incorporating protective factors. Importantly, mental health education is not limited to a single standard but can be embedded across multiple units. School districts typically organize curricula by skill, allowing performance indicators from Standard 1 to integrate with other skills, resulting in holistic instruction and assessment strategies. For example, in collaboration with families and communities through the Whole School, Whole Community, Whole Child (WSCC) model, schools foster a network of caring adults working together to promote student well-being. In practice, a skills-based curriculum ensures that mental health instruction is woven throughout the school year rather than confined to isolated content lessons. Each unit is organized by skill, with Standard 1 indicators paired with skills indicators to inform assessment design and instructional strategies. This approach allows teachers to assess student proficiency more effectively and adapt lessons to ensure students meet the performance indicators. Below are examples of how mental health content can be integrated into various skills units for grades 6-8:

Standard 1 (Functional Health Information) & Standard 2 (Analyzing Influences):

1.8.6 Analyze how individual, interpersonal, community and environmental factors impact mental health and well-being.

2.8.4 Apply strategies and resources to manage influences that impact mental health and well-being.

Standard 1 (Functional Health Information) & Standard 3 (Accessing Resources):

1.8.7 Explain how mental health care promotes personal health.

3.8.3 Access valid and reliable sources of mental health information, products, services, and other resources.

Standard 1 (Functional Health Information) & Standard 4 (Interpersonal Communication Skills):

1.8.1 Analyze ways to build upon strengths and assets to support individual and collective mental health and well-being.

4.8.1 Use effective communication skills across various modes of communication to support the mental health and well-being of self and others.

Overview of the SHAPE America National Health Education Standards (NHES)

In the SHAPE America National Health Education Standards manuscript, accompanying each standard statement is a rationale that includes background information, the focus of the standard, and how the standard contributes to the health and well-being of youth. Each standard has specific performance indicators for grades PreK-2, grades 3-5, grades 6-8, and grades 9-12. The verbs of the performance indicators generate the assessment and instruction. Standard 1 performance indicators are paired with a skill performance indicator to reduce risk factors and enhance personal health and wellbeing.

Although developed independently, the Health Education Teacher Education (HETE) Standards share similar goals and principles, reflecting a shared commitment to fostering effective and inclusive health education. The HETE Standards aim to prepare pre-service health educators with the knowledge and skills needed to deliver high-quality health programs, ensuring that future teachers can address the diverse needs of PreK-12 learners. These standards are organized into five key areas:

Content Knowledge: Candidates gain a strong foundation in health education concepts, health literacy, digital literacy, behavior change theories, and PreK-12 standards to encourage healthy behaviors in diverse learners.

Planning: Candidates design meaningful, sequential, and standards-based health education programs. Their plans integrate technology, resources, and accommodations

to address the diverse needs of students, considering factors such as race, gender identity, and abilities.

Implementation: Candidates execute a range of instructional strategies, incorporating technology and equitable communication to support diverse learners. Reflective practices ensure continuous improvement in teaching effectiveness.

Assessment: Candidates utilize varied assessment methods to guide instruction, monitor progress, provide feedback, and refine lessons to enhance health knowledge and skill acquisition.

Professionalism: Emphasizing collaboration, ethical behavior, advocacy, and lifelong learning, candidates engage with stakeholders and champion health education as a vital part of student development.

(National Standards For Initial Health Education Teacher Education, 2018).

While the HETE Standards were not explicitly developed to align with SHAPE, their overlapping ideas underscore a shared vision for equipping educators to foster lifelong healthy habits and promote the well-being of all students. This alignment reinforces the complementary roles of both frameworks in shaping the future of health education.

Application in Educational Settings

When training teachers to design and implement skills-based health education, a high school planner selects a Standard 1 skills performance indicator, incorporates relevant content, and then plans the assessment and instruction. For example:

Standard 1.12.4 Evaluate practices and behaviors that support health and well-being, including how to manage health conditions.

Infused with content: Evaluate stress management practices that support health and well-being.

Assessment: Evaluate five stress management practices that support health and well-being.

Instruction: Teach five stress management practices (strategies) that support health and well-being.

Reflection: Does the strategy require significant time? Does it need special equipment or a specific location? Does it involve any cost? Can it fit into my daily routine?

Standard 7.12.4 Demonstrate a variety of practices and behaviors supporting individual and collective health and well-being.

Infused with content: Demonstrate a variety of stress management practices and behaviors supporting individual and collective mental health and well-being.

Assessment: Students demonstrate three stress management practices.

Instruction: Explain the importance of managing stress, explain the steps of the selected strategies, model all five strategies, and allow time for students to practice. Formatively assess and provide effective feedback as students practice.

Overview of Mental Health First Aid

MHFA provides an actionable framework for recognizing and responding to mental health challenges. Founded by Mental Health First Aid International, the program has expanded to over 30 countries since its inception in Australia in 2000 (About Mental Health First Aid International, 2023). With endorsements from prominent figures like Barack and Michelle Obama, MHFA has become a widely recognized program nationwide; as of October 2024, the program has trained over four million Americans and is taught in all 50 states and U.S. territories (Tung, 2024). Introduced in 2008 through a collaboration between the National Council for Mental Wellbeing and the states of Maryland and Missouri, MHFA initially focused on how adult learners assist other adults. In 2012, Youth Mental Health First Aid was launched to help adult learners, young people, followed by Teen Mental Health First Aid in 2018, which equips teens to assist their peers. These courses are available completely in-person through an Instructor-

led training, partially in-person (called Blended In-person) or completely virtually (called Blended Virtual). Participants complete approximately 2 hours of self-paced pre-work *before* the first day of in-person or virtual training. Blended in-person format allows participants to complete prework and then come to the 4.5 hour instructor lead session either in person or through a virtual platform. Fully in person means prework is taught as part of a 6.5 hour session. Sessions can also be split over multiple days in either format to accommodate participant needs. This delivery model ensures accessibility and flexibility, enabling participants to customize their training experience based on their prior knowledge, learning needs, and schedule (Instructor Policy Handbook 2023).

MHFA stands out from other training programs by addressing both crisis and non-crisis situations. Unlike most programs that focus solely on crisis intervention, MHFA emphasizes the importance of recognizing early warning signs and providing support before a crisis develops. This proactive approach helps reduce the risk of escalation and promotes timely access to care (About MHFA, 2025).

Research highlights the effectiveness of MHFA in several key areas. It improves mental health literacy, helping participants identify signs and symptoms of mental health challenges. It also reduces stigma surrounding mental health issues and enhances confidence in providing appropriate support. This comprehensive framework makes MHFA an invaluable tool for fostering a supportive and informed community (Jorm et al., 2019).

A key feature of MHFA is the ALGEE action plan, which guides individuals through five steps to provide initial support to those experiencing mental health crises. This acronym details the process which includes assessing risk, listening non-judgmentally, giving reassurance, encouraging professional help, and suggesting self-help

strategies. These steps are particularly useful for educators, who are often in a position to detect early signs of distress in students. Teachers trained in MHFA gain the skills to intervene early, connect students with appropriate resources, and foster a supportive classroom environment.

- **Assess for Risk of Suicide or Harm:** This involves evaluating the immediate safety of the individual by determining if they are at risk of self-harm or harming others. Direct questions about suicidal thoughts or intentions should be asked, and the level of risk assessed (About MHFA, 2025). If there is imminent danger, it is crucial to ensure that the person receives professional help immediately.
- **Listen Non-Judgmentally:** In this step, the focus is on offering a supportive and non-judgmental ear. Allow the individual to express their thoughts and feelings freely. Active and empathetic listening is essential to validate the individual's emotions (Kitchener & Jorm, 2002).
- **Give Reassurance and Information:** Providing reassurance that mental health problems are common and that help is available is crucial. Offering clear and accurate information about mental health resources and support services, and encouraging the individual to seek professional help, if needed, and that recovery is possible are key components (About MHFA, 2025).
- **Encourage Appropriate Professional Help:** Support the individual in seeking appropriate professional help, such as consulting a mental health professional, therapist, or doctor. It is important to help them understand the benefits of professional treatment and assist them in finding resources if necessary (About MHFA, 2025).
- **Encourage Self-Help and Other Support Strategies:** Suggesting

practical self-help strategies and coping mechanisms can aid in managing mental health issues. This may include recommending self-care techniques, stress management practices, or connecting with support groups (About MHFA, 2025).

Relevance to Educators

Teachers play a crucial role in supporting students' mental health due to the rising prevalence of mental health issues among students, which can significantly impact their academic performance and overall well-being (Reinke et al., 2011). Educated teachers can detect signs of mental health problems early, leading to timely interventions and support (Graham et al., 2011). Understanding mental health helps reduce stigma, fosters a supportive classroom environment, and improves communication with students, parents, and mental health professionals. Additionally, it enhances teachers' own well-being and helps schools meet legislative and policy requirements (Wolpert et al., 2013). Overall, mental health education empowers teachers to support students effectively and contribute to a healthier school environment.

Given the increasing prevalence of mental health issues among children, MHFA training becomes an essential resource for teachers, enabling them to effectively recognize and address these challenges. Evidence from successful implementations in schools demonstrates the program's effectiveness. Research shows that professionals who received MHFA training experienced significant improvements in mental health literacy, attitudes, and confidence (Morgan et al., 2018). These gains have been sustained over time, highlighting the program's crucial role in enhancing support for students and addressing their mental health needs.

Integrating NHES with MHFA Training

Aligning NHES standards with MHFA training creates a seamless approach to addressing student mental health within the

existing educational framework. For example, Standard 1, which emphasizes functional health information, can be paired with MHFA's modules on mental health literacy. This integration ensures that health education aligns with evidence-based practices while equipping teachers with practical tools to support students in real time.

A skills-based approach to MHFA further reinforces this alignment by emphasizing functional health information, skill development, and experiential learning. Teachers gain hands-on practice, building their confidence and competence in addressing mental health needs in their classrooms. Research shows that professionals who received MHFA training experienced increases in confidence, knowledge of resources (both professional and non professional), and mental health literacy and an increase in their own mental wellbeing (Sánchez et al., 2020). Emphasizing practical experience is pivotal in training. Students engage with realistic scenarios, watch videos, and participate in activities that allow them to transition from simply conveying information to fostering meaningful skill development (*About MHFA*, 2025). This approach encourages reflective learning and equips educators to create a more interactive and impactful learning environment for their students.

Mental Health First Aid training offers a valuable tool for enhancing teacher preparedness in addressing student mental health issues. By integrating MHFA with NHES standards, educators can better support students and contribute to a healthier school environment. The ongoing development and evaluation of MHFA programs will continue to play a crucial role in addressing the mental health challenges faced by students today.

Enhancing Teacher Preparedness

To effectively implement mental health education, teachers must cultivate a range of skills and competencies. It is essential that

teachers who are advancing the mission of social emotional learning to have several key competencies in order to support the mental health of all students. While some of these competencies can be developed, there are other, more innate skills and characteristics that teachers bring with them into the classroom. First, teachers must understand child development and the intricate social emotional changes that take place during their school-aged life span (Lang et al., 2022). The profound stage of puberty, for example, brings with it a unique set of challenges for young people that the teacher can assist them with if they understand what to expect. Typical adolescent development and examples of what typical behavior vs concerning adolescent behavior is embedded in the prework and further discussed in the supplemental manual each participant receives as a part of the training (*About MHFA*, 2025).

Incorporating frameworks such as the five CASEL competencies of Self-Awareness, Social Awareness, Self-Management, Relationship Skills, Responsible Decision Making – ensures that teachers address students' emotional, social, and academic needs holistically, regardless of subject area (Ross & Tolan, 2018; What is the CASEL Framework?, 2024). Moreover, the presence of compassionate educators who actively listen and respond to student concerns can profoundly influence classroom dynamics. These innate qualities—often described by teachers as "just who they are"—highlight the importance of placing students at the center of educational efforts. Typical adolescent development and examples of what typical behavior vs concerning adolescent behavior is embedded in the MHFA prework and further discussed in the supplemental manual each participant receives as a part of the training (*Instructor Policy Handbook*, 2023).

The newly released National Health Education Standards are a roadmap for teachers to assist students to learn functional health information and practice essential

skills that will be translated into lifelong habits (SHAPE America, 2025). The standards emphasize a commitment by the field to transform the educator from just a “giver of information” to facilitator of student skill development and reflection. Many of the skills taught in MHFA such as how to listen non-judgmentally, what to think about when approaching and how to give reassurance and information instead of advice are valuable skills in creating empathetic, and compassionate individuals who act with intentionality.

Additionally, Mental Health First Aid training further develops an educator’s ability to not only identify a student in distress; but connect them with critical resources and tools to assist and support their mental health. It is important for teachers to understand that no one expects them to step in as a mental health professional or to give counseling or advice to children in need of this specialized attention. Teacher training allows professionals to build confidence around student mental health and to learn and utilize skills to assist their students. It brings the conversation about mental health issues into the forefront and takes steps to normalize the conversation about how we feel.

Supporting Diverse Student Needs

When it comes to teacher strategies for addressing a variety of needs, educators should remember that we cannot get to the root cause of a problem if we don’t ask the requisite questions that will help us find out what the child is thinking and feeling. It must be a part of regular practice; embedded right into the lesson plan; to make time to ask kids how they feel about particular topics and get them practicing skills with their peers in order to build confidence. When we reference cultural competence in mental health education, it reminds us all that not every child is having the same experiences in our classrooms. We must strive to diversify our instruction from the very small- like offering text in different languages; to the more significant- like making sure that the video

clips we show reflect the faces and experiences of the children in our classroom. MHFA purposely uses the term “cultural humility”. Imbedded in MHFA trainings are open conversations about the role of culture in mental health. Rather than encouraging a “one size fits all approach” MHFA strives to provide guidelines for assisting while also emphasizing that all individuals are different and it is vital that we meet people where they are at (About MHFA, 2025).

Challenges and Solutions

Implementing mental health programs comes with challenges, particularly in securing funding. Some districts lack the resources to invest in MHFA training or professional development opportunities for teachers, limiting their ability to provide comprehensive mental health support. Additionally, buy-in from all educators is essential. Apathy or indifference from even a few teachers can hinder efforts to support students effectively. Administrators must foster a culture where mental health education is a shared responsibility, ensuring that all staff are committed to student well-being.

Potential Barriers to Integrating NHES and MHFA Training in Schools.

Implementing the NHES is enhanced by teachers participating in professional learning networks and attending professional development to hone their skills around the delivery of assessment and instruction. Teachers who are the only health educator in their school can very easily be isolated and without access to standards-aligned evidence-based resources and guidance. Autonomy may lead to stale practice.

Districts that cannot afford to train teachers in MHFA are missing an essential opportunity to bring to the work force a unique and essential skill-set to make sure that all children are seen. Where funds are available; either through the budget or through grants- MHFA can actually save a child’s life.

DISCUSSION

Throughout this article several dimensions of Emotional & Mental Health were explored, with the underlying message of how we can best support Adolescent Health & Well-Being. Several research studies have indicated that adolescents are experiencing greater anxiety and emotional health issues today, than in previous years. While COVID 19 has played a pivotal role in these increases, research had already identified an increase in Emotional Health issues prior to the impact of COVID 19 on Adolescent Mental Health. With corroborating research identifying this as a crisis necessitating immediate attention, the question is how can we best support students to enhance their emotional and mental health?

In 1736, Benjamin Franklin coined the phrase, “An Ounce of Prevention Is Worth A Pound Of Cure”. Quite literally, for every \$1 spent on prevention, \$16 are saved. While we cannot quantify the impact of Mental Health education on students, we do know that it makes a difference, and not only do such programs support students, but strengthen teacher/student interaction. As such, primary prevention would support early education through providing teacher’s MHFA training to effectively educate and support students. Secondary prevention would enable teachers to identify student issues (early detection), and support students for any needs related to anxiety, emotional health, and/or overall mental well-being. Strengthening teacher and student relationships, students knowing they can reach out to teachers if/when they are experiencing challenges and learning how best to assess issues which otherwise may have been overlooked. This is in no way shedding negative light on teachers but supporting the success of teachers who are MHFA certified to be more aware of how to help students, when to intervene, and when best to refer students to more qualified support systems. Being trained as a certified MHFA does not give us the qualifications of

a School Counselor, School Psychologist, or other personnel who possess specific specializations in these respective areas. Though, the teacher can serve as the first line of defense in supporting students, identifying challenges, and through our teacher/student relationship can be ready to lend support real-time.

While this article outlines the eight (8) standards in the National Health Education Standards (NHES), an important distinction is that teachers of all subject areas are well positioned to offer students emotional & mental health support. While school health educators instruct mental health as one of the core subject areas, this in no way corners the market that supporting students through emotional challenges is relegated to S.H.E.’s. For everyone who is able to lend their insight and support in strengthening adolescent emotional & mental health cannot be overlooked. Our belief is that the more we increase our knowledge and skill through MHFA, NHES, and skill building, we synergistically support student success. Though, while many believe “Knowledge Is Power”, our belief is that “Applied” knowledge is power. Currently, there are 4M throughout the U.S. who are MHFA certified, and while we realize there are obstacles, we support all teachers, school staff, and school administrators being MHFA certified. Not only does this support the well-being of those going through MHFA training, but the ultimate reward is in serving and supporting the adolescents who need our guidance.

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